

FAST TRACK CITIES

Brighton & Hove Towards Zero HIV Taskforce

Year 2 Report

March 2020

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Joint Chair's Year Two Report

We are delighted to introduce the second Brighton & Hove Towards Zero Taskforce annual report summarising our progress in working towards ZERO HIV stigma, ZERO new HIV infections and ZERO deaths from HIV. Along with the rest of the UK, Brighton & Hove have exceeded the 90-90-90 targets, with 93% of people living with HIV knowing their status (based on national data), 99% of those being on treatment and 98% of those on treatment having undetectable virus in their blood stream. We now have the plans and structure in place to head towards the next testing goal of 95% and ultimately towards 100-100-100 for the testing and treatment goals. For stigma, we have developed baseline metrics to enable us to monitor progress towards zero HIV stigma.

Being a part of the international Fast Track Cities Initiative has given us a real opportunity to learn from the rest of the world's progress and start to disseminate our own learning and expertise to other partners. In June 2019 we took part in the first UK and Ireland FTC Workshop, and in September the International FTC Conference was in London. Both events gave some real opportunities to become better connected with other UK Fast Track Cities, share best practice and support each other through joint initiatives.

The Toward Zero Taskforce has provided the structure for the relevant people to come together and focus on how we can intensify our HIV prevention and treatment work. The Taskforce and the Implementation Groups have really ensured that all key players are involved, aligned and working together towards the common goals and stakeholder meetings have enabled community engagement across a wide number of groups. We promote a philosophy of collaboration across the partnerships with established work streams and action plans in place. It is a real pleasure to work with such ambitious and person centred teams with 'can do' approaches to improvements and innovations.

It is noteworthy that since becoming a FTC the data quality and ability to monitor progress for Brighton & Hove has improved substantially. During year two of the Brighton Fast Track Cities all the implementation groups have continued to gather and consolidate increasingly accurate current data around the HIV epidemic and levels of HIV stigma in Brighton & Hove which has enabled us to strategically plan our activities in a rapidly changing landscape.

2019 saw the launch of the magnificent Martin Fisher Foundation bus, a brilliant collaborative effort of the Foundation, Daniel Locke (Designer) and Brighton & Hove buses. We believe we're the first city in the world to have an HIV themed public information bus, allowing passengers to read up to date information about HIV testing, treatment and prevention. But there is so much more to do to ensure Brighton & Hove becomes a Stigma-free city. By empowering people living with HIV to speak freely about their health, HIV will be viewed in the same way as any other chronic health condition. Tackling stigma will be at the heart of all our actions over the coming years. We're so lucky in this City to have such a well-developed community and voluntary sector who will be key to this process.

Once again we hope you find this second annual report a helpful summary of our progress, as well as our challenges for the future and we invite you to get involved where possible by contacting us and sharing this journey.

Dr Gillian Dean
Consultant HIV Physician
Trustee of Martin Fisher Foundation

Claire Moonan
Chair of the Health & Wellbeing Board

Introduction

The Fast-Track Cities initiative is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementation and technical partners. The initiative's aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030 and achieving the 90-90-90 targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

More than 350 cities around the world have now signed the *Paris Declaration of Fast-Track Cities Ending AIDS* and in August 2017 Brighton and Hove became the first UK city to join the initiative. The Brighton & Hove Towards Zero HIV Taskforce was established to bring together a group of core stakeholders to consult, plan and direct the City's approach to achieving the 90-90-90 targets through to 95-95-95 and ultimately towards zero HIV-related stigma, zero new infections and zero HIV-related deaths. This work is described in the [Brighton & Hove Towards Zero HIV Strategy](#). The strategy focuses on a range of key activities with the following strategic goals:

- To increase research and education
- To deliver innovations in HIV testing and care
- To improve patient involvement and peer support
- To eliminate HIV-related stigma

Implementation/working groups have been established for research and education, innovations in testing and care, and stigma; all of which ensure that patient involvement and peer support are central to their work. The groups meet quarterly with membership including medics, academics, public health and local authority colleagues and, most importantly, patient representatives and voluntary and community sector partners.

This is the second annual report of the Brighton and Hove Towards Zero HIV Taskforce. The report updates the epidemiology of HIV locally, the indicators which we are measuring to monitor our success and the progress that has been made so far as well as introducing some exciting plans for the future.

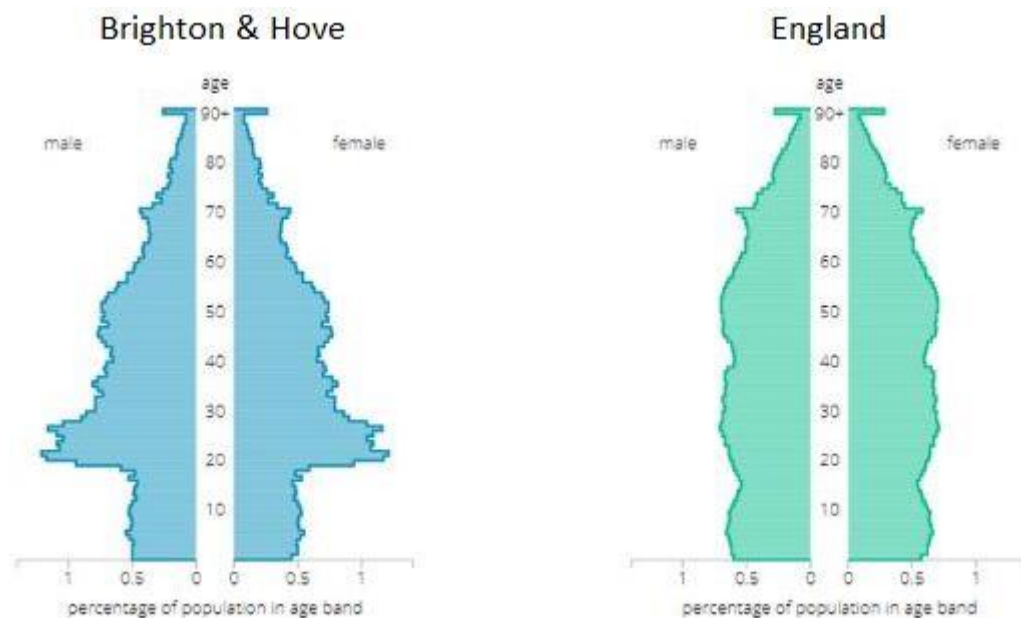
For more information about the international Fast Track Cities Initiative please see the link below:

<https://www.fast-trackcities.org/about>

Population Profile

Brighton and Hove is a city on the South Coast of England. The estimated number of residents in 2017 was 290,400 and the population is expected to increase to 311,500 by 2030. Our population profile is younger than England but is ageing over time.

Figure 1. Population age profile in Brighton and Hove: 2017



Source: ONS 2017 Mid-year population estimates

Our city consists of a number of different population groups. The large lesbian, gay, bisexual and transgender (LGBT) communities are a key characteristic of the city's population. The estimated proportion of residents aged over 16 who are LGB is 11 - 15% and 1% of residents are estimated to be transgender. One in five residents are from a black or minority ethnic (BME) background; the majority being from the 'Other White' group. At the time of the 2011 national census, 1.5% (4,188) of the total population was Black or Black British. Twelve per cent of the population are full time students aged 18 or older.

