



# DERBYSHIRE

## POSITIVE SUPPORT

The local service for people living with or affected by HIV in Derby and Derbyshire

# The Impact of Service Closure

Why the proposal to cut funding for Derbyshire  
Positive Support must not go ahead

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## 1. Background

DPS (Derby Positive Support) has received notice that Derby City Council proposes to cease funding the services provided by the organisation at the end of the current financial year.

The service is commissioned by Derby City Council as part of the transition of Public Health from the former Derby City NHS Primary Care Trust. Historically the service has also been accessed by residents who live outside Derby City. The amount currently received is £77,414 which represents the bulk of the core funding used to rent premises, employ staff and pay for volunteer training and out of pocket expenses. The withdrawal of this funding would result in the cessation of all DPS services and is likely to result in closure of the charity.

The organisation has a history and good track record that goes back more than twenty years. Staff, volunteers, service users and supporters have already voiced their concern by a number of routes and will continue to do so

This report addresses the impact that the proposed withdrawal of funding will have on people living with HIV and the secondary effects it will have on wider public health issues including the rates of HIV transmission.

## 2. Service Description

Derbyshire Positive Support (DPS) provides services for people who are HIV positive, their partners, families, friends and carers. We provide education, information and advice on all matters related to HIV to the medical and nursing profession, statutory and voluntary bodies, and members of the public. DPS is led by the needs of our service user members, and endeavours to provide flexible services according to those needs. The services of DPS include:

### Commissioned Service Aims

- To provide a rolling programme of training pertaining to Sexual Health and the prevention of onward transmission of HIV
- To offer support and advocacy to people with HIV and assist in maximising their personal development, mental well-being and health
- To provide condoms, related products and encourage correct use to prevent acquisition of or onward transmission of HIV
- To offer a Centre for people with HIV, their partners and carers, where they can come for support, information, advice and guidance in a safe and secure environment in order to reduce onwards transmission of HIV
- To reduce the stigma associated with HIV through education and training

## Services Offered

- Tailored one-to-one support and motivational interviewing
- Advice on employment, benefits, debt, housing and all matters related to living with HIV
- Referrals and signposting
- Telephone support/advice
- Rapid HIV testing
- Treatment information and education resources
- Condom distribution
- Drop-in including peer support in a safe supportive environment
- Complementary therapies
- Groups and workshops
- Respite care
- Crisis fund
- Training, advice and support to other organisations on all matters related to HIV
- HIV Awareness and Prevention Events

*The nature of HIV infection is such that needs fluctuate and not all service users need to access the service at any one time. Access to services is variable and episodic with the goal of interventions being to achieve and maintain independence.*

## BME Service

Derbyshire Positive Support provides targeted services for BME communities including HIV awareness, education, support and point of care HIV testing for partners who do not want to access other services. This is funded by Public Health England however the ending of Derby City Council funding will mean that DPS can no longer deliver this service.

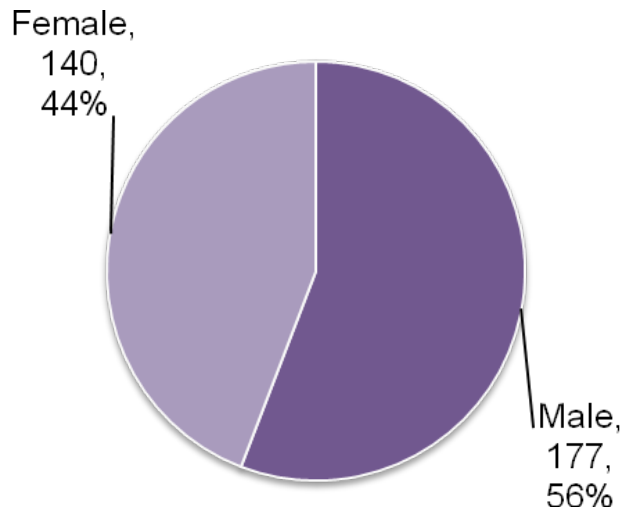
" I came to live in Derby as an asylum seeker and was diagnosed a year later. I only had a sister who I was terrified to disclose to. From the time I was introduced to Derbyshire Positive Support all my fear of the disease disappeared... that was the end of my stigma"

