

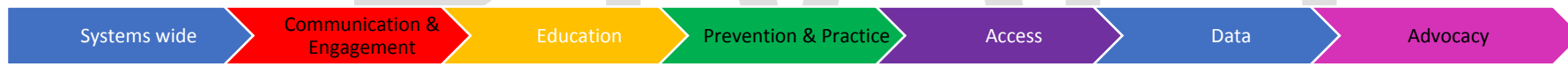
Aberdeen City Fast Track Cities (FTC) High Level Plan

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero discrimination & stigma	Zero tolerance of HIV stigma throughout society in Grampian	All employers in Grampian are aware of, and their practices adhere with the legislation (e.g. Equality 2010).	Community Planning Partners are aware of, and their practices adhere with legislation (e.g. Equality 2010).	Reduction in stigma (based on suite of measures): <ul style="list-style-type: none"> - Reduction in proportion of people living with HIV who decline GP consent - Questionnaire via clinical staff - Increase proportion of people living with HIV collecting prescriptions from local pharmacies - Results from Stigma Questionnaire show a downward trend in stigma - Reduction in HIV stigma complaints in ACHSCP, NHS Grampian and aligned partners 	Maintain existing good practice
	HIV educated population	All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education with focus on stigma	Work with Community Planning Partners to provide inclusive HIV education for their employees with focus on stigma		
	Work to ensure positive sexual health is seen as a human right	Policies and strategies are aligned and integrated around HIV and positive sexual health.	Community Planning Partners policies and strategies are aligned and integrated to recognise HIV inequality and stigma		



Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero new transmissions	100% of people living with HIV knowing their HIV status.	95% of people living with HIV knowing their HIV status.	Maintain 90% of people living with HIV knowing their HIV status.	Increase testing overall with specific aims for <ul style="list-style-type: none"> - HIV Testing week - Grampian Pride 	Maintain existing good practice
	Identify those who undiagnosed with HIV and link to care timeously.	Ensure HIV testing is widely available in clinical and non-clinical settings <ul style="list-style-type: none"> - Accessible - Routinely completed in high prevalence areas and for indicator conditions - Proactively offered to high risk groups using local data trends 	Continue work to improve availability of testing, <ul style="list-style-type: none"> - As part of routinely completing testing in high prevalence areas and for indicator conditions - Proactively offering testing in high risk groups using local data trends 	Increase testing in line with current guidelines (BASHH/BHIVA) including for clinical indicator conditions Reduction in annual number of new transmissions Reduction in proportion of new diagnoses that have been recently acquired based on avidity data Increase the percentage of people living with HIV who are <ul style="list-style-type: none"> - Retained in care - On treatment - undetectable 	

	Retention in care and viral suppression	Access to requested support services and support networks widely available timeously	Map support services available to support needs of people living with HIV		
		Priority groups (as informed by data) receive targeted support			
	Access to multi-faceted prevention strategies	Formula milk is available to mums with HIV without cost	Focus on prevention e.g. ensure that that condom distribution is appropriate and meets the needs of the population		
		Increase PEP/PrEP awareness, access and uptake equity for all groups	Map PrEP uptake to deprivation Collate "missed opportunities" for PrEP in new diagnoses		



Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero HIV related deaths	100% of people who know their HIV-positive status on treatment. 100% of people on treatment with suppressed viral loads.	Reach: - 95% of people who know their HIV-positive status on treatment. - 95% of people on treatment with suppressed viral loads.	Maintain: - 90% of people who know their HIV-positive status on treatment. - >90% of people on treatment with suppressed viral loads.	Reduction of Late diagnosis both absolute and proportionate to be assessed Reduction in missed opportunities for testing based on clinical indicator conditions	Maintain existing good practice
	Reduced late diagnosis (to 10%) and increase testing for indicator conditions.	Reduced late diagnosis (to 20%) - Screening prompts for clinical indicator conditions - Education to HCPs partners and public re clinical indicator conditions	Reduced late diagnosis (to 30%) Monitor late diagnosis/missed opportunities and use this data to inform evolving local action plan	Reduction in AIDS defining illnesses Reduction in of HIV-related deaths	
	Retention in care	Offer flexible services, patient centred and close to home, including planning for HIV care in older age and management of co-morbidities			
		Cross system approach to data to enable targeted support (while respecting rights of individuals) Protocol for this developed.			
		Improved links across health provision and social work			



Next steps

- Asset mapping
- Consultation

Opportunities:

- FTC Network
- Waverley Care
- Student Association (as campaigners) & Student placements (to support actions)

Stakeholders:

- NHS Grampian
- Four Pillars
- ADA/ ADP
- HIV Scotland
- Our Positive Voice (OPV)
- ACVO
- Aberdeen City Council (including Education)
- Community Planning Aberdeen
- Waverly Care
- Homeless Collaborative
- Aberdeen Cyrenians
- Aberdeen Foyer
- SACRO
- AHSCP → HMP Grampian
- Activities that have been delivered successfully so far
- ACHSCP (Social Work/ Primary Care)
- Acute
- Aberdeen Chamber of Commerce
- Federation of Small Businesses (FSB)
- Universities/ College
- African Community
- Oil & Gas UK (or similar org)
- (NETRALT) North East Tenants Residents and Landlords Together
- *Link with AHSCP & MHSCP*

DRAFT