

Value:

The Bigger Picture 2

Outcomes from the South London HIV Partnership



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Foreword

Sima Chaudhury, Lead Commissioner
of the South London HIV Partnership



As lead commissioner for the South London HIV Partnership (SLHP), I am pleased to be presenting the second Partnership report - Value: Outcomes from the South London HIV Partnership. The report covers two full years from January 2009 to December 2010 and provides outcomes data on the work of the Partnership to date. In developing this second report, the partners of the SLHP want to build on the first report, which set the scene for the development of the SLHP model, by making available outcomes information on the services provided in this ongoing collaborative approach to commissioning. It has been an exciting and forward thinking Partnership and the responsibility lies with every single person still involved and committed to this commissioning process

Evidence and Impact

The Partnership has always prided itself in being a collaborative and transparent service. We have progressed in providing quality services to people living with HIV in South London and have developed strong alliances to take this collaborative agenda forward with key stakeholders. This second report from the SLHP talks in detail about the evidence that we have gathered on the way, through this five year commissioning cycle and the impact in terms of benefits to end users. These are just two of the goals we set out to achieve from the onset.

The chain of evidence

Unlike other similar partnership endeavours the South London HIV Partnership has developed and matured through this journey and responded to client and stakeholder needs. We have addressed the issue of viability of the Third Sector to provide health and social care services and show evidence of the success of third sector interventions that have been value driven. The Partnership has worked together to address the needs of the most vulnerable clients that are in some circumstances "off the radar" of core services. We can measure the outcome of our interventions pre- and post-service delivery. We use this information to inform service change and we can show real data to support this, which may be a first for the HIV sector.

Shaping the future

The South London HIV Partnership is beginning to shape the future of health and social care services for people living with HIV by transforming a *needs based* model into an *impact and outcome* based framework that will inform future commissioning. The development and learning from SLHP will allow commissioners to make informed decisions, based on robust evidence, about the menu of services to commission for their populations. The Partnership also shares its experience in areas where such services are not available, so as to propose more joined up ways of working and the possibility of a Pan-London HIV partnership in the near future.

The SLHP has kept commissioners involved from both NHS and Local Authorities, to support the ongoing commissioning of the Partnership and to strengthen the accountability of services. Having this continuous level of involvement and scrutiny has meant that the Partnership has been able to deliver on its commissioning intentions and for the first time in history been able to gather and deliver real time data of real HIV clients to show where the money has gone and how it has been used. No more making up the stats to justify the service: we now have a clearer picture of real need.

Good commissioning, it can be done and it can be done well. What needs to happen is a dogged and systematic process that is performance managed and outcomes focussed. If we continue to deliver services that are able to do this then the future can only look stronger for Third Sector engagement and progressive commissioning no matter who the commissioner may be or where commissioning budgets sit! The journey is more important than the destination and the learning and reflection even more so. We have been given opportunities and taken them proactively to test new models and ways of working and we are confident that we have been able to deliver value for money on a simple cost per capita model.

There are also certain scenarios that you will never be able to put a monetary value to and those are strongly addressed in the case studies that are presented in this report. I am very optimistic that the SLHP will continue to shape service design in future commissioning processes and also be seen as an exemplar for future commissioned services.

Sima Chaudhury

Lead Commissioner, South London HIV Partnership

SLHP Services

Five main SLHP services form an integrated system of care and support for people newly diagnosed with HIV and for people who have known their HIV status for some time. These are First Point, Advice and Advocacy, Counselling, HIV Health Support, and Peer Support. Below we explain the role of each service before setting out five further areas that have been vital to the Partnership's ability to function well: collaborative commissioning; our data network; SLHP's knowledge database; the strategic support that has helped our Partnership thrive, and the monitoring verification and evaluation function which shows us what we have achieved and where we still have work to do.



First Point

First Point is a starting point for new SLHP clients. Because HIV can be a complex medical condition giving rise to a host of physical, psychological, social, and even financial issues – First Point helps clients identify their individual needs. First Point then refers clients to services within and outside SLHP. With the client's permission, they track referrals, making sure clients are not lost to follow up. The team also runs a detailed database of the statutory and voluntary services that support people living with HIV across South London.



Advice and Advocacy

While clients are managing their medical care, Advice and Advocacy supports SLHP clients with information and advice on housing, immigration, finance, employment, discrimination and access to relevant benefits.



Counselling

SLHP's counselling service offers people with HIV the opportunity to talk to someone who can help them understand their particular HIV issues through professional and confidential emotional support.



HIV Health Support

The HIV Health Support team offer a safety net of support, helping clients to develop their understanding of HIV treatment information. By assisting clients to adhere to their anti-retroviral therapies, clients are better able to self-manage their medication and achieve better health outcomes. This also reduces the personal and financial cost of treatment failure.



Peer Support

For some there is still stigma attached to an HIV positive diagnosis and SLHP's Peer Support network provides much needed support from people who know exactly what it is like to be in a client's position because they are HIV positive too. As well as direct provision of peer support groups, SLHP has brought together key services, without which, the Partnership could not run as a partnership. These are nine community organisations offering a menu of peer support groups and one central management organisation in a *hub and spoke* partnership arrangement.

As well as the five core services, five other areas are vital to the Partnership's delivery. They are:



Collaborative commissioning

While not a service in its own right, the collaborative commissioning processes developed by SLHP have brought together commissioners from the NHS and Local Authorities across South London, in a way that has foreshadowed the health commissioning model now being rolled out across England and Wales by the coalition government.



Data network

SLHP was – from the outset – a partnership that would use data differently. With its demands for up to the minute data analysis, controlled but diversified access and the ultimate target of providing every client with the opportunity to provide as much (or as little) feedback as they choose, SLHP needed a tough and flexible data network. SLHP has grown the capacity of this data network to match the growth in the client base.



Knowledgebase

Without a core of health, support, referral and treatment information for people living with HIV in South London it would be impossible for the SLHP to do its job. SLHP's searchable database *Knowledgebase* means that SLHP staff and clients themselves can log on, search, filter and manage information about services and opportunities within and outside SLHP.



Monitoring, Verification and Evaluation

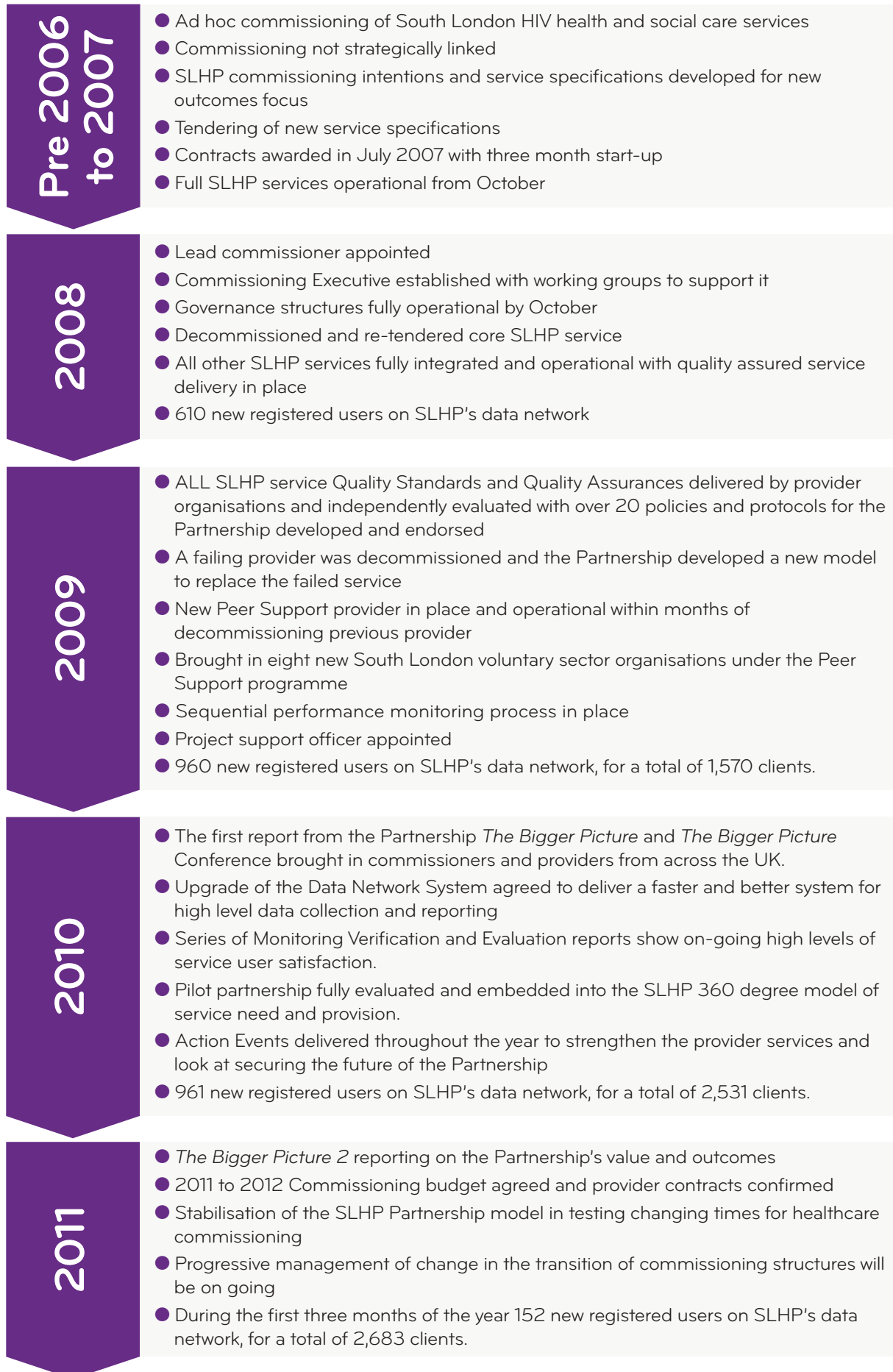
Many partnerships pay lip-service to monitoring, verification and evaluation (MVE) but it was important for SLHP to put this function at the forefront of our work. Whilst the necessary analysis of the throughput and outcomes of client activity are the responsibility of First Point; MVE has reported on how each strand (and the Partnership as a whole) has delivered against agreed criteria; and recommended solutions to the programme-wide problems that any long-term, complex partnership has to face. MVE has run regular quality audits on each of the services. But what is most impressive about the outcome of SLHP's MVE work is that so many of our clients have been given the opportunity to provide detailed feedback that the Partnership has been able to analyse and act upon.