A Service User

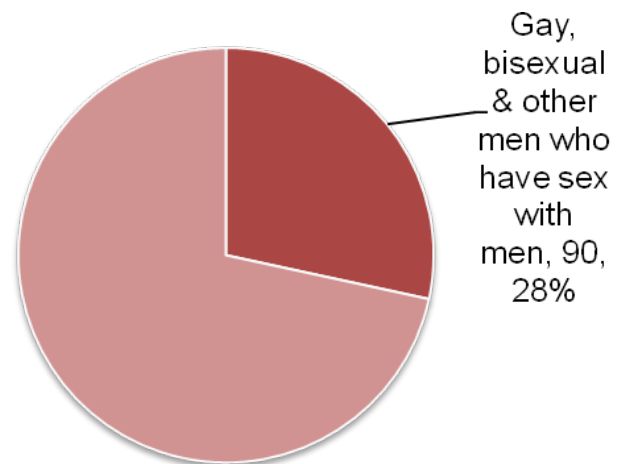
### 3. Number and Demography of Service Users

The following figures briefly summarise the number of registered service users and their demography:-

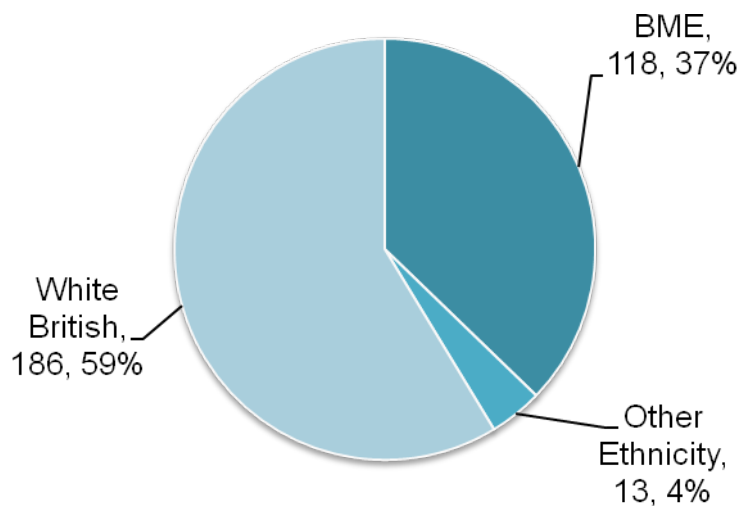
**Total 317 Registered Service Users at end of 2013**



**Gender**



**Sexual Orientation**



**Ethnicity**

## 4. Service Use

The following figures briefly summarise service activity in the nine months April to December 2013:-

<b>April to December 2013</b>	
<b>Individual Interventions -</b>	<b>Number</b>
Benefits advice assistance with form filling DLA, ESA, Immigration	86
Supporting individuals through Work Capability Assessments (Atos)	48
Benefits Appeals/Tribunal Attendance and advocacy	13
Housing Issues <ul style="list-style-type: none"> <li>• Homeless - 3</li> <li>• Housing complainants - 9</li> <li>• Discretionary Housing Payment Advice/Advocacy - 9</li> </ul>	21
Asylum & Immigration advice and referral	11
Formula milk Provision 56 Units	9
HIV Rapid Tests <ul style="list-style-type: none"> <li>• BME - 28</li> <li>• Men Who Have Sex With Men - 12</li> <li>• Other - 5</li> </ul>	45
GUM medication issues including escort to clinic	4
Crisis payments	14
Crisis payments (No recourse to public funds)	16
Motivational Interviewing (Serodiscordance)	11
Motivational Interviewing Treatment Adherence	14
Telephone Support / advice	1760
<b>Total Number of Individual Interventions</b>	<b>2052</b>

<b>Other Activity Summary</b>	<b>Number</b>
Total DPS 'Drop In' footfall for period 1,902 visits	1902
HIV Awareness & Prevention events for period 23	23
Condom/lube distribution 2500	2500
Leaflets/posters/booklets etc. distribution 840	840

