

Strategy for Sexual Health and HIV

2005 - 2008

Brent tPCT

August 2005

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1 Introduction

This strategy document describes Brent tPCTs approach to the planning and commissioning of services for sexual health and people living with HIV over the period 2005 – 2008.

It is divided into 5 sections:

- **Local and national context:** This section describes the local demographics and the associated challenges for services; the national priorities; and the local context within which the local challenges and national priorities are managed.
- **Identified local need:** This section describes the key issues in Brent related to sexual health.
- **Strategic framework:** This section describes Brent tPCTs vision for sexual health status and provision of sexual health services in Brent; our strategic intent; the principles of service provision that we will seek to embed through our commissioning practice; and our key objectives.
- **Delivering the strategy:** This section describes our plans for the sexual health strategy group and managed service network.
- **Commissioning action plan:** This section describes our main commissioning activity and timetable up to April 2008.

2 Local and national context

2.1 The local demographic context

Brent is a borough within which inner city urban conditions and prosperous suburban life sit side by side. Overall Brent is currently ranked the 81st most deprived area in England. The borough is ranked 22nd when it comes to the number of people experiencing income deprivation, and 39th for the number of people experiencing employment deprivation.¹

Over recent years Brent's population has steadily increased. At 263,464 people, the borough has the 8th largest population of all London boroughs, containing the highest population density of any outer London borough².

Brent's age structure is young, with 25% (65,530) of the population aged between 0 and 19-years-old³. It is a place with a high concentration (32,363 - 12%) of children aged 0 to 9-years-

¹ ODPM, 2004

² ONS, 2001

³ ONS, 2001

old, due to its high conception rate⁴. When looking at those aged 19 years and under the majority (48,860) are between 0 and 14-years-old.⁵ Brent's pensioners make up 14% of the population, lower than the figures for Greater London (15%) and England and Wales (18%).⁶

Brent is one of the most racially diverse areas in the whole of England and Wales. It is one of only two boroughs where black and minority ethnic groups make up the majority of the population (54.7%)⁷. Refugees and asylum seekers in Brent are increasing - there are currently estimated to be between 13,000 and 15,000 refugees.⁸

The unemployment rate in Brent is 5%, compared to a national average of 3.4% (for England and Wales). In turn, Brent's unemployment level is 13% above the Greater London average and over 40% above the National figure.⁹

In terms of health, Brent suffers from stark inequalities between both geographical areas and between different ethnic and social-economic groups. Those in the most deprived areas have the poorest health. In addition, the borough has high teenage pregnancy and termination of pregnancy rates¹⁰, as well as significant levels of HIV and AIDS.¹¹

2.2 The National Strategic Context

The National Strategy for HIV and Sexual Health was published in 2001 and set out the Department of Health's vision for modernising and improving sexual health services.

It identified the following priorities:

- Reduce the transmission of HIV and STIs;
- Reduce the prevalence of undiagnosed HIV and STIs;
- Reduce unintended pregnancy rates;
- Improve health and social care for people living with HIV; and
- Reduce the stigma associated with HIV and STIs.

In 2004, the Government White Paper '*Choosing Health*' identified Sexual Health as a priority area for action – particularly in relation to transmission of STI's and teenage pregnancy.

The Teenage Pregnancy Strategy aims to halve the under 18 conception rate in England by 2010 (with an interim reduction target of 15% by 2004) and to increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion. The teenage pregnancy reduction target is also a National PSA for Local Government.

The tPCT and local authority will ensure these priorities are addressed through its strategy and implementation.

⁴ Brent Council Website

⁵ ONS, 2001

⁶ Brent Council Website

⁷ Brent Council Website

⁸ Pearce, April 2003

⁹ Brent Council Website

¹⁰ Teenage Pregnancy and Parenting Strategy: Building a better Borough for Brent (2005-2008)

¹¹ Leading the Way: North West London HIV Prevention Strategy 2005-2008

2.3 Local Strategic Context

This strategy cannot be viewed and implemented in isolation, but overlaps with and is contingent on a range of other strategies and partnership arrangements.

It is an integral part of the Local Strategic Partnership's broader strategy that prioritises the health, well-being and quality of life of people in Brent.

In addition, this strategy has shared objectives with the following multi-agency strategies and workstreams:

- Drug Action Team (DAT) Treatment Plan;
- Children and young Peoples Strategy/Plans;
- Local Public Health Strategy;
- Supporting People Strategy;
- North West London HIV prevention and treatment Strategies.

and has particularly strong and active links with the Teenage Pregnancy Strategy (led by the Local Authority). There are between the two strategies:

- Shared outcomes;
- Potential for shared monitoring and performance management.

3 Identified Local Need

With reference to the national strategy for sexual health, and through consultation with members of the Brent Sexual Health Strategy Group, Brent tPCT has identified a number of key issues to assist the identification of local objectives. Brent tPCT is keen to develop robust local targets in each of the areas identified below. These will supplement the government's sexual health targets and will be established through a consensus building event in summer 2005.