Brighton and Hove is the 131st most deprived local authority of the 317 in England according to the 2019 index of multiple deprivation. The life expectancy for males and females in Brighton and Hove is similar to England but worse than for the South East region. There is 9.6 year difference in life expectancy for males and a 6.7 year difference for females between the most and least deprived people in the City. The commonest causes of death in the City are cancers, circulatory diseases, respiratory diseases and digestive diseases.

In 2017 4,447 new sexually transmitted infections (STIs) were diagnosed in residents of Brighton & Hove. The City has the 16th highest rate (out of 326 local authorities) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 1,595.9 per 100,000 residents (compared to 794 per 100,000 in England). For cases in males where sexual orientation was known 59.7% of new STIs in 2017 were among gay and other men who have sex with men (MSM). Forty three per cent of new STIs were in young people aged 15-24 years (compared to 50% in England).

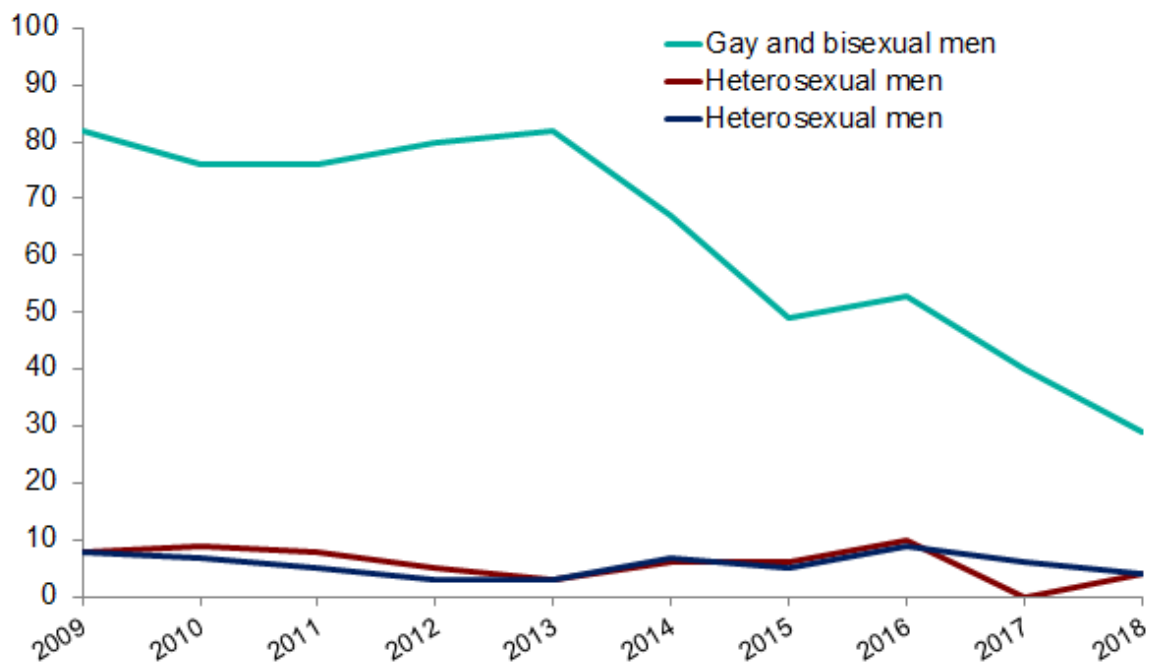
Epidemiology

HIV in the UK

HIV remains one of the most important communicable diseases in the UK. It is associated with serious morbidity, significant mortality & a potentially shortened lifespan, particularly among those diagnosed late or not engaged in care. At the end of 2018 there were an estimated 103,800 people living with HIV in the UK, with around 7,500 unaware of their infection (PHE, 2019). Men who have sex with men (MSM) and black Africans continue to be disproportionately affected by HIV. In 2018, there were 4,453 new diagnoses in the UK. 33% of new diagnoses in MSM were late; in black African men, this proportion was 66%. Individuals diagnosed late have a ten-fold increase in the risk of death within a year of diagnosis compared to those diagnosed with a CD4 count >350 cells/mm³. A quarter of deaths among HIV positive individuals in the UK are of those diagnosed too late for effective treatment.

In 2017 Public Health England reported a decline in new diagnoses of HIV among gay and other MSM for the first time since the epidemic was detected over 30 years earlier (HIV in the UK 2017). The fall in new diagnoses was first reported in central London, but was also seen in Brighton & Hove, beginning around 2014 (Figure 2). The decline in new diagnoses continued in England through 2018, and was associated with high levels of HIV testing, including repeat testing for men at high risk and prompt initiation of treatment following diagnosis.

Figure 2: Number of new HIV diagnoses in residents of Brighton & Hove 2009-2018.



Source: PHE, personal communication

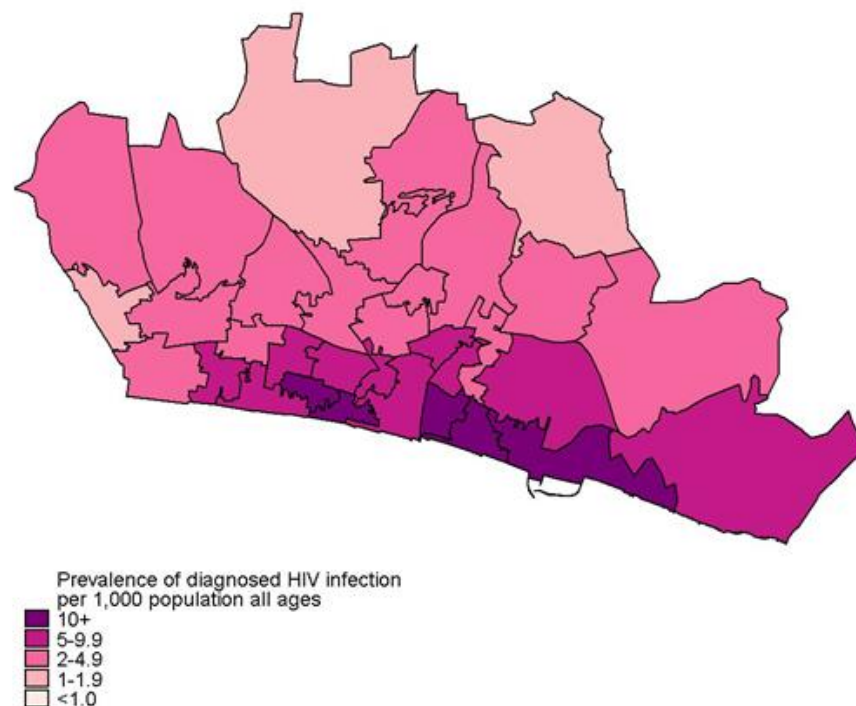
HIV in Brighton & Hove

Brighton & Hove has the 7th highest prevalence of diagnosed HIV in England and the highest outside of London. In 2018 1,867 people with HIV resident in Brighton & Hove attended NHS HIV treatment services. In 2017, the rate of new HIV diagnosis per 100,000 population among people aged 15 years or above in Brighton & Hove was 18.3, compared to 8.7 in England.

