

# Meeting Report: HPE Steering Committee

Meeting date: **29 July 2016**  
Location: **Skipton House, London**  
Present:

## Committee Members

- Julie Billett** - London HIV Prevention Programme  
**Rob Cookson** - Deputy Chief Executive, LGBT Foundation  
**Jeff French** - CEO, Strategic Social Marketing  
**Ian Green** - Chief Executive, Terrence Higgins Trust  
**Jackie Routledge** - Public Health Specialist- Commissioning, Lancashire County Council  
**Kat Smithson** - Policy and Campaigns Manager, National AIDS Trust

## Committee guests

- Paul Dobb** - HPE Project Manager, Terrence Higgins Trust  
**Dominic Edwardes** - Executive Director of Digital and Marketing, Terrence Higgins Trust  
**Luis Guerra** - National Programme Manager, Public Health England  
**Cary James** - Head of Programmes, Terrence Higgins Trust  
**Chamut Kifetew** - Sector Leadership and Development Officer, Terrence Higgins Trust

## 1. Apologies for absence

- Mike Freer** - Member of Parliament  
**Andrew Furber** - President, Association of Directors of Public Health  
**Philippa Matthews** - HIV Lead, Royal College of GPs  
**Clement Musonda** - Chief Executive, The RAIN Trust  
**Anthony Nardone** - Public Health England  
**Ann Sullivan** - British Association of Sexual Health and HIV

## 2. Minutes of the last meeting

This is the inaugural meeting of the HPESC so there are no previous minutes to review

## 3. Matters arising

There are no previous minutes or action points to review, therefore there are no matters arising.

## 4. Governance

IG welcomed everyone to the first meeting of the HIV Prevention England Steering Committee (HPESC) meeting, and thanked everyone for giving their time. Introductions were completed around the table and IG asked members what they hoped to get out of being on the steering committee. Responses included:

- Understanding more about HPE.
- improving opportunities to work together
- Looking at how HPE responds to evaluation
- Improving links with Commissioners, especially those outside of London.
- Helping the programme evaluate its impact on social change.

### 4.1 Terms of reference

Terms of Reference (ToR) had been circulated ahead of the meeting, IG reminded everyone that these were in draft form which can be amended and welcomed comments from the committee. Following discussions it was agreed;

- That the ToR should explicitly state that they were not responsible for contract management of HPE, and that this was performed elsewhere.
- There were possible gaps in membership which should be explored including representation for;
  - i) Black Africans (There is an existing member who was unable to attend this meeting, but the committee recognised that left the committee without any representation from this community, it was agreed this audience must be represented and membership might need to be expanded to more than one representative to ensure this happened at all committee meetings)
  - ii) NHS England
  - iii) Transgender issues
  - iv) Faith
  - v) HIV Policy – Paul Ogden's name was put forward

**ACTION:** Amend ToR and recruit additional committee members as advised above.

It was agreed that there could be a tiered membership with core members and a 'sitting' membership, where people were invited to specific meetings. It was also agreed that the membership should be reviewed annually,

## 5. Strategy

### 5.1 Programme overview

CJ gave a presentation on the achievements of the HPE programme from 2012-2016 and what the future direction of the programme will be. Following this CJ welcomed comments from the committee.

JR felt that rather than using HPE resources on doing a mapping exercise on condom provision, this is something that commissioners could share their knowledge of and offered to follow-up

existing local authority data on condom provision services. JF queried whether there was strong evidence to show that free condom provision leads to increased condom use.

Questions on how the evaluation of the programme was planned were asked. CJ informed the committee that an evaluation report from TNS-Global had now been published and would be giving some feedback under agenda item 6.1.1 monitoring and evaluation. However going forward the contract for evaluating the HPE programme is being procured separately.

## **5.2 Target groups**

A paper outlining the background and proposals for expanding target groups was circulated ahead of the meeting. The current programme is still primarily aimed at black Africans and men who have sex with men, but now gives scope to include other emerging at risk groups. The situation arising is how can the programme be more inclusive, whilst not being detrimental to the existing primary target groups.

The proposals put forward are:

1. Expand visual presentation within the campaign to include Trans people and/or heterosexual non-BAs. Including PDFs of A4 posters which can be downloaded from the programme website.
2. Create a dedicated Trans sexual health leaflet.
3. Do a limited amount of social media marketing to these groups, totally no more than 5% of the total campaign spend. This would include promoting sexual health to African-Caribbean communities.

The committee were asked for their thoughts and comments which included:

- looking at having information online rather than producing printed leaflets for such niche audiences. Whilst there is a lack of UK stats on HIV in Trans communities, the stats coming from other countries such as the USA are overwhelming.
- exploring where emerging prevalence is geographically.
- Balancing the fact that there might be a cost to the programme to include wider target groups, but this could help to reduce overall stigma.
- A reminder that the KPIs for the programme were based on BA and MSM.

It was agreed that the proposals for expanding target groups are accepted based on expanding imagery, developing resources that could be used across audiences and that targeting expanding groups didn't take away from the main two groups.

