



**Wiltshire HIV Social Care
Strategy and Delivery Plan
2010-2014**

This strategy has been developed in collaboration with key stakeholders including people living with HIV, staff from the Department of Community Services (DCS) and the Department for Children & Education (DCE) at Wiltshire Council, NHS Wiltshire, the and the voluntary/independent sector staff who specialise in the field of HIV and sexual health.

This document has been produced in partnership between:

Wiltshire Council, NHS Wiltshire and Terrence Higgins Trust

With Thanks to:

Lynne Jordan
Jan Evans
Tracy Daszkiewicz
Stephen Jones

Wiltshire Council
Wiltshire Council
NHS Wiltshire
Terrence Higgins Trust

Contents

i Foreword

ii Executive Summary: HIV in Wiltshire

1. Background
2. Introduction
3. Our vision
4. National policy context
5. The Wiltshire context
6. Involving people living with HIV
7. How Wiltshire will improve access to services
8. Challenges
9. Strategic Context
10. Delivery plan
11. Appendices
 - Appendix 1: HIV Needs Assessment (2009)
 - Appendix 2: HIV/AIDS- basic information
 - Appendix 3: AIDS Support Grant (ASG) in Wiltshire
 - Appendix 4: National Policy documents
12. References
13. Glossary of terms

Figures and Tables

- Figure 1 Community Areas by Deprivation
- Table 1 Population figures for 2001 and projections for 2010 to 2014
- Table 2 Patients with diagnosed HIV infection seen for statutory medical HIV related care in 2003/2005/ 2007 and 2008
- Table 3: Government funding through the AIDS Support Grant

i Foreword

I am delighted to present the HIV Strategy for Wiltshire. This document sets out the strategic direction of social care for people living with HIV

HIV is a key priority within the Sexual Health agenda in Wiltshire, this is a complex area as it embraces not just a clinical response to illness but also considers the broader social care of people living with HIV and therefore a multi disciplinary approach is in place to ensure the broad range of health and social care needs are met.

Prejudice and stigma surrounding HIV leaves this area most vulnerable to health inequalities, which requires special care needs to be assessed to ensure services are developed, based on the needs of those using the services. The low prevalence of HIV in Wiltshire makes this all the more crucial.

This document forms part of a range of publications being put in place to inform a wide range of professionals on the key areas of focus around HIV and Sexual Health, both in health services and the broader social care agenda. Only by integrating health and social care can we truly have an impact on improving the health and well being of those living with or affected by HIV.



Maggie Rae

**Corporate Joint Director of Public Health and Wellbeing
NHS Wiltshire and Wiltshire Council**

ii Executive Summary

1. Wiltshire is a predominantly rural county in the South West of England. In 2008 it had a population of approximately 455,700. However there are populations in excess of 10,000 in the following urban centres, Wootton Bassett, Chippenham, Calne, Devizes, Melksham, Trowbridge, Westbury, Warminster and Salisbury
2. HIV infections that are diagnosed earlier lead to better outcomes and lower cost to the NHS. At the moment there is a very high percentage of HIV infection that is diagnosed late. There is a large variance in time of diagnosis by population groups, understanding this is important for local service provision. Nationally the percentage of new diagnosis of HIV with a low CD4count, ranged from 5.6% to 60%. In Wiltshire the percentage in 2008 was 50% which is considerably above the regional average of 33%.
3. HIV Health and Social Care services are delivered in partnership, considering the current prevalence and future projections of HIV and commission services in order to meet need.
4. The Strategy aims to be consistent with the principles and aims of national and local sexual health & HIV strategies; however, it will not attempt to encompass all aspects of sexual health and/or reproductive health but will focus on a health and social care perspective.
5. National trends suggest the following groups are more vulnerable to becoming infected by HIV:
 - Men who have sex with men
 - Sex workers
 - Prison population
 - Military population
 - Those living in social deprivation
 - Transient population
 - Alcohol, drug and substance misuse
 - BME communities
6. In 2008 135 people were living with HIV in Wiltshire *This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected. These figures correct September 2008.*
7. Voluntary and independent sector service providers offer a range of services and advocate for the interests of affected individuals, communities and/or those at risk of HIV. Together with other statutory organisations, they provide a range of programmes and services including those described as clinical, educational, preventative and training

8. The partners in this strategy are committed to ensuring that individuals who are living with or affected by HIV are given every opportunity to help design and develop the services they need to ensure they remain well and independent for as long as possible; and that they are encouraged and enabled to make decisions about their own lives.
9. Wiltshire is committed to delivering on the outcomes outlined in the Government White Paper, Our Health, our care, our say. Actions will be reviewed in line with the Coalition Government's options for commissioning HIV treatment and care services, including through the National Commissioning Board. Further information will be available shortly.
10. The development of Highly Active Anti-retroviral therapy (HAART) has extended the life expectancy for many people with HIV, consequently individual needs have changed with people living healthier with HIV and are now more focused on the desire to stay as independent as possible, for as long as possible.
11. Confidentiality is an issue for people living with HIV, especially when approaching a service for support. Health and social care are committed to raising awareness, and therefore reducing stigma and discrimination around HIV, but until HIV no longer exists, all services must take particular care that the confidentiality of service users is maintained in line with our organisations policies and procedures

1 Background

When the National Strategy for Sexual Health and HIV was produced in 2001 it marked a milestone in placing sexual health on the National agenda. It gave local NHS and Local Authorities guidelines to put in place easily accessible sexual health services and specialist and contraception services through a range of settings. This is broader than medical services and reaches out to the needs of people at a social level and requires a productive response from social care services.

With this in mind Wiltshire HIV network carried out extensive research into the needs of people living with HIV in the County, including a social care needs assessment (Appendix 1). This knowledge offers us the insight needed to develop an informed plan to improve the lives of people that are living with or are affected by HIV.

Wiltshire remains a relatively low prevalence area. From January to December 2009 the rate of new diagnoses in the South West was 5.0 per 1000,000 of the population and for Wiltshire it was 1.5 per 1000,000. The most common route of new transmission in Wiltshire was sex between heterosexuals (57.1%), followed by sex between men (28.6%).

HIV infections that are diagnosed earlier lead to better outcomes and lower cost to the NHS. At the moment there is a very high percentage of HIV infection that is diagnosed late. There is a large variance in time of diagnosis by population groups, understanding this is important for local service provision. Nationally the percentage of new diagnosis of HIV with a low CD4count, ranged from 5.6% to 60%. In Wiltshire the percentage in 2008 was 50% which is considerably above the regional average of 33%.

Sexual health is a state of physical, emotional, mental and social well-being. In relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

(World Health Organisation, 2002)

The prevalence of sexually transmitted infections and HIV and other blood born virus's continue to increase. What follows is the delivery plan for improved Social Care for people living with HIV in Wiltshire. This document will be reviewed regularly to mark progress and ensure our focus remains relevant.

2. Introduction

This Health and Social Care Strategy for people living with or affected by HIV aims to provide future strategic direction to guide both policy and service delivery for the Department of Community Services (DCS), the Department for Children & Education (DCE) and NHS services in Wiltshire.

It proposes that we work within the existing framework of Wiltshire's health and social care service provision to individuals and families living with HIV and the established links with our partners in the voluntary sector.

It will also seek to maximise services through a planned and collaborative approach to HIV in partnership with key stakeholders, health and, most importantly, people infected with or affected by HIV.

It will consider current and future prevalence to inform service provision and commissioning and promote the most effective and efficient use of resources.

In this respect, the Strategy acknowledges the end of the ring-fenced arrangements of the AIDS Support Grant (ASG) which is administered under Section 31 of the Local Government Act 2003 to help local authorities with the additional costs of providing HIV related personal social services.

The Strategy aims to be consistent with the principles and aims of national and local sexual health & HIV strategies; however, it will not attempt to encompass all aspects of sexual health and/or reproductive health but will focus on a health and social care perspective.