Strategic Support

Running a complex partnership like the SLHP requires more than just business-as-usual commissioning support. To help the Partnership through its set-up, growing pains, and the many transformations that the SLHP has had to undergo, the SLHP commissioned a dedicated strategic support strand. This has helped the SLHP: keep a long-term perspective on our work; brought us back on track when the detail of what we were doing threatened to distract us; and, has brought in specialist skills for building, growing, and developing the SLHP. Our strategic support has also helped us communicate with our stakeholders, keeping clients at the heart of the Partnership and other stakeholders fully involved.

Routemap –
what has
happened
so far



What SLHP
has achieved
and why
these are
vital services

First Point



Because people with HIV often have many complex needs, SLHP set up First Point as a central, initial contact point for clients. New clients can of course just go directly to any SLHP service they wish, but the SLHP offers them the chance of an initial assessment with First Point to find out about the range of services available to them.

On a practical level, clients are also offered support from First Point in managing their interactions with the SLHP. First Point can follow up on a client's referrals and appointments to check that they are not being lost to follow up, offer on-going help and support, or just keep in occasional touch with clients who ask for a lower level of contact.

Value delivered

Since First Point joined the Partnership in the latter part of 2009 when it replaced a failing provider, First Point has widened participation in the SLHP, helping the Partnership reach more of the people most in need of integrated HIV services, and carrying out more than 1,423 assessments and registering over 703 new clients.

First Point now operates in nine HIV and sexual health clinics across South London including:

Alexis Clinic, University Hospital Lewisham
Caldecot Centre, King's College Hospital
Courtyard Clinic, St Georges Hospital
Harrison Wing, St Thomas' Hospital
Mayday Clinic, Croydon University Hospital
Roehampton Clinic, Queen Mary's Hospital
St Helier Clinic, St Helier University Hospital
Trafalgar Clinic, Queen Elizabeth Hospital
Wolverton Centre, Kingston Hospital

For a full breakdown of the outcomes that First Point has delivered for SLHP clients see the complete outcome section beginning on page 28. But data and numbers can only tell so much of a client's journey from first receiving the news that they are newly HIV positive, to managing their health and treatment for the long term.



"I was glad to be able to talk to someone who will listen at last."

Cold comfort from a new HIV diagnosis

Case study

Ady was 23 when he found out he had contracted HIV. Upon hearing the news, his partner evicted him from their shared flat, refusing to give Ady his belongings including his passport and benefits paperwork. When Ady's doctor put him in contact with First Point he arrived tired and extremely cold from a night on the streets in below zero temperatures.

Through First Point's detailed knowledge of the types of service available to people in Ady's situation, they put him in touch with the Albert Kennedy Trust who set up temporary hostel accommodation, solving his most urgent need. They were also able to link Ady with a caseworker to deal with the legal issues of getting his belongings (and passport) back, as well as arranging for his benefits to be re-established. Finally, Ady had been having severe dental problems but didn't think he could afford to get them fixed. By linking Ady with a Community Dental Specialist Ady was able to put another part of his health back on track.

Too many names and numbers

Case study

Leticia came to First Point with a mass of housing and financial issues. A woman in her fifties living with HIV, she said she felt frail, and was confused by the different names and telephone numbers she needed to access support. She didn't know how to keep track of everything.

First Point was absolutely designed for a client like Leticia. They reassured her that she only needed one number to reach First Point and she just had to remember her named worker's first name to always be able to speak to the same person or at least leave a message for them. Leticia doesn't stop telling us how much this helps her and how grateful she is for her First Point (single) contact.

Unemployment blues

Case study

A stressed economy has given rise to many new clients for First Point. Clients have lost their jobs and say they face added difficulties in finding work as a person living with HIV. At 45, Tim's career had been his absolute focus for many years and when his role was made redundant, he quickly became isolated.

"It was actually easy to find services to which we could refer Tim. By putting him in touch with PACE's employment mentoring scheme, and to groups at THT and Metro, Tim was able to rebuild his social life, regain some confidence and develop some job-hunting skills," said Tim's First Point contact.

Tim called a few weeks after his appointment with First Point. He felt he is now getting the support he needs and is moving forward for the first time in a long time.

Advice & advocacy



When clients come to SLHP's Advice and Advocacy service, HIV is often only one of a list of concerns they have. Whether they are managing financial problems, housing, welfare, employment or even immigration issues, SLHP's Advice and Advocacy service is often at the centre of a network of client issues. They help SLHP clients:

Understand and access HIV and mainstream services for which they are eligible

Get advice and advocacy for HIV and non-HIV related services through referral to relevant agencies.

Value Delivered

From January 2009 to December 2010, SLHP's Advice and Advocacy Service delivered 10,330 hours of support through 2,912 client interactions. They obtained over £330,000 of charitable and statutory benefit funds for SLHP clients. The service saw 991 existing and new clients in 2009 and 909 in 2010.

The service also initiated just under 22,000 follow up activities on behalf of SLHP clients.

Sometimes it is not just about financial support, as the following case histories show.

Damp, mould and disrepair

Case study Paul was living with his wife and three children in a one-bedroom private rented property. He had already been waiting two years for a housing transfer, and a local housing worker

described Paul's flat as having the "worst case of damp, mould and disrepair" she had seen in many years. Given Paul's HIV status, his living conditions were unsuitable for him, and when Paul's third child was born with complications from Down's Syndrome, the need for suitable accommodation became even more urgent.

With the help of the SLHP's Advice and Advocacy team Paul and his family were referred to the Downs Syndrome Association and, through collaboration with the local social services teams, Paul and his family moved into a permanent local authority property. Since then he has been able to better manage his health and look after his young family.

From pillar to post

Case study With complex mental health needs, compounded by immigration status difficulties, Alexandra, who was diagnosed with HIV some years before, was detained under the Mental Health Act. The SLHP's Advice and Advocacy team were able to secure a small payment from Crusaid to help Alexandra with an emergency issue. Some weeks later, no longer under Section, her health improved so much that she was ready for discharge, to live independently in the community.

Unfortunately discharging Alexandra from hospital would have made her homeless and at Alexandra's request, with intervention from Advice and Advocacy, Alexandra's release was delayed until suitable accommodation could be found for her. Following close liaison between

“They have been really great and I am very grateful. I was helped with my entitlements because of my diabetes”

the SLHP's Advice and Advocacy team, local and social services, and Alexandra's immigration solicitor she was referred to the National Asylum Support Service (NASS). The Advice and Advocacy team, with a real concern for Alexandra's health and the continuance of her care, made representations to NASS to avoid sending Alexandra out of London where she had an established support network. NASS agreed and provided Alexandra with accommodation in London. Without the support and persistence of the Advice and Advocacy team, the outcome for Alexandra could have been very different.

Upon checking, SLHP's Advice and Advocacy team discovered that Kay had been underpaid and payments had not been backdated to when Kay first submitted her claims. Following a second intervention from the Advice and Advocacy team, Kay's case was reviewed and she received additional backdated payments.

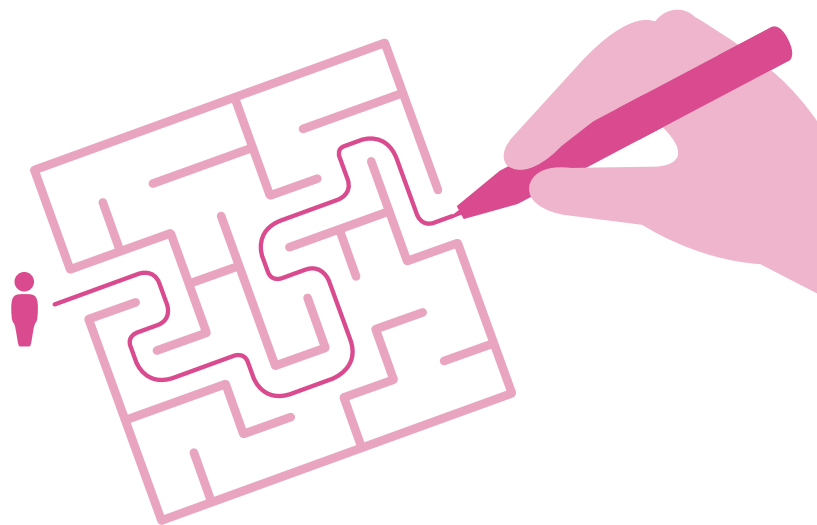
The stress of working through this bureaucratic process had been playing on Kay's health. Through the dogged determination of the Advice and Advocacy team, Kay was able to pay back all her outstanding rent and focus on bringing up her children and living well.

Paperwork, paperwork and more paperwork

Case study

Kay is a self-employed HIV-positive hairdresser on low income bringing up three children on her own. She was harassed by her landlord and the private property she lived in went unmaintained with serious cases of disrepair. Feeling she had no choice, Kay moved out of the property and submitted an application for Housing Benefit and Council Tax Benefit.

Because Kay was self-employed she needed to submit additional paperwork. Following a series of apparent blunders in assessing Kay's benefits, Kay went to a great deal of trouble to resubmit the necessary paperwork, only for it to go missing again. For a third time Kay resubmitted this paperwork and with the intervention of the Advice and Advocacy team eventually received some Housing and Council Tax benefit payments.



Counselling



The SLHP's counselling service offers people with HIV the chance to talk confidentially, one-to-one with a trained professional to help them understand their particular HIV issues. Every counselling session and every client is unique, but some of the areas the counselling service covers are:

- The psychological aspects of a new HIV diagnosis
- How to deal with feeling depressed or anxious
- Managing relationships when HIV is a factor
- Dealing with children when HIV is a factor
- Coping with the emotional impact of HIV treatment and treatment side effects

Handling feelings of isolation if no one knows about a client's HIV status.

SLHP's counselling service is available to anyone in South London who is affected by HIV. This includes people who are living with HIV, their partners, close relatives and carers. The service also offers couples counselling.

Value delivered

SLHP's counselling service delivered 5,000 counselling sessions from January 2009 to December 2010 with 2,471 hours of counselling in 2009 and 2,529 in 2010.

The service saw 632 clients during this time with an average of eight sessions per client.

Core scores

154 clients have *before* and *after* CORE scores recorded with the SLHP's data network. The average starting score was 1.74 and the average ending CORE score was 1.08 showing a score reduction of 0.66 which is a 38% reduction in CORE scores. In all 220 SLHP clients started their interaction with the counselling service with a CORE score that put them above the threshold of clinical need (1.29) and 102 clients had reduced their CORE score below this clinical threshold of need by the end of their interaction with the counselling service.