*DPS has knowledge and expertise that ensures a high success rate in benefits applications and appeals. This specialised support cannot be replaced by generic services that do not understand the issues for people living with HIV*

<b>Number of people Accessing Services April to December 2013 (N.B. Some users may access more than one service)</b>	<b>People</b>
General benefits advice including assistance with form filling	22
Disability Living Allowance	15
Employment Support Allowance	28
Immigration advice	4
Support/Advocacy Work Capability Assessments (Atos)	13
Benefits Appeals/Tribunal Attendance and advocacy	4
Housing issues, Discretionary Housing Payment, advice/advocacy	9
Housing issues Homeless 3	3
Housing complainants	9
Asylum & Immigration legal referral	11
Formula milk dispensing with client interaction 56 Units	9
HIV Rapid Tests BME	28
HIV Rapid Tests MSM	12
HIV Rapid Tests OTHER	5
GUM medication issues including escort to clinic	4
Crisis payments/debt counselling	14
Crisis payments (No recourse to public funds)	16
Motivational Interviewing (sero Discordance) contracted 6-8 sessions	11

**There were a total of 317 Registered Service Users at end of 2013**

" DPS is at the centre of my life. I was referred to DPS by GUM, Derby whilst I was at the verge of breaking down. I had just got my diagnosis and could not even cope with it. I could not tell a soul about it but I really wanted to talk to somebody who would not judge me for contracting HIV. This was difficult as I tried to tell my story to friends as if it was someone's story and the comments I got back were appalling.

This is where DPS came in as I met with people who were walking the same path as me; a place where we know no boundaries. This was my world and I could walk anywhere I wanted and could say anything.

A Service User

## 5. Continuing Need

Treatment for HIV has improved over recent years to the point where it is now a manageable lifetime chronic condition.

While we accept and welcome improvements to HIV treatment, people living with HIV still have significant support needs. For example:-

- There are many people with HIV diagnosed several years ago, either before treatment was available or when treatment still had severe side-effects, who have permanent disabilities and needs.
- People who are at risk of HIV infection need community friendly accessible services that promote HIV testing and offer specialist support and advice.
- Many people with HIV find it hard to live with the stigma and discrimination that they experience and need peer support to live with the condition.
- Some people living with HIV find adhering to their daily treatment regimen to be hard and if they are unsupported they may fail to take treatment which can have an adverse impact on health.
- People may also have other complex needs which add to their vulnerability if they are homeless, using drugs, have no recourse to public funds, have other immigration problems or live with mental health problems.
- An absence of appropriate specialised support may lead to risk taking behaviour that puts others at risk of HIV infection.

" Getting a diagnosis of HIV is life changing, without DPS I would have had nowhere else to go. DPS was the only place that was suggested to me as there are no other services that will provide the support I need. The impact of its services having to close will be widely felt. DPS has helped me with relationship building, financial support and my health conditions. Where will we go? GUM does not have the time to help. We will end up in crisis without DPS's prevention services"

A Service User

## 6. Equality and Access Issues

All people living with HIV are deemed to be disabled under the terms of the Equality Act 2010. Because HIV disproportionately affects marginalised communities such as black and ethnic minorities and gay men most DPS service users are also within population groups that are defined by other protected characteristics within the Equality Act. DPS is the only specialist service for people living with HIV in Derby. If it closes the marginalised groups that use it will be significantly disadvantaged.



Whilst treatment has improved massively, social attitudes have not, or certainly not as much.<sup>1</sup> Stigma and discrimination are still common and affect the ability to come to terms with a diagnosis, contributing to feelings of social isolation, mental ill-health, distress, and difficulties coping.<sup>2</sup>

People living with HIV need specialised support that is knowledgeable, skilled, sensitive and culturally appropriate. The closure of DPS will result in the loss of the only specialised service for people living with HIV that is available in Derby or Derbyshire. This will significantly disadvantage people living with HIV and leave many without support.