At the end of November 2019, 2368 individuals with HIV infection were accessing care in Brighton. Over 50% of these were aged over 50. Ninety one per cent of the cohort are male. The majority of people living with HIV are white, although 50% of women with HIV are black African. 92% of men acquired their infection through sex between men.

In 2018 the diagnosed prevalence of HIV in Brighton & Hove was 8.01 per 1,000 population aged 15-59 years, (compared to 2.32/1,000 in England). 2017 data show that 91% of the middle super output areas (MSOAs) in this local authority had a prevalence rate higher than 2/1,000 population, all ages (Figure 3).

Figure 3. Prevalence of diagnosed HIV per 1,000 in Brighton and Hove, all ages by MSOA: 2017



Source: HARS/LASER Report (2017)

New diagnoses in the Brighton cohort did not continue to fall in 2019 (33 new diagnoses in 2018, 42 in 2019), but this is partly due to people resident outside of Brighton & Hove coming to Brighton to access care. Of those accessing care in Brighton, there were 9 incident infections (i.e. likely acquired in the 6 months before diagnosis, as determined by RITA or evolving HIV serology) recorded in 2018, 9 in 2019, and 1 in 2020 (to end of February). Of these 19, 3 incident infections were in heterosexuals, 15 in MSM, and one where sexuality was undisclosed.

Social value of being a Fast Track City

Active involvement of the local third sector has been central to strategic planning, delivery and development of outputs, as well as reaching out to local residents. Participant organisations are wide ranging, including those led and delivered by, or expressly supporting PWHIV.

Organisations of differing sizes and structures have become involved, many newly engaged for the first time. As a consequence of this involvement, many organisations have made new connections, developed closer working relationships, shared learning and insight, laid the foundations for new and future opportunities, and strengthened cross sector working. This has benefited Fast Track City strategy together with positive impact on participant organisations core work, diversity and inclusion, cohesion and resilience of the sector.

Several new employment opportunities have been created where funding has been available external to Fast Track City resources. Over **1120 volunteering hours** have been given during the year towards planning and delivering Fast Track City activities. New volunteering roles have been created, involving and empowering PWHIV and the wider community. New and additional voluntary activity has been undertaken by individuals, community groups and local charities, many of these small and micro organisations, who have now incorporated greater awareness of HIV and Fast Track City strategy into their mission.

PWHIV voice and representation has been increased, together with a significant growth in understanding and reach of intersectionality. PWHIV voice and representation has given opportunity to influence wide-ranging local policy. With clear messaging and greater alignment of HIV and other organisations towards strategic goals, there has been sustainable expansion of HIV community engagement within the voluntary sector, increased testing to unreached groups, raised HIV awareness, reduced HIV stigma; and improved societal, social and health outcomes for PLWHIV.

Gary Pargeter
Community Works HIV representative
Service Manager of Lunch Positive

City Process Indicators 2020

Population	Indicator	Target	Baseline position 2018	Year 2 2019	Year 3 2020
Undiagnosed	Undiagnosed proportion (first '90')	No more than 5% undiagnosed Year 2 target: to have robust measure for B&H	12%	7% (December 2018 and 2019) Public Health England estimate	
	Numbers HIV tests different settings	Numbers and positives by setting and risk group	31,032 tests (25,898 people) Primary care: 4/2411 Secondary care: 9/12888 Level 2 SHS: 2/2776 Sexual health: 18/12957	31,204 tests (25,859 people) Primary care: 5/2181 Secondary care: 9/13685 Level 2 SHS: 3/2430 Sexual health: 24/12908	
	Proportion offered and uptake in traditional settings where recorded	Increasing trend	90% SHAC (men)	MSM: Offered 97% Uptake 71% Hetero: Offered 95% Uptake 41%	
	Re-testing in MSM (attending with STIs)	Increasing trend			Data awaited
	Indicator diseases	All offered HIV tests	TB = 90% Lymphoma = tbc Head & Neck Ca = 0% Hep C = 100%	TB = 100% Lymphoma = tbc Head & Neck Ca = 30% Hep C = 100%	Further audit 2020
Newly diagnosed	Numbers new diagnoses	Zero	33 new cases 27/33 had incidence test	42 new cases 32 B&H resident	10 so far (to March 5 th)
	Numbers with incident infection STAHRS (6/12)	Lower is better	9/27 with results = 33%	9/42 incident = 21%	1 so far (to March 5 th)
	Proportion diagnosed late (CD4<350)	Will probably go up as incident infections go down	35.4%	2019 = 45% PHE fingertips 2016-19= Late diagnosed = 29.7% (MSM 26.5%, hetero men 42.9% women 29.4%)	5/10 (50%) (to March 5 th)
	Time to treatment	90% by 30 days	63% by 30 days; 93% by 90 days	85% by 30 days; 100% by 90 days	100% so far (to March 5 th)
	Reasons why people don't start early; whether people stay on treatment				

Population	Indicator	Target	Baseline position 2018	Year 2 2019	Year 3 2020
	Time to undetectable VL from positive test			24 we have a record of VL <40 after a median of 34 days	
Diagnosed cohort	Proportion on HIV treatment	>95%	98%	99%	
	Proportion with suppressed VL (<200)	>95%	98%	99%	
	Proportion with suppressed VL (<40)	No target	95%	98%	
	AIDS related deaths Cohort data not B&H	Zero	2017= 6.25% (1/16) 2018 = 0% (0/14) tbc	2019 = 12.5% (3/24)	To be audited thoroughly in 2020 - Med student project
	Clinic lost to follow-up rates	National 3%	1.71%	tbc	
	Document reasons those not on treatment – transmission risk				

Population	Indicator	Target	Baseline position 2018	Year 2 2019	Year 3 2020
PrEP	Numbers accessing PrEP through clinic	No target	August 2018 IMPACT: 74 DISCOVER:27	August 2019 IMPACT: 222 DISCOVER: 50 (max)	January 2020 IMPACT: 574 DISCOVER: 49
	Numbers attending SHAC for monitoring		~ 59 MSM	221 MSM	n/a yet
	Number of MSM attending THT who are taking PrEP (through a trial or self-purchased)	Attending THT clinic	<p>April – September 2018</p> <p><u>Total cohort of 318</u> 27 currently taking PrEP 26 had taken PrEP in the past</p> <p>Of the men who had taken PrEP:</p> <ul style="list-style-type: none"> • 12 accessed PrEP via a clinical trial / NHS • 32 accessed PrEP via I want PrEP Now / on-line pharmacies / other <p>Of the men who had taken PrEP:</p> <p>21 accessed checks at a GUM</p> <p>26 did not access tests / checks at a GUM</p>	<p>April – December 2019</p> <p><u>Total cohort of 676</u> 90 currently taking PrEP (13.3%) 66 had taken PrEP in past (9.8%)</p> <p>Of the men who were taking PrEP or had taken PrEP (156)</p> <ul style="list-style-type: none"> • 27 accessed PrEP via a clinical trial (17%) • 16 via NHS (10%) • 69 accessed PrEP via I want PrEP Now (45%) • 19 via on-line pharmacies (12%) • 14 Friends / partners (9%) • 11 Other (7%) <p>Of the men who were taking PrEP or had taken PrEP (156)</p> <p>79 accessed checks at a GUM (50.6%)</p> <p>77 did not access tests / checks at a GUM (49.4%)</p>	