Waiting times

The average waiting time for a client from referral to the first assessment was 3.28 weeks. This includes some clients who themselves deferred counselling before deciding to attend an assessment session.

For the majority of clients waiting time from referral to first assessment sessions was just 2.8 weeks. Following the assessment, the average waiting time for a client to then be referred to an appropriate counsellor was 2.1 weeks.

Locations

Counselling sessions were offered in locations across London, such as: Lighthouse South London, Lighthouse Kings, Gray's Inn Road, Lighthouse West London, King's College Hospital, St Thomas' Hospital, Croydon University Hospital, St Heliers Hospital, St George's Hospital, Kingston Hospital, Lewisham Hospital, Charing Cross Hospital, Body & Soul, London Bridge and online.

“My counsellor was excellent. He was always easy to talk to and very professional.”

Languages used

The SLHP's counselling service provided counselling in 18 different languages: Bengali/Sylheti, British Sign Language, English, French, German, Hindi, Italian, Maltese, Polish, Portuguese, Swahili, Shona, Yoruba, Russian, Somali, Spanish, Swedish and Urdu.

No time to grow up

Case study

When 14-year old Manu came home from school one day and found his mum collapsed on the floor he did the right thing, calling an ambulance and getting help from a neighbour. After a serious HIV-related illness, Manu's mum was eventually discharged from hospital with physical and cognitive difficulties. So Manu started caring for her. The family had arrived in the UK from Ghana five years previously, and after his parents had separated, Manu certainly felt the responsibility of being a young carer.

Constantly worried that his mum might collapse again while he was at school, he found it impossible to concentrate, and Manu was bullied at school. So not surprisingly when he came to SLHP's young people's counselling service he looked down at the floor as he spoke and stared at the trainers which seemed too big for his slight frame. But through the 12 counselling sessions we ran with Manu, the agonising feelings of fear and loss, poured out of him. His grief that his dad wasn't around, neither for him, nor to support his mum; his terror that his mum would collapse again and next time he wouldn't get home in time; his struggle at school where no-one knew what was going on at home.

Eventually through our sessions Manu began to think of his own needs as a young person – to receive an education, have friends, to go out, to hold opinions which were different from his mum's. Through Manu and in collaboration with other workers, the family's care package was reviewed, the school was informed, without revealing Manu's mum's diagnosis and we linked Manu with a young carers' group. Manu still has a really tough life caring for his mum, but he has also built a social life for himself, and is discussing with his mum how he can go to university when he is 18.

Out of control

Case study

When Andy, a gay man in his early forties, had been hospitalised for HIV-related illnesses a number of times, he became increasingly anxious. He had been HIV-positive for over 10 years, but his recurring bouts of ill health left him feeling desperate. In the periods when Andy was feeling well, he would turn to having lots of sex to 'try and forget' as well as taking recreational drugs. He said this was not how he wanted to deal with his HIV and his health: he felt out of control.

The SLHP's counselling service met with Andy for 12 sessions. Initially frightened by his own anxiety, together with Andy we found ways he could do things that ultimately made him feel better when he became anxious rather than doing things that made him feel worse. Andy still has what he calls recreational sex to handle his emotions, but he is better able to manage this and put it in perspective with the rest of his life. At the end of our 12 sessions, Andy said he had found new hope, and the

"It has helped me become a stronger person."

support he had had in the sessions was having a positive impact on how he was feeling mentally and physically.

Guilt and shame

Case study Sean, a gay man in his early forties, and his partner had been together for nearly 20 years when Sean became infected with HIV. Four months after his diagnosis Sean came to the SLHP's counselling service feeling guilty and ashamed. He was certain that he had always used a condom for sex, so could not understand how he had been infected with HIV. His partner was HIV negative, but all Sean could think about was how he had let himself down and how guilty he felt at putting his partner at risk.

During his 12 Sessions with the counselling service Sean spent the first month dealing with this guilt. It was only when he talked in

real detail that Sean understood for himself that because he often used alcohol and recreational drugs when he was having sex outside his relationship, he could not be certain he had *always* been having safe sex.

As well as the guilt he felt towards his partner, Sean was also feeling shame and saying he did not want to tell his family. He agreed that had he been diagnosed with cancer he most probably would tell them and he realised that not telling them is because of the shame and stigma associated with being HIV positive.

The later sessions the counselling service had with Sean helped him come to terms with his new HIV infection and to find ways of talking about this with his partner. Sean was also considering telling his family about his HIV diagnosis and being able to talk through and 'practice' this process through counselling made him feel much more in control.

Peer support



In July 2009 following decommissioning of one provider organisation, the SLHP carried out a user consultation on its peer support service and as a result of these findings implemented a new hub-and-spoke model.

Instead of a single agency providing peer support with the disadvantages that brings, SLHP's new model means that at the centre of the service sits one agency coordinating SLHP's peer support work, but

dispersed throughout South London nine key agencies delivered peer support directly to 486 clients.

Value delivered

During the period January 2009 to December 2010 Peer support hub and spoke service saw 486 individuals, providing peer-led group support.

Agencies delivering peer support via the THT-led central hub

Agency	Borough	Service	Attendances
The Metro Centre	Greenwich	HIV+ Peer Support Group	124
		Metro Centre	35
		Peer Support for Positive Gay Men	74
Africa Advocacy Foundation	Southwark	Group A	1436
		Group B	754
Catholics for Aids Prevention and Support	Vauxhall and Retreat centres in Berkshire & Somerset	Peer Support	68
French African Welfare Association	Lambeth	Club Des Anciens:	107
Milestones	South Wimbledon	Peer Support	1278
Positive Parenting and Children	Roehampton and Stockwell	Crib and Reach	10
		Family Group	12
		Family Project	97
		Time For You, Family Project	16
		Roehampton Group	4
		The Crib Young People's Peer Support Group	50
		The REACH (Teenage Group)	67
		Time for You	58
SHAKA services	Lambeth	Peer Support	7
Terrence Higgins Trust	South London	SLHP NDG	61
		SLHP PSMP	217
The Ernest Foundation	Southwark	The Ernest Foundation Support Group	106
Wandsworth Primary Care Trust	Wandsworth	Psychotherapy Group	127

HIV health support

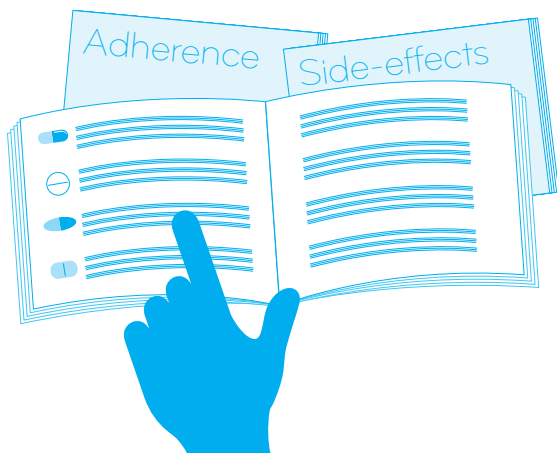


The Partnership's HIV Health Support service (HHSS) is there to increase clients' knowledge of HIV treatments and how they can best manage their own HIV-related health matters. There is a wealth of research showing that the more people understand about the effects of HIV, the better able they are to manage their own treatment and care. This saves the NHS thousands of pounds in improved treatment adherence and lower levels of treatment failure. The personal benefits of improved self-management of health issues are incalculable.

Value delivered

Over two years, the SLHP's HHSS has seen over 800 clients delivering nearly 3,000 contact hours.

The HHSS uses a unique assessment tool, the Lifecheck. From January 2009 to December 2010, the service carried out 532 Lifechecks. Clients are asked a set of key HIV-related questions. On average people correctly answered 61% of Lifecheck questions during their first session with the service. Following involvement with HHSS, clients are asked the same set of questions.



At this point the average percentage for correct responses rises to 91%.

As well as working directly with individuals, the HHSS also works with groups, delivering 50 group sessions with 268 clients. Groups covered include becoming newly diagnosed, HIV negative partners of people living with HIV, HIV positive parenting issues and a positive self-management group with an African cultural element.

Understanding treatments

Case study Richard was referred to the HIV Health Support Service ostensibly as he had problems with adherence. However when he came for his appointment it was clear he needed support for other issues affecting his health.

He said he was suffering from memory loss which was affecting everything in his life. He had also lost his appetite and was not sleeping. Although he had previously stopped his HIV treatments, he had started up again. But he felt in a low mood and that he was reaching "boiling point."

HHSS discussed whether Richard wanted to be referred to a local Mental Health Team. He was initially reluctant, saying he had been to the service before and had walked out as he had not liked the questions they asked. The Health Trainer explained the way that psychiatric assessments are carried out and the benefit a referral could have for him. Richard agreed to be re-referred.

Richard's psychiatrist was able to gain his trust and establish that his memory loss was probably related to anxiety and

“The help I got whilst I was in hospital was good. The texts to remind me about medication have helped a lot.”

depression, prescribing him a course of antidepressants.

Richard's mood improved greatly and he appeared calmer and started looking after himself more. As his mood improved the Health Trainer was able to spend some time explaining what the immune system was, what happens if you have HIV, what CD4 and Viral Load tests are, and why adherence is so important. Richard said he had never understood these things before and felt that everything was falling into place. He felt happy with the service he had received and is continuing to attend his health appointments.

'I just don't want to think about it or be reminded of HIV'.

Case study Charles first came to the HIV Health Support service in 2008, when he was newly diagnosed with HIV, but had few apparent health problems. When the Health Trainer (HT) first made contact with him he was resistant to taking in any new information about living well with HIV. He felt he did not need support, and in fact was certain that information available on HIV from specialists was false, or biased at the very least. Charles felt that: 'There is no cure for HIV and ultimately I am going to die from it.'

When discussions of a follow up session were raised by the HT, Charles emphatically declined. At the start of 2009 the HT received a phone call from Charles seeking support. Charles explained that he had been avoiding medical support and had not been back to the Clinic for his HIV support and health monitoring, saying:

'I just didn't want to think about it or be reminded of HIV. But now I don't feel well. I don't know if it's HIV or something else.'

This time, after discussing HIV, treatments, and staying healthy with the HT, Charles felt able to return to his clinic. After speaking in a relaxed non-clinical setting Charles felt he understood HIV and how to look after his health and was less anxious about dealing with clinic staff.