## **5.3 Local activation funding – regional allocations**

A paper outlining the proposed allocations for regional local activation funding was circulated ahead of the meeting, along with documents on the process for applying to be an HPE local activation partner (LAP).

Previously the programme had rolling contracts for local delivery providers to deliver activity constantly throughout the year and in areas with high prevalence and diagnoses rates. This time

HPE is looking to purchase activity to boost the campaign at set times throughout they year such as *National HIV Testing Week* and for condom week, and to reach all areas across England.

The committee felt that with the funding available it would always be difficult to decide where to allocate funds, but accepted the rationale that had been used in the regional allocation.

JR asked that the framework, once set-up, be shared so that commissioners could look at working together where possible to maximise potential of the programme. There was a need to explore the opportunities and risks of working with commissioners and current local funding of HIV prevention, with the potential of pooling/match funding. Must make it clear that HPE funding is not instead of local funding; but to complement and maximise impact all over the country

RC commented his concern that there may be specific points in the year (outside of testing week and condom week) in different local areas where funding may be highly beneficial and asked for some flexibility in this when looking at purchased activity.

It was also felt that this allocation should be reviewed each year.

## **6. Operations**

### **6.1 Progress reports**

#### **6.1.1 Monitoring and evaluation – KPIs and TNS evaluation report**

KPIs have been set for year 1 and will be reviewed at the end of the year, there is an expectation that the KPIs will increase each year.

JF commented that he would like to see more outcome KPIs included and more on demography, target population would be useful to ensure target group reached.

CJ gave some feedback from the TNS evaluation report on the *It Starts With Me* campaign. Some key points included.

- The campaign was very widely recognised
- The 'Get tested' message was received and understood by large proportions of both target groups
- Using comparable studies to benchmark, ISWM has performed well against its spend with higher overall recognition and a lower spend per recognition point
- Fewer than 1 in 10 in each group were fatigued by their message

The full report can be viewed and downloaded from the HPE website [hivpreventionengland.org.uk](http://hivpreventionengland.org.uk)

#### **6.1.2 Financial report and budget**

The year to date spend is below budget, but this is mainly due to the allocation of spend coming in later months due to NHTW and the fact that LAPs are still be procured.

## 6.2 Planning

### 6.2.1 Campaign development

CJ gave a brief presentation on how *It Starts With Me (ISWM)* will be developed into 2016 and beyond. The aim is to

- i) Drive more action, make desired actions clearer
- ii) Fully articulate the campaign idea to its potential – Help people understand what 'IT' means and what they need to do.
- iii) Raise the bar – on the ground interventions
- iv) Reduce fragmentation across different channels

Different narratives were user tested with peoples reactions to, rather than opinions of, the narratives surveyed. The refreshed ISWM campaign will be launched on Tuesday 20 September and will include

- Four video clips telling personal stories of the people who appear in the campaign for launch and then one additional video added each month
- Outdoor advertising in key sites in high prevalence areas
- Print and digital advertising
- Extensive promotion on Facebook, Twitter and YouTube
- New printed resources

Comments from the committee included thinking about how we can get increased tests, understanding WHY people don't and how we remove those barriers, and how we overcome laziness and ambivalence. Areas HPE to develop/get data on sooner rather than later: postal testing; condom mapping; sector capacity-building.

## 6.3 Risk Register

Additional risks the committee felt should be included were:

- i) Risk of not achieving a geographical spread of LAPs
- ii) Risk around not achieving an inclusive representation on the HPESC

**ACTION:** Add additional risks to risk register and provide mitigating factors.

It was agreed that the risk register should be reviewed at every HPESC meeting.

## 7. System intelligence

### 7.1 System update

This agenda item gave committee members the chance to update areas of their own work that could be of interest to HPE or other HPESC members.

KS from NAT requested that PrEP remains on the HPE and ISWM agenda.

NAT had put in a Freedom of Information request to all Local Authorities and Clinical Commissioning Groups that are responsible for HIV prevention, to see what their provisions are for HIV prevention and HIV support services.

JB informed the committee that discussions are currently taking place over the continuation of the pan-London HIV prevention programme.

DE informed the committee that the self-test pilot had seen 5,000 kits sent out in two-weeks, with 60 per cent being happy to notify THT of their results. The pilot showed around 1.2 % positivity rates. A survey has just been sent to participants to gather their views on the pilot programme.

RC reminded the committee that the British Association for Sexual Health and HIV (BASHH) have now launched the first ever UK-wide Standards for the management of sexually transmitted infections (STIs) in outreach settings, designed to support the highest quality of sexual health care for at risk and hard to reach groups.

CJ reminded the committee that since the cabinet reshuffle there was now a new Public Health Minister – Nicola Blackwood, MP for Oxford West and Abingdon and also the Chair of the Science and Technology Select Committee.

## **8. For information**

Three reports were circulated to the committee

1. State of Play: findings from the England Gay Men's Sex Survey 2014
2. HPE stakeholder meeting report
3. HPE campaign development group meeting report

## **9. A.O.B**

It was agreed that the key dates for HPE could be circulated and shared to networks outside this meeting.

## **10. Dates of next meeting**

Friday 14 October, London (venue TBC)

Monday 6 February, London (venue TBC)