3.1 Rate of transmission of HIV and STIs/ prevalence of undiagnosed HIV and STIs

1. The national profile demonstrates that the trend in HIV/AIDS is upward. The local profile reflects the national picture. 2003 data from UNAIDS, estimate that 40 million people are infected with HIV or AIDS worldwide. Of that 25-28 million reside in sub-Saharan African countries. The worst effected areas include Eastern, Central and Southern Africa. In some areas of South Africa the HIV infection rate is almost 40%.¹² The growth of people immigrating from Sub Saharan populations combined with a high proportion of those from BME communities living in Brent, has contributed to the rise in HIV infection and AIDS.¹³

¹² HIV and AIDS in African Communities: A framework for Better Prevention and Care

¹³ North West London Acute Services HIV Strategy, 2002-5

2. Sexually Transmitted Infections have increased rapidly throughout London over recent years. Between 1996 and 2002 there was an 83% increase in diagnoses of gonorrhoea and a 132% increase in diagnoses of Chlamydia. In addition, there have also been a number outbreaks of syphilis in the capital.¹⁴ In Brent, there were 8270 cases of these STI's recorded amongst all ages in the 5 year period between 1999 and 2003. Of these, 4284 cases were recorded amongst the under 25s, (52%). The most commonly recorded infection was Chlamydia (43% of infections reported overall, and 47% of infections amongst the under 25s). The least recorded was syphilis, with only 9 cases recorded in the five-year period.¹⁵ It is thought that up to 10% of young women in London are infected with Chlamydia.¹⁶ In 2002, there were 4,179 known HIV infected residents in North West London, with an average prevalence of 0.241%. In this sector, Harrow has the lowest prevalence of diagnosed HIV (0.08), with Kensington and Chelsea having the highest level (0.499). Brent has a prevalence level of 0.213 (close to the sector average).¹⁷ Between 2001 and 2003 the total number of people living with HIV in Brent rose from 460 to 627.¹⁸
3. A majority of the HIV prevention work is commissioned from voluntary sector providers. Many of the services are delivering to particular client groups and are based on the historical profile of those with HIV. This has been acknowledged and the tPCT is currently reviewing and revising current service provision, which, in turn, will provide voluntary sector organisations an opportunity to respond to the current needs in HIV prevention and sexual health promotion work.

Brent tPCT has identified the following as a key objective:

To reduce transmission of HIV and STIs and to reduce prevalence of undiagnosed HIV and STIs

3.2 Sexual Health Inequalities

1. There are marked health inequalities in Brent that reflect the profile of the Borough. It is understood that determinants of poor health, including sexual health, are observed in the most deprived areas. This is demonstrated in:
 - The high levels of teenage pregnancy and terminations;
 - Elevated levels of mental illness and increasing levels of HIV, which is reflective of the growth in the transient population of Brent;
 - Amongst the highest tuberculosis rates in England.¹⁹

¹⁴ London-Wide Sexual Health Framework

¹⁵ Health Protection Agency, 2004

¹⁶ London-Wide Sexual Health Framework

¹⁷ Leading the Way: North West London HIV Prevention Strategy 2005-2008

¹⁸ SOPHID, 2003

¹⁹ Health Protection Agency, 2003

STIs disproportionately affect young people and those from black and minority ethnic communities.

2. Brent is one of only two Boroughs in England and Wales where Black and Minority Ethnic (BME) groups account for the majority of the population (54.7%) compared to white people (45.3%).²⁰ When looking at ethnic background, the Black African population in North West London has the highest prevalence of diagnosed HIV of any ethnic group (1 in 64). The Black-other and Mixed populations also have a prevalence level above the sector average, with Indian/ Pakistani/ Bangladeshi having the lowest (1 in 3129).²¹ In 2002, in Brent there were 560 people diagnosed with HIV. 46% of HIV positive people were Black African.²² There is evidence that suggests that, although hospitals in North West London provide many HIV services to a wide range of black and BME communities, too many people from BME groups present at a late stage. The reasons for this include: a lack of confidence for some people who are asylum seekers/ refugees, language problems, and fear over issues of confidentiality.²³
3. In North West London HIV prevalence amongst men who have sex with men is at 1 in 16, compared to a prevalence of 1 in 847 for heterosexual adult men, 1 in 769 for women and an overall average of 1 in 414. Amongst men who have sex with men, the prevalence of diagnosed HIV in North-West London is highest for those from Other/ Mixed ethnic backgrounds (1 in 9), followed by those from Black other groups (1 in 11) and then white men (1 in 15).²⁴
4. HIV infections amongst drug users is a particularly big problem in London, with 3% of injecting drug users tested in London infected with HIV, compared to 0.3% elsewhere in England.²⁵
5. When comparing male and female cases of heterosexually acquired cases, it is clear that HIV infections in 2002 were much higher for women.²⁶
6. Information systems do not currently enable appropriate information to be collected with reference to underserved or high-risk groups. The development of appropriate information systems is a priority for all activity within the strategy.

Brent tPCT has identified the following as a key objective:

To ensure appropriate levels of service and service uptake for high risk and underserved groups

²⁰ ONS

²¹ Leading the Way: North West London HIV Prevention Strategy 2005-2008

²² Supporting People Strategy, 2004

²³ North West London Acute Services HIV Strategy, 2002-5

²⁴ Leading the Way: North West London HIV Prevention Strategy 2005-2008

²⁵ Leading the Way: North West London HIV Prevention Strategy 2005-2008

²⁶ Leading the Way: North West London HIV Prevention Strategy 2005-2008

3.3 People living with/ affected by HIV

1. London has and treats the highest number of individuals living with HIV in the UK. As the number of people needing HIV treatment has grown rapidly, this has put a lot of financial pressure on HIV treatment, care services and PCTs.²⁷ It was estimated that at the end of 2003 there were 53,000 people living with HIV in the United Kingdom (an increase by 7% on the previous year) – this includes both diagnosed and undiagnosed people (over a quarter were unaware of the condition).²⁸ There has been a dramatic increase in cases of HIV between 1997 and 2002, with cases doubling over this period (mostly the result of heterosexuals acquiring the infection abroad). Within the United Kingdom, HIV transmission has also spread, with men who have sex with men, accounting for 80% of all new cases.²⁹ In 2002, half the people diagnosed with HIV in England live in London.³⁰
2. At the local level, in Brent there has been an increase in those diagnosed with HIV, with 460 cases in 2001, 560 cases in 2002, and 627 cases in 2003.³¹ In 2003/04 Brent's spend on supporting people services for those with HIV/AIDS was £54, 836.³² Nationally, services for people living with HIV/ AIDS have a low profile, with the majority of areas spending less the 1% of their total supporting people grant on those living with HIV/AIDS. Brent's total spend in 2003/04 was less than 0.5%.³³
3. However, there has been a sharp decrease in HIV associated deaths, due to the introduction of more effective HIV treatments. Such cases dropped from 1,516 reported cases in 1995, to 235 in 2001.³⁴ The success of combination therapies in delaying the progress of HIV and the increase in profile and numbers requiring help and support have led to changes in the demands of treatment and the package of care offered by both health and social care. The growth in number of asylum seekers is also having an impact in the provision treatment and care.³⁵ With individuals living longer and individuals presenting later with the onset of HIV there is a need to recognise that continuing care provision will need to provide for such individuals. Brent tPCT recognises the importance of community nurse specialists, social workers and the voluntary sector in working with people with HIV/AIDS. A joint network or joint approach between service providers is necessary in Brent in order to provide Brent residents with the support and care necessary.
4. Assessment, diagnosis and treatment services for individuals living with HIV and AIDS are provided by the GUM service. There is in-patient provision within the hospital responding to the acute needs of patients with HIV. The voluntary sector, Local Authority and tPCT currently support carers and community services for those affected by