A separate Equality Impact Assessment has been conducted to look at these issues in detail. The assessment was unable to identify an acceptable plan of mitigation. The possibility of skilling other generic support service providers was considered but found to be impractical because:-

- This would take time and as the proposal to cease funding will result in cessation of services in just a few months it isn't practically possible.
- The organisations that would take on the additional caseload would need to increase their capacity at a time when resources are being cut.
- DPS has an important role in facilitating access to other services. Many people living with HIV will be unable to access these services without DPS support.
- The cost of developing an acceptable level of specialised services within other organisations may exceed the cost of retaining the existing service.
- There is no obvious provider of specialised training and support for these organisations in event that DPS were to cease.

People living with HIV need to be confident in the confidentiality and expertise of the services that they access. The services of DPS have a history and good track record that goes back more than twenty years and DPS is highly respected and valued within the marginalised communities that it supports. Generic support services cannot adequately replace DPS if it closes

***For a more detailed discussion of the Equality issues please see the separate Equality Impact assessment conducted in January 2014.***

" HIV is very stigmatised... DPS is the one place I can talk and get help with the things that are destroying me. DPS has helped me look at ways of dealing with my problems. This is a place of safety and inspires me to go on and live the life I want for me and my children"

A service user

<sup>1</sup> See 'HIV Public Knowledge and Attitudes, 2010' National AIDS Trust Jan 2011

<sup>2</sup> For the scientific basis for elevated needs around depression, anxiety and coping amongst people with HIV, and possible interventions, see 'Psychology, Health and Medicine' Vol 16 Number 5 Oct 2011 - Special Issue: Mental Health Considerations in HIV and AIDS

## 7. The Importance of HIV Social Care

Many people living with HIV require social care support additional to, and supportive of, that provided by medical and clinical services.<sup>3</sup> Derbyshire Positive Support (DPS) provides individually tailored community based open access support services that meet such needs.

The services provided improve the health and wellbeing of the local population of people living with HIV and are both preventive and advisory, supporting positive health and employment outcomes, including adherence to medication, disclosure of HIV status and promotion of safer sex, all of which are key secondary prevention interventions which benefit public health, reducing onward transmission.

The cost savings to the public purse from these preventive benefits need to be fully considered. The importance of such preventive social care is of course reiterated in the Care Bill currently being considered by Parliament.

People living with HIV often experience a number of co-morbidities which affect and complicate each other. The physical and emotional impact fluctuates and as such needs vary considerably over time. The profound and often debilitating interactions of fatigue, insomnia, neuropathy, mental health, and gastro-intestinal problems affect ability to work, socialise, cope and function.

People living with HIV are unlikely to meet the criteria for individual support provided via their Local Authority unless they are in a period of crisis. Clinical and other medical services are limited in both scope and capacity and do not generally meet wider social care needs. DPS provides ongoing support that helps most people living with HIV to achieve and maintain a good level of health and wellbeing that prevents such crises.

"If DPS was not available there would be people living with HIV from all walks of life who would not have someone on the end of a telephone that can talk about their situation. As more heterosexual people are becoming infected with HIV there is going to be need for more places like DPS"

"I am fearful that some other service users at DPS will stop taking their medications. I have suicidal thoughts but DPS keeps me afloat and prevents me from going into deep crisis. This was especially important for me when DPS helped with my appeal"

"DPS has provided me with a safe place to talk and ask questions without the pressure of being rushed out of the door or the stigma I have experienced in medical settings"

Service Users

<sup>3</sup> National AIDS Trust (June 2011), The impact of social care support for people living with HIV  
<http://www.nat.org.uk/Media%20library/Files/Policy/2011/Social%20Care%20Survey%20June%202011%20FINAL.pdf>

## 8. Public health Implications

In the absence of DPS the local population of people living with HIV are likely to experience:-

- An increase in mental health problems
- Higher rates of HIV treatment failure
- A decrease in overall health and wellbeing
- A deterioration in physical health (due to not taking medication and/or poor self care)
- Higher rates of people living with HIV who are unemployed or not in education or training
- A decrease in income due to unemployment or failure to claim benefits entitlements. An increase in debt related problems
- An increase in poverty
- Poorer housing conditions and/or loss of housing/homelessness
- An increase in personal risk taking behaviour that may result in the onward transmission of HIV
- Lack of support for early testing and treatment leading to late diagnosis and consequent health problems.
- Lack of support for an ageing population of people living with HIV. Services for older people including supported housing and care homes are currently ill equipped to provide the services that an ageing population of people with HIV will need. DPS is a primary source of professional support and training for other organisations and would support the development of services for older people.