3. Our vision

Our vision is that joint working between Wiltshire Council's Department of Community Services (DCS) and Department for Children & Education (DCE) along with the NHS in Wiltshire will deliver, in conjunction with our partners, health and social care services which are accessible, non-discriminatory and empowering for individuals and/or families living with HIV, and will support them in making informed decisions regarding their own wellbeing.

Our vision underpins a commitment to the following aims and principles:

- To promote independence, inclusion and wellbeing
- To improve services, information and support for all who need them
- To reduce inequalities in the provision of services to people living with HIV
- To reduce the stigma associated with HIV

4. National policy context

There are many national policy documents which include reference to HIV; this strategy refers primarily to the following key documents:

- The National Strategy for Sexual Health and HIV (DH) 2001
- Progress and priorities – Working together for high quality sexual health; review of the national strategy for sexual health and HIV (MedFASH) 2008
- Moving forwards: Progress and priorities – working together for high-quality sexual health (DH, 2009)
- HIV in the United Kingdom: 2009 Report
- HIV and other sexually transmitted infections in the UK: 2007 (HPA)
- Department of Health (DH) Local Authority Circular: Support Grant for Social Services for People with HIV/AIDS
- The Disability Discrimination Act 2005 (DDA 2005)
- Equality Act (2010)
- Children's National Service Framework
- Our Health, Our Care, Our Say: a new direction for community services (2006)
- Recommended Standards for NHS HIV services (MedFASH 2002)
- Equality Impact Assessment for National Sexual Health Policy
- Testing Times (HPA) 2007

 *More information about these national policy documents can be found in Appendix 4*

5. The Wiltshire context

5.1 Health

Several documents have been produced which offer an analysis of the sexual health of the Wiltshire population. These include:

- Wiltshire Sexual Health Needs Assessment, published March 2010
- Wiltshire Sexual Health Equity Audit (2007)
- Promoting, Sustaining and Improving the Sexual Health of Wiltshire 2005-2008
- Wiltshire HIV Needs Assessment 2009/10

It is recommended that this strategy is read in conjunction with these documents, in order to avoid duplication of material.

All of these documents identify and map the most deprived areas in Wiltshire and the most vulnerable groups. Nationally, it is recognised that people living in more deprived situations suffer more ill health, including sexual ill health.

5.2 Demographics

Wiltshire is a predominantly rural county in the South West of England. In 2008 it had a population of approximately 455,700. However there are populations in excess of 10,000 in the following urban centres, Wootton Bassett, Chippenham, Calne, Devizes, Melksham, Trowbridge, Westbury, Warminster and Salisbury.

Population estimates from the 2001 census are shown in Table 1 with the population projections for 2014.

Table 1 Population figures for 2001 and projections for 2010 to 2014

Age	2001	2010	2012	2014	Change
0-14	83,300	82,900	82,400	82,100	-1.44%
15-34	103,500	105,900	107,400	108,700	5.02%
35-49	96,000	105,900	103,700	101,200	5.42%
50+	150,800	174,600	181,300	188,700	25.13%
All	433,600	469,300	474,800	480,700	10.86%

Source: Wiltshire Council, ONS

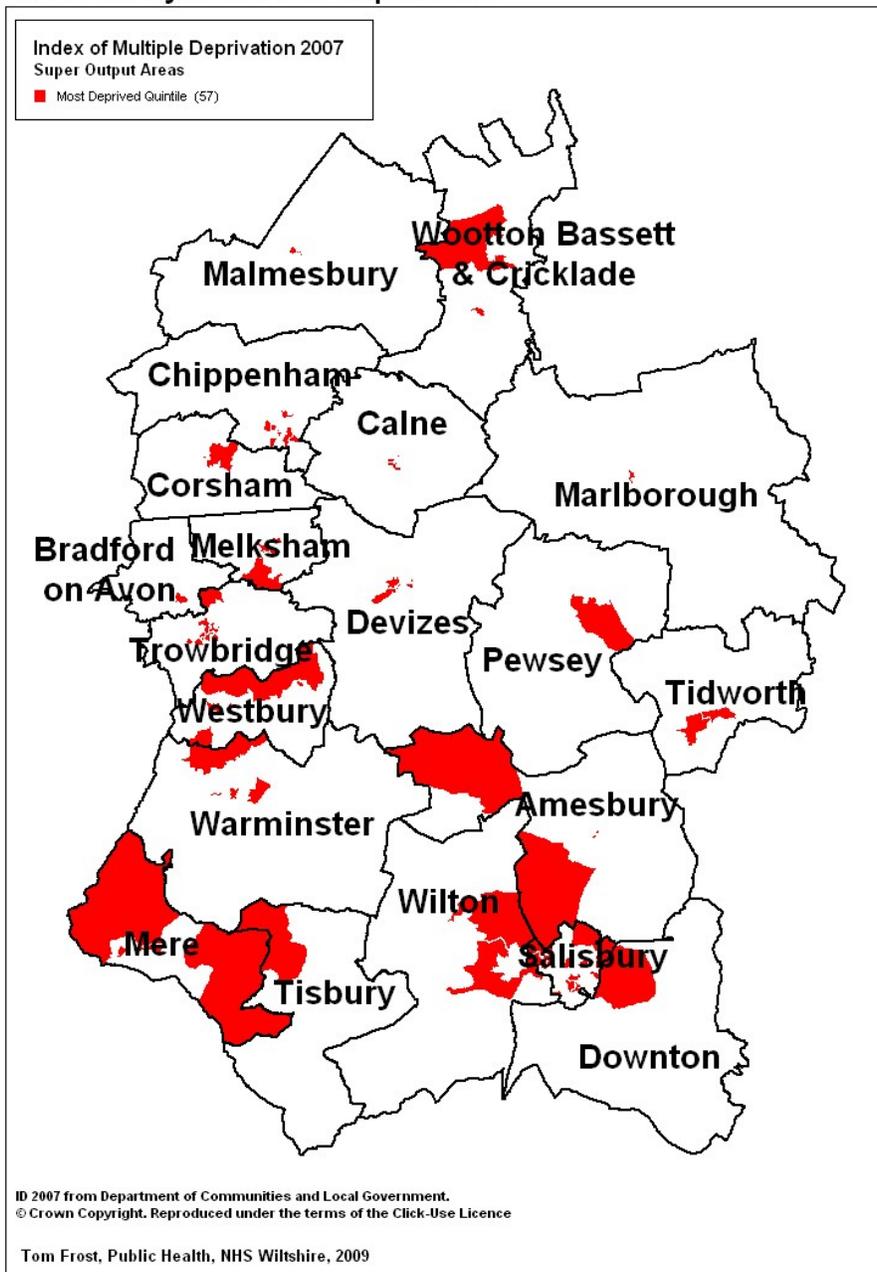
The table shows that although growth is predicted in the overall population, most of that growth is in the 50 plus age group and the 35-49 age groups.

In Wiltshire the most sexually active age-group 15-34 shows only a slight increase.

In Wiltshire, the highest infection rates occurred among people aged 25–39 years with the next highest number in the 40– 54 year olds. There are only a small number of children in Wiltshire under the age of 14 living with HIV. (Wiltshire Sexual Health Equity Audit, July 2007).

Figure 1

Community Areas and Deprivation



This map demonstrates the most deprived locations in Wiltshire, by super-output area. It shows areas of both urban and rural deprivation and also suggests links to military bases (Tidworth, Bulford, Amesbury)

Table 2 Patients with diagnosed HIV infection seen for statutory medical HIV related care in 2003/2005/ 2007 and 2008

The table below demonstrates the levels of HIV infection in Wiltshire. Wiltshire has a relatively low HIV prevalence.

	2003	2005	2007	2008
Wiltshire	55	89	117	135
Swindon	57	74	107	116

Data source: HIV/AIDS SOPHID Reports to end of June 2003, 2005, 2007 and 2008, SOPHID data is available 1 year after collection

This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected. These figures correct September 2008.

