Local Government Association (LGA) Briefing,
House of Lords debate on the elimination of HIV infection in the UK
Monday 5 September 2016

Key messages

- It is estimated that 103,700 people in the UK have HIV. Around 17 per cent of these people, 18,100 in total, do not know they have it and are at risk of passing the virus on to others. They are also unable to benefit from effective treatments.¹

- The lifetime costs for someone diagnosed with HIV is on average £350,000 per person.² Each year councils are investing millions (£600 million) in preventative services. We are doing so, not only because it is cost-effective and saves money in the long term, but because it significantly improves people’s general health and wellbeing.

- Pre-exposure prophylaxis (PrEP) is a new HIV prevention approach where at risk HIV-negative individuals use anti-HIV medications to reduce their risk of becoming infected. Access to PrEP treatment could prevent the spread of HIV and potentially save lives.

- In August 2016, the High Court ruled that NHS England has the power to commission HIV-related drugs, for preventative purposes, which NHS England had previously suggested they could not fund. The commissioning of HIV-related drugs is, and should remain, an NHS responsibility because it is within their remit. We are keen to work with NHS England and the Department of Health to ensure we are all clear about our respective responsibilities so that there are no gaps in our preventative health strategies.

Local authority services

Councils understand how important a role sexual health, reproductive health and HIV services play in the health and wellbeing of their residents. The modern day sexual health challenges are significant. According to Public Health England (PHE) there were 446,253 sexually transmitted infections diagnosed in England in 2013. Each new case of HIV infection is estimated to represent between £280,000 and £360,000 in lifetime treatment costs.

Local government has already been working to support innovative HIV prevention programmes and support services in their areas. We have collaborated with health and community partners to make the best use of resources, and ensure people receive the necessary advice and treatment when needed.

It is important to note in November 2015, local authorities working with Public Health England (PHE) launched the first nationally available HIV kit for testing those at higher-risk of HIV.³ The HIV Home Sampling service is there to encourage people at risk to find out their HIV status, using free kits, so they can get the best care for themselves and partners. The benefits of testing leading to early treatment, reach beyond the individual person, having a wider public health benefit by reducing the risk of passing the virus on to other people. A number of case studies of council-
HIV PrEP treatment

Post-exposure prophylaxis for potential sexual exposure to HIV consists of four weeks therapy with antiretroviral medication or highly active antiretroviral treatment (HAART). It is designed to address the window of opportunity to abort HIV infection by inhibiting viral replication following an exposure. Treatment needs to start as soon as possible and within 72 hours. Once initiated, it is necessary to complete a four week course of treatment.

PrEP is a new HIV prevention approach where at risk HIV-negative individuals use anti-HIV medications to reduce their risk of becoming infected. Access to PrEP treatment could prevent the spread of HIV and potentially to save lives.

During the transition period to the implementation of the NHS and Care Act 2010, NHS England sought to retain commissioning of HIV therapeutics, which the PrEP treatment falls into. We therefore believe the commissioning of PrEP treatment is, and should remain, an NHS responsibility.

In March 2016 NHS England released a statement on provision of PrEP in England that said that local authorities and not NHS England were responsible for funding PrEP. This was despite NHS England starting a formal process 18 months ago to decide if the NHS should fund PrEP.

The National Aids Trust brought the case to the High Court's attention, and in August 2016 the judge ruled that NHS England has the power to commission HIV related drugs for preventative purposes and that the funding of those drugs should be the responsibility of the NHS. NHS England are currently appealing this decision.

The LGA decided to take action on behalf of our member authorities. By successfully challenging NHS England's interpretation of the law, this will provide much-needed clarity around the future roles of councils and the NHS on prevention services. It also demonstrates that both parties have the joint responsibility of ensuring we can deliver an integrated sexual health system as Parliament originally intended.

Case studies

Joint whole system commissioning of sexual health and HIV services in Norfolk

Norfolk County Council and NHS England’s East of England Specialised Commissioning Team have jointly commissioned an integrated sexual health and HIV service for the county. Following a sexual health needs assessment undertaken by the Public Health department in 2013, the two organisations came together and agreed to commission through a Section 75 (S.75) agreement (Health and Social Care Act 2012). This approach was considered to be the best match for Norfolk. It was the first such agreement for commissioning sexual health and HIV services between a local authority and NHS England and was developed to address the risk of service fragmentation in the post Health and Social Care Act commissioning landscape. Having agreed to commission jointly, the local authority took the lead in the procurement process through a Competitive Dialogue based on...
Lean principles. All parties were satisfied the process was well matched to the development of the new integrated sexual health service with a hub and spokes model.

Commissioners developed a good understanding of each other's organisational constraints and opportunities to achieve the best outcome for users of sexual health services in Norfolk. Developing a S.75 agreement between the county council and NHS England was a trailblazing route. It reflected the findings of the needs analysis and dialogue with local professionals and voluntary organisations. Constructive working relationships and a procurement partnership between the Local Authority and NHS England were developed.

An integrated service for patients with continuity of care was achieved with a minimum of disruption. The new service improved accessibility in terms of locations and opening hours. Interactions with bidders in the tendering process were well received. As a result of the change in service model and the work done in the dialogue, it was possible to reduce the cost of the service by about 12 per cent compared to the original contract value. The payment mechanism in the contract had to be carefully designed to avoid a perverse incentive. Contract performance management will continue to be jointly done by NHS England and Norfolk County Council.

The London HIV Prevention programme

The London HIV Prevention Programme (LHPP) was established by the London Directors of Public Health in 2013 following a London-wide needs assessment. London Councils, the cross-party umbrella organisation for London’s 32 local authorities and the City of London, played an important role in ensuring the programme was not ‘lost’ at the time of transition.

In February 2013, London local authorities, recognising HIV as an important public health issue, moved at pace to commission a needs assessment and review the evidence for the continuation (or otherwise) of the programme. Council Leaders agreed a new programme, with significantly reduced funding compared with previous years, for a minimum of three years to 2017.

Lambeth Council agreed to host the commissioning and management function on behalf of all London local authorities. Based on the new priorities identified, existing contracts were re-specified and subsequently retendered and a large new media component was added in recognition of the changing patterns of social behaviour in the priority target groups. After a period of change and intense activity, the programme has stabilised with regular communication to authorities through the steering group, regular briefings at the London commissioners’ network and a regular FAQ briefing sheet.

Responding at pace to the uncertainty over the future of the previous pan LHPP, using the support and infrastructure of London Councils to assess the situation and place the issue on the agenda of council leaders, commissioning and undertaking a comprehensive needs assessment, taking a decision about the programme and setting in place governance and management arrangements for its future were major achievements. The needs assessment was deliberately designed to be useful to individual councils and not just a tool for the London-wide programme. The new communications and media action will show London local authorities are taking concerted action to drive down rates of new HIV infection.

http://www.nhs.uk/Livewell/STIs/Pages/get-tested-HIV-early.aspx