Population	Indicator	Target	Baseline position 2018	Year 2 2019	Year 3 2020
<p>Stigma</p> <p>NB. Values relate to within the last year</p>	<p>Proportion worried that they are treated differently to other patients</p> <p>Proportion who avoided seeking healthcare when required</p> <p>Proportion who believe they are treated differently to other patients.</p> <p>Proportion who believed they were refused healthcare or had a delay in treatment or procedure</p> <p>Proportion of people who worry about or experience social exclusion – gossip, sexual rejection, employment security, verbal or physical assault, exclusion from social gatherings.</p> <p>Proportion who feel supported by friends and family, faith communities and workplace.</p>	<p>Reduction in proportion of people experiencing perceived or actual discrimination due to their HIV status</p> <p>Increase in the proportion of people who feel supported by friends and family/faith communities and in the workplace</p>	<p>Positive Voices Brighton & Hove 2017: 31.7%</p> <p>Positive Voices Brighton & Hove 2017: 17.1%</p> <p>Positive Voices Brighton & Hove 2017: 16%</p> <p>Positive Voices Brighton & Hove 2017: 9.9%</p> <p>PLWHIV Stigma Index South East data 2015 Fear of Gossip: 45.52% Experienced gossip 36.56%</p> <p>Fear of verbal abuse 27.24% Experienced verbal abuse 22.58%</p> <p>PLWHIV Stigma Index National data 2015</p> <p>Good support family disclosure 58%</p> <p>Good support friends disclosure 59%</p> <p>Good support workplace</p>	<p>2019 Stigma index survey just completed. Data to be updated when available</p>	

	Improvement in public knowledge and attitudes	<p>Increase in knowledge of impact of ARVs on HIV transmission (U=U)</p> <p>Reduction in negative attitudes towards PLWHIV</p>	<p>disclosure 63%</p> <p>Brighton & Hove Knowledge & Attitudes survey 2018</p> <p>67% believe that HIV cannot be passed on if effectively managed (45% true; 22% somewhat true)</p> <p>72% believe an HIV positive doctor should be able to undertake invasive procedures</p> <p>18% agree or strongly agree that acquiring HIV through unprotected sex is a person's own fault</p> <p>81% believe that fear of HIV prevents people testing</p>		
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Research and Education Implementation Group

The *research and education* implementation group bring together researchers from Brighton and Sussex Medical School (BSMS), University of Sussex and University of Brighton whom have a track record in research in the areas of HIV prevention and testing and Sexual Health.

The overarching objective of the research and education group is to provide the essential support to other implementation groups on research methodology to ensure that projects are rigorously evaluated. The group also aims to design, conduct and disseminate research projects that align with the objectives established in the fast track cities initiative charter.

The group have met twice during 2019 however regular discussion with members had taken place throughout the year; therefore we have decided to meet only twice a year instead of every three months.

The membership of the group encompasses the expertise of academics currently working in projects associated with sexual health and HIV (appendix 2). A new member has been included, Dr Sonia Raffe a Specialist register in Sexual Health and Brighton and Darzi Fellow. She has a research interest in HIV prevention and Sexual Health. Dr Larissa Mulka has left the group as she has moved out of London.

In 2018 the group agreed on a draft action-plan which set out proposals for the next 2 years. A revised action plan is presented in Appendix 3. During the last year we have worked closely with both the ITC implementation and Stigma groups to provide support designing, conducting and evaluating interventions, as well as helping writing applications for funding. We will ensure that the results of any projects are disseminated effectively to all stakeholders including the wider community.

Name	Title/Role	Organisation	Projects	Timeline for dissemination
Dr Jaime Vera	Chair, Senior lecturer in HIV	BSMS BSUH	· Prospero	· 2020
Professor Carrie Llewellyn	Co-chair, Professor of Applied Behavioral Medicine	BSMS		
Professor Nigel Sheriff	Principal Research Fellow Sexual Health	University of Brighton	· Prospero · ESTICOM (ECHOS and EMIS) · HIV and residential care settings · ETVE HIV evaluation	· 2021
Dr Elaney Yousseff PhD	Research Fellow HIV	BSMS	Understanding late diagnosis of HIV in people age ≥50 years	· 2020
Dr Sonia Raffe	Clinical Research Fellow HIV	BSMS and BSUH	Access to Sexual Health care of vulnerable populations	· 2020

Dr Jaime Vera
Senior Lecturer and Consultant HIV Physician
Trustee of the Martin Fisher Foundation

Innovations in Testing & Care (ITC) Implementation Group

The *Innovations in Testing & Care* (ITC) implementation group brings together key partners across the city with knowledge, passion and expertise in planning and implementing targeted HIV testing initiatives and other key HIV prevention methods e.g. improving access to pre-exposure prophylaxis (PrEP).

The group monitors progress made with respect to the Process Indicators agreed by the Towards Zero HIV Taskforce (appendix 1). These have been sub-divided into 'undiagnosed', 'newly diagnosed' (first 90 days), 'diagnosed' cohort, PrEP access and stigma indicators.

As noted earlier in this document, since Brighton & Hove became a FTC we have been able to significantly improve our data quality, and expand the number data items which has provided more in depth measures of what good care should look like. This in turn allows us to better monitor progress against these and international targets, and plan our activities strategically. Local HIV data relating to undiagnosed calculations from Public Health England and other insights from local HIV treatment service data enabled us to accurately estimate undiagnosed levels in our city. This identified that we had reached and exceeded the 90% target for diagnosed HIV with a current estimate of 93%. We still have a long road ahead but this has provided an opportunity to help us profile the most affected groups and to concentrate and coordinate our testing efforts to identify undiagnosed infections; reduce late diagnosis rates and move ever closer to zero.

The ITC group gives a real opportunity to liaise with workers 'on the ground' and think outside the commissioning envelope. We actively seek ideas from the 'grassroots' population on how we can better coordinate HIV Prevention efforts across the city. Once projects have been identified as important, they are approved by the Towards Zero HIV Taskforce, and we work closely with the Research and Evaluation implementation group to identify funding streams, and ensure there is a clear monitoring and evaluation plan.