5.3 National trends

National trends suggest the following groups are more vulnerable to becoming infected by HIV:

- Men who have sex with men
- Sex workers
- Prison population
- Military population
- Those living in social deprivation
- Transient population
- Alcohol, drug and substance misuse
- BME communities

5.4 Social Care Services

The Department of Community Services (DCS) and the Department of Children & Education (DCE) provide a community care service to people living with HIV who meet Wiltshire Council's eligibility criteria.

Specially nominated staff based in local teams has been identified as Named Workers for HIV. These workers have received additional HIV training and are able to offer information and support. Current training for Named Social Workers is commissioned from the Terrence Higgins Trust West. This training is funded from the DH AIDS Support Grant. In addition, training on HIV awareness is available to social care staff working with adults and children.

5.5 The Voluntary and Independent sector

Voluntary and independent sector service providers offer a range of services and advocate for the interests of affected individuals, communities and/or those at risk of HIV. Together with other statutory organisations, they provide a range of programmes and services including those described as clinical, educational, preventative and training.

In Wiltshire, a range of services are provided by Terrence Higgins Trust and Wiltshire & Swindon Men's Sexual Health (formally Gay Men's Health). For example:

Terrence Higgins Trust West (THT West)

Terrence Higgins Trust has a long tradition of supporting people living with HIV in Wiltshire and has been providing local services for over 10 years. Their person centred services operate on a 'self management' basis and include:

- Welfare rights and advocacy services around employment, housing, immigration and welfare benefits
- Counselling
- Complementary therapies
- Community Support volunteers to offer on-going groups (women's group, gay men's group BME group)
- Access to charitable grants

In addition, they are able to offer training, advice and resources to other professionals who are working with people living with HIV and also health promotion services to individuals and communities most at risk of contracting HIV.

Wiltshire & Swindon Men's Sexual Health Service (WSMSHS)

This service provides a specialist advice and support service in Wiltshire and Swindon for Men's Health, with a particular focus on Gay and bi-sexual Men, men who have sex with men and other at risk groups, as previously identified.

They have a role in:

- Contributing to and supporting the targets for improved sexual health set out in NHS Wiltshire delivery plans and Sexual Health Strategies for Wiltshire and Swindon
- Increasing awareness of HIV, AIDS and sexually transmitted infections (STIs) in the male population
- Reducing HIV and STI infection amongst gay and bisexual men and men who have sex with men.

6. Involving People living with HIV

In order to ensure this happens a Wiltshire HIV Treatment and Care Group is in place which includes service users and stakeholders.

To ensure that as many people living with or affected by HIV are able to make their voices heard. The partners commissioned a needs assessment to assess how services were meeting the needs of local residents living with HIV and to identify emerging needs which would need provision. This was carried out in 2009, with the results used to influence the action plan contained within this strategy document.

7. How Wiltshire will improve access to services

Wiltshire is committed to delivering on the outcomes outlined in the Government White Paper, *Our Health, our care, our say*. This Government paper proposes the development of outcome based services which:

- Improves health and emotional well being
- Improves quality of life
- Enables individuals to make a positive contribution
- Increases individuals choice and control over the services they receive
- Ensures individuals are free from discrimination
- Increases economic well being
- Allows individuals to maintain personal dignity and be treated with respect

In order to achieve these outcomes we need to develop and improve the availability of appropriate information about the services available in Wiltshire. Information should also highlight the benefits of approaching statutory agencies for services, information and support to person living with HIV. To ensure this happens we need to:

- Develop clear access routes to services
- Publicise our eligibility criteria and confidentiality policy alongside HIV information
- Provide clear information on non-statutory service provision
- Develop a system of a named contact worker for people with HIV
- Ensure that when people access social care services they are assessed or signposted to ensure that every aspect of their need is considered from benefits to peer support

People living with HIV should be treated as other citizens of Wiltshire who may require a range of social care service provision dependent on their needs.

8. Challenges

The development of Highly Active Anti-retroviral Therapy (HAART) has extended the life expectancy for many people with HIV, consequently individual needs have changed with people living healthier with HIV and are now more focused on the desire to stay as independent as possible, for as long as possible.

People living with HIV may face discrimination and rejection from the communities they would normally rely on. Therefore one of the challenges health and social care face is the need to build new networks to support individuals.

Confidentiality is an issue for people living with HIV, especially when approaching a service for support. Health and social care are committed to raising awareness, and

therefore reducing stigma and discrimination around HIV, but until HIV no longer exists, all services must take particular care that the confidentiality of service users is maintained in line with our organisations policies and procedures.

9. Strategic context

The key strategic priority areas are in line with the Department of Health document 'Our Health, Our Care, Our Say', these are:

Outcome 1: Improving Health and Emotional Well-Being

- People are able to achieve the best physical and mental health they can
- People have access to information and advice about keeping healthy and safe
- People go into hospital only when treatment is needed and leave as soon as they are well
- People receive support to recover and regain independence
- People have balanced meals that can meet cultural and dietary needs
- People have choices and are treated well at the end of life

Outcome 2: Improving quality of life

- People enjoy the best quality of life
- People receive advice and support at an early stage
- People receive services that take account of individual, carer and family needs
- People can have a social life and can use mainstream local services
- People have a choice in how and where support is provided
- Carers can balance caring with a life of their own

Outcome 3: Enabling individuals to make a positive contribution

- People have support to take part in community life
- People are welcomed to join voluntary organisations
- People can contribute their experience and views to shape services
- Voluntary organisations are thriving and accessible

Outcome 4: Increasing the choice and control individuals have over the services they receive

- People receive information and advice about options, risks, costs and funding of their support
- People have help to access support needs and choose how services are delivered
- People can choose from a wide range of services
- People can contact service providers when they need to
- People have their complaints dealt with effectively

Outcome 5: Ensuring people are free from discrimination

The principle of safeguarding an individual's privacy and confidentiality applies to all client groups but it may be that people living with or affected by HIV may have

particularly concerns and may already be suffering from the stigma arising from the condition.

- People have fair access to services
- People receive information about their entitlement to services
- People receive entitlement to continuing health care
- People have freedom from discrimination or harassment when they use services
- Communities feel safe

Outcome 6: Increasing economic well-being

- People can manage income to meet living and support costs
- People have support to find or maintain employment
- Carers can continue in employment if they choose to do so

Outcome 7: Maintaining personal dignity and being treated with respect

- People keep safe from abuse, neglect and self-harm
- People receive personal care services that respect dignity, privacy and personal preference
- People have living space of an acceptable standard
- Family members and carers are treated as experts and care partners

10. HIV Delivery Plan 2010-2014

1. Leadership: having a strong, influential HIV Network in place locally to respond effectively to the social care needs of people living with HIV in Wiltshire						
<ul style="list-style-type: none"> Actively engage in joint planning Ensure that there is equal and credible buy in from local authority, local NHS and third sector Acknowledge the third sector as an equal Embed HIV into the broader sexual health agenda and other relevant areas of social care Have an integrated approach to address the impact of inequalities and wider determinants of sexual health 						
	Objective	Action	Performance Indicator	Achieved by	Lead	RAG
1.1	HIV network in place	Agree Terms of Reference for the group Agree membership	Group and T of R in place	July 2010	HIV Co-ord	
1.2	Members of the public requesting HIV information are referred to relevant source	Wiltshire Council main telephone number, callers referred to HIV helpline	Customer services are aware of HIV helpline	Dec 2010	HIV Co-ord	
	Professionals in multi agency services have clear information source	A main contact for HIV and confidential helpline	Helpline number published. Continue role of HIV Co-ordinator	Dec 2010	HIV Co-ord	
		Named social care workers for HIV	Continue role of named workers	Ongoing	HIV Co-ord	
1.3	Ensure AIDS Support Grant continues to be used appropriately	To maintain social care service to people with HIV. Continue to monitor HIV population trends Develop a contingency plan through the ASG –	HIV+ clients receive an initial assessment when required Utilise the Sexual Health Needs Assessment and JSA	Quarterly Annually	Social Care Locality Teams HIV Co-ord, NHS Wiltshire	

