



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
 RICHMOND HOUSE
 79 WHITEHALL
 LONDON SW1A 2NS
 TELEPHONE 01 210 3000
 210

Your reference:
 Our reference:

EL(89)P126

To: Regional General Managers) For action
 District General Managers)

Administrators of Family Practitioner Committees)	
Secretaries of Community Health Councils)	
Chief Executive)	
County Councils)	For
Metropolitan District Councils)	Information
London Borough Councils)	
Health Education Authority)	
NHS Training Authority)	
Directors of Social Services Departments)	

8 August 1989

Dear General Manager

AIDS AND HIV : DISTRICT HIV PREVENTION COORDINATORS

SUMMARY

1. Executive Letter EL(89)P/36 gave guidance on the use of 1989/90 AIDS Allocations and asked Health Authorities to ensure that a substantial part of the extra resources is used to prevent the spread of HIV infection. Paragraph 4 indicated that a key element of Authorities' strategies should be the development of local HIV prevention initiatives and Paragraph 6 asked them to appoint District HIV Prevention Coordinators to ensure that arrangements are made for effective planning and coordination of this work. Further guidance was promised on the Coordinators' role, job description, training and support needs. This letter and the attached Annexes reflect advice given to the Department by a Working Group set up with health and local authority and voluntary sector representation. It also covers the role the Health Education Authority has agreed to play in support of local HIV prevention work.

EXISTING STRUCTURES

2. In response to earlier guidance, given in 1986 and 1988 many health authorities have taken action to maintain and increase public awareness of issues related to HIV infection and AIDS and have established "Action Groups" to oversee the development of services for people affected by AIDS and to coordinate prevention work being carried out in both the statutory and voluntary sectors.

E.R.

3. However, where these existing structures do not include provision for the appointment of officers with specific responsibility to coordinate a district's HIV prevention policy and strategies, ie Local HIV Prevention Coordinators, then such appointments need to be made and should be funded from this year's special AIDS allocations. Where officers have been appointed to spearhead the prevention effort, Authorities will need to consider and satisfy themselves that the officers concerned have the status, skills and experience to fulfil the demanding role described in this Letter.

EXPERIENCE AND GRADING OF COORDINATORS

4. This Guidance is intended to assist health authorities:

- to prepare job descriptions for District HIV Prevention Coordinators;
- where appropriate, to identify suitable people within the existing staff of both the statutory and voluntary sectors to carry forward effective planning and coordination of HIV prevention initiatives and to improve their competence to carry out the new role; and
- to establish performance targets for coordinators based on the effectiveness of District HIV prevention programmes in reaching the general population and specific groups and achieving changes in sexual and other behaviour.

5. The main focus of the Coordinator's role will be the development of the District's policy and a joint health and local authority and voluntary sector strategy for HIV Prevention, rather than field work. Post holders will need to demonstrate proven management and administrative ability, and the commitment and enthusiasm to work to develop and improve the quality of HIV prevention and its links with related services. Coordinators must be able to wield influence with health and local authority management, senior health professionals and with other agencies in both the statutory and non-statutory sectors. This will be important if Coordinators seek to modify existing structures to provide a coordinated approach to HIV prevention within a district. Appointments will, therefore, need to be made which reflect the high degree of responsibility envisaged for these posts and on the terms for health authority managers set out in HC(89)1, using the appropriate pay range for the District.

6. Further details of the Coordinator's role and job description are given in Annex A, and their support needs are set out in Annex B.

7. To ensure continuity of the Regional response to HIV prevention, particularly within Regions where the necessary structures and networks have not, so far, been established on any scale, RHAs may wish to consider the appointment of a Regional Coordinator with responsibility for inter regional liaison, overall strategic planning, finance and resource allocation, monitoring and evaluation of HIV prevention programmes. Regional Coordinators could also act as a focal point for the pooling of ideas and experience and as a source of information and advice to Districts.

E.R.

ACCOUNTABILITY

8. Advice given to health authorities in 1986 asked them to ensure that each District had a "standing AIDS Action Group" accountable to the Authority through a Nominated Community Physician. District HIV Prevention Coordinators should generally be responsible to the Nominated Community Physician for ensuring that policies and strategies for HIV prevention are developed and carried through. Coordinators' effectiveness will be further enhanced if they are made responsible for the prevention element of the AIDS Budget; for the allocation of funds to other statutory and voluntary agencies; and for monitoring the use of these funds.