The group is chaired by Dr Gillian Dean (Consultant HIV Physician and Trustee of the Martin Fisher Foundation) and Marc Tweed (Centre Manager of Terrence Higgins Trust South). As the membership provide a broad representation of vulnerable and 'at-risk' groups, we recognise that time can be limited by the intensity of day-to-day work. As a result we've found that having 'themed' meetings throughout the year e.g. Trans-focused, PrEP access, BAME engagement ensures more meaningful engagement and innovative thinking. An example of one of our outcomes is the mobilisation of a city first Trans and non-binary Health & Wellbeing Fair which will take place in 2020. The offer will include information and testing options for one of our most marginalised 'at risk' communities.

With respect to testing innovation; representatives of the group have secured funding to pilot opt-out testing in primary care which we identified as an important mechanism to reach those not routinely accessing sexual health services or commissioned targeted HIV testing projects; in particular heterosexual men and women. The group has also continued to explore potential from HIV testing technologies such as expanding community HIV testing through Digital Vending Machine technology. There are now 5 machines in operation in various settings and the group is currently negotiating to place machines in other key venues such as Black and minority ethnic community centres. We will continue to ensure that populations who may be at higher risk of HIV in the city have access to testing and care, whilst also endeavouring to inform the general population that they should be 'aware of their HIV status' if we are to move towards zero new infections by 2030.

PrEP has also been a focus of attention for the group over the year. As the significance of PrEP becomes ever more apparent and usage increases the group has prioritised the surveillance of PrEP use locally; joining up data from patients on clinical NHS trials and from community NGO's who are monitoring community access to PrEP via commercial sources. The ITC group has been working to ensure that all who could benefit from PrEP and protect themselves from HIV are aware of its effectiveness and where to access treatment via promotional efforts and resources.

We have recently reviewed and updated our Terms of Reference & Action Plan which sets out proposals for the next 1-2 years (appendix 2 & 3). This is a 'living' document which will be supplemented as new projects are formulated. We aim to ensure the wider population of Brighton & Hove are aware of the FTC initiative through outputs such as the ['back-to-basics' report](#) which we published in G-Scene magazine. We have continued to showcase and promote Fast Track Cities and the work of the ITC group via annual stakeholder meetings where a broad and diverse range of stakeholders are invited to get involved and share their opinions and ideas to help us get to Zero!

Dr Gillian Dean
Consultant HIV Physician
Trustee of the Martin Fisher Foundation

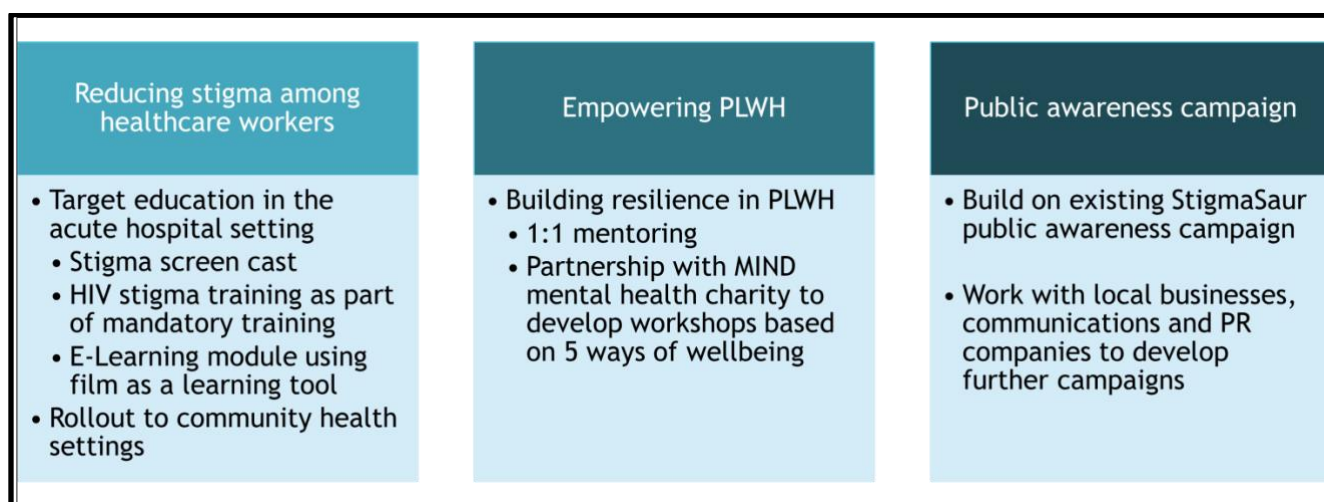
Marc Tweed
Centre Manager
Terrence Higgins Trust South

Stigma Implementation Group

A stigma steering group came together in April 2018 as part of the city's Towards HIV Zero Taskforce. The steering group consists of healthcare workers, peer-led services, community support organisations and people living with HIV (PLWH) (see Terms of Reference).

A city wide strategic plan to reduce stigma and discrimination was then developed targeting healthcare workers, PLWH and the general public with the aim of addressing HIV stigma at a multi-sectoral level in three work streams (Figure 4).

Figure 4: Stigma work streams



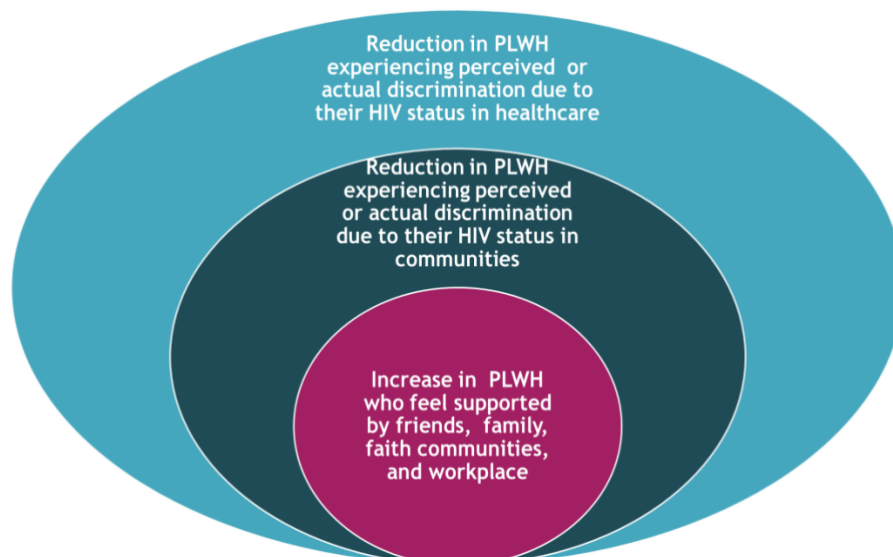
The overall aim of the stigma working group is to provide strategic leadership for HIV stigma reduction activities and to participate in delivering innovative stigma reduction activities across the city.

In the past year, through this group and the affiliated organisations, there have been HIV awareness projects across the city including art exhibitions, patient stories, educational packages, digital campaigns and twitter chats. Workshops have been established with the mental health charity MIND to support PLWH to develop resilience in relation to HIV stigma. In the acute hospital Trust, we have identified healthcare practices that inadvertently compound HIV stigma and worked with clinical and support teams to implement changes to practice.