		following the removal of the ring fenced funding in June 2010,	for population information Clear evidence base to support need	September 2010	HIV Co-ord	
1.4	Compliance with legislation i.e Disability Discrimination Act 2005 the Equality Act (2010) Adherence to policy, protocols and/or guidelines aimed at improving HIV wellbeing outcomes	To have in place policies, procedures and practices demonstrating a purpose to eliminate discrimination and marginalisation	Corporate equality policies produced Equality impact assessment (EIAs) completed in all social care policy areas	Updated annually Updated annually	Wiltshire Council Wiltshire Council	
1.5	Identify and meet the HIV learning and development needs of the social care work force	Maintain the HIV learning & development opportunities for DCS and DCE	Number of social care staff attending training courses	Evaluate annually	Learning & Development, HIV Co-ord	
1.6	Commission the specialist HIV voluntary organisations to deliver training programmes for Wiltshire Council	Arrange training for staff to be provided by an approved provider	Number of training courses taken place	Evaluate annually	Learning & Development, HIV Co-ord	
1.7	Regular Wiltshire Council representation on relevant key partnership groups/forums which inform the field of HIV	HIV coordinator continues to attend groups/ forums as appropriate Continue to liaise with THT & voluntary sector to keep informed of developments	Evidence of local partnership working	Monitor progress against forum minutes	HIV Co-ord, Commissioning Manager	

1.8	All new Wiltshire Council staff complete Equality & Diversity e learning during induction. During 2010/11 all Wiltshire Council staff to complete E & D e learning	All staff to complete Equality and Diversity training Managers actively promote Equality and Diversity training	Equality and Diversity e learning in place	Evaluate annually	Wiltshire Council	
1.9	HIV is explicitly cited as a disability in any training and relevant policy documentation with a focus on disability and equality	All learning and policy development to be in line with legislative requirements under the DDA/ Equality Act (2010)	Evidence in training material Compliance with DDA/ Equality Act (2010) Staff awareness raised regarding status of HIV within DDA/ Equality Act (2010)	Annually Annually Annually	Learning & Development, Human Resources	

2. People living with HIV: Having a clear pathway between all aspects of social care to ensure a timely and effective response to people with specific needs						
<ul style="list-style-type: none"> • Ensure that the findings of the HIV Needs Assessment is well publicised throughout Social Care • Have an agreed pathway in place to ensure that all people newly diagnosed with HIV have access to a social care assessment if needed 						
	Objective	Action	Performance Indicator	Achieved by	Lead	RAG
2.1	Ensure all people diagnosed HIV+ are provided with information about accessing social care services	<p>Create pathway to social care services</p> <p>Continue to improve the quality and accessibility of information about care management services.</p>	<p>Care pathway in place</p> <p>Information available regarding care management services</p> <p>Evidence of working in partnership</p>	<p>Mar 2011</p> <p>Updated annually</p> <p>Quarterly meetings</p>	<p>DCS</p> <p>Wiltshire Council Commissioners</p> <p>HIV Network</p>	
2.2	Provide clear information / signpost to make individuals aware of available HIV support	<p>Review and update HIV information</p> <p>Set up HIV webpage on the website.</p> <p>Up to date information provided to Wiltshire Customer Advisors in Locality Teams</p>	Evidence of a variety of ways to access information	Updated annually	HIV Co-ord	

2.3	Provide information that is culturally sensitive i.e able to be translated or provided in a variety of formats	Review and update HIV information and produce fact sheets as standard DCS template	Evidence of information being made available in other languages and formats as required	Updated annually	Wiltshire Council Communications Team, when required	
-----	--	--	---	------------------	--	--

3. Health and Wellbeing: Having good links in place to create a holistic care package for people living with HIV.						
<ul style="list-style-type: none"> • Implement national counselling care guidelines around access to good standard services • Have specific guidelines in place for vulnerable groups, for example women and their children • Have good links with maternity services to ensure good take up of ante natal screening • Have information available to increase early diagnosis of HIV 						
	Objective	Action	Performance Indicator	Achieved by	Lead	RAG
3.1	Ensure that all people accessing HIV testing are offered pre and post test discussion	Create care pathway from testing services to specialist services	Care pathway in place	Mar 2011	NHS Wiltshire	
3.2	Involve people living with HIV in any initiative that promotes the development of services	Maintain links with voluntary organisations	Evidence of local interagency forums to improve collaboration and sharing of resources	Annually	HIV Network	
3.3	Involve people living with HIV in the development and delivery of HIV awareness training	Ensure person living with HIV is invited to attend HIV awareness training as co-facilitator	Training programme in place	Each training session	HIV Network	
3.4	Improved access to information and support about HIV related services	Greater use of awareness raising opportunity through NHS Wiltshire with broader health services. Dissemination of leaflets and information through sexual health network and primary care links	All GPs to be supplied with HIV information for their practice. HIV to have dedicated space on the new sexual health website with a link to all relevant agencies in a variety of formats when requested	Jan 2011	HIV Network, Sexual Health Strategy Group.	

11. Appendices:

Appendix 1: HIV Needs Assessment 2009

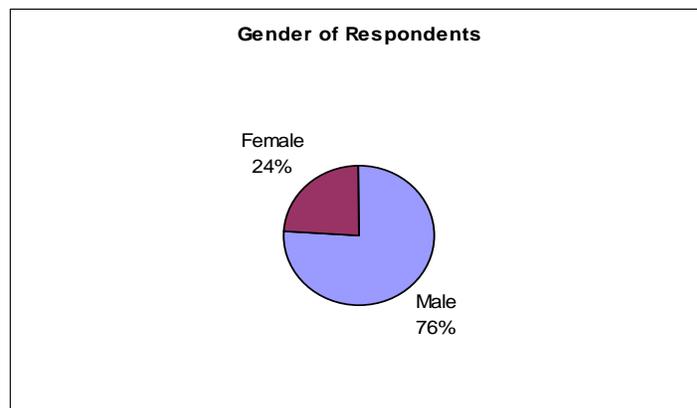
Introduction

The Wiltshire HIV Needs Assessment Report 2009 was prepared in partnership between Wiltshire Council, NHS Wiltshire and the Terrence Higgins Trust as a means of identifying existing and potentially unmet need amongst those individuals living with HIV in the county. The survey was made available during September and December 2009 and was completed by 29 individuals across Wiltshire. The latest HPA figures indicate that there were 122 individuals living with HIV in Wiltshire and consequently there was a return rate of 24%.

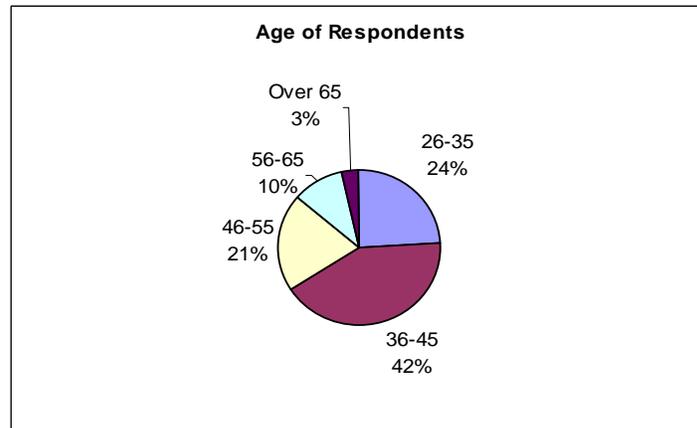
A copy of the complete results is at the end of this report.