²⁷ London HIV Strategy

²⁸ ONS

²⁹ Brown, A. E. et al, 2002

³⁰ London HIV Strategy

³¹ Brent Primary Care Trust-Sophid

³² Supporting People Strategy, 2004

³³ Supporting People Strategy, 2004

³⁴ Supporting People Strategy, 2004

³⁵ Sexual health third report session 2002-3, House of commons health committee June 2003.

HIV/AIDS. The main provider of treatment and care services for people with HIV/AIDS is the Patrick Clements Clinic at Central Middlesex Hospital.

5. Brent tPCT and Brent Social Services Department commission specialist social care services from voluntary sector organisations within Brent and on a pan London basis. It has been acknowledged locally that these services need to be reviewed in order to identify the current gaps in meeting the social care needs of the population Brent in relation to HIV/AIDS.

Brent tPCT has identified the following as a key objective:

To improve health and social care for people living with/ affected by HIV

3.4 Stigma associated with HIV and STIs

1. The Gay Men's Sex Survey found that in Brent 7.5% of gay men had experienced discrimination when dealing with health professionals (more than double the London average), this was compared to 100% of respondents reporting a positive experience when dealing with mental health services in Brent. In addition, 24.7% reported discrimination from strangers in public, with 10% (above the London average), suffering physical attack.³⁶
2. African people who have HIV are at risk of being excluded from civil society due to both their ethnic background and HIV status (discrimination that is also presented from those in their own communities). This often results in African people who are HIV positive not disclosing their HIV status, which in turn masks needs for social and emotional support, and delays access to treatment. In turn, African people are often diagnosed at a later stage, compared to other populations.³⁷
3. A range of activities are supported in Brent to reduce the stigma of HIV and STIs. These include peer education, information resources and advocacy services. It is intended that this should be further developed and augmented.

Brent tPCT has identified the following as a key objective:

To reduce the stigma associated with HIV and STIs, and normalise access to sexual health service

³⁶ London Strategic Health Authorities Vitalistics 2002 The Gay Men's Sex Survey Area Sub-samples Data Report (April 2003)

³⁷ HIV and AIDS in African Communities: A framework for Better Prevention and Care

3.5 Rate of unintended pregnancy

1. The UK has the highest teenage pregnancy rates in Western Europe.³⁸ In London, the number of pregnancy terminations, per 1000, is double that of the average for England. In addition, half of the terminations done in London take place later than the recommended ten-week gestation period, with boroughs with the highest levels of health inequality having some of the lowest levels of performance. In addition, London's teenage pregnancy rate is amongst the highest in England, with the highest levels in the boroughs with the highest levels of health inequality. Research suggests that the delivery of sex education, 'too little to late', is a crucial factor.³⁹
2. Contraceptive Services are provided by Westside Contraceptive Services (Westminster PCT is the host). It provides 29 sessions across 11 sites in Brent. It runs a dedicated young persons session once a week, provides cervical screening and referral to termination of pregnancy services. In 2002/03 the service received 9,760 first visits to the service and 17,411 total visits. In Brent there were 2031 terminations carried out in 2003. Of these 43 % were aged under 25. 1.2% was under the age of 16.⁴⁰
3. There is a condom distribution scheme in operation, which provides targeted distribution across the Borough. However, there are still issues with the distribution of condoms across the youth service. There is a recognised need to develop a borough-wide policy on young peoples access to condoms within a variety of settings across Brent.
4. 24-hour access to free emergency hormonal contraception is an issue in Brent. It is understood that at times when individuals may be in greatest need (before school, or work and at weekends) the only access point is through the A&E department.

Brent tPCT has identified the following as a key objective

To reduce unintended pregnancy

3.6 The sexual health of young people

1. Compared to the national average Brent has a relatively young population. Incidences of teenage conception in Brent have increased. For under 18-year-olds, since 1998 this figure has increased from 218 to 294 – a rise from 47.8 to 59.3% (in terms of conceptions/ 1000 under 18 year olds). In turn, there is a need not only to reduce the number of teenage conception rates, but to reverse it.⁴¹

³⁸ Teenage Pregnancy and Parenting Strategy: Building a Better Borough for Brent 2005-2011

³⁹ London-Wide Sexual Health Framework

⁴⁰ Monitoring Report 2004

⁴¹ Teenage Pregnancy and Parenting Strategy: Building a Better Borough for Brent 2005-2011

