

NAT 2016 – 2018

Theory of Change

Outcome Framework

Workplan



1. THEORY OF CHANGE

- 1.1 We believe that **for people living with HIV to live well**, this depends on:
- Access to good quality treatment and support
 - Equal rights under the law
 - Freedom from poverty and stigma.
- 1.2 We believe that we can secure these outcomes through influencing people, organisations and institutions, in particular:
- legislators to deliver basic rights
 - commissioners to fund appropriate services
 - health and support providers to deliver services effectively
 - employers to treat people living with HIV fairly
 - media organisations to communicate positive messages about people living with HIV
 - educators to communicate good quality information about HIV
 - other HIV organisations to support our agenda
 - People living with HIV to know their rights
 - The public to understand HIV.
- 1.3 In our influencing work, we decide what change to bring about in the light of available evidence about what will make most difference to beneficiaries. However, we decide what influencing tactics to use according to our experience of what works. At different times, different organisations may most effectively be influenced by evidence, sentiment, public pressure, provision of resources or other approaches.
- 1.4 Our work to **halt the spread of HIV** is underpinned by the belief that if people understand HIV and its acquisition, and are actively encouraged to access testing, prevention and treatment, the majority will take effective action to reduce transmission.
- 1.5 We therefore believe that halting the spread of HIV can best be achieved by:
- People living stigma free lives. We believe that HIV stigma acts as a barrier to achieving these aims, and must be combated to make progress.
 - Everyone in the population understanding their HIV risk. People can be educated through a variety of routes, but the best opportunity inside the UK in terms of learning and comprehensiveness is through school-age sex and relationships education (SRE).
 - Everyone who is at risk knowing their own HIV status, and being able to adapt their behaviour to take advantage of appropriate treatment and/or modify their behaviour to reduce acquisition risk.
 - Health and other bodies providing accessible, effective treatment and prevention services, and encouraging people to use them.
- 1.6 We therefore work to influence a range of organisations to play their part in delivering this system. This includes influencing government to require schools to provide appropriate SRE, and influencing health services to offer testing and treatment at the right times.
- 1.7 Our key **output** domains are:
- Campaigning / influencing government, legislators and statutory bodies
 - Advocacy to NHS and other institutions to deliver better / more effective services

- Media campaigning
- Acting as a policy hub for the HIV sector and beyond
- Providing information direct to PLWH
- Utilising the power of HIV activists.

2. OUTCOME FRAMEWORK (aims and long term outcomes)

HIV DOES NOT STAND IN THE WAY OF HEALTH OR EQUALITY		
	AIMS	LONG TERM OUTCOMES
PEOPLE LIVING WITH HIV LIVE WELL	Health and wellbeing	Everyone has the best possible health through access to good quality, free treatment
		Everyone who needs it has access to social care and support
		People living with HIV have healthy relationships and sex lives
	Legal equality	People living with HIV can access their full human and legal rights
	Fewer people living with HIV living in poverty	People living with HIV can access benefits fairly and do not experience workplace discrimination
A HALT TO THE SPREAD OF HIV	Stigma free life	People living with HIV have stigma free lives
	People at risk of and living with HIV take action to reduce its acquisition	Everyone understands their HIV risk
		A reduction in undiagnosed and late diagnosed HIV
		Everyone can access and understand HIV prevention methods.

3. OUTCOME FRAMEWORK (short term outcomes and outputs 2016 - 2018)

3.1 Everyone has the best possible health through access to good quality, free treatment

EVERYONE HAS THE BEST POSSIBLE HEALTH THROUGH ACCESS TO GOOD QUALITY, FREE TREATMENT	
Short term outcomes	Outputs
Improved access to good quality care for people living with HIV in Immigration Removal Centres	Publish new advice guide for HIV in immigration removal centres, in partnership with BHIVA.
Improved understanding of their responsibilities and the needs of plwh among healthcare workers in Immigration Removal Centres.	
Improved understanding of the issues facing trans* people living with HIV and the state of service provision for trans* people living with HIV among NAT staff.	Briefing paper outlining evidence and perspectives from trans* people and their advocates, and recommendations for future projects.
New HIV treatments and innovations have the best chance of being commissioned.	Agree and implement advocacy position with BHIVA on whether new HIV treatments should go through the NICE process.
People living with HIV can access all aspects of the BHIVA standards.	Launch <i>HIV in the Future NHS</i> report and advocate for report recommendations to be implemented.
NHS England begins using HIV as an example of a long-term condition and of person-centred care.	
NHS England commits to the need for HIV long-term condition support services <i>in addition to</i> specialised treatment and care.	
CCGs recognise their role in providing HIV long-term condition support.	
Improved understanding among prison healthcare staff of their responsibilities to prisoners in relation to blood borne viruses.	Revise, publish and disseminate a new BBV Prison Framework.
Prisoners can access opt-out testing, condoms and disinfecting tablets and high quality care if diagnosed with HIV.	
No-one is delayed or denied treatment because they are co-infected or re-infected with Hep C.	Survey of Operational Delivery Networks regarding activities on HIV and HEP C co-infection, and advocacy regarding treatment denial and inconsistency of approach, jointly with the Hep C Trust.
Co-infection is prioritised by all Operational Delivery Networks for new Hep C treatment.	