Demographic breakdown of respondents

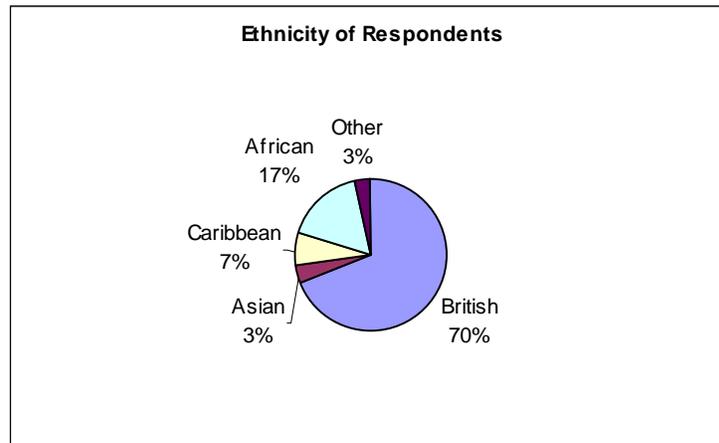
Of the respondents, twenty two were male whilst seven were female which statistically is slightly disproportionate in terms of the breakdown of those infected by HIV.



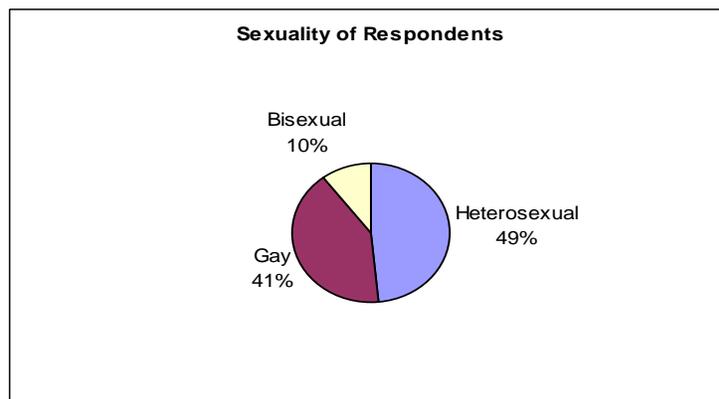
There was a good mixture of ages which reflects the nature of the epidemic locally.



The ethnic breakdown of respondents was also well proportioned in terms of both those living with HIV as well as the ethnic breakdown of the overall population within Wiltshire.

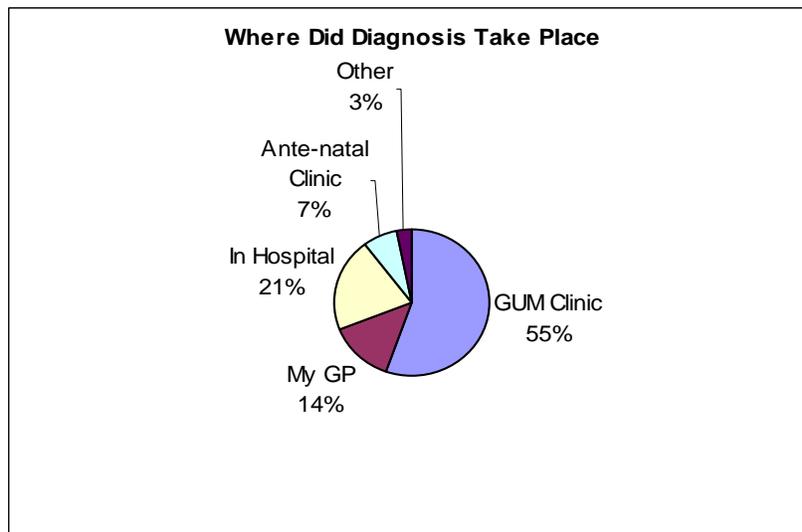
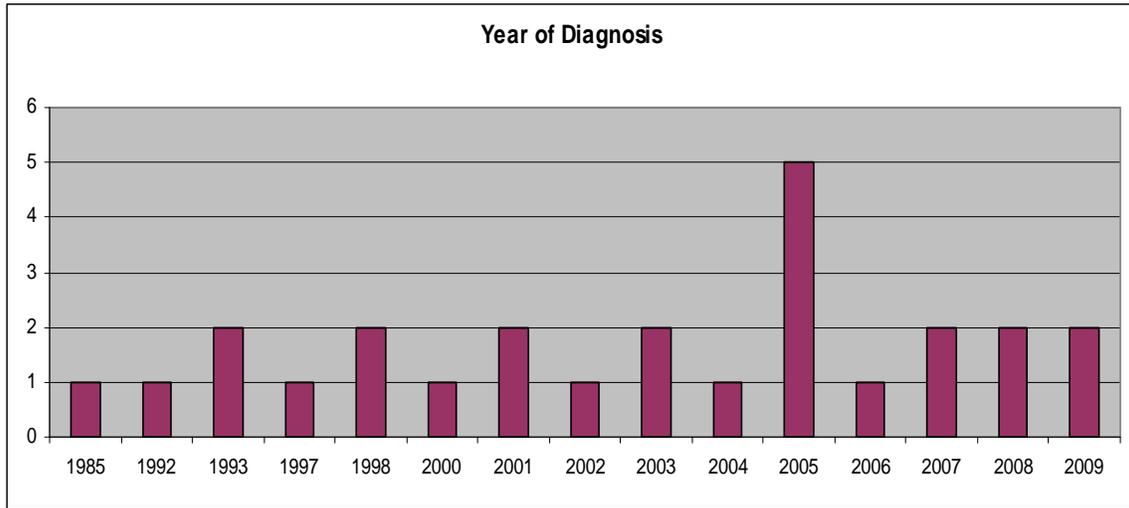


The breakdown of sexuality of those completing the survey was surprising with a high level of heterosexual individuals choosing to participate, which in terms of the statistical breakdown of those living with HIV in Wiltshire is much lower than those who identify themselves as gay or bisexual.



Once the initial demographic breakdown of respondents had been identified we proceeded to ask questions in relation to the individual's diagnosis by asking where they were diagnosed, how long they had been living with HIV and which HIV outpatient clinic they received their ongoing treatment and support from. This information, and in particular when the individual was first diagnosed as HIV positive, would help ensure that we were getting a cross section of views as it is well known that the needs of an individual who is newly diagnosed with HIV can be vastly different from somebody who has been living with the virus for a long time.

The graphs below indicate in which year individuals were first diagnosed as well as where they were diagnosed.



The majority of survey participants (72%) were recruited through the HIV outpatients' clinic at the Royal United Hospital in Bath. Smaller numbers, 14% each, were recruited through Salisbury District Hospital and the Great Western Hospital respectively.

Survey results

HIV infection and treatments

Respondents were asked whether they had experienced problems accessing HIV services in the past 12 months and 17% of the individuals completing the survey stated that indeed they had, with the difficulties being:

- there are not many buses where I live
- attending clinic when working full time
- counselling services
- RUH service seeming to be very slow; appointments take several hours which is a problem with an employer
- GP's lack of awareness about available services.

On a positive note 48% of respondents did not have any problems with taking their anti HIV treatments. Those who do have issues indicated that the biggest is simply forgetting to take them, rather than for any specific medical issue.

Immigration and asylum

A series of questions was asked regarding difficulties caused by immigration and asylum issues. From the 29 respondents surveyed, only one, stated that they were having difficulties in this area and they were already receiving support from an immigration advisory service as well as from an HIV organisation.

This outcome was fairly surprising as both regionally and nationally people living with HIV experience difficulties due to their uncertain immigration status. However, the fact that there is a lower number of residents from black and minority ethnic communities within the county, compared to the national average, provides an explanation.

Housing

Questions regarding housing difficulties did prompt more concern from individuals who completed the survey and 17% stated that in the past 12 months they had had problems with housing. The main issues were financial difficulties, problems with their housing association or private landlord and living in unsuitable accommodation. Support had been given by the local authority to help resolve some of the issues, but others remain unresolved and the individuals concerned remain unhappy with the current housing situation.