CONSORTIUM ARRANGEMENTS

9. Paragraph 6 of EL(89)P/36 suggested that, in some cases, Coordinators might serve more than one District. Authorities considering entering into Consortium arrangements of this kind should take account of the size and demography of the Districts concerned, existing HIV prevention structures, the actual and potential impact of HIV infection on the District's population and the availability of suitably qualified and experienced applicants. They will also need to take account of these factors when assessing the grading of each post.

TRAINING

10. The Department is seeking the advice of the Health Education Authority, the professions and Regions with experience in this field on the content of a national induction training programme for Coordinators which the Department expects to fund through modular training at designated Regional centres. This programme will be intended to complement and be consistent with professional training for other staff in the health and local authority fields. Further information will be sent to Authorities as soon as these arrangements have been finalised.

11. This letter will be deleted and cancelled from the current communications index on 2 August 1990 unless notified separately.

12. Any enquiries about this letter should be addressed to:

Mr Roger Tyrrell
AIDS Unit
Department of Health
Room A404
Richmond House
79 Whitehall
LONDON
SW1A 2NS

Tel: 01 210 5331/5335

Yours sincerely



MR A B BARTON
AIDS Unit

KEY ELEMENTS OF THE COORDINATORS' ROLE AND JOB DESCRIPTION

1. The Coordinator's role will need to encompass the following key elements:

- primary prevention: to prevent the spread of HIV infection to those whose behaviour places them at risk and; to help people who know they are infected with HIV to avoid behaviour that could infect others;
- promoting a better understanding of HIV infection, including amongst health service workers.

Coordinators will need to liaise closely with other specialist departments within the District, including Genito Urinary Medicine, Haemophilia Unit, Community Nursing, Family Planning, District Drug Advisory Committee and the Department of Public Health to develop HIV prevention policy and strategy and to establish:

- the incidence and prevalence of HIV infection;
- factors, locations and behaviour groups within the District which might influence the spread of the virus.

Primary Prevention : The HIV Negative Person at Risk

2. Paragraph 5 of EL(89)P/36 asked health authorities to take account of the prevention needs of people whose behaviour might place them at risk of HIV infection, groups of people and sections of the population with special educational needs and the extent to which these needs are currently being met. Coordinators should make full use of existing statutory and voluntary networks where these exist within the District and where they do not, foster cooperation and establish mechanisms for liaison between relevant statutory and voluntary agencies including:

- Family Practitioner Services;
- local authority Social Services, Housing, Environmental Health, Education and Youth Services (contacting the local Drugs Education Coordinator, or from April 1990 the Health Education Coordinator), and Leisure Departments (through liaison with local authority HIV coordinators where these have been appointed);
- local voluntary agencies (generalist as well as AIDS-related) working with specific groups of the population;
- universities, polytechnics and colleges of further education;
- other special interest groups such as the police, prison and probation services, local employers and trade unions, the Churches and the leaders of ethnic minority communities.

E.R.

3. Annex C contains checklists of sections of the population at risk of infection or with special health promotional needs. The checklists are not intended to be exhaustive, but may serve as a guide to Authorities in determining the range of Coordinators' responsibilities.

Primary Prevention : The HIV Infected Person

4. District HIV Prevention Coordinators will need to ensure, in partnership with statutory and voluntary agencies (for example the GUM and drug misuse services) that effective advice, information and preventive counselling are available for people who know they are infected with HIV to help them avoid passing on the infection to their sexual partners or through shared drug injecting equipment.

Promoting a Better Understanding of HIV Infection

5. District HIV Prevention Coordinators will need to ensure that work continues to be carried out to provide up to date information about HIV infection and its transmission routes to all sections of the population. In particular, opportunities should be taken to ensure that all health service employees are accurately informed and kept up to date about the occupational risks of HIV infection and how to reduce them.

Research and Evaluation

6. Specific objectives for the development of HIV related services for the period 1989/90 to 1991/92 include the need for Authorities to review the effectiveness of HIV prevention initiatives in consultation with the Health Education Authority. In addition, Coordinators may also wish to commission and support local evaluative research to inform the development of local HIV educational initiatives and to review their success in increasing and maintaining public awareness and knowledge and in reaching people in defined target groups and persuading them to adopt and sustain changes in sexual and other behaviour which may place them at risk of HIV infection.