Coming out of my shell

Case study Peter came to the HHSS six months after he was diagnosed following a move from his home in Asia to the UK. He had found it difficult coming out as gay to his family and friends back home especially as he was from a strong Catholic background. He became depressed and isolated. He was attending his HIV clinic appointments but did not want to interact with people there.

He told us that he picked up an SLHP booklet in his clinic and after thinking about it for a long time, decided to call First Point. He talks about the decision to call First Point as being one of the best things he ever did for himself.

He has had three sessions with a health trainer, and felt that he could talk freely about his diagnosis for the first time. As a result of his sessions with the SLHP he is now adhering well to medication and has joined the newly diagnosed group to meet other people living with HIV. To take better care of his health, he has also decided to give up smoking and the Health Trainer put him in touch with his local NHS stop smoking service.

Data network



The Partnership's Data Network has always been at the centre of managing the SLHP. It provides a way for SLHP partners to register and record data about clients so that a client does not have to repeatedly explain their situation each time they approach a new service or have a new appointment.

- Between 1st Jan 2009 and 31st Dec 2010, 4195 referrals were carried out by partners, which, without the Data Network, would have to have been done manually via fax or post and taken considerably more time and been substantially less secure.

Value delivered

The SLHP Data Network is:

- ISO 27001 certified, with an independent performance and management standard
- The Data Network has a 99.96% availability rating between 8.30 am and 5.30 pm (excluding weekends and public holidays)
- From an independent evaluation of MegaNexus' NEO platform (which the Data Network utilises) undertaken on behalf of the City of London University, NEO was found to save clients on average 20% of time spent on administration.

- The Data Network is able to provide business continuity for the Partnership even when providers change. When one provider was decommissioned and First Point appointed in its place, through the Data Network all SLHP Service Users were seamlessly transferred without losing any client information.
- An upgrade of the Data Network is currently being delivered. This will provide further enhanced security and accessibility to ensure the Data Network continues to meet best practice guidelines as these develop over time

Variables	Count	Percentage	Percentage Total
Yes	62	95.4	95.4
No	3	4.6	4.6
Total	65	100.0	100.0

Variables	Count	Percentage	Percentage Total
Male	36	55.4	55.4
Female	29	44.6	44.6
Transgender	1	1.5	1.5
Total	65	100.0	100.0

Variables	Count	Percentage	Percentage Total
Bisexual	3	4.6	4.6
Gay	20	30.8	30.8
Heterosexual	40	61.5	61.5
Lesbian	1	1.5	1.5
Prefer Not To Say	1	1.5	1.5

Resources	Date Added	Date Updated	Created / Updated By	Times distributed	Action
Adherence	14/03/08	14/03/08		5	Edit Delete
African Men and Combination Therapy	14/03/08	14/03/08		2	Edit Delete
African Men and Combination Therapy (French)	14/03/08	14/03/08		0	Edit Delete
African Women and Combination Therapy	14/03/08	14/03/08		1	Edit Delete
African Women and Combination Therapy (French)	14/03/08	14/03/08		0	Edit Delete
Anti-HIV Drugs	14/03/08	14/03/08		16	Edit Delete
Clinical Trials	14/03/08	14/03/08		2	Edit Delete
Gay Men & Combination Therapy	14/03/08	14/03/08		2	Edit Delete
Getting the Most	14/03/08	14/03/08		0	Edit Delete
HIV & Children	14/03/08	14/03/08		1	Edit Delete
HIV & Hepatitis	14/03/08	14/03/08		0	Edit Delete
HIV & Mental Health	14/03/08	14/03/08		0	Edit Delete
HIV & Sex	14/03/08	14/03/08		8	Edit Delete
HIV & TB	14/03/08	14/03/08		1	Edit Delete
HIV & Women	14/03/08	14/03/08		9	Edit Delete
HIV Drug Resistance	14/03/08	14/03/08		2	Edit Delete
HIV Therapy	14/03/08	14/03/08		6	Edit Delete
HIV, Stigma & You	14/03/08	14/03/08		3	Edit Delete
Lipodystrophy	14/03/08	14/03/08		4	Edit Delete
Nutrition	14/03/08	14/03/08		7	Edit Delete
Other (please specify)	14/03/08	14/03/08		2	Edit Delete
Protecting You - A Basic Guide to Your Immune System (French)	14/03/08	14/03/08		5	Edit Delete
Protecting You - A basic Guide to Your Immune System	14/03/08	14/03/08		4	Edit Delete
Relationships and sex for straight men with HIV	14/03/08	14/03/08		1	Edit Delete
Relationships and sex for women with HIV	14/03/08	14/03/08		5	Edit Delete
Should I test?	14/03/08	14/03/08		3	Edit Delete
Should I test? (French)	14/03/08	14/03/08		5	Edit Delete
Starting a family	14/03/08	14/03/08		3	Edit Delete
Starting a family (French)	14/03/08	14/03/08		4	Edit Delete
Sticking with it (French)	14/03/08	14/03/08		0	Edit Delete
Sticking with it (French)	14/03/08	14/03/08		6	Edit Delete
STIs information for people with HIV	14/03/08	14/03/08		1	Edit Delete

Monitoring, evaluation and verification



Value Delivered

The South London Partnership was built with clients at its centre and data as its foundation. Nowhere is this more evident than in the Monitoring, Verification and Evaluation workstream.

Clients opting in to give feedback

During the two years covered by this report, of the 1,921 total SLHP clients, 636, or just over 33% opted in, saying they would like to give feedback on the services they received and their experiences of being an SLHP client and 296 (just over 15%) actually provided feedback.

Service quality

237 (13%) SLHP clients provided a rating on the service they receivedⁱⁱ. Of these, 126 clients (53%) said they found the service they received from SLHP as 'very good' and 82 (35%) 'good.' Of the 237 clients providing ratings only five (just over 2%) rated the service quality as 'poor' or 'very poor.'

Needs met

Regarding whether SLHP services met their needs, 225 (12%) clients provided feedback with a rating. Of these 225, 148 (66%) said that SLHP had met all their needs, and a further 57 (25%) said 'some of' their needs had been met. Of the sample providing feedback only 20 clients (9%) said none of their needs had been met.

For a full breakdown of the outcomes that the MVE workstream has delivered for SLHP clients see the complete outcome section in page 28.

Through detailed discussions clients are able to give feedback on *all* the SLHP services they receive. Here are some of the outcomes clients achieved.

Getting back in control



Dan was recently diagnosed with HIV and felt his situation was made worse by his drug use. He felt the drugs were stopping him from taking control of his life. Dan accessed the SLHP's counselling service which helped him take increasing control of his life and the decisions he made. Dan says he has been able to take better control of his use of drugs and credits this to his counsellor. "Now all I need is a job and I even have some interviews lined up."

Living with HIV for the long term



Effe has been living with HIV for over ten years. She recently started experiencing mobility problems and needed to adapt her home but could not afford the changes she needed. The SLHP's Advice and Advocacy service was able to find funding from a number of different sources to make these changes to her home and to provide practical advice. Effe said:

"They were good at putting me forward for different kinds of help. They put me in touch with a charity that helped me get tools to help me grip things better and a walking stick. They also helped me access counselling and dealt with some issues with the hospital too. They did a lot of letter writing

"We give every single person who comes into contact with SLHP the opportunity to give their feedback."

on my behalf too. They even helped me with my Disability Living Allowance as well."

Facing the future



Jay was recently diagnosed with HIV and felt that his life had become increasingly chaotic.

He was pessimistic about the future and often felt depressed. Jay was worried that his GP knew little about HIV. When Jay's GP referred him to First Point, after an assessment he was referred to the SLHP's counselling and the HIV Health Support Service. Through both interventions Jay gained a better understanding of HIV and felt more confident about the future:

"I was not sure about what to expect. The service helped me feel more relieved and that I will be better at dealing with certain situations in the future."

Knowledgebase



Value delivered

Connecting clients through connected service providers is one of the central aspects of the South London HIV Partnership. The SLHP's Knowledgebase, developed by NAM, maps services relevant to people living with HIV in South London and then makes this information available to all SLHP clients.

But any database is only as useful as its information is accurate, up to date and relevant. Knowledgebase now has 494 records of organisations and services that are relevant to SLHP clients, and NAM and First Point keep working together to ensure that Knowledgebase keeps on meeting the needs of staff and service users. They have expanded the contents in several specific service areas, based on the issues service users are raising during their assessments, particularly in areas like employment and HIV.

Services for people with HIV
South London HIV Partnership

Call us on: 020 7160 0940

Knowledgebase

Feedback Gateway Organisations Postcodes Partners Search

Service Name: []
Description: []
Borough: []
Postcode: []
Distance: []

SLHP Areas: []
 All
 Advice and Advocacy
 Health Support
 Peer Support
 Counselling

Demographics: []
 African
 Ethnic/Migrants/Mobile workforce
 Men
 Prisoners
 Women
 Children
 Hemophiliacs/Recipients of blood prod
 MSM
 Prisons Work
 Young People
 Drug Users
 Lesbian/Gay/Transgender
 Orphans
 Sex Workers

Service Areas: []
 Only return services which match all the selected options below

Advocacy/Rights
 Coordinating Body
 Documentation Centres
 Faith Organisations
 Grant-writing Bodies
 Health Care/Medical Support
 Health Professionals
 Hepatitis services
 Information Resources
 Mass media campaigns
 Non Governmental Organisations
 N/A/NAK Organisation
 Prevention
 Research
 TB Services
 Treatment/Trial Centres
 Workplace programmes
 Complementary Therapies
 Counseling
 Drugs Agencies
 Family Planning
 GUM clinics
 Health co-ordination/commissioning
 Health Promotion
 HIV Testing
 International Organisations
 Mental Health Services
 Palliative care
 PMTC
 Professional Bodies
 Self-Help
 Training
 UK Key Referrals
 Condom Promotion/Distribution
 Directories
 Educators
 Foreign Language Service
 Harm reduction
 Health Misc
 Helplines
 Housing Agencies
 Legal Organisation/Legal assistance
 Needle Exchanges
 Peer Outreach/Education
 Post-exposure prophylaxis
 Publications
 Support Groups
 Treatment/Management of Ots
 Veb-based Resources

search reset close tabs

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Services for people with HIV
South London HIV Partnership

Call us on: 020 7160 0940

Knowledgebase

Feedback Gateway Organisations Postcodes Partners Search Search Results (23)

remove selected select all prepare client report search report

SLHP Partners

- HIV Health Support Service**
Terrence Higgins Trust
Catchment: London wide SE5 8BT