3.2 Everyone who needs it has access to social care and support

EVERYONE WHO NEEDS IT HAS ACCESS TO SOCIAL CARE AND SUPPORT	
Short term outcomes	Outputs
Improved understanding among providers and commissioners of what support services are currently being provided across the UK.	Publish research that outlines state of service provision for support services across the UK.
Access to support services maintained for people living with HIV.	Publish a policy briefing to support commissioning of HIV support services.
	Jointly run the 'Stop HIV Cuts' campaign, with THT and Metro.
People living with HIV understand their rights in relation to residential and domiciliary care.	Publish a guide for older people living with HIV about their care and rights.
Improved understanding among residential and domiciliary care staff about their responsibilities to, and the needs of, people living with HIV.	Publish training materials on people living with HIV for use by care providers.
	Publish an HIV inspection checklist for use by the Scottish Care Inspectorate.
Improved understanding of the issues facing trans* people living with HIV and the state of service provision for trans* people living with HIV among NAT staff.	Briefing paper outlining evidence and perspectives from trans* people and their advocates, and recommendations for future projects.
People living with HIV can access all aspects of the BHIVA standards.	Launch <i>HIV in the Future NHS</i> report and advocate for report recommendations to be implemented.
NHS England begins using HIV as an example of a long-term condition and of person-centred care.	
NHS England commits to the need for HIV long-term condition support services <i>in addition</i> to specialised treatment and care.	
CCGs recognise their role in providing HIV long-term condition support.	
Improved understanding among prison healthcare staff of their responsibilities to prisoners in relation to blood borne viruses.	Revise, publish and disseminate a new BBV Prison Framework.

3.3 People living with HIV have healthy relationships and sex lives

PEOPLE LIVING WITH HIV HAVE HEALTHY RELATIONSHIPS AND SEX LIVES	
Short term outcomes	Outputs
People living with HIV who experience domestic abuse are able to access appropriate services.	Undertake scoping work to better understand and communicate the links between HIV and domestic abuse.
People living with HIV understand their rights in relation to residential and domiciliary care.	Publish a guide for older people living with HIV about their care and rights.
Improved understanding among residential and domiciliary care staff about their responsibilities to, and the needs of, people living with HIV.	Publish training materials on people living with HIV for use by care providers.
	Publish an HIV inspection checklist for use by the Scottish Care Inspectorate.
Improved understanding of the issues facing trans* people living with HIV and the state of service provision for trans* people living with HIV among NAT staff.	Briefing paper outlining evidence and perspectives from trans* people and their advocates, and recommendations for future projects.

3.4 People living with HIV can access their full human and legal rights

PEOPLE LIVING WITH HIV CAN ACCESS THEIR FULL LEGAL AND HUMAN RIGHTS	
Short term outcomes	Outputs
Fewer investigations of people with HIV for reckless transmission.	Revise and publish new guidance for police investigating cases of HIV transmission.
Investigations of reckless transmission of HIV are better informed and discontinued in a timely fashion where there is no case.	
Fewer convictions and improved media coverage of cases of reckless transmission of HIV.	Publish an online guide for legal practitioners on defending people with HIV charged with reckless transmission.
Avoidance of new cases of HIV status deception being charged as rape.	Work with the CPS to review their current policy and advocate for it to remain in place.
People living with HIV understand their rights in relation to residential and domiciliary care.	Publish a guide for older people living with HIV about their care and rights.
Improved understanding among residential and domiciliary care staff about their responsibilities to, and the needs of, people living with HIV.	Publish training materials on people living with HIV for use by care providers.
	Publish an HIV inspection checklist for use by the Scottish Care Inspectorate.
People living with HIV do not experience discrimination when applying for financial products.	Research access for financial products for people living with HIV, publish a briefing and advocate for recommendations.
Prison staff have a better understanding of HIV and there is a reduction in stigma and discrimination faced by people living with HIV in prisons.	Revise, publish and disseminate a new BBV Prison Framework.
People who have died, who were living with HIV and their families and friends are able to be embalmed and to access funeral care free from discrimination.	Publicise the new HSE guidance for embalming in the funeral care industry.
People living with HIV understand their rights at work, and employers understand their responsibilities to people living with HIV.	Publish a guide for people living with HIV on their employment rights.
	Publish a guide for employers on supporting employees living with HIV.