Planning and Review

7. An essential element of the Coordinators' role will be to ensure that issues related to HIV infection and AIDS are given full consideration in Health Authority planning and resource allocation. Coordinators will be responsible for drawing up forward plans for HIV prevention and for the preparation of reports on the effectiveness of local initiatives. Coordinators might also be given responsibility for the incorporation of these reports in the annual reports required from Districts and Regions under the provisions of the AIDS (Control) Act 1987.

SUPPORT NEEDS OF LOCAL HIV PREVENTION COORDINATORS**Staffing**

1. In deciding the level of secretarial and administrative support needed by Coordinators, Health Authorities will wish to take account of the extent of their responsibilities including any consortia arrangements, the impact and potential impact of HIV infection on the District and existing HIV health promotion structures. It is not envisaged that Coordinators will require support staff on a large scale.

Information NeedsTechnical Information

2. Knowledge about the prevalence and spread of HIV infection and AIDS and issues surrounding prevention, treatment and care has developed and will continue to develop, rapidly. As with the national campaign, local HIV prevention strategies will need to be informed by the most up to date medical and scientific information. District HIV Prevention Coordinators will, therefore, need to keep closely in touch with the latest advances through, for example:

(a) continuing close links with the offices of the District and Regional Directors of Public Health - for information about the incidence and spread of HIV infection;

(b) access to information derived from the Health Authority's existing links with Local Authorities, Family Practitioner Committees, the Public Health Laboratory Service and the CDSC;

(c) access to technical briefing papers from the Health Education Authority and its AIDS Information Service;

(d) attendance at seminars and conferences;

(e) access to client survey data from the National AIDS Helpline and local helplines. Regional drug misuse databases will be set up from September 1989 and will provide improved information on the numbers of drug misusers in a District.

3. The voluntary sector too is a storehouse of information related particularly to its work with defined sections of the population. Coordinators will need to have access to information from local statutory and voluntary agencies and national data from the HEA, the National AIDS Trust and bodies such as the Terrence Higgins Trust, the Institute for the Study of Drug Dependence (ISDD) and the Standing Conference on Drug Abuse (SCODA).

E.R.

Familiarisation with the laws surrounding HIV and AIDS Education

4. Health education about HIV infection and AIDS must be carried out within the statutory provisions affecting sex education in schools, the promotion of homosexuality, obscenity, prostitution, drug misuse, charities, telecommunications and Data Protection. Coordinators will need to ensure that they are familiar with the relevant legislation and have access to legal advice.

Health Education Techniques and Materials

5. Coordinators will look to District Health Education Officers and to the HEA for advice on health education techniques and for information about materials that have been found effective in local settings and with particular target groups.

Information Technology

6. District HIV Prevention Coordinators will need Information Technology for data storage and retrieval, and for management of their budget. Coordinators and their support staff may, therefore, need training in IT skills.

INDUCTION TRAINING

7. The extent to which individual Coordinators will require initial "technical" training in the scientific and medical aspects of HIV infection and AIDS will depend largely on their background and experience. However, the Department proposes to fund initial induction training to provide Coordinators with a core of basic information about HIV and AIDS health education techniques and to help set local initiatives in a National context. Further information will be sent to Authorities as soon as the arrangements are finalised.

ROLE OF THE HEALTH EDUCATION AUTHORITY

8. The National AIDS Public Education Campaign, which is being taken forward by the Health Education Authority, has achieved considerable success in raising and maintaining public awareness of the dangers of HIV infection, and in providing basic information about transmission routes and how the risks of infection can be reduced. So far, however, the evidence is that there have not been significant changes in behaviour by the public at large. A sustained national campaign will, therefore, be needed for the foreseeable future. This national effort will need to be supported by educational work at local level geared to the needs of local communities if high awareness and knowledge are to be translated into sustained behaviour change. Mechanisms will need to be established for the exchange of information between Districts and Regions on educational interventions that have been shown to be effective and in the development of educational materials. The Health Education Authority has agreed to assist in this by using its existing links with District Health Education Units to:

- (a) assist health authorities in evaluating the effectiveness of local educational initiatives;
- (b) provide health education materials for local use;

E.R.

- (c) provide technical briefing for field HIV and AIDS prevention workers;
- (d) disseminate information about good practice; and
- (e) collaborate in meeting training needs in this field.