2. The provision of the young persons clinic (at Patrick St. Clements) from October 2003– July 2004 has seen 427 individuals attending, with a majority between 17 –19 years of age. Of these 115 attended for contraception and 93 were tested positive for Chlamydia
3. Young Peoples' Sexual Health development should link to the general health promotion/improvement work for children and young people. Shared tasks should include better access to services, better provision for contraceptive services, provision of termination services and capacity building of organisations to meet the needs of young people.⁴²
4. The coordination of the teenage pregnancy strategy is with Brent Council within the Children and Families Department, although it is recognised that teenage pregnancy rates are included within the key performance indicators of the PCT. Therefore, a joint working integrated approach is key to the success of achieving a reduction in targets. Such an approach will require significant multi agency involvement of the local education services, youth services, social services, and voluntary sector, contraceptive services, and local GUM, PCT's and Primary Care, and families and schools units

Brent tPCT has identified the following as a key objective:

Improve the sexual health of young people

⁴² Young Persons Clinic Activity Report CMH

Summary of objectives

Objective	National Target/London Framework recommendations	Local Target
<p>1. To reduce transmission of HIV and STIs and to reduce prevalence of undiagnosed HIV and STIs</p>	<p>Increase the uptake of HIV tests by those offered it to 60% by the end of 2007</p> <p>Reduce by 50% the number of previously undiagnosed HIV infected people attending GUM clinics who remain unaware of their infection after their visit by the end of 2007</p>	TBC
<p>2. To ensure appropriate levels of service and service uptake for high risk and underserved groups</p>		TBC
<p>3. To improve health and social care for people living with/ affected by HIV</p>	<p>All people should have access to services that are responsive, culturally appropriate and tailored to individual need</p>	TBC
<p>4. To reduce the stigma associated with HIV and STIs, and normalise access to sexual health services</p>	<p>The percentage of patients attending GUM services who are offered an appointment to be seen within 48 hours of contacting a service should increase with time and reach 100% by 2008</p> <p>Improvement in the patient experience amongst people using sexual health services including contraceptive services</p>	TBC
<p>5. To reduce unintended pregnancy</p>	<p>Halve the number of under 18 conceptions in England by 2010, as part of a broader strategy to improve sexual health</p> <p>Proportion of NHS funded termination of pregnancy services under 10 weeks' gestation</p> <p>Access to terminations within 3 weeks of first appointment with the referring doctor</p>	TBC
<p>6. Improve the sexual health of young people</p>	<p>Halve the number of under 18 conceptions in England by 2010, as part of a broader strategy to improve sexual health</p>	TBC

Local targets will be identified in consultation with local stakeholders.

4 Strategic framework

4.1 Our vision

Our vision for sexual health in Brent encompasses the sexual health of our population, the services we provide and how those services are planned and developed. Specifically:

- **Health status:** We want all people in Brent to be sexually healthy, free of infection, and unwanted pregnancy.
- **The services we provide:** We want all people in Brent to be able to choose appropriate services which are confidential, respectful, accessible, and person centred.
- **How services are planned and developed:** We want to establish a managed network of services that is stakeholder owned and partnership driven. This must be based on the best possible information and include rigorous performance management and needs assessment.