Eating

Problems with eating were identified by 41% of respondents with the majority stating that it was their appetite that presented the difficulty rather than their physical ability to eat. Despite this response, it does appear that for the majority of these individuals, it is either their physical or mental health problems which cause their difficulty in eating appropriately, or eating well, with only one person indicating that the issues were associated with their medication.

Looking after yourself

When questions were asked about looking after oneself and whether an individual had had problems with doing household chores in the past twelve months, 35% of those completing the survey stated that they had indeed suffered difficulties. Of these the majority indicated that these difficulties stemmed from mental health problems rather than a physical inability to carry out the tasks. Support in resolving these issues appear to come from the individual's partner or family members rather than from any statutory involvement or externally purchased domiciliary support.

Mobility – Getting about

In terms of a person living with HIV having the ability to get out, about 35% of respondents identified it as a difficulty for them. However, for the majority of these it was the lack of money and poor public transport that were the issues rather than a specific physical or mental health difficulty which caused the problem. Mental health did play a part in the difficulties for a third of those who identified mobility as an issue for them and so this element should not be lost. However, it was not the primary focus of concern.

Statutory social care

Only two of the respondents had tried to access statutory social care due to their HIV status in the past twelve months. Services had not been provided although the reason for this was not stated, it is likely that individuals did not meet the strict eligibility criteria applied by social care. None of the other respondents reported having tried to access social care and this may be because they do not need to access these services. Low level support services may ensure that individuals are able to maintain their independence and have control over their lives, this is an area that the survey highlights for further development.

Getting enough money

When respondents were asked about their employment situation, 62% identified that they were in some form of either full or part-time work. However, despite this 28% stated that in the previous 12 months they had had problems getting enough money to live on. The need was primarily to pay for utility bills and day- to-day travel, although some did identify that having enough money for food and clothing was an issue for them.

Managing anxiety and depression

When the survey began to ask questions regarding mental health issues it became clear that this was the biggest area of concern for the majority of people who completed the needs assessment. More than half of the respondents, 55% said that they had had problems with anxiety or depression within the past 12 months, and all of them attributed this directly to their HIV infection. A large number of these individuals had sought counselling, or had taken prescription medications to help them with these issues as well as making life changes which could help alleviate some of the symptoms.

Self esteem

Just as concerning as the section on anxiety and depression was the section on self esteem. When asked questions on this topic, 62% of individuals stated that they had issues regarding their self esteem. The table below explains what issues were identified.

Changes to your appearance	4 respondents
Anxiety or depression	9 respondents
Isolation or exclusion	3 respondents
Problems at work	3 respondents
Relationship problems	3 respondents
Sexual dysfunction	3 respondents
Anxiety about disclosing HIV status	8 respondents
Worries about the future	8 respondents

As can be seen the biggest concerns are in relation to disclosing their HIV status, worries about the future and general anxiety or depression. These results correlate with the above section on anxiety and depression and confirm that for the majority of respondents it is their mental health which is causing them greater concern than their physical health. Surprisingly few of these individuals are choosing to access statutory services to help deal with these issues, instead preferring to get help from partners and other family members.

Training and skills

When respondents were asked about whether they had received any help in relation to training or learning new skills in the past 12 months only 7% of individuals responded that they had. This was quite surprising in some ways due to the recent changes in welfare benefits and the encouragement of individuals to return to work following long periods of absence. However, when taken in conjunction with the questions about 'getting enough money' which indicated that 62% of respondents were already in some form of full or part time employment the reasons behind this set of answers could be explained.

Discrimination

Quite concerning was the response to the questions regarding discrimination from health care professionals in the past twelve months as 10% of respondents indicated that they had indeed felt discrimination against them and 7% (two people) attributed this discrimination directly to their HIV status. The discrimination took the following form:

- surgeon refused to operate on my knee when they found out I was HIV positive
- by the nurse at my GP surgery

Thankfully these appear to be isolated incidents. However it should be recognised that stigma and discrimination does still exist around HIV and that even if it does not take place very often there is still a perception by those living with the virus that it happens far more frequently and that this prevents them from accessing services.

Getting information

Information can be the key for individuals to live healthily and to reduce uncertainty about their condition and so it was disappointing to find that 24% of respondents had had a problem accessing information during the previous 12 months with the biggest issue being not knowing where to start looking. The other main issues concerned the information being too complex, or professionals not communicating adequately.

What was interesting was the way in which respondents liked to access information. Despite our perception that individuals are computer literate and will find the information they need on the internet, the table below would indicate that they still prefer more traditional methods of information transfer, by reading leaflets and having somebody talk to them on a face-to-face basis.

Reading	15 respondents
Face-to-face	12 respondents
Internet	13 respondents

Recommendations

It would appear from the results of this questionnaire that the majority of individuals who are living with HIV in Wiltshire are receiving the services and support which they require to live as independently and healthily as they can. However, there are a few exceptions to this and consideration should be given to the following issues:

1. Mental health support

Consistently throughout the needs assessment, respondents were indicating that they had needs around mental health support. This was most starkly apparent when asked questions regarding anxiety, depression and self esteem, all of which prompted a large number of individuals to state that they had issues. However, mental health issues also played a part for individuals in their ability to eat correctly, do household chores or get out and about.

Unfortunately it is unlikely that these needs are of sufficient severity to necessitate the involvement of a community mental health assessment or the direct involvement of a community mental health worker, but instead some lower level specialist support or counselling may be what is required to help deal with both the presenting and underlying issues.

2. Outpatient clinic opening hours

Several respondents indicated that attending outpatient appointments whilst working full time was difficult and with increasing numbers of patients being encouraged to return to employment, education or training, then this issue is likely to be one of increasing severity.

As most HIV outpatient clinics are sited within Genito urinary medicine (GUM) services and more GUM services are operating outside traditional working hours, consideration should be given to operating an outpatient clinic either early in the morning or later into the evening to facilitate patients unable to attend during working hours.

3. Statutory Social Care

Further research needs to be carried out to ascertain the level of statutory social care being delivered to people living with HIV. This needs assessment indicated that not one of the respondents currently had a social worker and of the two respondents who had attempted to access services both were refused, although it is unknown why they were refused a service.

This further research may indicate that the level of support needed by residents in Wiltshire is not sufficiently high to meet the 'fair access to care services' (FACS) eligibility criteria and, therefore, lower level support needs to be offered. It may however indicate that there is an insufficient level of knowledge about what services are on offer and therefore publicity may be required to increase service take up.

4. Housing

Housing issues were a concern for 17% of respondents and as such a further review of the suitability of housing for people living with HIV needs to take place. It may be that shared housing is causing complications through the need to store medications in shared amenities (such as a fridge) or that the housing is in a relatively poor state of repair and is therefore likely to have an adverse effect on a person's health which is already compromised by HIV.

5. Getting information

Consideration needs to be given on how to increase levels of knowledge and awareness amongst people living with HIV. The survey revealed that 24% of respondents had had difficulties in accessing information and this was across all media, from reading, face-to-face and the internet. An initiative could take the form of a local Wiltshire information pack which is given to patients whilst at their outpatient appointments, publicity leaflets, or posters of where to find simple straightforward information placed in public places like libraries and community centres. Specific information drop-in points where people could call in and ask questions may be considered.

Thanks and appreciation is given to the patients and staff at the HIV outpatient clinics at the Royal United Hospital in Bath, the Great Western Hospital in Swindon and Salisbury District Hospital in Salisbury for help and assistance in publicity and completion of this needs assessment.

Appendix 2: HIV/AIDS – basics information

What is HIV?

HIV stands for Human Immunodeficiency Virus which attacks the body's immune system, making it hard to fight off infection. In particular HIV attacks white blood cells (CD4), the lower a person's CD4 count the weaker their immune system becomes. The HIV virus was identified in 1983.

HIV is a blood borne virus and is one of a group of viruses known as retroviruses. Once HIV is established in the body, it remains there for life but due to anti-retroviral drugs people are living well/longer with HIV.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome and is a collection of opportunistic infections for example pneumonia that may develop in people who are HIV positive. The phrase AIDS is rarely used, doctors often use phrases like 'late stage' or 'advanced HIV infection.'