Aside from the unnecessary human misery created within this marginalised population group the cost to health and social services of dealing with the above will exceed the DPS contract value. The closure of DPS therefore has many public health implications.

" Without DPS support I would not have taken my medication as doctors' appointments are not long enough to explain what is going on in my head. DPS have the time for me"

"As a long-term survivor, the side effects of the medication are taking its toll as well as the virus itself as I get older. It leaves me without any energy and sometimes I don't have the energy to get out of bed. It is essential for me to get help at DPS as there are no other services in which I would receive the same support and preventive work"

Service Users

## 9. The Need to Complement HIV Specialised Treatment and Care

It is important to stress that NHS England do not consider that effective HIV treatment removes a need for linked support services. The HIV adult service specification explicitly states, 'This specification identifies the requirements of specialised HIV services for adults. Specialised HIV services are part of a care pathway that includes services beyond the scope of this specification which are commissioned at a local level. The effectiveness of specialised HIV services depends on other elements of the HIV care pathway being in place and effectively coordinated'.<sup>4</sup> Such locally commissioned services include, according to NHS England,

*"Community services provided by third sector and other organisations. These services can provide important support on long-term condition management"*<sup>5</sup>

Under 'Related services' in section 2.5 of the HIV adult service specification it says

*"Specialised HIV Services contribute to HIV prevention through support to individuals to improve their own health and to reduce the risk of onward transmission of HIV infection. Effective HIV services can reduce mortality and morbidity not only in relation to HIV but also other co-morbidities which can disproportionately affect adults with HIV."*

"I am devastated that DPS could be closed. On more than one occasion DPS has prevented me from self-destruction. I have become desperate and there are no other services that can offer the expertise that DPS has"

" HIV is not a one size fits all. We all have different medications and life issues and DPS covers the whole picture."

"When I meet new people, I feel like I have to justify my existence and fear disclosure to other agencies due to the risk of prejudice and misunderstanding. I can't go anywhere else for help as other agencies just don't understand how HIV affects me. I was reluctant to speak to my family as they have health problems and could not cope with mine too but DPS has helped us to work together by offering an arm of support with benefits advice, emotional support and social life which ensure that I continue on taking my medication"

"I think of all the secondary transmission that has been prevented through DPS's formula milk provision which they raise money for themselves. This is especially bad for those on the lowest of incomes where people are left with the choice between onward transmission and seeing their child go hungry.

Service Users

<sup>4</sup> See HIV adult service specification 2.2 <http://www.england.nhs.uk/wp-content/uploads/2013/06/b06-spec-hiv-serv.pdf>

<sup>5</sup> *ibid*

## 10. Funding for HIV Social Care

Although we live in an age of austerity central government is actually increasing the year on year Local Authority funding for HIV care and prevention.

Social care is an immensely important resource for thousands of people living with HIV that is vital to their ability to live with HIV as a manageable condition. The significance of social care for people with HIV has long been recognised with the ring-fenced AIDS Support Grant to local authorities ensuring for many years that HIV social care needs were explicitly considered and met. Although since 2010 the ring-fenced grant no longer exists, there remains in the Local Government Formula Grant a budget line, calculated on the basis of the number of people locally receiving HIV care and families with children, for 'HIV/AIDS Support'. There are no other condition-specific budget lines for social care for local authorities - an indication of the continuing importance in Government policy of high quality social care for people with HIV.

The following table shows the figures for the HIV/AIDS Support allocation over the last four years.

