

# Meeting Report: HPE Steering Committee

Meeting date: **09 June 2017**  
Location: **Central Hall Westminster, London**  
Present:

## Committee Members

**Francis Adu-Boachie** - Church of England  
**Julie Billett** - London HIV Prevention Programme  
**Ian Green** - Chief Executive, Terrence Higgins Trust  
**Charles Kwaku-Odoi** - Command Prayer Centre, Manchester  
**Chris Lovitt** - Tower Hamlets Public Health Department  
**Denis Onyango** - Africa Advocacy Foundation  
**Kat Smithson** - Policy and Campaigns Manager, National AIDS Trust  
**Ann Sullivan** - British Association of Sexual Health and HIV

## 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  
**Anthony Nardone** - Public Health England

## 1. Apologies for absence

**Rob Cookson** - Deputy Chief Executive, LGBT Foundation  
**Mike Freer** - Member of Parliament  
**Jeff French** - CEO, Strategic Social Marketing  
**Philippa Matthews** - HIV Lead, Royal College of GPs  
**Paul Ogden** - Local Government Association  
**Liz Rodrigo** - Leicester City Council

## 2. Minutes of the last meeting

The minutes of the last meeting were agreed as true and accurate, although it was recognised that they did not capture the full extent of matters discussed. It was agreed that future minutes would be more detailed. Comments had been received from LR and CL and the draft minutes would be amended to include these reflections.

### **3. Matters arising**

All action points had been completed.

CL mentioned that the typeface of some of the papers circulated for the meeting did not transfer well and resulted in poorly legible text, it was therefore requested that papers are sent out in standard Arial font.

### **4. Governance**

The committee welcomed another new member as it had been agreed to expand the membership to ensure there was a consistent representation at all meetings.

The committee welcomed Francis Adu-Boachie from the Church of England.

### **5. Operations**

#### **5.1 Progress reports**

##### **5.1.1 Spring prevention phase feedback**

This phase expanded from solely promoting condoms to looking at wider prevention methods and technologies such as TasP.

We had positive models involved in the imagery of the campaign, and there was some limited budget to enable some 'out of home' posters in Oxford Circus, Leicester Square and Vauxhall in London as well as in Manchester.

The social media elements of the campaign were well received and were given much praise by the U=U (Undetectable = Untransmittable) campaign.

The condom tool was heavily promoted and used, and around 65-75% of those that used it went on to use something else on the website.

CL asked if there were figures for how many people are refused a home-sampling kit from the Preventx website due to them being from an area that does not fund the testing. LG stated that those numbers were recorded, but this information has not yet been given to the respective commissioners.

CL was also surprised that PrEP didn't feature heavily in this phase. HPE will have a more active role in promoting PrEP once the trial details have been confirmed. But will have to be careful that it is not seen as recruiting people onto the trial, rather than giving open information about it.

##### **5.1.2 HPE conference**

350 people registered with over 300 attending the conference on the 18 May, and there has since been over 200 views of the recorded conference sessions. All the sessions and plenaries were well rated in the delegate evaluation.

There had been some comments that Trans groups were still under-represented. This is something the programme is aware of and discussions are ongoing with groups such as CliniqQ. IG suggested that other Trans groups should be considered when taking this work forward.

## 5.2 Forward planning

### 5.2.1 Summer prevention campaign

The revised imagery for *It Starts With Me* has only been around for 9-months, but a new hook to engage people with was needed. The programme has been saying for a long time that 'we' can stop HIV but this summer we can now start telling people that 'we' have started something and 'we' are now stopping HIV.

Resources will be available on the portal from 23 June, with the phase being launched on 15 July and a preview being held at London Pride on 8 July.

We now have a list of high prevalence GP practices, which we can mail directly or go through local public health teams. We could supply them with videos for digital screens.

### 5.2.2 Plans for 2017-18 programme

NHTW will start Saturday 18 November. The results from the Kantar Public evaluation showed that the 2016 NHTW posters were well received but not as high impact as the previous years'. DE stated that conversations were being had with Kensington Palace around engagement for NHTW 2017. IG informed the committee that HIV Scotland had decided to move its testing week to September.

There will be two more Expert Seminars and possible topics could be

- GPs and Primary Care
- Improving Trans services

## 5.3 Monitoring and evaluation

### 5.3.1 Risk Register

Many KPIs have been extremely over-delivered and a few have under-delivered, they should be linked into the Risk Register.

It was discussed that considering recent events with NHS systems being brought down with a cyber attack, that there should be a specific risk and mitigating factors around this. IG stated that this is covered in a more in-depth THT Risk Register and not just programme specific ones.

### 5.3.2 KPIs and progress report

The Q4 Progress Report and End of Year KPIs were circulated. A few of the KPIs were still showing red, most of these were due to a change in priorities or measurements in the year since the targets were set. It was agreed it would be helpful to see a 'comments' section against the KPIs to see what action was being taken.

Additional people connected to social media accounts was originally a key way to get campaign messages out to people, but this metric changed as the way we push the campaign out has altered over the year. As targeted paid advertising reaches more of the target audience. So there was a conscious decision not to spend money on recruitment but in ads that were seen by the target audience, that were not necessarily following, or had 'liked', the campaign.

Opportunities to view printed adverts is more about the spend on advertising, rather than the impact of the programme so another metric is being considered to more accurately record performance. There was a conscious decision to spend more of the money on digital advertising as this was more cost effective.

LAP face-to-face activity looks low, but in reality HPE didn't start procuring activity until Oct, so there was no delivery over the summer period in the first year. In 2017-18 there will be three rounds of activity purchasing, Summer, National HIV Testing Week and then if funds remain, Spring.

KPIs will increase by 10% for 2017-18.

### **5.3.3 Financial report and budget**

The budget for year 2 is consistent with year 1, with a small change in Sector Development and Leadership to account for the conference budget line.

### **5.3.4 PHE evaluation survey**

LG gave an overview presentation on the evaluation so far. It will provide baseline data. HPESC will be able to pull together an action plan in response once the findings are published around July.

Kantar Public have completed a report on *It Starts With Me* for 2016, results of their headline findings will be ready in July.

## **6. Strategy**

### **6.1 GP and Primary Care engagement**

The GP engagement paper has been worked on but is still not a final draft. AS informed the committee that BHIVA are doing a similar piece of work. CK has been in discussion with them to ensure that this does not duplicate or overlap what BHIVA are doing. The paper is also being developed with the input from the RGCP via Philippa Matthews and Michael Brady.

## **7. System Intelligence**

Lots of data is now coming through which is throwing a light on what the programme and sector are doing.

AN would discuss with colleagues at PHE whether a presentation could be pulled together on overall updated stats.

## **8. For information**

The PrEP seminar report and video will be going online by mid-June. It was suggested to repeat the event outside London, in the Midlands and / or the North.

## **9. Any other business**

CJ questioned the committee on whether they felt it would be appropriate to host the PrEPster resources on the HPE resource portal. This would save HPE creating a separate PrEP resource and is something many organisations have shown an interest in.

AS stated that the GMC are saying it is something we should be advising is available. As far as privately bought PrEP is concerned it IS legal for an individual to buy and it IS legal to promote the availability of privately purchased PrEP. The group felt they needed to see more of PrEPsters materials before they could fully comment

**ACTION** – Send link to PrEPster materials to the full HPESC.

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

Friday 13 October 2017, Central Hall Westminster, London. 13.00-16.00

Thursday 22 February 2018, Central Hall Westminster, London. 13.00-16.00