How is HIV transmitted?

HIV is not an easy virus to pass on. The virus has to get out of an HIV infected persons body and into the blood stream of someone who does not have HIV, for that person to become infected.

Body fluids which contain enough HIV to infect someone are:

- Sperm and seminal fluid
- Vaginal fluids, including menstrual fluids
- Breast milk
- Blood

There are four main routes for HIV transmission:

- Sexual transmission
- By blood and blood products
- Mother to baby transmission
- Injecting drug use

Can HIV be treated?

At present there is no cure for HIV or a vaccine to prevent people becoming infected with HIV. However taking a combination of anti-HIV drugs (combination therapy) can successfully reduce the level of HIV in the blood and the life expectancy of someone with HIV. Although highly active anti-retroviral therapy (HAART) has improved peoples lives, the drugs have strict adherence regimes and some unpleasant side effects.

Appendix 3: AIDS Support Grant (ASG) in Wiltshire

National

In 1989 the Department of Health (DH) made available to Local Authorities a grant known as the AIDS Support Grant (ASG) to help provide Social Care Services for people living with HIV. The grant was ring fenced (until June 2010) and awarded in two instalments. Local Authorities were invited to make bids for funds with the grants awarded providing 70% of total expenditure, the remaining 30% was the Local Authorities contribution to developing services around HIV. In April 2004, the DH changed the funding formula. It took into account the needs of women, children and minority groups infected or affected by HIV. The amount of grant is different for each county, taking into account HIV diagnosis plus 30% for women and children living with HIV.

The DH uses statistics provided by the SOPHID database to formulate the grant allocation to each county or borough.

Wiltshire Council

In 2003 the post of Programme Co-ordinator HIV (part time) was created. This post covers the management of the AIDS support grant, operating the helpline number, training and support to named workers for HIV in both the Department of Community Services (adult care) and in the Department of Children and Education (children and families), HIV resources and signposting.

It is recognised that the AIDS Support Grant will not continue indefinitely. When it ceases HIV needs to be kept on the Departments agenda in this low prevalence county. The partners in the strategy need to ensure that funding is identified for HIV training, information and resources for staff as well as support to individuals living with or affected by HIV.

Table 3: Government funding through the AIDS Support Grant

The AIDS Support Grant Year	Amount
2003/04	£18,000
2004/05	£24,000
2005/06	£25,000
2006/07	£31,000
2007/08	£34,000
2008/09	£42,000
2009/10	£50,000
2010/11	£57,000

How the grant was used

The ASG has been used since 2003 to develop services which make it easier for people living with or affected by HIV to access specialist support and information. For example the grant has been used to:

- Establish a dedicated phone line for enquiries around social care and HIV
- Ongoing training to named HIV workers in each community care team
- Funding to the community care teams for specific work with people living with and affected by HIV
- Collaboration with Wiltshire NHS, THT and WSMSH group
- Salary of the part time Programme Co-ordinator (HIV)

Helpline

The Wiltshire Council HIV Helpline was launched via a poster campaign 'Are you worried about HIV' over 5 years ago. The confidential helpline is operated by the Programme Co-ordinator HIV between 9am and 2pm each day on Trowbridge (01225) 713927.

Appendix 4: National Policy Documents

The National Strategy for Sexual Health and HIV (DH) 2001

Currently, there is no separate national HIV strategy, therefore, the national strategy for sexual health and HIV is referred to for guidance, primarily in terms of HIV.

The national strategy discusses the necessity of modernising sexual health and HIV services, raising standards in line with the principles set out in the NHS Plan. It reminds us that HIV remains a life-threatening condition and that there is still no cure. Drug therapies which improve the lifespan of people infected with HIV are complex, expensive and demanding on the patient which presents ‘...fresh and difficult challenges for those involved in their treatment, support and care.’

The national strategy proposes:

- Providing clear information so that people can take informed decisions about preventing HIV
- Ensuring there is a sound evidence base for effective local HIV prevention
- Setting a target to reduce the number of newly acquired HIV infections
- Develop managed networks for HIV and sexual health services, with a broader role for those working in primary care settings and with providers collaborating to plan services jointly so that they deliver a more comprehensive service to patients
- Setting standards for the treatment, support and social care of people living with HIV
- Addressing the HIV training needs of the social care workforce

The national strategy emphasises involvement of services users and their representatives in any planning for the provision of HIV services and the crucial role voluntary organisations play in HIV related service provision.

Progress and Priorities – working together for high quality sexual health, review of the National Strategy for Sexual Health and HIV: 2008

This document was produced by the Independent Advisory Group on Sexual Health and HIV on behalf of MedFASH. The document gives a broad update on the initial priorities set out in the National Strategy for Sexual Health and HIV (2001).

The progress document regards the National Strategy as a ‘major milestone’ in placing sexual health and HIV firmly on the map. This drills down into the priorities and offers guidance on strategic planning for local progress.

Moving forward: Progress and Priorities- Working together for high quality sexual health: Government Response to the Independent Advisory Groups Review of the Sexual Health and HIV Strategy: 2009, DH

This document is the Governments response to the Independent Advisory Groups Review of the 2001 Sexual Health and HIV Strategy on 21st July 2009. The response outlines the progress made in improving sexual health since 2001 and responds to each of the national level recommendations put forward by the IAG in its 2008 document (listed above)

**Annual Report: HIV in the UK: 2009 Report
HIV and other Sexually Transmitted Infections in the UK: 2009
Health Protection Agency (HPA)**

The Health Protection Agency (HPA) is an independent body that protects the health and well-being of the population.

In their 2009 annual report they refer to HIV and highlight the following statistics (relating to 2008):

- An estimated 83,300 adults aged 15 to 59 were living with HIV in the United Kingdom (UK) of whom, 20,700 (28%) were unaware of their infection
- In 2008 a total of 7,298 individuals were newly diagnosed with HIV in the UK. This figure is similar to those of 2007 (7,734), 2005 (7,450), 2004 (7,492) and 2003 (7,283) suggesting that annual numbers of new HIV diagnoses may be stabilising
- Increased diagnoses of HIV infection in people who acquired their infection through heterosexual contact rose from 2031 in 2000 to 4220 in 2008. An estimated two-thirds (2,790/4,220) of new diagnoses acquired heterosexually were among black Africans, of whom the majority (87% acquired their infection abroad, mainly in sub-Saharan Africa.
- Due to increased testing and continued transmission, 2,760 in 2008 of new diagnoses of HIV infection are amongst men who have sex with men (MSM). In contrast to heterosexual infections, among the estimated 2,760 HIV-infected MSM diagnosed in 2008, 83% (2,280) probably acquired their infection in the UK.

It is clear from the report, that the impact of the disease fall disproportionately on marginalised populations, which include MSM and black African populations

The report highlights the challenge of reaching individuals who are most at risk of HIV, those who remain undiagnosed, and that we provide services that are culturally sensitive.

**Department of Health (DH) Local Authority Circular:
Support Grant for Social Services for People with HIV/AIDS**

The DH provides a grant known as the AIDS Support Grant (ASG) to Local Authorities for personal social services for people with HIV/AIDS and related expenditure.

The amount awarded is based on HIV diagnosis in the county plus 30% for the number of women and children living with HIV.

The aims of the grant scheme are:

- To enable Social Services departments to draw up strategic plans, based on the local populations needs

- To use the needs information to commission social care for people with HIV/AIDS
- To enable Social Services Departments to develop the provision of social care for people with HIV/AIDS, and where appropriate, their partners, carers and families

Local Authorities have the lead responsibility for developing social care provision for those affected by HIV while the lead for HIV related prevention and health promotion work lies with the NHS. In addition the circular states that other sources of funding for personal social services, such as the Partnership and Prevention Grants and Supporting People are also available to be used for people with HIV. This could facilitate access for people with HIV to the full range of services available within all sectors, both specialist and generic.

