

HIV AND AIDS NEEDS ASSESSMENT:

SUMMARY OF NEEDS HIGHLIGHTED: It is estimated that approximately 1,593 people in Plymouth were diagnosed with HIV and seen for care.

The Eddystone Trust in Plymouth reported supporting 22 clients with HIV/AIDS who made 340 client contacts between January and December. 9 clients are recorded as Asylum Seeker/Refugee/BME clients having had 110 contacts with Eddystone in the same period.

There were no recorded Social Services Department assessments for people with HIV and AIDS between April 2003 and March 2004.

Figures from the local Genito-urinary medicine (GUM) unit were not forthcoming and regional figures from The Health Protection Agency cover such a large area that it is difficult to use their figures to specifically understand Plymouth's needs in this area.

National prevalence trends in relation to infection diagnosed in ethnic minorities are not applicable (based on national figures regarding prevalence rates 617 of these were likely to be heterosexual black Africans, and 24 were black Africans who transmitted the infection from mother to infant. However, the ethnicity profile within Plymouth states that there are only 180 black Africans resident in the city).

Current needs analysis is incomplete (commissioned research did not focus in specifically on the needs of people with HIV/AIDS) and future action should involve collating further data from Eddystone and other relevant agencies with regard to access and uptake of this service and maintaining links with Social Services Department who are currently rationalising recording processes in order to ensure that service provision to this client group is recorded accurately.

1. The scale of need in Plymouth:

- (a) **The rise in HIV diagnoses:** The numbers of new HIV diagnoses each year continue to rise, with 5542 new diagnoses in 2002 compared with 2814 in 1998. New and effective therapies introduced in the mid 1990s have led so a stabilising of the figures for diagnosis of AIDS and associated deaths.

“More people tested positive for HIV in 2001 in the UK than in any year since records began.”

Terence Higgins Trust “20 Things the Government can do to improve the lives of people with AIDS.” 2002

- (b) **Numbers of diagnosed HIV infected patients seen for care in the South West Region:** Based on 2002 figures, 31,861 were resident in the South West Region (with Plymouth accounting for 5% of these, amounting to 1,593 individuals).

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NB Plymouth figures are estimates based on Plymouth accounting for 4.837% of the South West regional population – rounded up to 5% - though this is likely to be an underestimate as prevalence and spread of HIV is known to be higher in cities.

- (c) **Source of exposure to infection:** A major shift in the source of infection is illustrated by the following table, which shows that the trend shows a growing shift of exposure to heterosexual men and women of which two thirds are women and three-quarters were probably infected in Africa.

Year	Homo/ bisexual men	Heterosexual men and women	Injecting drug user	Mother to infant	Blood products	Undetermined
1993	1502 (57%)	769 (29%)	204 (8%)	204 (8%)	17 (1%)	62 (2%)
2002	1617 (29%)	3152 (57%)	98 (2%)	99 (2%)	25 (0%)	551 (10%)

Source Health Protection Agency 2003

In the South West, a total of 569 of those who were infected were homo/bisexual men (Plymouth 5% = 28); 365 were heterosexual men and women (equating to 18 (5%) in Plymouth); 43 injecting drug users (Plymouth 5%=2.1); 26 mother to infant (Plymouth 5%=1.3); 18 blood products (Plymouth 5%= 0.9%) and 50 undetermined (Plymouth 5%= 2.5).

- (d) **2002 Exposure and ethnicity:** Of the 30,281 diagnosed HIV-infected patients seen for care in England, Wales and Northern Ireland, 88% of exposure by homo/bisexual men was amongst white men. 68% of exposure by heterosexual men and women was amongst Black-African, 89% of exposure by injecting drug users was amongst White people and 75% exposure by mother to infant was amongst Black-African.

P13 HIV The State of the UK Epidemic

Of 1876 males diagnosed with HIV in UK 2004, 743 were white, 456 were black-african, 52 were black Caribbean, 13 were other black other, 24 were Indian/Pakistani/Bangladeshi/Asian or Oriental, 91 were other/mixed and 497 were ethnicity not known.

Of 1426 females diagnosis with HIV in UK 2004, 169 were white, 842 were black-african, 48 were black-caribbean, 8 were black-other, 14 were Indian/Pakistani./Bangladeshi/Asian or Oriental, 45 were other/mixed and 300 were ethnicity not known.

P14 HIV The State of the UK Epidemic.

Refugees and HIV: “The National Asylum Support System (NASS) currently disperses people with HIV across all 13 dispersal areas of the country..... People with HIV can find themselves in areas that have no specialist provision and cannot offer peer support services.... Indiscriminately

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dispersing people with HIV compounds already difficult treatment and care issues and can directly endanger their health.”

Terence Higgins Trust “20 Things the Government can do to improve the lives of People with AIDS.”

A strong indication of the “whole life” emphasis that the government recognises as important. With the increased instability associated with geographical dispersal there is increased risk of susceptibility to problems caused by social exclusion.

Currently there is no provision for any training for NASS staff about HIV. This can lead to a range of problems for asylum seekers who have, or fear they may have, HIV.

Local organisation Eddystone (who provide information, support and training regarding HIV, sexual health or Hepatitis C) fear that “those diagnosed after arrival may not be referred to appropriate community support organisations”.