	<b>Derby City</b>	<b>Derbyshire</b>
2010/11	£112,000	£83,000
2011/12	£123,000	£91,000
2012/13	£134,000	£100,000
2013/14	£168,000	£121,000
Overall increase in last four years	<b>£56,000</b>	<b>£38,000</b>
Overall Percentage Increase in last four years	<b>50%</b>	<b>46%</b>

***Derby City Council is therefore receiving increased central government funding for HIV Related care and support year on year. There is no financial justification for cutting back on service provision for people living with HIV.***

If people living with HIV are poorly supported they may fail to adhere to their HIV medication and are more likely to engage in sexual risk taking behaviour. The Health Protection Agency estimates that each infection prevented will save between £280,000 and £360,000 in lifetime treatment costs.<sup>6</sup> Just a few cases of onward transmission will therefore cost the local health economy far more over time than it would cost to keep DPS open.

It is well documented that the voluntary and community sector provides better value for money pound for pound than statutory sector services. DPS uses volunteers and students on placement to increase service capacity. It would cost Derby City Council

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<sup>6</sup> Health Protection Agency HIV in the United Kingdom: 2011 Report

at least two or three times the DPS contract value to provide a similar range of services from within the statutory sector.

If Derby City Council approves the proposal to cut funding to DPS it will need to demonstrate in a clear and publicly accountable way how it will use its HIV/AIDS funding to improve services in line with the increase in funding. As DPS plays such an important role in the provision of local services for people living with HIV the closure of the service may be very hard to justify.

## 11. Conclusion

If DPS ceases to provide services there will be a significant negative health impact on a large number of people living with HIV in Derby. As already stated above the people most affected are in vulnerable and marginalised groups that have a need for specialist help and support.

We hope that Derby City Council will reflect on the evidence and arguments contained within this report and the recently conducted Equality Impact assessment.

Derbyshire Positive Support believes that the case to maintain its services is overwhelming and that the proposal to cut funding should be rejected.

In the event that Derby City Council still wishes to proceed with the proposal to cut funding we contend that this must not go ahead until the Council has conducted a full evidence-based assessment of the social care and long-term condition management needs of people living with HIV in Derby, and given full consideration to the impact that the end of these services will have on people living with HIV as well as the impact on public health.

" DPS has helped to keep me healthy and gave me a sense of well-being which has prevented me from sinking into the abyss of depression as things got on top of me. When I had a stroke early this year I had numerous problems with the Department of Work and Pensions where mistakes had been made regarding my situation. Without DPS I feel I could have been out on the street homeless "

"There are times I feel I wish I had died as without DPS which is my only survival structure I am not sure what I will do or who I can turn to. As far as I know there is nowhere else to go.

"Thanks to DPS people like me have been empowered to go to university and have progressed to employment. DPS It is not just prevention of potential crisis in terms of physical and mental health; it is a springboard from which preventative services can be used to empower people to take care of themselves and progress"

Service Users

## 12. Appendix - Example Case Studies

### 12.1. Snapshot 1 - Support & Mentoring

Gay Asian Male age 29 referred to as 'A' to protect confidentiality.

History: 'A' has attended London Road Community Hospital GUM on a number of occasions over the past 18 months for sexual health screening and to test for HIV infection due to his propensity to engage in sexual risk activity. 'A' due to risk taking through the use of the recreational drug Encat (commonly known as meow meow) 'A' has been previously prescribed PEP after having unprotected sex with someone he knew to be HIV positive and until his last HIV test has tested negative. His consultant had repeatedly discussed his sexual risk taking with him, alas his luck ran out and his last test came back positive. 'A' was both shocked and depressed by his diagnosis and was referred by GUM to DPS for Support. 'A' presented at DPS and was seen by John Moore, during which time he revealed that he had been heavily using the recreational drug Methadone <http://www.medicalnewstoday.com/articles/184233.php> and graphically described its disinhibiting effect with regard to sexual risk taking and it being the cause of his recent HIV infection. 'A' also revealed that he knew many other young gay men that were taking the same risks as himself many of which he named. 'A' agreed to undertake support by DPS in order that he can deal with his diagnosis and address deal with his risk taking behaviors in order to keep both himself and others safe from secondary HIV transmission.