A collaborative project between University of Sussex, Birkbeck College, University of London and Smith College (USA) is bringing together a network of HIV scholars, activists, artists, policymakers and practitioners in 5 Fast Track Cities: Delhi (India), Brighton (UK), New York (US), Nairobi (Kenya) and Havana (Cuba). This project aims to develop a major international research programme foregrounding the body in relation to stigma, HIV treatment and prevention encompassing intimate, public and global perspectives. A series of workshops following the arts-based methodology Embodied Mapping (carried out in Brighton and Hove in November 2019), will inform innovative approaches to gathering context-specific knowledge about HIV; investigate how visual methods can open up new trajectories for HIV and stigma research; and explore how the body in relation to HIV and stigma is understood differently between and within urban locations.

Baseline stigma metrics have been developed using local data extrapolated from national datasets, leading to stigma reduction targets that will be utilised to evaluate forthcoming interventions and as stigma process indicators (Figure 5).

Figure 5: Stigma reduction targets in Brighton and Hove



Last autumn we launched the first ever HIV-themed public information bus in the UK and possibly worldwide. In Brighton & Hove over 67 million people travel on the buses each year and they now have the opportunity to read up-to-date information about HIV testing, treatment and prevention and the experiences of people living with HIV and stigma. It is hoped that this bus will help with increasing public awareness and getting to ZERO new HIV cases and ZERO HIV stigma in the city by 2025.

A stakeholder meeting was held in September 2019 with representatives from the HIV sector, voluntary sector, hospital, police, sport and faith communities. This was facilitated by two community members of the steering group and was highly successful in informing our future action plans and in engaging with a large number of stakeholders.

As the chair of the Stigma working group, I would like to thank my co-chair and all of the members and associated members of the stigma working group for their considerable contribution to HIV stigma reduction activities in Brighton and Hove. In many cases, this has been over and above their usual job responsibilities and I am grateful for their commitment and involvement. Our challenge for the coming years will be to identify appropriate structures and resources to build on the successes to date.

Eileen Nixon
HIV Nurse Consultant
Trustee of the Martin Fisher Foundation

Group Action plans

Brighton & Hove Towards Zero HIV Taskforce - Research and Education Group - Action Plan

Action area	Targets	Actions	Person (s) responsible	Resources needed	Outcomes / measurements	Timeline
Up-to-date estimation of HIV prevalence and undiagnosed infections in different B&H populations	Plan to perform scaled down version of Sialon II ensuring MSM, trans, homeless and other minority groups in sample over 12 month period	<ul style="list-style-type: none"> Research & evaluation group to discuss & identify funding requirements / protocol ITC to discuss practicalities of rolling out in communities To pursue methods of estimating denominators e.g. no. trans; no. homeless individuals 	<ul style="list-style-type: none"> NS/ JV ITC group (GD and MT) 	<ul style="list-style-type: none"> Funding Research protocol Ethics Saliva tests Personnel to administer/collect data Estimates of denominators Evaluation 	Meaningful prevalence estimates with limited behavioural data and diagnostic outcomes for those choosing to access results	<ul style="list-style-type: none"> Plan for NIHR application in July 2020
Digital pathway to support PrEP users	<ul style="list-style-type: none"> University Brighton Sussex University BSUH 	<ul style="list-style-type: none"> Develop a digital pathway consisting of a clinic based mobile application and vending machines dispensing self-testing STI kits. Liaise with potential sites and communities 	<ul style="list-style-type: none"> Martin Fisher Foundation (MFF) Research group (JV/CL,) ITC group (Gill) BSUH (Jenny Whetham) University of Brighton (Mary Darking) 	Funding for development and implementation	Acceptability of new pathway, service utilisation outcomes	<ul style="list-style-type: none"> NIHR application March 2020
HIV testing in primary care – implement NICE guidance	All people having a blood test should be offered an HIV test in high prevalence areas	<ul style="list-style-type: none"> Small working group (SP, GD, JV) pursuing with CCG, BHCC, BSUH, EJAF, Gilead 	<ul style="list-style-type: none"> Martin Fisher Foundation (MFF) Research group JV, SP ITC group (Gill) 	<ul style="list-style-type: none"> Gilead 	<ul style="list-style-type: none"> N= tests N=diagnoses N=declining / accepting 	Pathways and pilot work completed Further roll out 2020

Brighton & Hove Towards Zero HIV Taskforce – Innovations in Testing & Care Implementation Group - Action Plan

Action area	Targets	Actions	Person (s) responsible	Resources needed	Outcomes / measurements	Timeline
Data: Up-to-date estimation of HIV prevalence and undiagnosed infections in different B&H populations	To gather, review and consolidate available data: PHE LASER BSUH HARS BHCC Local & National Research Map progress against 90.90.90 / zero.zero.zero	<ul style="list-style-type: none"> Research & evaluation group to discuss & identify funding contribute relevant data ITC to review data and identify gaps in knowledge Profiling of new diagnosis and incident infections 	<ul style="list-style-type: none"> ITC group Research sub-group Towards Zero Taskforce 	<ul style="list-style-type: none"> Meeting room PHE Data BSUH data ITC capacity 	Meaningful prevalence estimates, undiagnosed figures, new diagnosis, incident infections, late diagnosis (profiles of cohorts within the above)	Standing item on ITC agenda every 3 months – actions to be agreed and identified
Undiagnosed HIV infections and late diagnosis: reaching underserved populations	Identify and engage with underserved groups on testing and Prevention in populations where uptake is low. Increased testing in relevant groups Link with other case finding programmes where applicable e.g. Hep C / SMS	<ul style="list-style-type: none"> Convene ITC meetings on themes relating to marginalised and underserved 'at risk' groups in the city; e.g. trans NB, BAME, faith groups, homeless Co-design testing interventions with community representatives Identify funding and grant opportunities to apply for including utilising 1,600 Insti kits available from BHCC 	<ul style="list-style-type: none"> ITC Group Community representatives 	<ul style="list-style-type: none"> Meeting room ITC capacity for writing bids Insti test kits Clinical staff to deliver POC test 	<ul style="list-style-type: none"> Number of HIV tests No. of HIV diagnosis No. late diagnosis Residents of B&H have up to date knowledge and understanding of HIV; their level of risk and where, when and how often to get tested. 	Themed meetings every 3 months commencing April 20 Funding proposal identified and submitted during 2020
Self-testing for HIV	Expand the offer and availability of HIV self-test kits via vending machines. Machines in place at: <ul style="list-style-type: none"> University Brighton Sussex University BMECP centre Amex HQ John Street Amex Stadium (N,E,S,W stands) New as yet unidentified sites 	<ul style="list-style-type: none"> Increase number of self-test vending machines across the city Identify funding Liaise with potential sites and communities 	<ul style="list-style-type: none"> Martin Fisher Foundation (MFF) ITC group 	£3,350 per machine	Increased number of vending machines in place Number of tests distributed No: reactive results reported	By March 2021