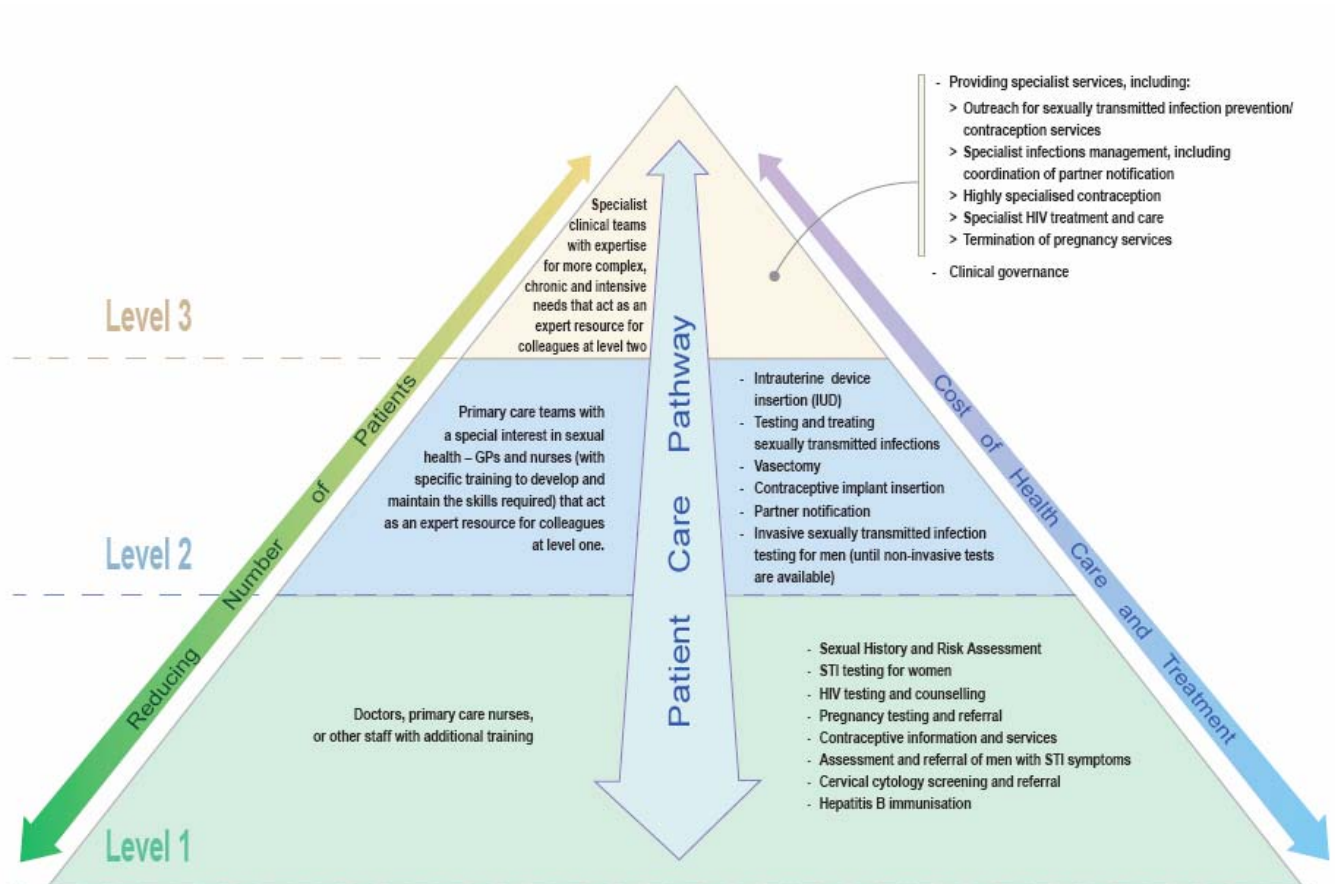
4.2 Strategic intent

The NHS Improvement Plan published in June 2004 set out the medium term expectations on the NHS around the themes of choice, access and quality. In line with these expectations, Brent PCT will commission in order to achieve sexual health services that emphasise the priorities of:

- Personalized choice,
- Responsive services
- Plural provision of services across the public, private and voluntary sectors.

We need to develop models of service that support people in maintaining their sexual health at the lowest possible level of intervention. This will mean the development of services at community and primary care level, including some services that would previously have been located in a hospital.

This approach is described in the diagram below:



4.3 Commissioning principles

We have identified a number of key principles that we believe are key to how sexual health services are delivered in Brent. Through our commissioning strategy and practice we will seek to embed these principles and approaches in all sexual health services:

Confidentiality

This is critical within sexual health services, which deal with a range of sensitive and potentially stigmatising needs. Services should not only ensure confidentiality, but should make it very clear that they do so. Young people under 16 have the same right to confidentiality as people over the age of 16.

Respect

Service providers should respect the choices and lifestyles of service users, some of which may make them more vulnerable to sexual health problems such as STIs or unwanted pregnancy. Fear of judgment for lifestyle choice could prevent people who need services seeking and accessing them.

Choice and Plurality

Patient choice is key to service improvement. In Brent people have traditionally been able to choose to self-refer to open access GUM services and to contraceptive services, or to seek help

via their GP. Brent tPCT is committed to building on these service choices such that individuals can promptly access services with which they are comfortable and which are appropriate to their needs.

Service User Involvement

The Health and Social Care Act (2001) places statutory duties on NHS organisations to ensure patients and the public are consulted in the planning and organisation of services. Brent tPCT policy on PPI (Patient and Public Involvement) aims to ensure that services are designed around the needs of people using them. The involvement of service users and potential service users in their own care and the development and evaluation of sexual health services is critical. This is particularly critical in Brent where services must meet the needs of diverse communities who may be anxious about approaching service providers.

Equality and Diversity

Through its work in Brent, the tPCT is addressing health inequalities through both commissioning and service delivery. In terms of sexual health, we will achieve this by facilitating the provision of services that seek to address the inequalities in sexual health experience amongst different communities.

5 Delivering the strategy: towards a managed network 2005 – 2008

The *National Strategy for Sexual Health and HIV* recommends the development of local managed service networks for sexual health. These networks involve commissioners, providers and people who use services to develop and evaluate integrated care pathways and service models to improve sexual health in response to local needs and priorities.

This approach should bring a focus on services and patients rather than upon buildings and organisations. In essence, the ultimate purpose of establishing a managed network is to ensure that health service resources and staff are focused on what matters – patients and their concerns. The purpose of Network is to improve patient care in terms of quality, access and co-ordination. It will retain this focus by enabling services and staff to work across professional and organisational boundaries.

The coordination of services within a service network should provide particular benefits for those using sexual health services where, traditionally, different elements of care have been provided by two or more organisations. Networks can help to ensure equitable care across a locality, through the application of national standards and guidelines underpinned by systematic audit processes. Regardless of the initial point of access or location of care, the service user should be able to expect to receive care of a consistent standard. Transition between services, when necessary, should be facilitated with minimum inconvenience. The Network must be genuinely multi-disciplinary. Patients must be involved in shaping the network and the work of the Network must be evidence-based.

Brent tPCT and the stakeholders involved in the development of this strategy are committed to developing such a managed service network in order to provide the very best sexual health services for the people of Brent.

Operating at all levels from primary care to specialist services the network approach will be developed in three incremental stages. The three stages envisaged are outlined below. (NB: For the first 12 months this group will be supported by a slimmed down Sexual Health Strategy Group. Comprising representatives of the PCT, Local Authority and significant service providers, this group will supervise the development of the network and report back to all partners on progress. This group will be serviced by Brent tPCT.)

Stages in developing the managed network are:

Information sharing network

From November 2005 until March 2006, sexual health services across Brent will form an *Information Sharing Network*. This group will be developed through the membership of the existing Sexual Health Strategy Group. Key tasks for the group for the year ahead will include:

1. Undertaking an audit of existing sexual health provision in Brent to identify gaps
2. Mapping current care pathways and agreeing optimum care pathways

3. Identifying and monitoring provider responsibilities for patient involvement
4. Agreeing information sharing protocols
5. Developing a shared understanding of quality standards
6. Target setting

Co-ordinated network

From April 2006 to April 2007, this will further develop from an *Information Sharing Network* into a *Co-ordinated Network*. The key tasks of this network will be to:

1. Formalise a clinical government framework
2. Develop multidisciplinary assessment tools, goal setting and documentation
3. Ensure provision of patient and carer information and support
4. Supervise and co-ordinate health promotion activity
5. Agree and monitor adherence to quality standards
6. Put in place the process and ongoing evaluation of the progress towards the development of the *Managed Service Network*.
7. Establish a virtual pooled budget

