

Event Report:

HPE Stakeholder Event

Meeting date: 9 May 2016

Location: Friends House, Euston, London

1 Welcome

Programme Lead Cary James welcomed everyone and introduced Terrence Higgins Trust's Chief Executive, Ian Green, who expressed his pleasure at seeing such a diverse audience and hoped that it was the first of many such gatherings going forward. He pledged his commitment to collaborative working to maximise the value of the work of the sector. He said:

'Effective prevention, testing and treatment can really have an impact on the epidemic and drive down the number of new HIV transmissions and we are committed to working collaboratively to maximise the value to the communities in which we work.'

2 How the HIV prevention landscape has changed since 2012

Yusef Azad, National AIDS Trust

(Presentation - *HIV Prevention Since 2012*)

Key points

The HIV Epidemic

- About two-thirds of annual HIV transmissions are among men who have sex with men (MSM) and almost half the remaining third among heterosexuals, of whom half are from black African (BA) communities.
- The overwhelming majority (over 95%) of HIV infections reported over the past 10 years in the UK were acquired through sexual contact. After adjusting for missing risk information, HIV infections acquired through heterosexual contact accounted for 42% (N=2,490) of the 6,000 new diagnoses in 2012 while 54% (N=3,250) were among MSM. Infections acquired through injecting drugs and through other routes have remained low over time, accounting for 130 and 140 new diagnoses respectively in 2013.
- Over the last decade we have been containing the HIV epidemic, but have not seen any significant decline in transmission rates.
- Higher rates of testing combined with initiation of ART at diagnosis would be likely to lead to substantial reductions of HIV incidence.

- The UK has large-scale treatment coverage resulting in a good treatment cascade, close to that of the UNAIDS target of 90-90-90.
- The UK continued to see a massive increase in the number of tests taking place in GU, which has been reflected in HIV diagnoses and a reduction of those diagnosed late.

MSM epidemic

- The tipping point which saw MSM diagnoses overtake heterosexual diagnoses was 2011-12.
- In total 24% of the MSM diagnosed were infected overseas, while between 40-50% of overseas born MSM acquired their HIV infection in the UK.
- The epidemic is highly sensitive to changes in behaviour.
- Overall, 80% of clinics in England achieved an HIV testing coverage of 80% or over among MSM attendees.
- There is a geographical significance around the UK in terms of sexually transmitted infection (STI) diagnoses.
- 'Chemsex' has become more prevalent, as have its wider harms: death, its physiological impact, its effects on mental health and the 'privatisation' of the gay scene.

Heterosexual epidemic

- Has seen a process of diversification over the past 10 years.
- The proportion who are African, while still a majority, has declined over time.
- Testing coverage is lower than MSM with only 15% of clinics attaining at least 80%.

Policy

Key documents:

- Public Health Outcomes Framework.
- *A Framework for Sexual Health Improvement in England.*
- *Health Promotion for Sexual and Reproductive Health and HIV: Strategic Action Plan, 2016 to 2019.*
- *Promoting the Health and Wellbeing of Gay, Bisexual and other Men Who Have Sex With Men.*

Policy direction

- Wider health issues and determinants of poor sexual health eg, alcohol, smoking and drug use, and poor mental health.
- Ongoing emphasis on condom promotion and HIV testing.

- Focus on STIs and their link to the HIV epidemic.
- Social marketing, behaviour change, digital/social media, improved learning and evaluation.
- There is no national strategy on HIV and the previous programme's strategies - *Making It Count* and *The Knowledge, the Will and the Power* - are no longer in use.

Changes in the health and social care system

- The Health and Social Care Act 2012 saw a new system in place from 2013.
- Local Authorities with responsibility for public health, including HIV prevention and sexual health clinic services.
- There has been a steady decline in the levels of funding available.

New technologies

- Treatment as Prevention (TasP). Even in advance of policy decisions, TasP is being used by some people with a CD4 count over 350.
- Postal testing and self testing (which became lawful in 2014) - because of these new technologies a high number of people who had never tested before did so.
- Pre-exposure prophylaxis (PrEP), what is our strategy going to be?

Discussion/comments

- How can we work with the individuality of districts? A lot is known about demographics and travel for work but not much data is available on travel for leisure.
- Organisations seem to go into 'lockdown' over big cuts which makes collaborative working harder as time cannot be spent on building up these relationships/partnerships.
- How does a national approach work with a regional and local approach? It is about looking at it like a jigsaw, this is the piece the regional approach offers but what is the bigger piece that the national approach can offer.