PrEP	Increase access to and uptake of PrEP for underserved 'at risk' groups and individuals	<ul style="list-style-type: none"> Design innovative ways of reaching underserved pop^{ns} with information about PrEP Gather intelligence from a broad section of PrEP users to understand PrEP use across the city (outside clinical trials) in order to shape interventions Plan / tailor interventions in light of the above Respond to changes in commissioning arrangements for PrEP in England and changes to the IMPACT trial 	<ul style="list-style-type: none"> ITC group BSUH THT 	<ul style="list-style-type: none"> Meeting room BSUH data ITC capacity 	<ul style="list-style-type: none"> Better understanding of current PrEP usage gaps / future demand More residents know about PrEP and those Increased uptake and use of PrEP for those 'at risk' either via NHS or self sourced Greater uptake among underserved groups; women, BAME, Trans 	Reviewed at Quarterly ITC meetings
Increase HIV testing by implementing / piloting NICE guidance	All people having a blood test should be offered an HIV test in high prevalence areas <ul style="list-style-type: none"> Opt out testing in selected GP surgeries Opt out testing in A&E/acute medical admissions 	<ul style="list-style-type: none"> Steering committee (SP, GD, SN, Jaime, DC, RW) pursuing with CCG, NHS England, BHCC, BSUH, EJAF Funding secured to date for primary care will enable pilot in ~6 surgeries Working group established by Feb 2020 	Working group	£48,000 Gilead BHCC committing similar funding Pursuing CCG, NHS England, EJAF for further resource	<ul style="list-style-type: none"> No. tests No. diagnoses No. declining / accepting No. engaged in care 	Pathways and pilot work completed Further roll out 2020
Stakeholder events and communications	Invite wider community organisations to engage / gather ideas for tackling undiagnosed and late HIV infection Utilise community assets to come up with the best solutions as the source of community intelligence, understanding and on the ground experience	Plan for event in 2020 in partnership with the Stigma group Share the narrative on Brighton & Hove's progress to ending the HIV epidemic and articulate the story of how the city has tackled HIV to date. Use the FTC initiative to outline the journey to zero and be clear about the part people can play in this. On-going engagement, involvement and co-design with wider stakeholders in relation to community testing gaps and opportunities. FTC Brighton Dashboard – active and contacting up to date information	ITC (MT/GD/ GP) BHCC communications team FTC	For events; Venue / catering / agenda / participants	Evaluation of event Numbers and diversity of attendees New ideas generated; community has meaningful involvement in the decision making Up to date source of information	Date tbc 2020 On-going June 2020

Brighton & Hove Towards Zero HIV Taskforce - Stigma Group - Action Plan

Action area	Target group(s)	Actions	Person/Group responsible	Resources needed	Outcome measures	Timeline
Reducing stigma among HCWs Stigma free hospital Stigma free health services in the city	All hospital workers in Royal Sussex County Hospital / Princess Royal Hospital (medical and nursing schools)	Digital campaign in Acute Trust to re-launch stigma screencast across the Trust	Stigma Group / BSUH HIV team/ Lead for HCW stream/ Communications team/E-learning team/ Student nurse champions	Within existing staffing	Numbers of staff accessing stigma screencast. Data collection before and after intervention	2021
	All healthcare workers in Royal Sussex County Hospital / Princess Royal Hospital (medical and nursing schools)	Development of E-learning tool using film as a medium to facilitate behaviour change	Stigma Group/E-learning technicians/Collaborate with other UK FTC to develop and share tools	Funding to be identified for E-learning teams/ project management/ Development & delivery	Data collection on attitudes before and after intervention	2022
	All healthcare workers in Royal Sussex County Hospital / Princess Royal Hospital (medical and nursing schools)	Development of 10 things tool concept (adapted from Diabetes) as prompt for healthcare workers	Stigma Group/Darzi Fellow	Within existing staffing Funding required for printing/launch/pilot workshops	Evaluation of tool in pilot	2021
	All HCP in Brighton and Hove	Mapping all healthcare workers across Brighton and Hove and current training on HIV stigma (set up electronic coding of training undertaken).	Stigma Group	Funding for software/ Expertise in digital mapping Local authority CCG Private health sector	Electronic map of healthcare services in Brighton and Hove	2022
	All HCP in Brighton and Hove	Commence healthcare community rollout of above interventions	Stigma group/ identified lead for community rollout	Funding to be identified for project management and delivery	No of staff/ organisations where education delivered	2022
	Primary healthcare, dentists and tattoo parlours	Develop project plan for stigma reduction activities in primary care services, dentists, tattoo parlours	Stigma group to identify lead to take work stream forward	Within existing staffing / identified education lead in the city. Funding to be identified for project costs	No of staff/ organisations where education has been delivered	2022/3
Empowering people living with HIV (PLWH)	Increase awareness among PLWH and general public on HIV stigma experiences	World AIDS Day activities/ themes	WAD co-ordinating group / Stigma group PLWH lead	Staffing within existing resource	Number of contacts, community feedback	Ongoing

	To continue to build resilience among PLWH to tackle stigma and discrimination Community engagement with PLWH	Following pilot - roll out workshops to support and develop resilience in addressing personal stigma / discrimination Ongoing engagement and feedback on stigma activities through community gatherings and digital media	Stigma Group PLWH lead/Mind Existing peer support/peer mentors/positive speakers/community groups	Funding to be identified for rollout Staffing within existing resources. Communications lead in stigma group	Number of workshops/individuals Evaluation of workshops Annual report from peer support/peer mentors/positive speakers/community grps	Ongoing 2020
Public awareness campaign	To continue to develop public awareness of HIV in Brighton and Hove with the aim of*: <i>Positive attitude towards HIV</i> <i>Community challenging of stigma</i> <i>Spread U=U message</i> <i>Physical presence at community events</i> <i>More Community educators</i> <i>More inclusive language including non-binary language</i> *Informed by Stakeholder meeting September 2019	Repeat knowledge and attitudes survey in Brighton and Hove What's App groups Trigger campaigns Link FTC Rugby teams to promote positive messages about HIV Engage more widely across all communities – regular stakeholder groups twice a year Identify Communications /PR expertise to further develop public awareness campaigns /volunteer/professional	Stigma Group identified lead Stigma Group identified lead Stigma Group identified lead Stigma Group identified lead Stigma Group identified lead	Within existing staffing Recruit lead/ community volunteer Recruit lead / community volunteer Recruit lead / community volunteer Recruit lead / community volunteer Recruit lead / community volunteer	Report on repeat survey Report on what app groups activity Report on trigger campaigns – number/ key messages Report on FTC Rugby team activities on HIV stigma Reports on stakeholder events / numbers attending/community representation Collation of activities	2021 2020 2020 2020 Ongoing 2021
Research on stigma interventions	To inform the evidence base for future interventions	Work with academic partners specifically on understanding HIV stigma and on stigma reduction interventions	Stigma Group Research and Education Group University of Sussex	Research Funding	Identified research outcomes related to funded projects	Ongoing

Brighton & Hove Towards Zero HIV Taskforce

Terms of Reference

Introduction

The Fast-Track Cities initiative is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementing and technical partners. The initiative's aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030 and achieving the 90-90-90 targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

Purpose

The Brighton & Hove Towards Zero HIV Taskforce will bring together a group of core stakeholders to consult, plan and direct the city's approach to achieving and exceeding the 90-90-90 targets through to 95-95-95 and towards zero HIV-related stigma, zero new infections and zero HIV-related deaths. This work is articulated through the Brighton & Hove Towards Zero HIV Strategy. The strategy focuses on a range of key activities with the following strategic goals:

- Reducing HIV-related stigma
- Increasing HIV testing
- Improving access to PrEP
- Championing research and evaluation
- Ensuring patient involvement and peer support.