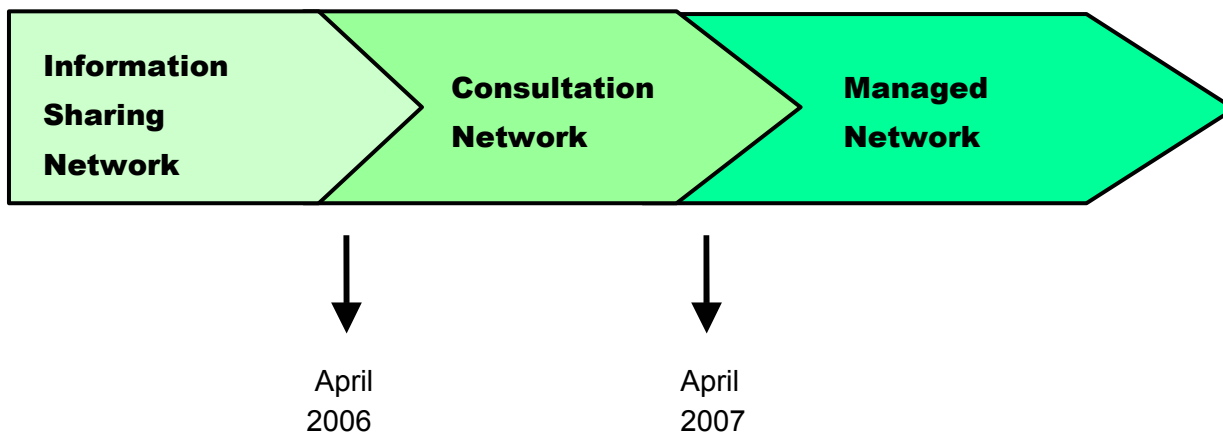
Managed Network

The managed network should be operational by April 2007.

The network must be actively managed – a responsibility which Brent tPCT anticipates will be devolved to a Network Manager hosted by one of the partner agencies.

The functions of the network itself will be identified by the *Coordinated Network* and the key partners, but will include:

1. Monitoring quality and clinical governance
2. Evaluating the operation of care pathways



6 Commissioning Action Plan

This action plan describes commissioning activities to be undertaken between October 2005 and March 2008. The activities are not prioritised, although many of them involve undertaking specific needs assessments, and the areas where the greatest needs are identified are likely to be those for which activity and funding is prioritised.

The action plan is broken down into seven sections, the first of which describes over-arching commissioning activities. These are activities that are necessary to support and underpin the achievement of all the objectives identified in the sexual health strategy. The sections then follow the activities that will be undertaken to meet each of the identified objectives 1 – 6.

Individual actions to achieve each objective have been ascribed to one of four levels, in line with the levels identified by the Department of Health, and outlined earlier in this document. These are:

Level 1	<ul style="list-style-type: none"> - Sexual History and Risk Assessment - STI testing for women - HIV testing and counselling - Pregnancy testing and referral - Contraceptive information and services - Assessment and referral of men with STI symptoms - Cervical cytology screening and referral - Hepatitis B immunisation
Level 2	<ul style="list-style-type: none"> - Intrauterine device insertion (IUD) - Testing and treating sexually transmitted infections - Vasectomy - Contraceptive implant insertion - Partner notification - Invasive sexually transmitted infection testing for men (until non-invasive tests are available)
Level 3	<ul style="list-style-type: none"> - Providing specialist services, including: <ul style="list-style-type: none"> o Outreach for sexually transmitted infection prevention/contraception services o Specialist infections management, including coordination of partner notification o Highly specialised contraception o Specialist HIV treatment and care o Termination of pregnancy services - Clinical Governance
Multiple / all levels	<p>These are actions and activities that will have an impact on sexual health services provided at two or more of the levels described above.</p>

Overarching Commissioning Objectives

<p>1) Set new terms of reference for sexual health strategy group <i>Completed by: October 2005</i> <i>Lead Agency: PCT</i></p>	<p>2) Identify specific sexual health spend <i>Completed by: November 2005</i> <i>Lead Agency: PCT</i></p>
<p>3) Identify investment needed to collect minimum data set at all levels <i>Completed by: February 2006</i> <i>Lead Agency: PCT</i></p>	<p>4) Refine existing data-sharing protocols to reflect sexual health issues <i>Completed by: February 2006</i> <i>Lead Agency: PCT</i></p>
<p>5) Identify sexual health spend within block contracts <i>Completed by: February 2006</i> <i>Lead Agency: PCT</i></p>	<p>6) Identify sexual health spend of partner agencies <i>Completed by: February 2006</i> <i>Lead Agency: PCT</i></p>
<p>7) Develop user involvement strategy for sexual health and HIV <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p>	<p>8) Set quarterly reporting framework for sexual health services activity, capacity and quality <i>Completed by: July 2006</i> <i>Lead Agency: PCT</i></p>
<p>9) Establish virtual pooled budget <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p>	<p>10) Set up quarterly reporting framework for all partner agencies <i>Completed by: July 2006</i> <i>Lead Agency: PCT</i></p>

OBJECTIVE 1: To reduce transmission of HIV and STIs and to reduce prevalence of undiagnosed HIV and STIs

Level One	Level Two
<p>11) Mainstream Department of Health Chlamydia pilot. <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p>	<p>12) Purchase new locally enhanced services, including screening from primary care. <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p> <p>13) Specify the location, scope and services within locally enhanced GMS, pharmacy contracts and contraceptive services <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p> <p>14) Undertake assessment of need for level 2 services. <i>Completed by: April 2006</i> <i>Lead Agency: PCT</i></p> <p>15) Undertake training needs analysis for primary health care professionals <i>Completed by: April 2006</i> <i>Lead Agency: PCT</i></p>
Level Three	Multiple/ All Levels
<p>16) Continue current pattern of provision of specialist GUM services. <i>Completed by: Sept 2006</i> <i>Lead Agency: PCT</i></p> <p>17) Review and re-specify GUM services to realign with new provision at level two <i>Completed by: Sept 2007</i> <i>Lead Agency: PCT</i></p>	<p>18) Ensure all services offer Hepatitis B vaccination to all high risk groups. <i>Completed by: Jan 2006</i> <i>Lead Agency: PCT</i></p> <p>19) Review cost effectiveness of HIV prevention and local treatment services. <i>Completed by: Dec 2005</i> <i>Lead Agency: PCT</i></p> <p>20) Commission on the basis of review. <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p>