The attendees were posed the question: What is it like for a service provider in 2016?

- We have to use the economic envelope to reach as many people as possible through less labour-intensive means.
- We have to use media channels in different ways to reach more people, but as each Local Authority wants a slightly different approach it makes it difficult to use the same blueprint.
- There is lots of 'buck-passing'.
- The biggest challenge is explaining complexity.
- The move to local government has come with a change in culture on the back of deep-root cuts.
- Community services are no longer funded as Local Authorities use the national Postal Testing Programme as their contribution to testing.

3 The HIV Prevention England programme: what have we learned and where do we go from there?

Takudzwa Mukiwa, Terrence Higgins Trust

(Presentation - HIV Prevention England (HPE) 2012-2016)

Key Points

- It was the first time we had a campaign that targeted both MSM and BA. The imagery of the campaign was similar for both communities. Although many resources look visually similar, they contain tailored messaging and information to meet the needs of each distinct community.
- Besides the involvement of sector organisations, one of the successes of the new joined-up campaign was that it attracted the support of ordinary people. They used the campaign as a means of starting conversations with others; some even ordered materials to use in their local churches and at community events.
- Through the partnership, over 45,000 people were tested for HIV with an estimated 615 people being diagnosed with the virus. This is an overall positivity rate of 1.4%. This shows that not only did the programme test a large number of people, but it also tested the right people.
- One the biggest successes of the programme was the development and establishment of *National HIV Testing Week*. Since its inception it has been growing year on year in terms of the number of people reached, organisations taking part and HIV testing activity.
- Public Health England (PHE) commissioned TNS BMRB to evaluate the campaign at the end of 2015.
 - Recognition of the campaign was not led by any particular medium, with similar proportions recognising publicity/ads from social media (eg, Facebook and Twitter), out-of-home media (eg, outdoor posters, bus back adverts) and online advertising (eg, banner-ads on websites/apps).
 - Levels of knowledge were generally high among MSM respondents, with more than eight in 10 reporting knowledge of all five statements and nearly all (96%) reporting knowing that there is a medical test that can show whether or not you have HIV. While there are no large gaps in knowledge, the greatest concerned the availability of free testing and the increased efficacy of HIV medicines, if started early (82% awareness for each).
 - For BA, however, the largest knowledge gap was awareness that using the right size of condom can reduce the likelihood of it breaking or slipping off (70%).

Key Points

- Existing primary objectives are still to:
 - Increase HIV testing to reduce numbers of those undiagnosed and late diagnoses.
 - Promote condom use as a safer sex strategy.
- New secondary objectives have been set:
 - Promote other evidence-based safer sex and biomedical HIV prevention interventions.
 - Raise awareness of the role of STIs in the context of HIV acquisition and transmission.
 - Reduce levels of HIV-related stigma within affected communities and more widely.
- The *It Starts With Me* brand and *National HIV Testing Week* will continue and be further developed.
- The new programme structure will include:
 - Social marketing:** With 'always-on' activity across the year, but with a more dedicated focus on a summer campaign, *National HIV Testing Week* in Q3 and a condom-based event in Q4.
 - Sector development:** Including a needs assessment, followed by support and training. An enhanced HPE website and blog, monthly news letters, quarterly and annual reports, expert seminars and a national conference.
 - System leadership:** Focusing on priority areas such as GPs and primary care, testing technologies and condom access.
 - Local activation:** A framework agreement in collaboration with Local Authorities and commissioners to complement locally-funded programmes.

Discussion

Questions and discussions focused mainly on three areas: sector development, local activation and measurement of success.

Sector development: With sector development being a new strand of activity there were questions around what this would look like and who was considered to be in the 'sector'. It was clarified that priority would be for community organisations, although recognition was given that some areas have no local community organisation representation. Sector development will be based on an initial stakeholder survey to assess areas of need.

Local activation: It was confirmed that where partnerships of existing organisations exist, the partnership could apply to deliver HPE interventions. Concerns were raised around geographical areas where there were both local community organisations and Terrence Higgins Trust offices. It was clarified that in all areas where there was more than one possible delivery organisation, applications will be assessed on who is best placed to deliver interventions.

Plans are also in place to ensure that the available budget envelope is more effectively spread across England, as the previous programme saw areas that had no paid-for HPE delivery.

