### Service Specification

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| **1. Summary** |
| Title | East of England HIV Peer Support  |
| Date work requested | February 2025 |
| Proposed start date  | April 2025 |
| Proposed end date | March 2026 |
| Response deadline for proposals | 13th March 2025  |

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| **2. Context and outline**  |
| Summary and background | **Introduction:** Peer support leads to significant improvements in health and well-being outcomes for people with long-term physical and mental health conditions and also reduces pressure on health and social care services and therefore costs (*Realising the Value – Nesta*).Peer support is one of the key interventions including housing and welfare rights advice that clinicians often rely on to supplement and enhance the care they can provide. When peer support workers are included as part of the multidisciplinary team they are able to bring their own knowledge and experience to bear. In these cases, peer support is considered as a treatment approach that supports existing HIV services. The [*BHIVA Standards of Care for people living with HIV*](https://www.bhiva.org/standards-of-care-2018) include a number of recommendations and auditable outcomes in relation to peer support provision as a key complement to clinical support. People living with HIV continually stress the value of peer support in addressing their needs, helping them to develop strategies to self-manage, deal with stigma, reduce isolation and improve their wellbeing. It is an effective approach for linking and retaining people into HIV care, improving anti-retroviral therapy (ART) adherence and consequently ensuring ongoing viral suppression and avoidance of virologic failure. Peer support has benefits on quality of life, social support and improves wellbeing overall. ([*National Voices – what is peer support and does in work?*](https://www.nationalvoices.org.uk/publications/our-publications/peer-support)). Peer support can also support those with complex needs into specialist services such as mental health and substance misuse through the establishment of a trusted relationship, helping overcome barriers to accessing and remaining in care. HIV is a condition that is driven by and in turn exacerbated by social and health inequalities. Multiple intersecting social and economic factors increase both the risk of acquiring HIV and of experiencing worse health outcomes and quality of life when living with HIV. Additionally, outdated societal perceptions of HIV and ongoing stigma mean that people who receive a diagnosis may not initially feel comfortable or confident in accessing peer support via an external community organisation. Implementation of a universal model of peer support integrated within the clinic care pathway will enable people with HIV to gain the skills, knowledge and confidence to self-manage, remain connected to appropriate services and stay well.HIV clinical services are required to provide access to peer support (*B06S/S/a 2013/14 NHS Standard Contract for Specialised Human Immunodeficiency Virus Services (Adults) Section B Part 1 – Service Specifications*) but in practice the extent and nature of this service varies.This specification sets out a model of peer support that will:1. Bring together existing community organisations and groups to provide a standardised peer support offer as an integral part of the multidisciplinary team in HIV clinics
2. Ensure equitable access to peer support services, supporting greater understanding and acceptance of an HIV diagnosis in order to improve engagement in care and health-related quality of life outcomes and to reduce onward transmission of HIV
3. Increase the number of people retained in care and receiving effective treatment
4. Follow the [*National Standards in HIV Peer Support*](http://www.hivpeersupport.com) guidance to implement an effective programme
5. Improve the skills, knowledge and confidence of people living with HIV as an effective way to tackle stigma
6. Standardise the training of peer support workers
7. Standardise peer support outcome measures and reporting

When peer support workers work alongside clinical colleagues, they play a vital role in supplementing and enhancing the care provided, leading to significant improvements in health and well-being outcomes for people and reducing pressure on health and social care. **Background & context:**The HIV Action Plan 2021 sets out a programme to achieve the government’s commitment that by 2030 we will have achieved zero HIV transmissions in England.  Emergency Department (ED) opt out testing in very high areas of diagnosed HIV prevalence will play an important part in helping to reach this target. Opt out testing is confirmed to be effective both in identifying and linking to care those people living with HIV who were unaware of their diagnosis or previously diagnosed but not in care. Significant inequalities still exist in identifying and treating those living with HIV, HCV and HBV and addressing these inequalities is paramount if we are to achieve the government’s commitment. Tackling these challenges requires reaching those who do not test in traditional settings such as sexual health clinics, either because people are not accessing the service or not being offered tests when they attend. Vulnerable people disproportionately attend EDs therefore opt out testing at scale in EDs is a key intervention to meet this need.The HIV Commission report 2020, supported by the Elton John AIDS Foundation, National AIDS Trust and Terrence Higgins Trust also recommended ‘test, test, test’, especially in EDs. On World AIDS Day 2021, the then Secretary of State for Health committed £20 million over 3 years to expand opt-out HIV testing in EDs in very high diagnosed HIV prevalence areas. In partnership with NHSE Hepatitis C Elimination team, the project was expanded to test for hepatitis B (HBV) and hepatitis C (HCV) and 34 sites launched on the 1st April 2022 (wave 1).On World AIDS Day 2023, the then Secretary of State for Health committed a further £20m to a NIHR funded research project to examine the impact of expansion of ED testing to areas of high diagnosed HIV prevalence - a further 46 sites (wave 2). The funding also included funding for HIV community peer support.Three ICBs within the East of England: NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Mid and South Essex Integrated Care Board and NHS Cambridgeshire and Peterborough Integrated Care Board have joined forces to commission a single HIV Peer Support service, which will provide a consistent peer support offer to patients across these ICB areas. Within East of England, the opt-out testing sites are:

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| Hospital site where ED located | Host Trust | Host ICB |
| Bedford Hospital | Bedfordshire Hospitals NHS Foudation Trust  | NHS Bedfordshire, Luton and Milton Keynes ICB |
| Luton & Dunstable Hospital |
| Milton Keynes Hospital | Milton Keynes University Hospital Foundation Trust  |
| Basildon Hospital | Mid and South Essex NHS Foundation Trust | NHS Mid and South Essex Integrated Care Board |
| Mid Essex Hospital |
| Southend Hospital  |
| Peterborough City Hospital  | North West Anglia NHS Foundation Trust  | NHS Cambridgeshire and Peterborough Integrated Care Board |
| Hinchingbrooke Hospital  |

Furthermore, on 28 Nov 2024, the Prime Minister confirmed a further £27m for the programme in 2025/26 to fund i)a continuation of testing at existing 80 sites (34 sites from wave 1 and 46 from wave 2) until March 2026 ii) extension of the programme to a third wave of sites from April 2025 - March 2026. This will mean adding nine sites that provide a Type 1 ED service and have an area of high diagnosed HIV prevalence within their catchment. Wave 3 includes the following sites within the East of England region:* East and North Hertfordshire NHS Trust - Lister Hospital, Stevenage;
* The Princess Alexandra Hospital NHS Trust - Princess Alexandra Hospital, Harlow;
* West Hertfordshire Hospitals NHS Trust - Watford General Hospital;
* Norfolk and Norwich University Hospitals NHS Foundation Trust - Norfolk and Norwich University Hospital.

Wave 3 sites will not have launched testing in time to be included in this grant, therefore a decision will need to be made later in 2025 as to whether or not the grant for peer support is extended to incorporate the additional sites.  |
| Purpose of grant programme | The grant will enable the following service to be delivered:

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| Service | Description | Specification |
| Peer support recruitment and training  | A standardised approach to recruiting, interviewing and training peer support workers. Training should include the components in the OCN-accredited Project 100 Peer Mentor Training in order to deliver a strong, wide and practical skills-base for providing solution-focused, culturally sensitive, peer support. Additional relevant training should be provided before commencing service provision. | The following processes will be standardised:* Interviewing
* DBS checks
* Basic training components:Understanding mentoring; Boundaries, Confidentiality & Safeguarding​; Communication Skills​; Self-Disclosure; HIV, Treatment and Transmission; Motivational Interviewing Skills; Goal Setting & Action Planning​; Beginning, Continuing and Ending Mentoring Relationships; Monitoring Outcomes
* Mental Health First Aid, all relevant Trust training (IG, Safeguarding, Trust induction etc)
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| Explicit pathway for referrals to the peer support offer.Referrals onwards to other health professionals as appropriate. | The Provider will work with all organisations that diagnose HIV to establish a robust referral pathway that ensures all newly diagnosed patients are aware of the service and that it is promoted appropriately and accessible.Upon referral, a peer support worker will be assigned to the individual.  | * Develop strong links with referring services
* Ensure peer support service is promoted appropriately
* Ensure easy access to the service
* Where required and as appropriate, onward refer patients to other health professionals
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| Individual assessment, support planning and onward referral | Utilise an appropriate needs assessment and prioritisation process to identify individual support plans. Utilise volunteer peer mentors for non-complex support needs.Signpost/refer on to other agencies and services as appropriate where additional support needs are identified.  | * Assess individual needs
* Take a personalised care approach to prepare a simple support plan
* Develop trusting relationships by giving people time to focus on what matters to them
* Take a holistic approach, based on the patient’s priorities and the wider determinants of health
* Manage and prioritise the caseload in accordance with the health and wellbeing needs of the population, using volunteer mentors to task shift and manage non-complex interventions
* Signpost individuals to relevant HIV voluntary sector services and other organisations for support
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| Newly Diagnosed & Living Well with HIV Support and workshops | Peer support service provision for those who are newly diagnosed or who are finding it difficult to adjust to their diagnosis | * Establish a referral pathway to offer peer support at diagnosis
* Appointment with the 1 to 1 peer support worker to be offered within 7 days of diagnosis (but can take place later if the patient prefers)
* Group peer support workshops offered online or face-to-face
* Peer support workers to identify lost to follow up patients and seek to re-engage patients, and to support newly diagnosed HIV patients admitted to hospital
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| Communication | Maximize opportunities for peer support workers to share key information and relevant issues to clinical team, so that they are aware of any important issues arising. Conduct second wellbeing assessment and satisfaction surveys at end of peer support relationship | * Develop and maintain clear lines of communication with both patients and HIV clinical services
* Participate fully in HIV service MDT meetings and other MDT meetings as appropriate
* Inform named clinic contact of any change in provision of support (e.g., In case of illness or absence).
* Maintain appropriate records of support interventions, whether on own service database or that of the relevant NHS Trust, following all relevant Information Governance and