OBJECTIVE 2: To ensure appropriate levels of service and service uptake for high risk and underserved groups

Level One	Level Two
<p>21) Facilitate an increase in primary care capacity to provide male sexual health screening. <i>Completed by: October 2006</i> <i>Lead Agency: PCT</i></p>	
Level Three	Multiple/ All Levels
<p>22) Review and continue to commission delivery of GUM services to drug users. <i>Completed by: Ongoing</i> <i>Lead Agency: DAT</i></p> <p>23) Develop a coordinated care pathway for victims of sexual crime <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p>	<p>24) Conduct sexual health equity audit <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p> <p>25) Based on the findings of the health equity audit, commission health promotion activities to ensure a greater uptake of services by high risk, underserved and hard to reach groups <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p> <p>26) Based on the findings of the sexual health equity audit, develop sexual health promotion initiatives within existing programmes of work. <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p>

OBJECTIVE 3: To improve health and social care for people living with/ affected by HIV

Level One	Level Two
Level Three	Multiple/ All Levels
<p>27) Undertake needs assessment of health and social care needs of people living with HIV and their carers. <i>Completed by: March 2006</i> <i>Lead Agency: PCT/ LA</i></p> <p>28) Based on the findings of the needs assessment for people living with HIV and their carers, identify appropriate commission modes and service models and purchase accordingly <i>Completed by: June 2006</i> <i>Lead Agency: PCT/ LA</i></p>	

OBJECTIVE 4: To reduce the stigma associated with HIV and STIs, and normalise access to sexual health service

Level One	Level Two
<p>29) Explore access to HIV testing within Primary Care settings <i>Completed by March 2006</i> <i>Lead Agency: PCT</i></p>	
Level Three	Multiple/ All Levels
	<p>30) To ensure the reduction of stigma is embedded in all specifications. <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p> <p>31) Undertake mystery shopping in young people access to information in accessing sexual health and contraceptive services. <i>Completed by: Dec 2005</i> <i>Lead Agency: PCT</i></p>

OBJECTIVE 5: To reduce unintended pregnancy	
Level One	Level Two
<p>32) Work with LPC to facilitate pharmacy level access to contraceptive information and service, emergency contraception, pregnancy testing and referring, utilising the pharmacy contract. <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p> <p>33) Map and increase existing access to prophylactics <i>Completed by: February 2006</i> <i>Lead Agency: PCT/LA</i></p>	<p>12) Purchase new locally enhanced services, including screening from primary care. <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p> <p>13) Specify the location, scope and services within locally enhanced GMS, pharmacy contracts and contraceptive services <i>Completed by: Ongoing</i> <i>Lead Agency: PCT</i></p> <p>14) Undertake assessment of need for level 2 services. <i>Completed by: April 2006</i> <i>Lead Agency: PCT</i></p> <p>15) Undertake training needs analysis for primary health care professionals <i>Completed by: April 2006</i> <i>Lead Agency: PCT</i></p>
Level Three	Multiple/ All Levels
<p>34) Undertake gaps analysis (based on care pathway) of people accessing termination services. <i>Completed by: March 2006</i> <i>Lead Agency: PCT</i></p> <p>35) Based on the findings of the gaps analysis, identify appropriate service modes for providing care managed terminations <i>Completed by: Sept 2006</i> <i>Lead Agency: PCT</i></p> <p>36) Continue current pattern of provision of specialist contraceptive services. <i>Completed by: Sept 2006</i> <i>Lead Agency: PCT</i></p> <p>37) Review and re-specify specialist contraceptive services to realign with new provision at level two <i>Completed by: Sept 2007</i> <i>Lead Agency: PCT</i></p>	

OBJECTIVE 6: Improve the sexual health of young people

Level One	Level Two
<p>38) <i>Develop</i> borough-wide policy on distribution of contraception, including condoms and emergency contraception to young people in community settings and schools. <i>Completed by: February 2006</i> <i>Lead Agency: TPB</i></p> <p>39) <i>Implement</i> borough-wide policy on distribution of contraception, including condoms and emergency contraception to young people in community settings and schools. <i>Completed by: April 2006</i> <i>Lead Agency: PCT</i></p>	
Level Three	Multiple/ All Levels
	<p>40) Continued support for preventative working (including peer education) in informal and formal settings, for high risk groups, to be aligned with the children and young people's strategy. <i>Completed by: Dec 2005</i> <i>Lead Agency: TPB</i></p> <p>41) Identify forward plan for targeted Sexual Health Promotion Activity for young people <i>Completed by: Dec 2005</i> <i>Lead Agency: TPB</i></p> <p>42) Identify shared performance management framework for young people's sexual health services. <i>Completed by: March 2006</i> <i>Lead Agency: TPB/ PCT</i></p>

Appendix 1: PCT HIV & Sexual Health Budget

Organisations Working Within the Sexual Health Field in Brent

Mildmay

Provides in patient care for those with HIV related Brain Impairment

St. John's Hospice

St. Johns provides respite, rehabilitation and palliative care services for those with HIV – both in-patient and day care

North West London Hospitals Trust

(Central Middlesex & Northwick Park sites)

Provides GUM, HIV treatment and care services from hospital site, although there are outreach clinics that run in targeted settings.