[http://www.aidsmap.com/page/2677940/?utm\\_source=NAM-Email-Promotion&utm\\_medium=aidsmap-news&utm\\_campaign=aidsmap-news](http://www.aidsmap.com/page/2677940/?utm_source=NAM-Email-Promotion&utm_medium=aidsmap-news&utm_campaign=aidsmap-news)

'A' is not an isolated case as second referral was made by GUM involving a 23 year old gay man two weeks later.

#### Impact

HIV prevention is not simply just about educating individuals about HIV infection and giving them condoms, but about addressing the deeper issues such as recreational drug taking, self-esteem issues chaotic lives and poverty. This requires working as part of a multi-disciplinary team which should include, GUM Health Advisors, Specialist HIV nurses, GUM Consultants, clinical psychology and DAT as well as Community HIV provision . This approach if it is to be successful requires regular contact with the person with an HIV diagnosis and through the formation of a trusting therapeutic relationship between patient and worker. This can only be achieved through regular contact with a named worker such as that provided by DPS. Without this type of intervention the implication is that the secondary transmission of HIV will escalate both in Derby city and the county of Derbyshire. Evidence is emerging that in areas where support services have been decommissioned indicates that new infection rates are rising exponentially, <http://www.pinknews.co.uk/2013/11/13/london-council-alarmed-by-rising-hiv-infections/>

## **12.2. Snapshot 2 - Multi-disciplinary approach**

A man was referred by the psychologist at the GUM Clinic. In her initial assessment, she identified his impatience and anger about his diagnosis, about some personal events and also about some practical matters to do with the loss of his job, confusion over welfare benefits and fear of losing his home. Never having been ill and out of work before, he was at a loss as to what he should do. His dealings with the DWP had ended only in frustration.

This man received assistance on three fronts: the specialist nurse at the GUM Clinic helped him to understand his illness; the psychologist helped him to work through his feelings about that and to deal with other concerns he had; as his social worker at DPS, I accompanied him through the labyrinthine ways of the benefits system, I advised him of avenues he might take to be rid of his debts and approaches he might take to avoid the loss of his home. This man is now financially sound. He gained the confidence to find a new job, his home is secure, and he no longer sees the psychologist.

I think this case demonstrates the efficacy of team work. The three workers involved listened to the man's concerns, as a starting point, and each used her expertise to address aspects of his need to achieve a positive outcome. The three complementary strands of support were necessary to enable the outcome which speaks for itself; deterioration in health, mental and physical, and in this man's way of life, were avoided by timely intervention.

### **Impact**

'There used to be a designated social worker for people with HIV but not now; they are therefore referred to DPS by the GUM Clinic for help with finances (welfare benefits), form filling, housing matters, immigration and asylum difficulties to name but a few.

DPS is providing a service for these people and needs to continue to do so, to prevent crises in their lives. If they fall into crisis as regards loss of benefits, threats from bailiffs, uncertainty about their future, it is possible that their physical and mental states will deteriorate. We need to continue to prevent this happening, by maintaining our services' If this service were no longer delivered by unpaid social workers and social work students on placement both the capacity and cost would have to be borne by local councils.

Christine White DPS Volunteer Social Worker

NB The criteria for accessing social care in Derby is now critical or substantial, which means that unless people have care needs they are not eligible to receive services . For the individual living with HIV this means that they will fall through the social care net. Without organisation such as DPS the likelihood of people newly diagnosed or living with long term HIV will not get the support or service they need in times of crisis.