GDPR regulations* Share information/documentation with HIV clinical services as required (noting IG and GDPR point above)
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| Supervision & CPD | * Ensure access to monthly supervision for peer support workers, either in groups or 1 to 1
* Ensure access to ongoing learning and CPD opportunities
 | * Supervision may be provided within an NHS Trust, via local VSO partners or shared between the two
* Implement clear pathways to safeguard and support mental health
* Identify line management responsibility for urgent and ad hoc 1 to 1 support
* Ensure learning opportunities are available to peer support workers, e.g. health coaching, social prescribing, advice & guidance etc.
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| Approach | Three ICBs in the East of England have decided to join forces to commission a provider to deliver a HIV peer support service across their areas using pooled NHIR funding allocations.The Opt Out Emergency Department HIV testing programme within the East of England will start in April 2025 and run for a period of 12 months. The Peer Support Service is expected to mobilise promptly, such that patients identified through the opt out programme can be offered Peer Support. **Requirements:**Bidders will be required to fulfil the following criteria:1. Collaborate effectively with relevant sector providers, NHS organisations, and local authorities where appropriate to deliver the proposed initiative(s).
2. Clearly demonstrate how their proposal delivers the requirements outlined above.
3. Provide robust quarterly reports on activity and quality, supported by suitable metrics, including:
	* Progress updates on service mobilisation, highlighting any risks or issues affecting progress
	* Number of patients referred to the service, broken down by sites
	* Number of patients engaging with and taking up support, broken down by sites
4. Deliver a comprehensive evaluation summarising the activities undertaken, service quality, patient benefits, key learnings, and opportunities for improvement. NB: The BNHIVA Standards of Care 2018 can be used as an auditing tool.
5. Demonstrate the capacity, competency, and capability to deliver agile and responsive initiatives over the 12-month period, with proven ability to foster effective partnerships.
6. Present a flexible project plan detailing how the initiative will address health inequalities and reach underserved communities to ensure that people living with HIV are at the heart of the initiative through co-design and culturally competent service delivery.
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| Scope | The available funding is £262,000 for 12 months over two financial years (50% in 2024/25 and 50% 2025/26). Any bids received above this amount will not be considered.  |

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| **Provider requirements** |
| Key Skills and Experience | * Experience of influencing and working with service users.
* Experience of developing and implementing programmes/services.
* Knowledge of HIV, incorporating strong understanding of prevention, diagnosis, treatment and care, quality of life, stigma and discrimination, as well as the wider determinants and inequalities related to HIV and sexual health through the life-course.
* Knowledge or the ability to obtain knowledge of the current HIV services in East of England, from prevention to treatment, care and support services.
* Ability to work collaboratively with multiple stakeholders from diverse communities.
* Strong project management skills.
* Experience of working in supporting the mental health and wellbeing of service users.
* Experience of working/partnering with NHS organisations, local authorities and third sector.
* Experience of improvement methodologies.
* Political sensitivity and ability to maintain neutral, evidence-based approach to the project.
* Capacity to undertake the proposed initiative.
* Ability to collect and analyse data to gain insight, inform decisions and improvements, and build data-led reports.
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