Chlamydia Screening Programme

Funded by the Department of Health for three years (until March 06). Provides an opportunistic screening and tracing programme for all people aged 16 –24, across identified primary care and contraceptive service settings. The programme is to be mainstreamed in 06/07

Westside Contraceptive Services

Provided by Westminster PCT. Provides an opening access contraceptive service in a variety of clinics across Brent and inner west London.

Marie Stopes & British Pregnancy Advisory Service (BPAS)

These two organisations are the providers of termination of pregnancy services for women across Brent and Harrow. Referrals are from GPs and Contraceptive Service Providers.

Brent PCT

Community Nurse Post, employed to provide support around health needs for people living with HIV in Brent. The post provides referrals, advocacy, information and referrals to other support intervention services

Brent PCT – Health Promotion

A contribution is made to the Health Promotion department toward the resource department and toward targeted settings post that support and develop sexual health initiatives across Brent.

Brent & Harrow Community Health Project

Delivers preventative education programmes across Brent and Harrow including peer education programmes targeted at particular community groups including faith groups. The service is leading on the Black Men's sexual health campaign consortium and the local initiatives targeted at African men who have sex with men

HAAZ

This project provides support to positive people from targeted communities and works closely with statutory and voluntary sector organisations in reaching people living with HIV/AIDS. It is a local organisation run by HIV positive people for HIV positive people.

Kenya Society of London (KESOL)

This is a local Harrow based organisation that provides sexual health/HIV awareness training sessions for residents of Harrow and to a lesser extent to targeted communities in Brent.

Kenya Women Association (KEWA)

KEWA has been commissioned to develop Sexual health/HIV primary prevention outreach services in Brent and Harrow for Women. The services take the form of liaison with voluntary sector organisations working with women, participating in events co-ordinated by the target communities, supporting the delivery of quality services by providers of care for African women (including anti/peri-natal services) across Brent & Harrow.

The African Child (TAC)

The African Child is funded to provide a Children's Day Care facility in Central Middlesex Hospital for mothers attending GUM, Ante-natal and Family clinics.

TAC also has a remit to develop preventative sexual health initiatives targeted at young people across Brent & Harrow.

Sexual Health On Call (SHOC)

SHOC is commissioned to provide sexual health services in primary care including the primary care & voluntary sector condom distribution project, ShivAG a primary care sexual health training project, SHocin campaign (Barber shop outreach sexual health information service) and the You Can expect Campaign targeted at young people, that provides support and training to GPs that are signed up to delivering a minimum level of care around sexual health to young people presenting at their surgeries.

Consent

Commissioned to provide training, resource development and support to people with learning difficulties.

Complementary Health Trust

This organisation provides complimentary therapies to those diagnosed with HIV across Brent & Harrow. Services are provided at both the GUM clinic sites and in clinics within the community.

MOSIAC

A service delivered by Brent youth service to provide interventions and service provision for young Lesbian, Gay, Bisexual and Transgender across Brent. Brent PCT funds a post to support the development of targeted sexual health prevention work.

Living Well

Living-Well is delivered by Hammersmith and Fulham PCT and is designed to help those living with HIV/AIDS by providing support, information and coping skills. Living Well provides a range of services including; delivery of HIV Self Management Programme, residential group work,

specialist theme days, HIV counselling, treatment and adherence support, steering group and continuing training.

The programme consists of Living Well 1 (the Positive Self-Management programme) and Living Well 2, for those who have completed Living Well 1 and wish to become involved in the future of the programme.

Voluntary Sector-Pan London (services that are commissioned on a pan-London Basis)

Treatment Provider Initiative

The programme commissions a range of interventions through several providers including the following:

Regular coverage of treatment issues in Positive Nation – a magazine aimed at people with HIV and circulated throughout London

AIDS Treatment Update – a regular newsletter

Leaflets and resources all focus tested and distributed across London

Website – AIDSmap.com

Treatment information help line

HIV treatment patient advocate & capacity building

African TIPI (Treatment, Information, Provider Initiative)

This is a working group tasked with developing a model including services and resources in to meet the needs of Africans living with HIV in London.

The working group noted the following during our discussions:

London Gay Mens HIV Prevention Partnership (LoGMHPP)

Develops pan London initiatives/resources and information services targeted at gay communities living in London.

Naz

This organisation is commissioned to deliver HIV/STIs prevention initiatives & targeted sexual health programmes for Men and Women from South Asian, North African, Horn of Africa, Latin American, Turkish, Arab and Iranian communities.

Positively Women

Provides support to positive women by means of social activities, child care, advice, information and advocacy services

Jewish AIDS Trust

Targeted schools sexual health and HIV prevention and information. It provides both pupil and teacher training

Female Genital Mutilation Campaign

Training and awareness programme working with health professionals in primary care and community settings

Brent Centre for Young People

A generic services with specialisms in mental health interventions for young people. There is a dedicated sexual health worker employed to develop outreach and community initiatives to engage with young people, provide advice, information, support and advocacy services.

Sex & Drugs Training Coordinator

Jointly funded with the Drugs Action Team, this role is to provide a central coordination point for training delivered to young people across formal and informal settings.

Brent Social Services

Provides assessment and support in addressing the social care needs of HIV service users.

Appendix 2: PCT HIV & Sexual Health Budget

HIV /AIDS Budget 0405

	Description
Prevention	
Total	836,646
Brent Share	529,327
Treatment & Care Local	
Total	982,057
Brent Share	795,851
Treatment & Care Consortium	
North West London Hospitals - Pay & Non Pay	1,342,822
Combination Therapy Costs - NWL Hospitals	2,612,928
Brent Share	3,955,750
GUM	
North West London Hospitals - Brent Share	3,021,275
Unified Budget	
HIV Other	
Total	230,272
Brent Share	222,754
Chlamydia Screening Programme	325,000
Termination of Pregnancy	692,638
Contraceptive Services	555,979

NB. Where Brent share is identified separately the total budget includes Brent & Harrow