Non-NHS services

- African Refugee Community Health & Research Organisation (ARCHRO)**
Service suspended
Catchment: Pan-London SW9 7DA
- Blenheim CDP (Community Drug Project)**
Management, Administration & Services
Catchment: Greenwich, Southwark, Lambeth, Lewisham, Wandsworth SE5 0SE
- Eddie Surman Trust, The**
Catchment: UK-wide SW4 8TT
- European Coalition of Positive People**
Catchment: European /International
- Florence Nightingale School King's College London**
Nursing & Midwifery HIV Training & Education
Catchment: South East Thames, UK SE1 8VA
- GMFA**
Catchment: London, UK SW2 1BZ
- Health Protection Agency**
South East London Health Protection Unit
Catchment: Lambeth, Southwark, Lewisham, Greenwich, Bexley, Bromley SE1 7NT
- HM Prison Service**
BBV Teams
Catchment: HM Prison Britain SW2 5XF
- Mainliners Smart Services**
Catchment: Lambeth and Streatham SW16 6LG
- Nacro**
Catchment: England and Wales SW8 1UD
- NAM**
Catchment: International
- NAZ**
Catchment: Lambeth SE11 4RS
- PPC (Positive Parenting and Children)**
Catchment: South London excepting Bexley, Bromley & Greenwich SW2 1BZ
- Terrence Higgins Trust**
Lighthouse South London
Catchment: South London SE1 7RJ

NHS services

- Community Children's Nursing Team**
Catchment: Lambeth, Lewisham and Southwark SE5 7JU
- Gateway Clinic**
Acupuncture/Chinese herbal medicine
Catchment: London SW4 9NT
- HIV Clinical Nurse Specialist Service**
Lambeth, Southwark & Lewisham Team
Catchment: Lambeth, Southwark and Lewisham SW16 2PG
- King's College Hospital**
Department of Sexual Health and HIV, Camberwell Sexual Health Centre
Catchment: Open access SE5 9RS
- King's College Hospital**
Department of Sexual Health and HIV, The Caldecot Centre
Catchment: London SE5 9RS
- Lambeth Community Care Centre**
Catchment: Lambeth and North Southwark SE11 4TX
- Lambeth Drug and Alcohol Service**
Catchment: Lambeth SW4 8DG
- Lambeth, Southwark & Lewisham Muslim Campaign Against HIV**
North Brixton Islamic Cultural Centre/ AAF
Catchment: Lambeth, Southwark, Lewisham SW4 6AT
- NHS Lambeth**
Service Strategy & Commissioning and Public Health
Catchment: Boroughs of Lambeth, Lewisham & Southwark SE1 7NT
- Regional Haemophilia Care Centre**
Catchment: South East England SE1 7EH

Strategic support



Throughout its set up and development the SLHP has benefited from external strategic support. This provides an outward-looking view of the Partnership, brings in expertise from fields outside HIV and healthcare, and like many other aspects of SLHP, keeps us relentlessly focussed on producing valuable outcomes for SLHP clients.

Value delivered

Initially SLHP's strategic support helped develop outcome measures for the Partnership that balance three things: the kind of *return on investment* values suited to commissioning ; giving providers the opportunity to add value to their own work; and keeping the achievement of valuable outcomes for clients at the epicentre of the partnership.

Technical support

One of the unique aspects of the SLHP is the focus, from the outset, on capturing and using data to continually improve services for clients. The SLHP's strategic support acted as our translator and project manager to bring this complex data programme to a point where it adds substantial value to the work of the Partnership.

Outcomes, outcomes, outcomes

Because outcomes delivery is a relatively new concept in health delivery, at times there was a natural tendency to drift towards output and process data, and it is our strategic support that continually brings the value of outcomes back to the centre of the Partnership.

Hands-on Leadership

Introduce any new way of working and collaborating and there will be as many

interpretations of the *new way*, as there are individuals involved and this may be even more significant in such a sensitive field as services for people living with HIV. With the hands-on leadership of strategic support we were able to keep SLHP's new direction coherent and consistent particularly in managing the care pathways for clients.

Extra pairs of hands

SLHP was always based around a core *service coordination* function. When the provider for this function was decommissioned and replaced, to prevent the Partnership from stumbling, SLHP's strategic support function was brought in to continue this work and provide momentum for the Partnership's replacement of this key function.

Keeping on, keeping on

Many ambitious and innovative models of integrated delivery fail, not because there is anything intrinsically wrong with their plan, but because the sheer pressure of adverse circumstances and events can derail perfectly good projects. The SLHP was not immune from the kind of issue that could have derailed the Partnership. Not everyone first involved in the Partnership agreed with this new model of health delivery; staff within providers and NHS clinics naturally change post or leave and each time this was an opportunity for the Partnership to go off course. As an independent, external aspect of the Partnership, our strategic support team were able to make sure that all the necessary patches and compromises along the way did not overwhelm and distort the SLHP's Partnership delivery model.

SLHP

funding and
value-based
management

Money in and clients helped

One of the most fundamental measures of value is the financial cost of a health intervention compared with the value of the outputs and outcomes that intervention provides. The current average cost delivering the SLHP's is £1.2 million per year. In 2009, 960 new clients received services from SLHP and in 2010 the SLHP saw 961 new clients giving an average cost per new SLHP client of £1,250.

Zero based budgeting

The Partnership works on a zero based budgeting model. This means that rather than starting with an existing funding allocation and considering increasing budget allocations, each service starts with a budget of zero and makes the case for funding. These have to be based on planned outputs and outcomes which are directly linked to HIV prevalence and we think this gives better value for every commissioning pound because it does not allow inertia funding – just rolling over contracts without proper review.

Cautious planning

Because unexpected costs can arise part way through any partnership, the SLHP allocates a 5% risk reserve of its total annual budget. As few of these reserves have been needed, SLHP has provided an average annual saving of £61,000 to contributing SLHP funders.

Costs compared

So how does the cost compare with the alternative ways of treating people living with HIV? Much of SLHP's work helps people who are HIV positive to better manage their treatment and so avoid their initial drug regimens failing. The cost of a typical first line anti-retroviral regimen is

nearly 20% less expensive than second line alternativesⁱⁱⁱ. It is half the cost of salvage combinations which are needed if first line treatment fails because a client does not understand or cannot adhere to their drug regime for example.

If we then consider that the annual cost of anti-HIV drugs for asymptomatic people living with HIV is estimated at over £23,000 and this rises to nearly £50,000 for patients with AIDS,^{iv} the information and support work that the SLHP provides would only need to prevent a small number of clients' treatment protocols from failing in order to provide substantial, on-going savings to the NHS.

The Government's recently published White Paper *Equity and excellence: Liberating the NHS* cites international evidence which shows that involving patients in their care and treatment:

- improves their health outcomes.^v
- boosts their satisfaction with services received
- increases not just their knowledge and understanding of their health status but also their adherence to a chosen treatment.^{vi}
- can bring significant reductions in cost, as highlighted in the Wanless Report,^{vii} and in evidence from various programmes to improve the management of long-term conditions.^{viii}

These are exactly the kind of cost efficiencies that we set out in the next section, through the specific outputs and outcomes that the SLHP has achieved for clients in South London during the period January 2009 to December 2010.

The evidence

“Reliable up-to-date information is at the heart of SLHP.”

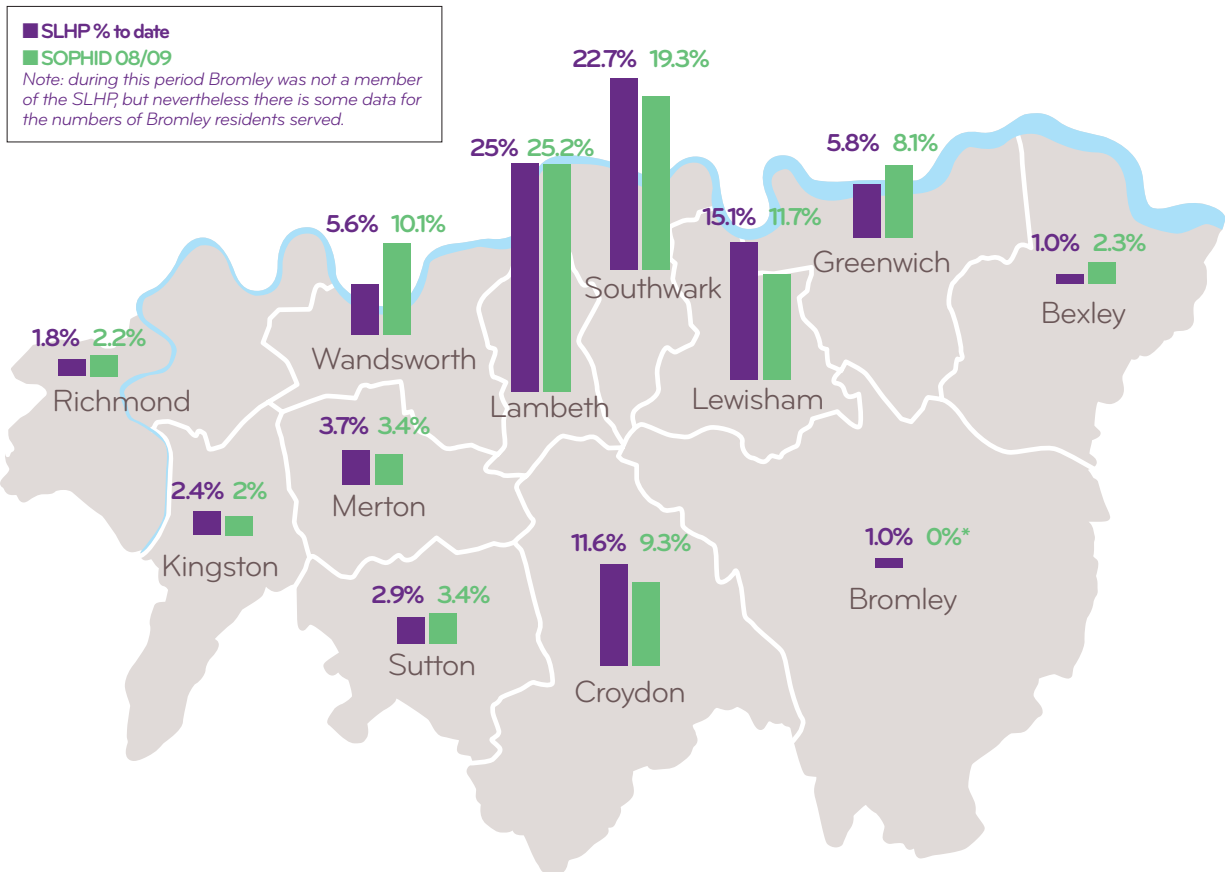
Number of people registered by borough

	Totals to date	% to date	SOPHID 08/09	Variance to date
Bexley	20	1.0%	2.3%	-1.3%
Croydon	223	11.6%	9.3%	2.3%
Greenwich	112	5.8%	8.1%	-2.3%
Kingston	47	2.4%	2.0%	0.4%
Lambeth	480	25.0%	25.2%	-0.2%
Lewisham	290	15.1%	11.7%	3.4%
Merton	72	3.7%	3.4%	0.4%
Richmond	34	1.8%	2.2%	-0.4%
Southwark	436	22.7%	19.3%	3.4%
Sutton	55	2.9%	3.4%	-0.5%
Wandsworth	107	5.6%	10.1%	-4.5%
Bromley	20	1.0%	0.0%	1.0%
Not known	25	1.3%	0.0%	n/a

Total

1921

96.9%






All SLHP data shown in this report covers the period from 1st January 2009 to 31st December 2010 unless otherwise stated.

