



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30/08/2022
<b>Report Title</b>	Fast Track Cities - Aberdeen
<b>Report Number</b>	HSCP22.078
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	No
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. This report brings forward an annual update on the actions against the action plan submitted to the Integration Joint Board (JB) on 21 January 2020.
- 1.2. In February 2020, on behalf of Aberdeen City, The Lord Provost, Councillor Barney Crockett signed the Paris Declaration (2014) [amended November 2019] which pledges support to the Fast Track Cities initiative as part of the global focus on Human Immunodeficiency Virus (HIV), prevention, diagnosis and treatment. The signing of this declaration indicates the commitment of Aberdeen City in zero stigma, zero new HIV infections and zero AIDS-related deaths by 2030.



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### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the progress on the action plan.
- b) Endorse the proposed actions for 2022/23, noting that the action plan is a live document, and instruct the Chief Officer to provide an update on progress in January 2023.

### 3. Summary of Key Information

#### 3.1. Background Fast Track Cities

3.1.1. Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Declaration of Paris on HIV prevention, diagnosis and treatment. Aberdeen was the second City in Scotland to sign the Paris Declaration; it is hoped that all Cities in Scotland will eventually be a part of Fast Track Cities. In brief, the Paris Declaration has three 90-90-90 United Nations AIDS (UNAIDS) targets which are:

To ensure that 90% of people living with HIV know their status

To improve access to antiretroviral treatment for people living with HIV to 90%

To increase the proportion of people living with HIV on antiretroviral therapy (ART) with an undetectable viral load to at least 90% and to

Reduce stigma and discrimination related to HIV to zero and by 2030 achieving:

- Zero new transmissions
- Zero related HIV-deaths
- Zero HIV-related stigma

#### 3.2. Progress against the action plan (2021/2)

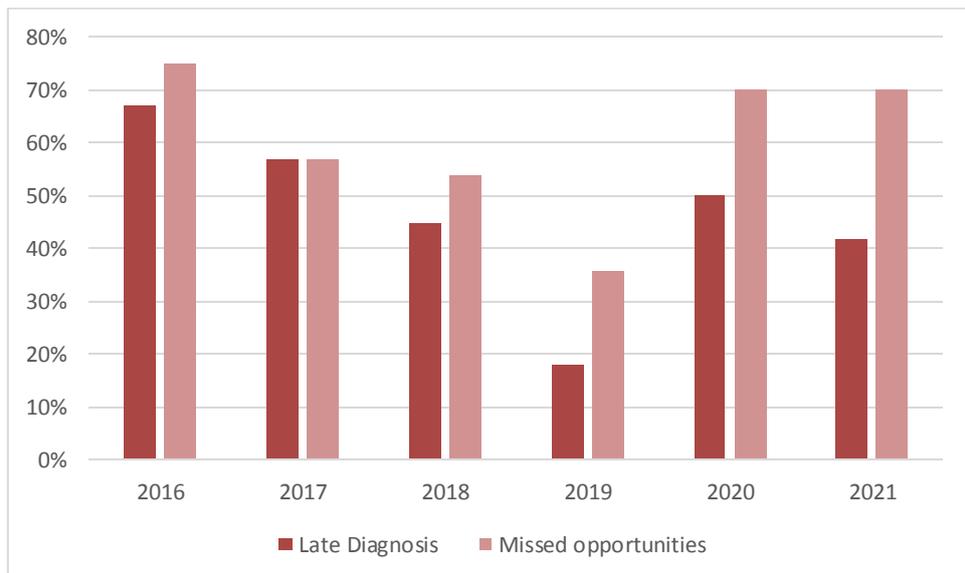
3.2.1. It should be noted that in 2018 overall Scotland had already achieved the 90-90-90 (UNAIDS) targets. However, there is still progress to be made in



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reducing late diagnosis, stigma and ensuring engagement with treatment and support.

- 3.2.2. While undoubtedly COVID-19 has impacted people living with HIV in many ways, there has been an enthusiasm locally to maintain every effort possible to progress Fast Track Cities. The Fast Track Cities Group in Aberdeen are the only group to have continually met throughout the pandemic and have been commended for this; seeing each other via Microsoft Teams and sharing thoughts, comments, plans and action via Basecamp (online sharing platform).
- 3.2.3. The first 90 is based on Public Health Scotland (PHS) data and is still to be confirmed post COVID-19. However throughout 2020 and 2021 Grampian (Aberdeen) maintained the last two 90-90 targets with 99% on treatment and 98% undetectable. This should be noted by the IJB as a real achievement given all the challenges that 2020 and beyond presented. Nevertheless, there continues to be a high proportion of late diagnoses and missed opportunities (where a patient presented to services with symptoms of HIV but were not tested, or who were eligible for HIV Pre-Exposure Prophylaxis (PrEP) but did not access or were not offered).