The circular also accepts the important contribution Local Authorities have in developing effective joint working with health and the voluntary and independent sector, and recognises the role the voluntary and independent sector have in providing key services to people with HIV. The Department of Health anticipates an increasing role for the voluntary and independent sector in HIV and sexual health care services as set out in the white paper 'Our Health, Our Care, Our Say: a new direction for community services'.

The Disability Discrimination Act 2005 (DDA 2005) From October 1st 2010 this was replaced with the Equality Act (2010)

When we consider the general duty of the DDA, it shows us that we should be:

- Making services accessible to all
- Treating people fairly

The principles outlined in the Act refer to:

- Providing services in ways which are responsive to the particular needs of individuals, groups, and communities
- Promoting informed personal choices rather than making decisions for people

In addition to the general duty, new provisions under the DDA 2005 extend coverage of the DDA, stating that 'People with HIV....will be deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities'.

These new provisions will have an affect on providers of services as:

'It will be unlawful for service providers to refuse to serve, or to provide service on worse terms to, a person who has HIV or to fail to make a reasonable adjustment for such a person'

This clearly indicates that HIV must be explicitly cited as a disability in any relevant policy documentation. This also applies to any training with a focus on disability or equality.

Children's National Service Framework (CNSF) 2004

The CNSF sets standards to help local authorities and its partner agencies to achieve high quality service provision for all children, young people and their parents or carers.

Key messages within the standards for children's health and social care highlight themes already covered within this strategy for people living with HIV; the standards require services to give children, young people and their parents or carers:

- Improved access to services
- Increased information, power and choice
- Involvement in the planning of their care and services
- Focus on early intervention, based on timely and comprehensive assessment

Our Health, Our Care, Our Say: a new direction for community services (DH/NHS) 2006

The road map and actions for implementation of the White Paper, 'Our health, our care, our say', apply equally to people living with HIV and have relevance to the services that are needed for this client group. For instance, services should be designed around people, quality information should be provided for users and better partnership working with third and independent sectors should be encouraged:

'We need innovative providers - whether state-owned, not-for-profit or independent businesses, like primary care practices, pharmacies and many social care providers - that work together as part of a joined-up system. We also need to support different approaches from non-traditional providers. We will encourage the independent and voluntary sectors to bring their capabilities much more into play in developing services that respond to need'.

DH, 2005, Recommended Standards for Sexual Health services, MedFASH

In 2001, the Government published the *National Strategy for Sexual Health and HIV*. This set out ambitions to tackle sexual ill-health and modernise the services and approach to sexual health

In light of the review of the National Strategy for Sexual Health and HIV – Published July 2008, www.medfash.org.uk, sexual health is again the focus of national and local debate. There is an increasing recognition that services around contraception and sexual health cannot be achieved in a silo and like many other aspects of health belong in the context of wider determinates of health, to enable the development of services which reflect the needs of the local population.

Recommendation 3: States that, people should receive a sexual health service which:

- Is service-user centred
- Enables self referral to services
- Encourages partnership in decision making
- Enables them to make informed and autonomous choices
- Supports them in taking responsibility for their sexual health care.

Recommendation 6: Detecting and managing sexually transmitted infections (STI's)

In the face of rapidly rising diagnosis of most STI's (including HIV), this standard is relevant for the range of services where STI's may be diagnosed and treated, including GUM, primary care and other community settings. Access is needed without delay, within two working days of first contact, to effective diagnostic services using the most reliable testing technology, facilitating prompt and appropriate treatment and care of people with STI's. This will reduce the risk of complications and limit further transmission. Partner notification is key to STI control and can be supported and coordinated across settings within a local service network.

Equality Impact Assessment: DH, 2008

Equality Impact Assessment is the process by which the DH seeks to meet its legal requirements in conjunction with the DH single equality scheme (SES) and to narrow the health inequalities that exist in England between people from different ethnic backgrounds, people with disabilities, men and women (including transgendered people), people with different sexual orientations, people in different age groups, people religions or beliefs and people from different social and economic groups.

Policy makers must screen all new (and eventually, all existing) policies for their impact on people from each of these groups.

Testing Times: 2007 Health Protection Agency

Recognising the increasing morbidity surrounding HIV and STI's in society, this document challenges the perceived progress made with the introduction of GUM targets and in spite of improved clinical services aimed at curtailing transmission.

Nationally GUM services provided almost a million screens (up 9% from 2005) with 621,000 STI's being diagnosed (up 2.4%).

This document offers a geographical and population breakdown and narrative of HIV and STI's, giving clear key facts and analysis.

12. References

Annual report: *HIV in the UK: 2008 Report*

HIV and other Sexually Transmitted Infections in the UK: 2007

Health Protection Agency

http://www.hpa.org.uk/publications/2006/hiv_sti_2006/part2hiv.htm

Children's National Service Framework *Young People and Maternity Services – Executive Summary* DH 2004

<http://dh.gov.uk/PolicyandGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en>

Department of Health (DH) Local Authority Circular: LAC

Support Grant for Social Services for People with HIV/AIDS

Disability Discrimination Act 1995 (c.50)

<http://www.opsi.gov.uk/acts/acts1995/1995050.htm>

Disability Discrimination Act 2005

<http://www.dwp.gov.uk/aboutus/provisions-dda.pdf>

Effective Commissioning of Sexual Health and HIV Services, DH, 2003

Equality Impact Assessment, Department of Health, 2008

Independence well-being and choice: our vision for the future of social care for adults (DH) 2005

Moving forward: Progress and Priorities- Working together for high quality sexual health: Government Response to the Independent Advisory Groups Review of the Sexual Health and HIV Strategy: DH, 2009

National AIDS manual

info@nam.org.uk

Our health, our care, our say: a new direction for community services (DH/NHS) 2006

Progress and Priorities – Working together for high quality sexual health; review of the national strategy for sexual health and HIV (MedFASH) 2008

Promoting, Sustaining and Improving the Sexual Health of Wiltshire 2005 – 2008 (Wiltshire Primary Care Trust)

Recommended Standards for NHS HIV Services (MedFASH 2002)

www.medfash.org.uk

Terrence Higgins Trust

<http://www.tht.org.uk>

Testing Times (HPA) 2007

The National Strategy for Sexual Health and HIV DH 2001

The National Strategy for Sexual Health and HIV: Implementation action plan, DH 2002

The needs of people living with HIV in the UK (National AIDS Trust) 2004
www.nat.org.uk

Wiltshire Sexual Health Equity Audit, July 2007 (Wiltshire Primary Care Trust)

Wiltshire Sexual Health Needs Assessment (NHS Wiltshire) 2010

Wiltshire & Swindon Men's Sexual Health (formerly Gay Men's Health)
www.wsmsh.org.uk

13. Glossary of Terms

AIDS	Acquired Immune Deficiency Syndrome
HAART	Highly Active Anti-retroviral Therapy
ASG	AIDS Support Grant
BME	Black and Minority Ethnic
CNSF	Children's National Service Framework
DCS	Department of Community Services
DCE	Department for Children & Education
DDA	Disability Discrimination Act 2005
DH	Department of Health
E&D	Equality & Diversity
EIA	Equality Impact Assessment
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HP	Health Promotion
IAG	Independent Advisory Group
JSA	Joint Strategic Assessment
LA	Local Authority
MedFASH	Medical Foundation for AIDS and Sexual Health
MSM	Men Who Have Sex with Men
NHS	National Health Service
NSF	National Service Framework
PCT	Primary Care Trust
SES	Single Equality Scheme
SH	Sexual Health
SOPHID	Survey of Prevalent HIV Infections Diagnosed
STI	Sexually Transmitted Infection
THT	Terence Higgins Trust
WSMSHS	Wiltshire & Swindon Men's Sexual Health Service (formerly Gay Men's Health)