“Through our monitoring and data systems we can know if we are reaching the people at most risk.”

Client interactions delivered

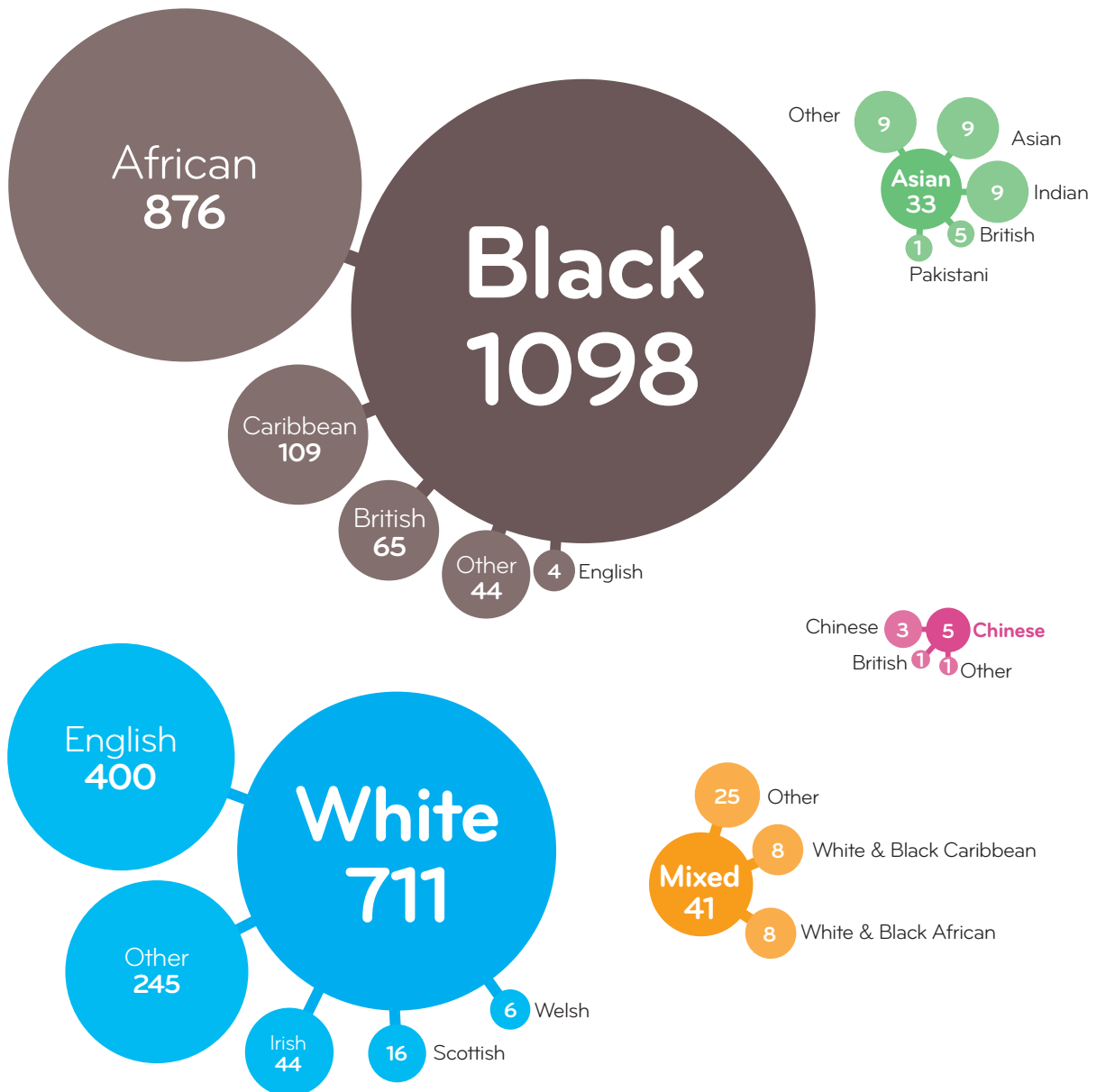
	Bisexual	Gay	Heterosexual	Lesbian	Prefer not to say	Total
First Point	24	382	620	0	4	1038
HIV health support	13	152	292	0	4	461
Advice & advocacy	415	7558	16953	7	618	25551
Counselling	12	363	219	1	11	600
Total	464	8455	18084	9	638	27650

Registered clients' sexual orientation by gender

	 Male	 Female	 Transgender	Total
Heterosexual	409	769	1	1179
Gay	668	5	0	673
Bisexual	33	8	1	42
Lesbian	0	2	0	2
Prefer not to say	16	9	0	25
Total	1130	793	2	1921

"We are working right across South London: no person living with HIV now needs to cross London for specialist services."

Registered clients by ethnicity



27 Other 6 Prefer not to say

Total 1921

SLHP is effectively reaching South London's ethnically diverse population. 46% of SLHP clients identified themselves as Black Africans, a particularly important HIV epidemiological group.

“Every client, every time: that’s our starting point for asking service users about their needs and how we are meeting them.”

Registered clients’ treatment centres

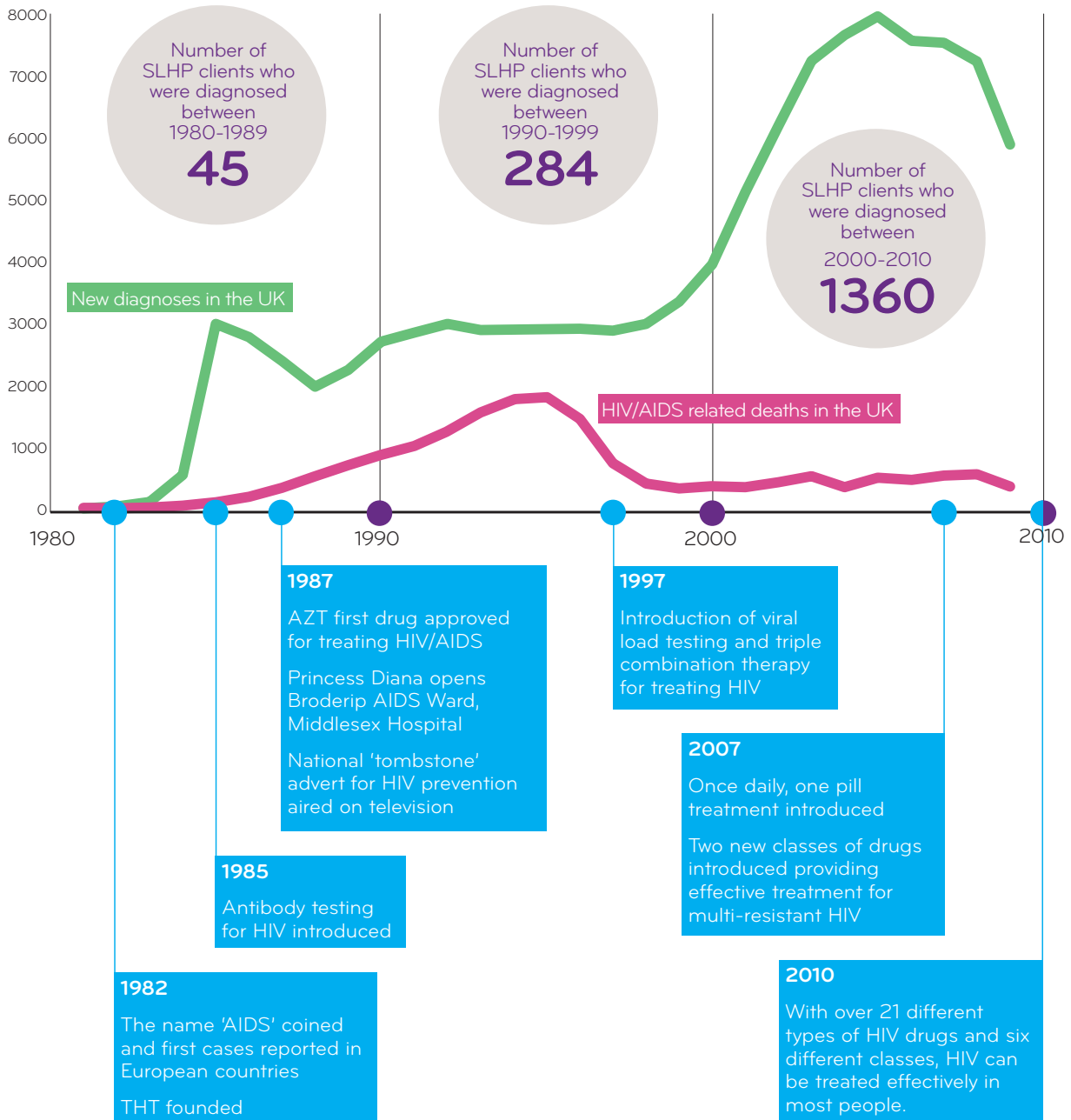


	All to date	Percentage
St Thomas' (Harrison Wing)	431	22.4%
St Georges (Courtyard)	175	9.1%
Epsom St Helier	62	3.2%
Kings College Hospital (Caldecot Centre)	360	18.7%
Kingston Hospital	74	3.9%
Lewisham Hospital (Alexis Clinic)	159	8.3%
Croydon University Hospital	176	9.2%
Queen Elizabeth Hospital	67	3.5%
Queen Mary's Roehampton (Roehampton Clinic)	13	0.7%
Other/unknown	404	21%
Total	1921	

Clients are now being referred from clinics right across South London

“The HIV virus and its effects have changed dramatically over the last 25 years: so services need to adapt too.”