3.5 People living with HIV can access benefits fairly and do not experience workplace discrimination

PEOPLE LIVING WITH HIV CAN ACCESS BENEFITS FAIRLY AND DO NOT EXPERIENCE WORKPLACE DISCRIMINATION	
Short term outcomes	Outputs
Increased understanding among decision-makers and service providers of the scale and impact of poverty on people living with HIV.	Publish briefing based on data analysis of existing data sets such as ASTRA, REACH and Positive Voices.
New mothers living with HIV can access free formula milk.	Publish research and policy recommendations on access to formula milk and advocate for their implementation.
People living with HIV understand their rights at work, and employers understand their responsibilities to people living with HIV.	Publish a guide for people living with HIV on their employment rights.
	Publish a guide for employers on supporting employees living with HIV.
Greater knowledge of the impact of PIP on people living with HIV.	Publish qualitative research on the impact of the PIP assessment on people living with HIV.
An increased evidence base to enable future influencing on the impact of PIP on people living with HIV.	Contribute evidence on to the second independent review of PIP.

3.6 People living with HIV have stigma free lives

PEOPLE LIVING WITH HIV HAVE STIGMA FREE LIVES	
Short term outcomes	Outputs
Improved understanding of HIV and HIV related stigma among school age children.	Review and update World AIDS Day assembly and lesson plan.
	Review and update School's Pack.
Fewer investigations of people with HIV for reckless transmission.	Revise and publish new guidance for police investigating cases of HIV transmission.
Investigations of reckless transmission of HIV are better informed and discontinued in a timely fashion where there is no case.	
Fewer convictions and improved media coverage of cases of reckless transmission of HIV.	Publish an online guide for legal practitioners on defending people with HIV charged with reckless transmission.
Avoidance of new cases of HIV status deception being charged as rape.	Work with the CPS to review their current policy and advocate for it to remain in place.
People living with HIV understand their rights in relation to residential and domiciliary care.	Publish a guide for older people living with HIV about their care and rights.
Improved understanding among residential and domiciliary care staff about their responsibilities to, and the needs of, people living with HIV.	Publish training materials on people living with HIV for use by care providers.
	Publish an HIV inspection checklist for use by the Scottish Care Inspectorate.
Prison staff have a better understanding of HIV and there is a reduction in stigma and discrimination faced by people living with HIV in prisons.	Revise, publish and disseminate a new BBV Prison Framework.
Increased public awareness of HIV facts and the impact of stigma.	Deliver a World AIDS day campaign.

3.7 Everyone understands their HIV risk

EVERYONE UNDERSTANDS THEIR HIV RISK	
Short term outcomes	Outputs
Sexual health services delivered by clinics are on a more secure financial footing.	Develop a consensus among key stakeholders on how sexual health clinics should be funded, exploring improvements in local authority commissioning, and a return to the NHS via CCGs as alternatives.
People at risk of HIV and other STIs can access good quality, open access services which work seamlessly with other NHS services.	
Improved understanding of HIV and HIV related stigma among school age children.	Review and update World AIDS Day assembly and lesson plan.
	Review and update School's Pack.
Funding for HIV prevention is protected.	Work with allies to develop and advocate for proposals to mitigate harms from the proposed removal of the public health ring-fence.
National HIV prevention activities are well planned and delivered.	Actively participate as a member of the Health Prevention England project advisory board.

3.8 A reduction in undiagnosed and late diagnosed HIV

A REDUCTION IN UNDIAGNOSED AND LATE DIAGNOSED HIV	
Short term outcomes	Outputs
Sexual health services delivered by clinics are on a more secure financial footing.	Develop a consensus among key stakeholders on how sexual health clinics should be funded, exploring improvements in local authority commissioning, and a return to the NHS via CCGs as alternatives.
People at risk of HIV and other STIs can access good quality, open access services which work seamlessly with other NHS services.	
Commissioners of HIV and sexual health services in England are supported to follow best practice in commissioning.	Provide the secretariat to the English Sexual Health & HIV Commissioners Group.
Funding for HIV prevention is protected.	Work with allies to develop and advocate for proposals to mitigate harms from the proposed removal of the public health ring-fence.
National HIV prevention activities are well planned and delivered.	Actively participate as a member of the Health Prevention England project advisory board.
Prisoners can access opt-out testing, condoms and disinfecting tablets and high quality care if diagnosed with HIV.	Revise, publish and disseminate a new BBV Prison Framework.
More people diagnosed early with HIV and Hep C co-infection.	Survey of Operational Delivery Networks regarding activities on HIV and HEP C co-infection, and advocacy regarding treatment denial and inconsistency of approach, jointly with the Hep C Trust.
Better understanding of investment in HIV prevention across the UK.	Publish research on HIV prevention investment across the UK, and advocate for improved commissioning based on the results.
More strategic commissioning of HIV prevention services across the UK.	
Consistent commissioning of harm reduction interventions across the UK for people at risk of HIV from drug use.	Provide the secretariat for the Harm Reduction Group until December 2016.
	Actively participate in the Harm Reduction Group.
Reduction in undiagnosed and late diagnosed HIV among asylum seekers.	Influence to ensure that national testing guidelines are implemented in Initial Accommodation Centres.