TARGET GROUPS FOR LOCAL HIV PREVENTION**1. CHECKLIST OF GROUPS OF PEOPLE WHOSE BEHAVIOUR MAY PLACE THEM AT PARTICULAR RISK OF HIV INFECTION****(a) Men and Women attending Genito-Urinary Medicine Clinics**

Ministers have made it clear that they expect Health Authorities to improve GUM services which have an important role in preventing the spread of HIV. It is now clear that the transmissibility of HIV infection is linked to inflammatory and, in particular, ulcerative disease of the genital-tracts of both men and women, and that early and effective treatment can help to prevent the spread of HIV. In addition, GUM clinics are able to provide preventive counselling, advice and information for their sexually active clientele about the need to modify sexual behaviour and avoid practices that might increase the risk of contracting or passing on HIV infection. Local HIV Prevention Coordinators will need to work closely with those responsible for managing the GUM services to ensure that this important preventive role is given the appropriate emphasis and resources.

(b) Drug misusers and their Sexual Partners

1989/90 AIDS allocations include an additional £5 million for drug services, part of which should be used for the further development of their role in HIV prevention.

Experience from other countries has shown the potential implications of HIV in drug users for the general heterosexual population. Drug users should be encouraged to make and maintain contact with agencies that can help them to avoid sexual and drug using behaviour that might place them at risk of acquiring or passing on HIV infection. Coordinators will need to liaise closely with these agencies (including LEA health education coordinators - whose responsibilities now cover HIV and AIDS) to ensure that services are well publicised and accessible and that imaginative interventions, such as outreach programmes, are developed to reach drug misusers who are resistant to more conventional approaches.

(c) Men who have sex with Men (including bisexuals)

Though many homosexual men have modified their sexual behaviour in the face of the risks of HIV infection, a sustained effort will still be needed, both nationally and locally, to help them to maintain this. In addition, initiatives will be needed to reach young men who are becoming sexually active and those homosexuals and bisexuals who do not readily identify with the "gay" community and may not have access to or be aware of educational materials that are currently available.

E.R.

(d) Prostitutes and their Clients

Prostitution, whether male or female, organised or opportunistic (for example to finance drug misuse) carries potential for the spread of the virus. A number of centres within the UK are pursuing initiatives to reach prostitutes in street and other settings, and the Department is funding a research study to examine the extent of outreach provision in the UK.

District HIV Prevention Coordinators will need to form links with agencies such as the drug misuse services and the police, and devise initiatives to provide HIV education for prostitutes and to inform their clients about the risks of infection.

(e) Travellers, Seafarers and Airline Staff

As part of the national HIV public education programme, the Health Education Authority has directed advertising and health promotional work towards holiday and business travellers warning them of the risks of HIV infection from casual, unprotected sexual encounters while away from home and the Department's travel leaflets (SA40 and SA41) give advice to travellers about HIV infection and AIDS. In addition, the Department of Transport is working with the Department of Health and the HEA to devise appropriate HIV/AIDS educational material for seafarers and airline staff. District HIV Prevention Coordinators whose Districts include sea and airports will need to liaise closely with the Port and Airport Authorities to identify possible locations where further initiatives may be needed for travellers, British and foreign seamen and airline staff.

(f) People in Custody or care of criminal justice services

The Home Office has developed educational material, for use with prison inmates giving advice on the prevention of HIV infection during custody and after release. Local HIV Prevention Coordinators will wish to liaise with the Prison and Probation Services and other agencies working with offenders and people on remand, to ensure that adequate facilities for HIV education and preventive counselling are available to those services and to assist in the development of such facilities where a need exists.

2. CHECKLIST OF SECTIONS OF THE POPULATION WITH PARTICULAR EDUCATIONAL NEEDS

District HIV Prevention Coordinators should establish the extent to which HIV health promotion takes account of the special needs of:

- young people (both within and outside educational care or employment settings);
- people from black or other ethnic communities;
- people with sensory impairment;
- people with difficulty in reading and learning; and
- those with physical or mental disability.

E.R.

Where appropriate interventions are not available, Coordinators should liaise with agencies including the Education and Youth Services, representatives of local ethnic communities and statutory and voluntary carers to ensure that the special needs of these groups are met.

District HIV Prevention Coordinators will also need to consider whether, in their Districts, there are any other behaviour groups at risk or any special problems where people fall into more than one of the groups listed above.