Attendees acknowledged that commissioners will need to be involved in applications. Organisations involved in the Pan-London HIV Prevention Programme welcomed news that there will be input on the HPE steering committee from representatives of the London programme to ensure the programmes complement, rather than duplicate, each other.

Measurement of success: Attendees showed an interest in how HPE measured the success and impact of social media ads. Taku explained how most of the ads are 'paid-for' ads, and through links it is possible to track how many people went via these ads to order kits, and then how many were returned. Cary also informed attendees that PHE had commissioned an independent agency, TNS, to evaluate the programme in 2015-16 and their findings showed people had good recognition of the campaign as well as having increased motivation to test and use condoms. This report is not currently public but its findings will be made available once the final report is signed off.

4 How can the HPE programme best support the whole HIV prevention system?

Prof. Jane Anderson, Homerton Hospital
(Groupwork and facilitated discussion)

The attendees worked in small groups and were posed the question: How can the HPE programme best support the whole HIV prevention system? They were asked to respond on the following types of support:

- A Printed resources.**
- B Training.**
- C Briefings and fact sheets.**
- D Local activation.**

They were asked to consider for each support type:

- ✓ Did you benefit from this support in the previous programme?
- ✓ What would be most useful in the future?
- ✓ What would not be as useful in the future?
- ✓ Any differences in opinion?

Feedback

Jane Anderson facilitated discussions from around the room, discussions were based on the four support types above and a summary of the themes discussed are below along with comments.

A Printed Resources

- Recognise interdependence between stakeholders.
- Do local campaigns fit better with local funding?
- The importance of the ability to cater to local needs.

- Materials need to be adaptable beyond PHE guidelines.
- More flexibility and interchangeable messages and imagery on resources.
- Is having the same campaign for MSM and BA helpful?
- Does national branding help with recognition?
- Are tailored messages more appropriate and effective than generic ones?
- They should be more inclusive and a fair representation of all target groups and most at-risk populations.
- Are the resources too busy and inaccessible?
- Should resources be translated – and into how many languages?
- Future plans for outdoor marketing approach.

It was recognised that for printed resources to be used, there needs to be a local service being commissioned in the first instance.

Many stakeholders wanted to be able to use the materials beyond the scope of HPE's two main target groups, it was clarified that the provision in the contract from 2016 has allowed flexibility to include other highly affected populations.

B Training

- Training could be delivered by partners and stakeholders, not exclusively by Terrence Higgins Trust.
- The importance of knowing the sector and how to utilise skill sets.
- There should be a skills audit going across sectors.
- Collaborating with commissioners and LDPs on how to most effectively deliver training.
- Training that is appropriate and focuses on the needs of each area is necessary.
- Specialised expertise should be combined.
- There should be a specialised qualification that expresses competencies in a physical form.
- Workforce versus organisational training.
- Restricting and prioritising training – who will get access?
- Clarification of what the training will deliver is needed.
- Access to training – should not be London-centric, also should be available online and via video conference.
- Social media training would be useful.
- We need to be well informed about dating apps and social responsibility.

C Briefings and Fact Sheets

- Briefings should be short, preferably one sided, brief and to the point.
- Infographics should be used rather than text.
- Up-to-date data and information should be provided.
- Real-time data would be ideal but not realistically achievable.
- We need to look at how to effectively and quickly distribute data and time concerns.

- We need access to data right across the sectors.
- Briefings on the right topics and at the right times should be produced.
- Collaborative digital resources and combination of data would be useful.

D Local Activation

- System leadership – how does it work in local settings?
- HIV providers meeting and collaboration – is this deliverable on a quarterly basis?
- Defining a locality and how far the system spans.
- Local activation relies on communication and availability of resources.
- Two to three months notice is required for awareness of campaigns.

Yearly plans and timelines of activity were requested, as commissioners and services plan the year in advance. Having prior knowledge of what was coming up over the year means they can more easily engage with campaigns.

Service providers present were keen that commissioners did not see this as an easy option nor an excuse to de-fund local services, HPE is 'as well as' not 'instead of'.

5 Next steps:

June

- Campaign development meeting 23 June 2015.
- Enhanced HPE website with dynamic content and blog.
- Monthly e-newsletter.
- Local Delivery Partner applications.

July

- Programme Steering Committee meeting.
- Local Delivery Partner decisions.

August-September

- Refreshed campaign launch.

November

- *National HIV Testing Week* starts 19 November.

February 2017

- Condom event.