3.9 Everyone can access and understand HIV prevention methods

EVERYONE CAN ACCESS AND UNDERSTAND HIV PREVENTION METHODS	
Short term outcomes	Outputs
Sexual health services delivered by clinics are on a more secure financial footing.	Develop a consensus among key stakeholders on how sexual health clinics should be funded, exploring improvements in local authority commissioning, and a return to the NHS via CCGs as alternatives.
People at risk of HIV and other STIs can access good quality, open access services which work seamlessly with other NHS services.	
Commissioners of HIV and sexual health services in England are supported to follow best practice in commissioning.	Provide the secretariat to the English Sexual Health & HIV Commissioners Group.
Funding for HIV prevention is protected.	Work with allies to develop and advocate for proposals to mitigate harms from the proposed removal of the public health ring-fence.
National HIV prevention activities are well planned and delivered.	Actively participate as a member of the Health Prevention England project advisory board.
Prisoners can access opt-out testing, condoms and disinfecting tablets and high quality care if diagnosed with HIV.	Revise, publish and disseminate a new BBV Prison Framework.
PrEP is available in the UK for all those who need it.	Pursue the legal challenge to its conclusion.
	Advocate for a commissioning home for PrEP within the NHS.
	Use learning to support campaigning for PrEP in Scotland, Wales and Northern Ireland with allies in each country.
Improved understanding of the issues facing trans* people living with HIV and the state of service provision for trans* people living with HIV among NAT staff.	Briefing paper outlining evidence and perspectives from trans* people and their advocates, and recommendations for future projects.
Better understanding of investment in HIV prevention across the UK.	Publish research on HIV prevention investment across the UK, and advocate for improved commissioning based on the results.
More strategic commissioning of HIV prevention services across the UK.	
Consistent commissioning of harm reduction interventions across the UK for people at risk of HIV from drug use.	Provide the secretariat for the Harm Reduction Group until December 2016.
	Actively participate in the Harm Reduction Group.
Reduction in undiagnosed and late diagnosed HIV among asylum seekers.	Influence to ensure that national testing guidelines are implemented in Initial Accommodation Centres.

4. WATCHING BRIEFS

4.1 In addition to projects with active outcomes, NAT prepares for reactive work by maintaining a watching brief in a number of areas. Watching briefs vary depending on the area, but can include a mixture of:

- Responding to consultation responses.
- Being aware of new legislation or policy in this area.
- Ensuring we consider the needs of this area in work we are doing.
- Attending meetings and being involved in relevant alliances.

4.2 In 2016 – 2018 our watching brief areas are:

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|-----------------------------------|--------------------------|
| • Wales | • Confidentiality |
| • Northern Ireland | • Healthcare policy |
| • Scotland | • Immigration and asylum |
| • Social care | • Testing |
| • Drugs | • Benefits |
| • Prevention | • Blood donations |
| • Human rights and equality | • Chemsex |
| • Sex and relationships education | • Funeral care. |
| • Criminalisation | |

5. BUILDING INFLUENCE AND CAPACITY

5.1 In addition to activities planned under our theory of change, NAT also undertakes activities which build our internal capacity and ability to deliver against our aims. This year these activities include the following:

- a) Networks review: undertake a strategic review of our networks, including their aims, delivery, development needs and a review of our future network needs.
- b) Support the growth and development of the Activists Network, and the NAT Advisory Group of people living with HIV.
- c) Support the growth and development of the Policy Network and the Clinical Advisory Network.
- d) Coordinate our work to ensure a greater and more meaningful involvement of people living with HIV.
- e) Coordinate the minutes and agenda for the Provider's Forum.
- f) Publish and maintain our new website.
- g) Undertake parliamentary monitoring and influencing in line with our parliamentary plan.