### **12.3. Snapshot 3 - HIV transmission from mother to child, child protection, health inequality**

With the availability of effective antiretroviral drug therapy being available which helps to prevent the vertical transmission of HIV, more HIV positive women are choosing to have children. This raises issues for health care providers, child protection workers and charities alike as breast feeding presents the risk of the transmission of the HIV virus from mother to neonate. Formula milk is an expensive commodity and is only prescribed by health professionals in special case such as lactose intolerance or for premature babies,

<http://www.derbyshiremedicinesmanagement.nhs.uk/images/content/files/Prescribing%20Guidelines/Baby%20milk%20guideline%202010.pdf>

It is well documented that breastfeeding is not recommended for HIV positive mothers <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/why-breastfeed.aspx#close> Derby city has a high percentage of HIV positive mothers within the BME community with many seeking asylum or settled through being granted indefinite leave to remain. Many HIV positive mothers are also living in poverty or have no recourse to public funds. Being unable to breastfeed for this group creates problems both financially and culturally the impact of which could potentially force a mother through necessity to risk either breastfeeding her child or feeding her baby with less nutritious milk alternatives such as rice milk or or mashed potatoes .

In response to this issue the DPS Board of trustees agreed to fund a non means tested scheme in November 2008 for the provision of formula milk for all HIV positive women living in Derby City and in the county of Derbyshire. This scheme costs the charity approximately £2000 per year and is funded by money raised by DPS through events etc.

The cost benefits of this are immeasurable both ethically and financially in terms of onward transmission from mother to child and the cost of treatment for a child acquiring HIV through this route over a lifetime. Other cost savings to the statutory sector include to child protection services and the criminal justice system. Vertical transmission of HIV from mother to baby remains an unaddressed health inequality across the UK.

#### **Impact**

While ever the supply of formula milk to HIV positive mothers falls outside the Advisory Committee of Borderline Substances and therefore remains non prescribable by hospital consultants or GPs. Our organisation continues to question the ethics of this situation and has made a direct intervention by funding a service from generated income. If this service was no longer available potential financial cost implications include, cost of a lifetime of HIV treatment, social services child protection/safeguarding/criminal prosecution costs. The the decommissioning of DPS service will mean that this scheme will end and that referrers to this scheme such as Specialist HIV midwives and clinicians will be no longer able to safeguard new-borns

through the assurance of this provision. 56 HIV positive mothers have benefited to date from the scheme to date at a cost to DPS of £7,589.31

This intervention also meets HIV Care Standards.

Medfash Standard 8: HIV and pregnancy

Standard 9: Care of families with HIV.

Standard 8 BHIVA Standards of Care for People Living with HIV 2013

The NHS Outcomes Framework 2012/3 and the NHS QIPP agenda

#### **12.4. Snapshot 4 - DPS Provision Crisis Fund**

People seeking asylum have no choice in which city or town they are placed or the type of housing they are allocated to live. Until dispersed people are granted leave to remain by UK Borders they are not allowed to undertake paid work or undertake employment, education or training. Displaced individuals living in the UK have little or no control over their lives and are condemned to a life of poverty and uncertainty pending their asylum decision through a broken and unfair Immigration system.

The individual or family living on section 4 Immigration Act support <http://www.ukba.homeoffice.gov.uk/asylum/support/> are provided for on a subsistence level, often in the form of vouchers redeemable only through large supermarkets such as Sainsbury's or Asda. DPS in order to enable the recipients of vouchers to exchange them for cash in order that the affected individuals can purchase culturally appropriate foodstuff at a place of their choice. The impact of which is they are unable to integrate into the community they have been placed.

For the majority of asylum and immigration case they have no recourse to public funds <http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/rightsandresponsibilities/publicfunds/> and often as a result live below the poverty line and experience hardship in terms of managing their HIV infection.

Due to effective HIV drugs the majority of people diagnosed with HIV in the UK have a good prognosis and an almost normal life expectancy. However people living with HIV still need to be able to access comprehensive health and social care in order that they are not only able to live with HIV but to live well with HIV. Many people will experience side effects from HIV medication and continue to have health conditions relating directly to their HIV status such as raised cholesterol levels, diabetes, respiratory and cardio vascular disease. Many people living with HIV have mental health problems such as depression and need continuing psychological support to help them come to terms with their HIV diagnosis so that that they are able to renegotiate existing and new relationships and take control in managing their HIV. In order for this to be made possible greater investment in health and social care is urgently needed as some people living with HIV are unable to access the services and support they need especially those living in rural areas.