The Taskforce will be the group through which we will communicate with the community and our international partners within the Fast Track Cities movement.

Governance and Accountability

- The Brighton & Hove Towards Zero HIV Taskforce is accountable to the Brighton & Hove City Council Health and Wellbeing Board.
- The Towards Zero HIV Taskforce will report back to the Martin Fisher Foundation Board.
- The Towards Zero Taskforce will also actively engage the community and voluntary sector in Brighton & Hove and the local community.
- Formal reporting from the Taskforce to the Fast Track Cities Partnership will be through the Health and Wellbeing Board.
- The Terms of Reference for the Taskforce will be reviewed after six months and thereafter annually.

Role and Responsibilities

The Brighton & Hove Towards Zero HIV Taskforce will:

- Provide strategic leadership in the planning and delivery of the City's response to HIV
- Agree and assure delivery of the Brighton & Hove Towards Zero HIV Strategy.

- Support a “technical handshake” to allow for an exchange of technical information as well as epidemiological, programme, and other relevant data.
- Keep an open line of communication with the IAPAC nominee regarding progress, challenges, and opportunities in the local response to HIV
- Report on progress semi-annually.
- Compile and report the City’s HIV epidemiology to a variety of different audiences
- Define the current HIV care continuum
- Develop and build consensus around metrics for success of the city implementation plan to achieve the initiative’s objectives and targets.
- Populate the Brighton & Hove Fast Track City dashboard
- Monitor and evaluate delivery of implementation plan
- Plan and deliver a city-wide consultation
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.

Taskforce Working Groups

There will be four taskforce working groups and each of these will have two co-chairs, one of whom will be from the Martin Fisher Foundation and one to be recruited through an application process. The four working groups are:

1. Stigma
2. Innovations in testing and care
3. Research and education

Membership

Name	Title/Role	Organisation
Councillor Claire Moonan: Chair	Leader of the HWBB	Brighton & Hove City Council
Eileen Nixon: Chair of working group 1: Stigma	Nurse Consultant	BSUH / MFF
Dr Gill Dean: Deputy Chair and Chair of working group 2: innovations in testing & care	Consultant	BSUH / MFF
Dr Jaime Vera Chair of working group 4: Research and education	Senior Lecturer / Consultant	BSMS / BSUH / MFF
Gary Pargeter	Rep	Brighton & Hove Community Works / Lunch Positive
Marc Tweed	Manager	Terrence Higgins Trust
Dr Amanda Clarke	Consultant HIV	BSUH
Dr Duncan Churchill	Consultant HIV	BSUH
Dr Valerie Delpech	Consultant epidemiologist	PHE
Dr Peter Wilkinson	Consultant public health	BHCC
Stephen Nicholson	Lead commissioner	BHCC
Rachel Harding	Comms	BHCC

Role of individual group members

Individual group members have a responsibility to:

- Understand the goals, objectives, and desired outcomes of Fast Track Cities.
- Understand and represent the interests of project stakeholders.
- Take a genuine interest in the project's outcomes and overall success.
- Act on opportunities to communicate positively about the project.
- Check that the project is making sensible financial decisions – especially in procurement and in responding to issues, risks and proposed project changes.

Frequency of Meetings

The Taskforce will meet 3 monthly

Quorum

The Taskforce will be deemed quorate with at least five members, including at least one from the Martin Fisher Foundation and one from Brighton & Hove City Council, present.

Process Indicators

City Process Checklist – Year 1
• Mayor/City Council sign <i>Paris Declaration</i>
• City Steering Group identified
• Creation of City epidemiological profile
• City specific dashboard on Global Fast-Track Cities Web Portal
• First consultation takes place
• City implementation plan developed
• Working groups developed
• First meeting of all working groups
• First annual report submitted
City Target Attainment – Years 2 – 5
• 90-90-90 and zero discrimination and stigma achieved
• Achievement of other metrics of success using indicators such as AIDS cases per 1,000 PLHIV; AIDS deaths per 1,000 PLHIV; estimated number of new HIV infections (in general and key populations); median CD4 of newly diagnosed cases; and estimated number of maternal to child transmissions of HIV.

How to get an HIV test in Brighton & Hove

Testing site / method	Details	Price	Website
Sexual Health & Contraception (SHAC East, Central & West)	An experienced team providing a confidential and non-judgemental service. Appointments via website or phone 01273 523388; specialist clinics for men who have sex with men (Clinic M), trans (Clinic T), young people (YPC) & women (Clinic W) OR order ' self-sampling ' kits to do at home	Free	1. to make an appointment www.brightonsexualhealth.com 2. To order a self-sampling kit www.brightonsexualhealth.com/homekits
On-line self-sampling kit sent to you through the post	A ' sampling-kit ' is where you take a sample using the kit (usually blood), send it off to a laboratory, and you receive the result about 1 week later	Free for people who may be at greater risk	www.test.hiv
Terrence Higgins Trust (THT)	Offering rapid HIV tests throughout the week – a finger prick test with results several minutes later (61 Ship Street, Brighton, BN1 1AE, 01273 764200) OR on-line ' self-testing ' kits available for high risk groups	Free	www.tht.org.uk test.tht.org.uk/
Pavilions (drug and alcohol services)	Support available to anyone concerned about their drug or alcohol use, or for the families & carers supporting those struggling with substance misuse	Free for clients of the service	www.pavilions.org.uk/services
Brighton Sauna	Sex on premises venue for men who have sex with men. ' Self-testing ' kits available from machine in the reception area; THT testing sessions using rapid HIV tests on Weds evening	Free	www.thebrightonsauna.com
FLASH (Flexible Alternatives to Self HIV testing)	FLASH is available for sex workers who identify as women and based mainly in the UK for sex work. HIV ' self-testing ' kits are delivered through the post	Free	www.flashhivtest.co.uk
General Practice	Most GPs will be happy to test you for HIV. Having a negative HIV result on your records does not impact on insurance, health or life assurance policies	Free	
Venues in Kemptown	Vending machines in Prowler, The Rainbow Hub, SubLine and The Marlborough Theatre & Pub dispensing ' self-testing ' kits	£9.99	
On-line self-testing kit sent to you through the post	A ' self-testing ' kit gives a result in 15 minutes, without anyone else being involved. The test will tell you if you are HIV negative, or if the test is 'reactive'. 'Reactive' test results must be confirmed in a health care setting, but are likely to indicate the presence of HIV	£29.95	www.hivselftest.co.uk
Superdrug (on-line or in store)	HIV ' self-testing ' kits are available from this retailer	£33.95	www.superdrug.com