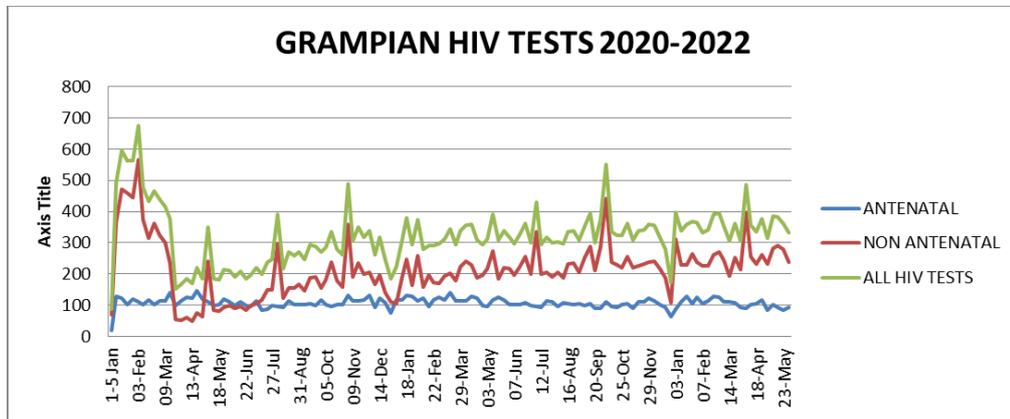
- 3.2.4. Grampian Sexual Health Services (hosted by the Aberdeen Health and Social Care Partnership) and colleagues in the Infection Unit for NHS



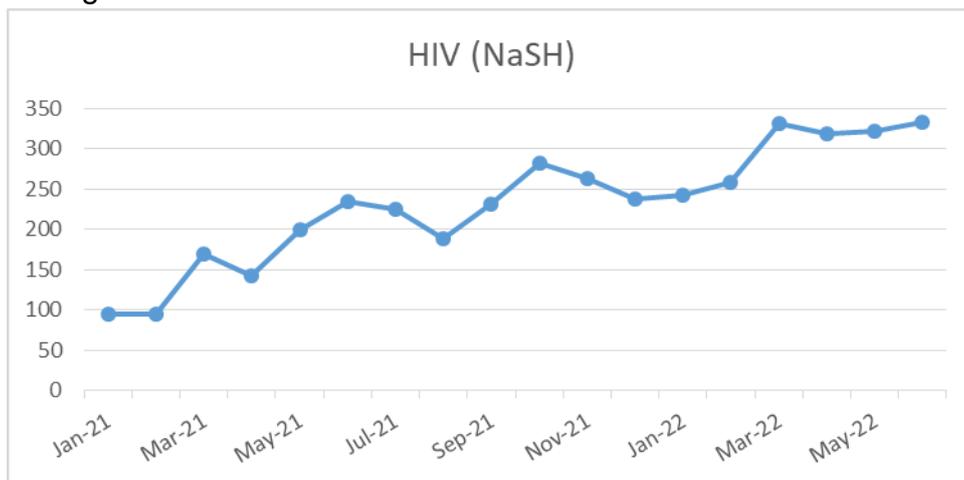
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Grampian should be commended for the HIV care they have continued deliver; Our Positive Voice Grampian (OPVG) have also been instrumental in supporting those who are newly diagnosed or living with HIV.

3.2.5. The last two years have brought unprecedented times, it also brought with it a decrease in people seeking and being able to access testing for HIV. While laboratories up and down the country diverted testing capacity to COVID-19 and face-to-face clinical services have been replaced with digital services; data clearly indicates a severe drop testing.



There has however been recovery, especially in Grampian Sexual Health testing.



3.2.6. It has been challenging to work towards zero new transmissions with the apparent drop in the number of people seeking an HIV test, yet services



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and partner organisations have shown real innovation in adversity. In partnership with NHS Boards, HIV Scotland piloted self-testing during the (April-September 2020). Although the uptake of tests in Grampian (N=198) is a fraction of tests Grampian would have normally seen during the same period in any given year, the importance of offering self-testing was the opportunity for people to seek a test, removed barriers to testing and was seen to engage some people in testing who would otherwise not have. This type of approach should be recognised by the IJB as a small step towards increasing testing and a continuation of improving the availability of testing (Short-Term Outcome). A full copy of the evaluation published by HIV Scotland can be accessed here:

<https://www.hiv.scot/Handlers/Download.ashx?IDMF=811ba817-0db2-4f1c-9c58-7743a2d10923>

3.2.7. The importance of recognising prevention, particularly in the lead up to World AIDS day is an important calendar event. The IJB should recognise that there was a significant amount of work completed by the Fast Tracks group to keep a profile and awareness of HIV in the public domain, via respective organisations (Aberdeen Health and Social Care Partnership and NHS) and other partner organisations (OPVG, Alcohol and Drugs Action, Alcohol and Drug Partnerships etc). Several social media posts outlined the importance of awareness of:

- the clinical indicators of HIV
- knowing your HIV status
- how to access Pre and Post-Exposure Prophylaxis
- the anti-stigma message U=U  
(Undetectable=Untransmittable).