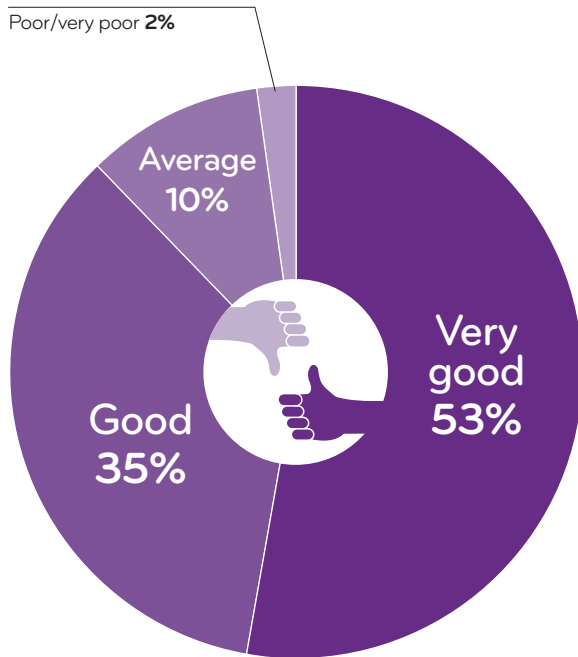
SLHP clients' year of diagnosis / HIV & AIDS timeline



SLHP has been able to bring in clients who received their HIV positive diagnosis very recently (over 36% of SLHP clients were diagnosed since 2007) while others were first diagnosed over 20 years ago.

"We never underestimate the value of positive and negative feedback, both of which help us to do better for SLHP service users."

Client satisfaction



88% of SLHP clients found the service they received to be very good or good and only 2% described it as poor or very poor.

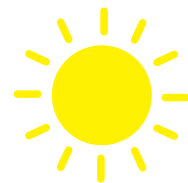
Peer support attendances

Average number of Peer Support sessions per client



486 individuals attended 4,700 peer support sessions averaging just under 10 sessions per client through the SLHP's Peer Support hub and spoke network

Client needs



Fully met

68%



Partially met

25%



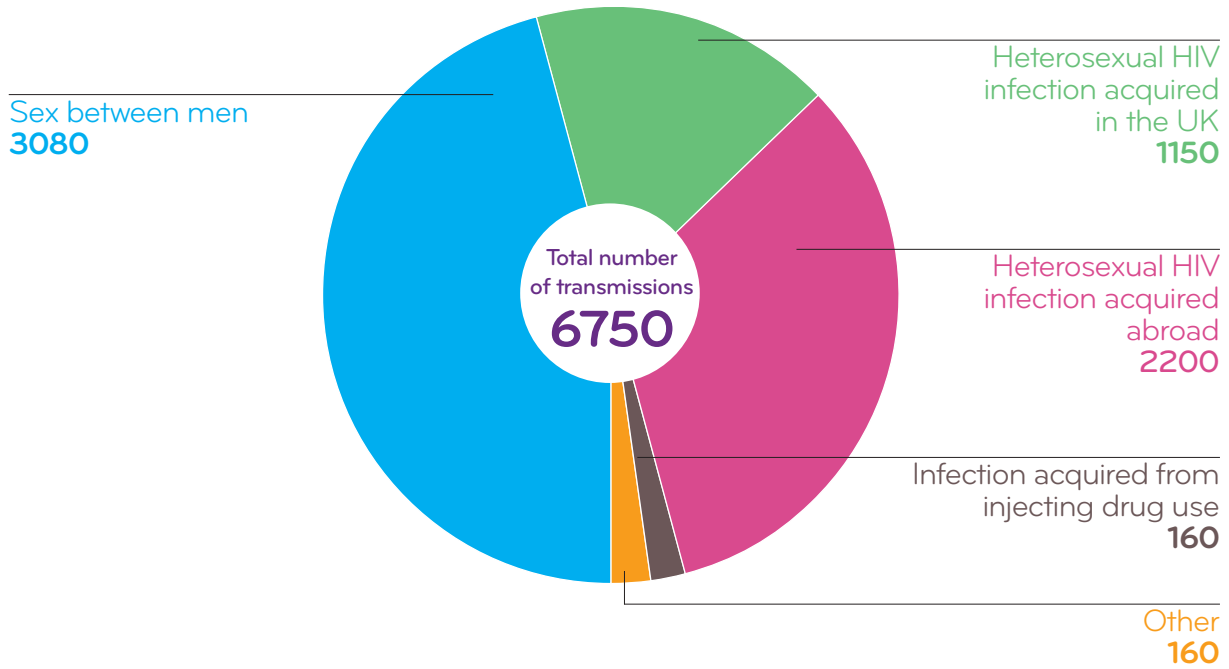
Not met

9%

Over 90% of SLHP service users who responded (225 clients) said their needs had been fully or partially met.

“How well are we meeting current and potential service users’ needs?: we are obsessed with this critical question.”

Acquired infection by route of transmission (2010)



Of the 6,750 new HIV diagnoses recorded in the UK in 2010, 46% were attributed to sex between men, 17% are attributed to heterosexual infection acquired in the UK and a further 33% attributed to heterosexual infection acquired abroad. Just 2% of new HIV infections in 2010 were attributed to injecting drug use.

Over 45% of new infections occurred in people defining their ethnicity as **white**, over 40% who defined their ethnicity as **black African**, and over 3% who defined their ethnicity as **black other**.

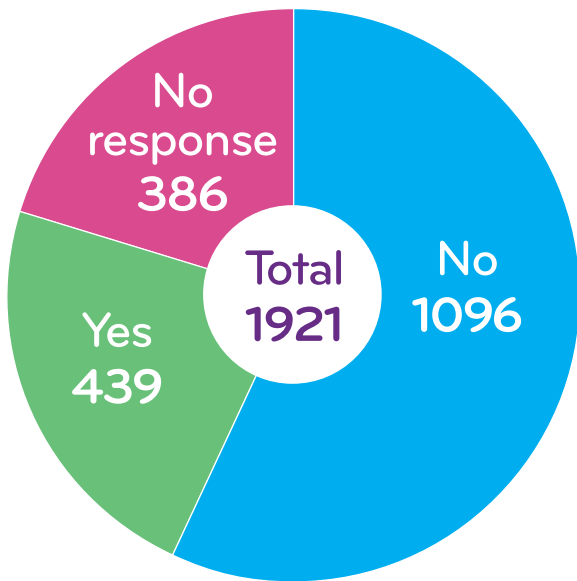
Data source http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135 retrieved May 2011.

Where clients heard about SLHP



This data has been recorded for a relatively short period of time and hence does not fully capture how clients entered the SLHP service.

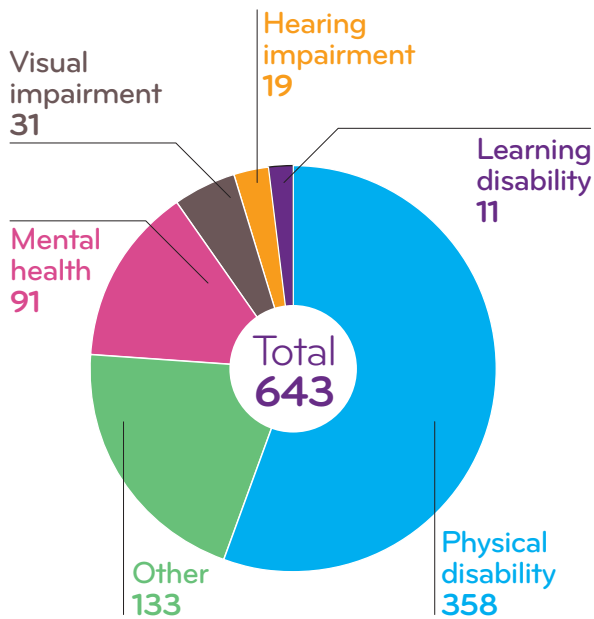
Does the service user consider themselves to have a disability?



Completed



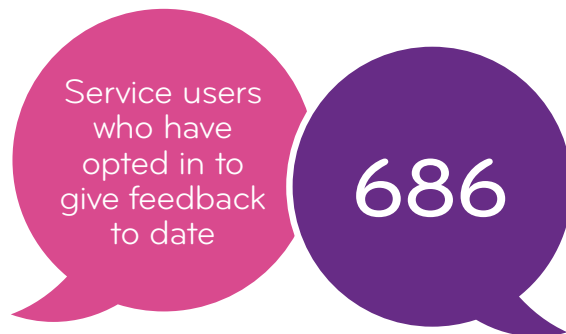
2668 service users 'completed their service as plan' between 01/01/2009 and 31/12/2010.



No response: 1278

SLHP clients identified as having a range of disabilities, some connected with HIV, others not.

Feedback opt in



During the two years covered by this report, of the 1,896 total SLHP clients, 296, or just over 15% opted in, saying they would like to give feedback on the services they received and their experiences of being an SLHP client.

Service user comments

"Very good they gave information and showed real concern."

"I had about ten sessions and found it really useful. I think I will go back for more sessions but without my partner."

"I really learnt a lot. The things that I learnt they should really be telling to all other young people."

"My counsellor was excellent. He was always easy to talk to and very professional."

"They helped me deal with the council when I had problems with the housing waiting list. They were brilliant."

"Service was great!"

"All my questions were answered."

"The help I got whilst I was in hospital was good. The texts to remind me about medication have helped a lot."

"My case worker helped me and worked a miracle."

"I would recommend this service to anyone else who was living with HIV."

Delivering value

How do we value health?

What is the value of any health intervention? Does a programme deliver value for the NHS? What is the value to a local resident of the health programmes we deliver? These are amongst some of the most timely, and important, questions the UK's health system is facing at the start of 2011. And they are vexing questions too. Health economists struggle to find realistic models that account for value for money in health. As commissioners, service providers and users of health services, we all want a reliable way to compare the benefits of different health and social care interventions.