(e) Social care provision for HIV:

General guidance: “Treatment and health care for people living with HIV are obviously essential, but their overall quality of life cannot be neglected. Social care has its part to play by..... ensuring people have their needs assessed and met for welfare, benefits, housing, advocacy, interpretation, peer support, and other practical support for life in the community...”

Better prevention, better services, better sexual health, The National Strategy for Sexual Health and HIV.” Department of Health 2001

Provision through Plymouth Social Services Department: No assessments were completed for this client group between the period 1.4.03 and 31.3.04. There may however be some issues with recording, as Social Work departments seek to maintain confidentiality of this client group by recording provision through alternative headings. Social Services are aware of this and are now working to ensure that all clients within this group are recorded as such.

(f) Diagnosis and age:

Table 8 AIDS/HIV Quarterly Surveillance Tables Data to end September 2004

Male age at diagnosis for HIV – aged 30 –34 =22%

Male age at diagnosis for HIV – aged 20 – 44 = 81%

Female age at diagnosis for HIV – aged 25 – 29 = 26%

Female age at diagnosis for HIV – aged 20 – 44 = 86%

Male age at diagnosis for AIDS – aged 30 -.34 = 22%

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Male age at diagnosis for AIDS – aged 25 – 50 = 83%

Female age at diagnosis for AIDS – aged 30 – 34 = 25%

Female age at diagnosis for AIDS – aged 25 – 44 = 74%

The ages at which HIV diagnosis and AIDS diagnosis occurs for both males and females runs parallel, and indicates that early intervention services need to be targeted at this younger/mid age group, whilst recognising that need will probably increase and/or change if disease progresses and as/if social changes occur as a result of disease.

(g) Double vulnerability of those with HIV/Aids:

It is useful to consider the double vulnerability of many people with HIV/AIDS. Already many people will have faced discrimination and or social exclusion through being a gay man, a drug user or a refugee. So low self esteem might already be present before diagnosis, with associated difficulties in seeking help, accessing services and trusting others to be non-judgemental. The need for specialist services is therefore increasingly important, but achieving easy access to these specialist services is often a difficult one.

2. Commissioned research regarding need:

EKOS PLYMOUTH VULNERABLE GROUPS HOUSING RESEARCH

A total of 185 different service addresses were contacted, across client groups, and results were statistically modified in order to represent Plymouth in totality – though where organisations not contacted offered unique service provision, the findings will not reflect their services.

(Caretime Services, Carewatch, Colebrook Housing Society, Consort Village Care, Plymouth City Council provided information. Eddystone – the only community providing specialised advice to members of this client group - did not provide information).

65 clients from this group approached organisations across the city, constituting 1% of all approaches.

Total number of addresses/points of service available to each vulnerable group: 5 (3% of all service addresses).

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Client type	No. of clients	Support required	Type of support where stated
Chronic/Terminal Illness (including HIV and AIDS)	65+	No - 0 Low - 0 Medium - 65 High - 0 N/K - 0	Floating 61 Visiting 0 Warden 4 Perip. Warden 0 Alarm/on call system 4 D/t staff/emergency call out 0 24 hr. cover with sleeping staff 0 24 hr. cover waking night staff 0 Live in landlady/lord 0 Anything else 0 (including security, outreach, day care and occasional sleep-overs)

No shortfalls in the availability of actual accommodation were reported by organisations.

There were also no shortfalls reported in the availability of housing related support to this client group.

3. Current Service Provision:

The Eddystone Trust: 'Providing information, support and training regarding HIV, sexual health or Hepatitis C.' in both Plymouth and Torbay regions is an important resource for Plymouth. It continues to provide and develop existing services, training material and events for Hepatitis C. HIV/AIDS awareness, Safer Sex, work focussed on supporting young people. It runs important yearly events including AIDS Week, National Condom Week, South West Hep C Conference and Women's Health Fairs in Plymouth And Torbay and links at conference level with other British and European agencies: A professional counselling service offering full confidentiality and one-to-one client centred support: Eddystone's Welfare Rights/Housing service provides information and support in maximising benefit entitlement and helps with housing applications, re-housing, and associated support with maintaining a tenancy. The Hardship fund helps with immediate financial crises and work here often leads onto accessing grants from other charitable trusts. Eddystone also sets up the occasional social event and manages news-sheets and newsletters every two months. There is an inviting and helpful Eddystone Website.

Plans for 2004/5 included: 'Recruiting a Black & Minority Ethnic (BME) Support worker, developing our BME/Asylum seekers work in Plymouth.' This has received £25,000 Supporting People funding (Year contract at present). And whilst the early focus is on developing expertise to provide housing related support to Refugees and BME communities the worker is also working with white HIV/AIDS service users to provide housing related support.

Eddystone's new housing support worker (project start date August 2004) is building up her client base.

Target client number = 8.

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August 74%
September 78%
October 88%
November 88.5%

As a new service we would anticipate a gradual build up of efficiency. The figures given indicate that the service is being utilised at a reasonable level and as the service becomes more well-known and confident in making the links with other organisations we would anticipate this efficiency level increasing.

We will be reviewing with the provider and other stakeholders, the on-going need for this service in Spring 2005 and decisions will then be reached about the future funding for this resource in light of evidence gained.