3.2.8. The aspirations of Fast Track Cities meets the aims of the Partnership's Strategic Plan in addition to the outcomes in the Sexual Health and Blood Borne Virus Managed Care Network Strategic Plan, NHS Grampian, The Grampian Sexual Health Services Plan and the National Framework for Sexual Health and Blood Borne Virus Framework for Scotland.



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### 4. Implications for IJB

#### 4.1. Equalities

It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on the protected characteristics as defined in the Equality Act (2010). Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

#### 4.2. Duty Scotland

It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on people affected by socio-economic disadvantage. Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

#### 4.3. Financial

There is no specific financial implications as a result of this report. Actions within the plan will be delivered within existing budgets held jointly across Aberdeen Health and Social Care Partnership (Grampian Sexual Health Services) and NHS Grampian (Managed Care Network for Sexual Health and Blood Borne Viruses).

#### 4.4. Workforce

There is no specific workforce implications; support to deliver the plan will be from existing resources.

#### 4.5. Legal

At this time, there is no anticipated legal implications in relation to this report.

#### 4.6. Other

None.



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### 5. Links to ACHSCP Strategic Plan

This report is closely aligned to the strategic plan and the Resilient, Included and Supported aims under Community Planning Aberdeen’s Local Outcome Improvement Plans.

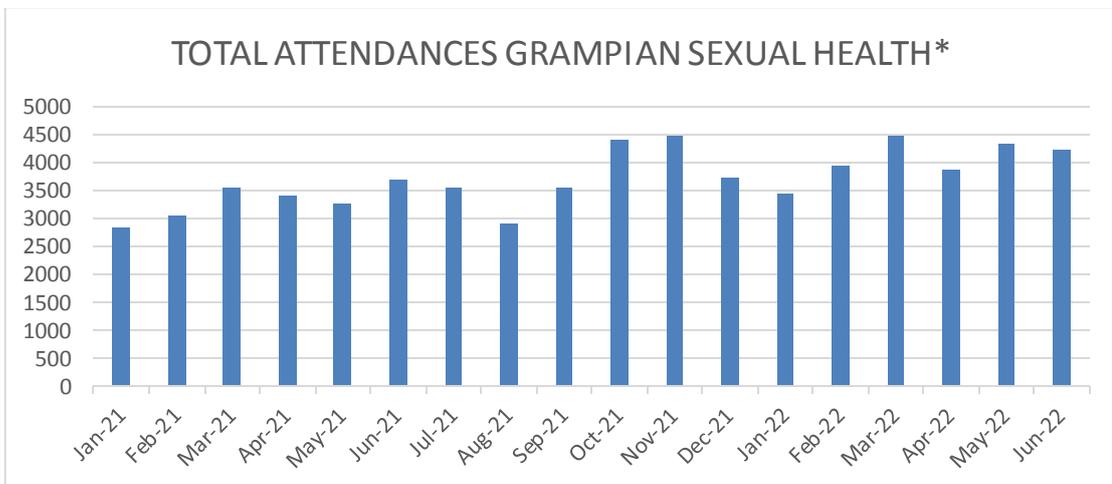
### 6. Management of Risk

**6.1.** Since local approval in September 2019 the strategic group have worked to establish a strategic plan and wider partnership. The initial high level summary was completed in 2019 with asset mapping, consultation and short term outcomes planned for 2020. The main risk/challenge at this time was limited resources for the work of the group, partner services and organisations time, with contribution on voluntary basis or within existing job plans and funding streams. Since the COVID-19 Pandemic further challenges have been recognised, including but not limited to:

- Reduction in workforce capacity due to competing pressure linked to the ongoing impact of the pandemic especially from public health/data perspective and front line service capacity,
- Limited availability of partners and competing priorities.

Clinically there has also been an impact including:

- Reduction in HIV testing during the pandemic due to a reduction in face to face care and without a high volume postal alternative currently in place in addition post pandemic to significant competing service demands across the system. Grampian Sexual Health attendances shown below.





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- 6.2. HIV care was delayed in stable patients with the increasing use of telemedicine. The impact of this on cohort viral load appears minimal but viral load monitoring still delaying in some patients.
- 6.3. Risk relating to the delivery of this programme will be managed within existing processes. The executive programme board and portfolios programme boards have a key role to ensure that risks are identified and appropriately managed.
- 6.4. **Link to risks on strategic and operational risk register:** The main risk relates to not achieving the transformation that is aspired to.
- 6.5. **How might the content of this report impact or mitigate these risks:**  
This report seeks to provide assurance of working towards the short-term actions outlined in the action plan.

Approvals	
	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)