There is as yet no specific answer as to how to definitively measure health programmes. From *cost minimisation to cost benefit analysis* and *cost-utility analysis* which uses *Quality Adjusted Life Years* or *Disability Adjusted Life Years*, each of these health measures tries to provide a formula to compare health measures. But none of these methodologies is perfect.

Throughout the report we have explained what resources we put into the Partnership; the processes that we undertook to develop HIV services for people in South London; and most importantly the results and outcomes the Partnership has achieved. We focus on examples of outcomes based service delivery and we supplement these figures with case studies to examine the complexities of what are still faced by people living with HIV in South London. The report comes at a time when the NHS is facing new challenges and a new commissioning environment on the near horizon. This is the most rewarding time for the Partnership to be presenting our outcomes to support and influence such changes and to lead developments



for the future of HIV-based commissioning.

Clearly, some of the values of the new coalition government are, and have been, vital to the Partnership's ongoing development and its performance. In some cases SLHP practice predates the new direction set out by the government, for example the need for collaborative commissioning and detailed data gathering on patient outcomes. The SLHP has always been built specifically around clients, putting people living with HIV at the heart of service provision. The Partnership was built so that clients can make informed decisions about the services they need. Equally as important, the Partnership has a relentless approach to measuring outcomes that drive service provision and add value to all that we do. The changing role of public health and the unification of public services have been part of the SLHP model for a number of years, where we have already developed strong links between Health and Social Services by delivering a collaboratively commissioned health and social care partnership. This can only be strengthened going forward.

Changing times are testing times, but if there is one thing we have learnt from this commissioning process, it is to not lose sight of the end goal. For the SLHP this always has been the provision of quality services based on need. To this end we can report that, 1921 people living with HIV in South London registered on to our data network and accessed one or more SLHP services during the period that this report covers, that is January 2009 to December 2010. We also have a record number of service users opting to give feedback, and reporting positively on their service provision experience.

Taking the Partnership forward during this transition period and into new commissioning arrangements is the focus of our current plan. We hope to be successful in expanding the Partnership and securing finances in the coming years so we can build on what we have learnt and further develop services where we identify gaps. There are definitely both challenging and exciting times ahead. The Partnership will continue its series of reports as we embark on this journey to show the new and changing commissioning functions and to report on outcomes for the Partnership.

As a report on health outcomes, the first place we turn to is a definition of what exactly that is. There are many similar and overlapping definitions. But they all involve a change in health status. Some stipulate that the population or group has to be defined (different outcomes are expected for different people and under

different conditions). Other definitions specify that health outcomes are the result of interventions or a lack thereof, rather than simply change over time. A typical example given is a "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions"ⁱⁱ

In its purest form, measurement of health outcomes implies *identifying* the context (diagnosis, demographics etc.), *measuring* health status before an intervention is carried out, *measuring* the intervention, *measuring* health status again and then plausibly *relating* the change to the intervention. It is on this definition that this report presents the SLHP provider service outcomes.


Sima Chaudhury
Lead Commissioner,
South London HIV Partnership

Contacts & stakeholders


Want to comment or get involved?

To download a copy of this report, please visit the SLHP website at www.slhp.org.uk/reports.

If you are interested in SLHP services – please get in touch with First Point.

 Call us on 020 7160 0949

 Contact us at www.slhp.org.uk/contact

 Text your name to 07889 168 455

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Fax 020 8680 9032

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Further copies of this document are available on our website at www.slhp.org.uk/reports

Chris Markham of Ergo Consulting compiled this report. We would like to extend our thanks and gratitude to the lead commissioner Sima Chaudhury and the many other commissioners, providers, clinical staff and people living with HIV who offered honest and insightful information to produce this resource. We would also like to acknowledge the original team of commissioners who began developing the SLHP concept.

Contacts

If you would like to contact any of the organisations working with the South London HIV Partnership please get in touch via:

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www.ergoclear.com

Meganexus

Data network
contact@meganexus.com
www.meganexus.com

Metro Centre

First Point
info@metrocentreonline.org
www.metrocentreonline.org

NAM

HIV Health Support Knowledgebase Marketing and design
info@nam.org.uk
www.aidsmap.com

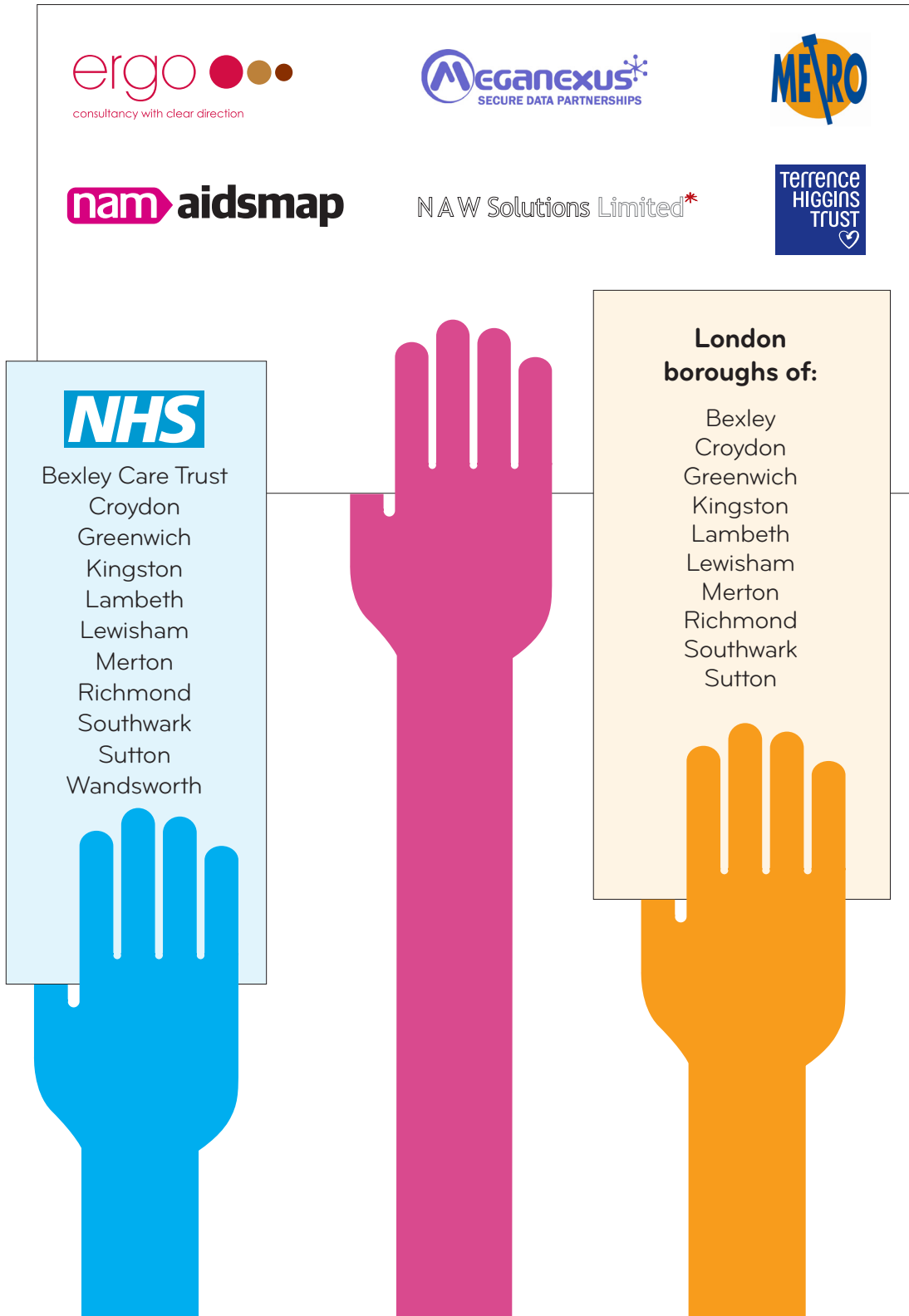
NAW Solutions

Monitoring, verification and evaluation
nathan.williams@naw-solutions.co.uk
www.naw-solutions.co.uk

Terrence Higgins Trust

Advice and Advocacy HIV Health Support Counselling Peer support (pilot)
info@tht.org.uk
www.tht.org.uk

List of stakeholders



Endnotes

- i Frommer, Michael; Rubin, George; Lyle, David (1992). "The NSW Health Outcomes program". *New South Wales Public Health Bulletin* 3: 135. doi:10.1071/NB92067.
- ii A further 59 clients provided some feedback, but did not give ratings of the service they received.
- iii PLoS One. 2010; 5(12): e15677. Published online 2010 December 30. doi: 10.1371/journal.pone.0015677 *Rising Population Cost for Treating People Living with HIV in the UK, 1997-2013* Sundhiya Mandalia et al.
- iv Ibid
- v Fremont, A.M., et al 'Patient-centred processes of care and long-term outcomes of myocardial infarction.' *Journal of General Internal Medicine* 16: pp.800-8, (2001). Bechel, D.L., Myers, W.A., Smith, D.G., 'Does patient-centred care pay off?' *Joint Commission Journal of Quality Improvement* 26(7): pp.400-9, (2000). Kaplan, S.H., Greenfield, S., Ware, J.E., 'Assessing the effects of physician-patient interactions on the outcomes of chronic disease' *Medical Care* 27(3)Suppl: pp.S110-27, (1989). 56.
- vi Stevenson, F.A., Cox, K., Britten, N., Dundar, Y., 'A systematic review of the research on communication between patients and health care professionals about medicines: the consequences for concordance' *Health Expectations* 7(3): pp. 235-45, (2004). 'The Human factor: How transforming healthcare to involve the public can save money and save lives' NESTA (2010). Garcia-Alamino, J.M., Ward, A.M., Alonso-Coello, P., Perera, R., Bankhead, C., Fitzmaurice, D., Heneghan, C.J., 'Self-monitoring and self-management of oral anticoagulation' *Cochrane Database of Systematic Reviews*, Issue 4 (2010).
- vii One of the three future scenarios modelled in the report was a "fully engaged" scenario where patients and the public were more engaged in their health, contributing to significantly lower demands on the health service in the longer-term. Wanless, D., *Securing our Future Health: Taking a Long-Term View*, (2002).
- viii Heisler, M., Bouknight, R.R., Hayward, R.A., Smith, D.M., Kerr, E.A., 'The relative importance of physician communication, participatory decision-making, and patient understanding in diabetes self-management' *Journal of General Internal Medicine* 17(4): pp.243-52, (2002)



South London HIV Partnership
Working together for people with HIV