Terrence Higgins Trust is the UK’s largest HIV and sexual health charity, with over 30 service centres across England, Scotland and Wales. We are a campaigning organisation which advocates on behalf of people living with or affected by HIV or poor sexual health.

THT provides services for people living with HIV to manage their condition and access emotional and practical support. These include one-to-one counselling, peer support, health trainers and information and advice covering benefits, housing, finance, employment and immigration. We also deliver community based clinical services, such as chlamydia screening and rapid HIV testing, and health promotion campaigns and initiatives which target populations most at risk of HIV and poor sexual health.

Executive Summary

1.1 Rates of HIV and sexually transmitted infections continue to rise with the UK now seeing more people than ever living with HIV.

1.2 The Comprehensive Spending Review has increased the pressure on local authority budgets with HIV services funded by social care budgets already being scrapped.

1.3 We are concerned at the ability of local authorities in poorer areas of the country (that also see the highest rates of HIV and poor sexual health) to raise sufficient funds through increases in council tax and business rates to fully fund the public health and social care needs of local residents.

1.4 The ending of the local authority public health ring-fence in 2018 will further threaten HIV and sexual health services with no guarantee that local authorities will prioritise the needs of local residents living with HIV or affected by poor sexual health.

1.5 The national budget of Public Health England including national HIV prevention initiatives must be maintained if
it is to play a key role in the response to HIV and sexual health

Background

2.1 The latest Public Health England (PHE) statistics¹ indicate that the number of new HIV infections in the UK continues to rise with 2014 seeing the largest ever number of new HIV diagnoses in men who have sex with men (MSM). One in six people living with HIV in the UK remain undiagnosed.

2.2 Sexually transmitted infections (STIs) also continue to increase including a 33% rise in cases of syphilis.² HIV and STI prevention and testing services are essential if the UK is to address continued increases in rates of HIV and STIs.

2.3 The UK now has more people than ever before living with HIV³ with lifetime need for clinical and social support services.

2.4 Since the Health and Social Care Act 2012, commissioning responsibilities for HIV and sexual health services has fallen to a number of organisations including NHS England, local authorities, PHE and Clinical Commissioning Groups (CCGs).

2.5 Services commissioned by local authorities are funded through public health and social care budgets.

2.6 The ambitious NHS England Five Year Forward View put public health and prevention at its heart making clear that “the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”⁴.

Local Authority Budgets

3.1 Local authorities now play a key role in commissioning STI testing and treatment, HIV testing, HIV prevention and sexual health promotion, HIV social care, community


delivered contraception, chlamydia screening, and young people’s sexual health services including in schools.

3.2 With the £200 million in-year (15/16) cut to local authority public health budgets, the further reductions in public health budgets announced in the Comprehensive Spending Review (CSR), and the increase in rates of HIV and STIs, the pressure on local authority public health budgets is at breaking point.

3.3 There are clear contradictions within the CSR – paragraph 1.104 of the full document states that “the government will make savings in local authority public health spending”, yet the very next paragraph opens with “the government remains committed to tackling society’s health problems, not just treating the symptoms”. The NHS Five Year Forward View clearly sets out the importance of public health in maintaining a healthy population and in preventing ill-health yet the CSR cuts to public health budgets seems to undermine this vision.

3.4 The CSR also announced that the local authority public health ring-fence will come to an end in 2018. The ring-fence has been vital in ensuring that public health services, including HIV and STI prevention, is maintained and meets the need of local populations. When the ring-fence is removed there will be no definition of what is deemed “essential” public health interventions with no guarantee that each local authority will prioritise and fund HIV and sexual health services.

3.5 It will be essential in the coming years that local residents and third sector organisations hold local authorities to account in delivering local need as set out in Joint Strategic Needs Assessments as well as using indicators within the national Public Health Outcomes Framework as a measure of success on HIV and sexual health.

3.6 HIV support services including counselling, provision of specialist advice and peer support are funded from local authority social care budgets.

3.7 The non ring-fenced local authority social care budget is already precarious. The demand for social care funded services has already led to HIV services funded by social

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5 Comprehensive Spending Review 2015
care being scrapped from April 2016. This includes funding for the Terrence Higgins Trust HIV support service for the whole of Oxfordshire. As the only provider of such services in Oxfordshire, it is unclear what provision will now be made for counselling, support and specialist advice for the over 200 people living with HIV who were accessing the service. The contract also included HIV prevention work with high-risk groups (men who have sex with men and African communities) and again it is unclear how the local authority will now deliver its HIV prevention commitments.

3.8 The CSR announced that local authorities will be given the flexibility to raise council tax by up to 2% to go towards the costs of social care as well as look at funding public health services through retaining local business rates. HIV and poor sexual health disproportionately affect poorer and more marginalised communities. It is unclear in local authority areas where there are higher proportions of residents receiving council tax reductions/support, and in areas that are not business-rich, how sufficient resources will be collected to fully fund local social care and public health need, including HIV and STI prevention and support services.

Central Government Budgets

4.1 Public Health England has an essential role to play in the response to HIV and STIs - as a system leader through its national and regional offices as well as funding national prevention initiatives.

4.2 The PHE commissioned national HIV prevention programme (called HIV Prevention England – HPE) has been in existence since 2013. Its purpose is to complement and support locally commissioned HIV prevention interventions in areas of higher HIV prevalence. The programme has three aims - to increase HIV testing and reduce undiagnosed and late diagnosed HIV; to support sustained condom use and other behaviours which prevent HIV infection; and to tackle stigma within MSM and African communities and more widely.

4.3 Between 2014/15 and 2015/16 the funding for the programme was slashed by 50% - to £1.2 million. The programme funding remains for 16/17 and must be maintained in subsequent years.
4.4 Any reduction in prevention activity through the national programme will need to be picked up through local authority public health budgets. With the further squeeze on local authority funds, it is unclear how this will be delivered.

Conclusion

5.1 Whilst we fully support the protection of the NHS budget within the CSR, the exclusion of public health and social care services from this protection will directly lead to increased pressures and costs on NHS services as HIV and sexual health prevention programmes are undermined and people living with HIV are not able to access the support services they need to remain healthy - both mentally and physically.

5.2 HIV and sexual health services in England are facing challenging times. Both central government and local authority funding is threatened. The ring-fencing of the NHS budget, alongside cuts to public health and social care has led to a split in health services between the “haves” and “have-nots”.

25 January 2016