

FAST TRACK CITIES

Brighton and Hove Towards Zero HIV Taskforce

Year 1 Report

November 2018

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Joint Chairs Year One Report

The first year of being part of the international Fast Track Cities Initiative has been exciting and productive. As expected it has enabled our city to look with fresh eyes at our HIV prevention and treatment work, and move towards ensuring that all our Stakeholders are aligned and working together towards the targets. As the first city in the UK to have signed up, we are now delighted to be joined by London and Manchester, and hope we can work closely with those cities in sharing expertise and innovations.

Our joint role is to lead the work of the Towards Zero HIV Taskforce in establishing the programme within the city, monitoring delivery against the 90:90:90 targets (and subsequently the 95:95:95 targets), and embed a collaborative approach that enable us all to work together to deliver these targets as quickly as possible while making sure that we learn from the rest of the worlds progress.

In just over twelve months since the City's Mayor and Leader signed the Paris Declaration to join us up to the [Fast Track Cities Initiative](#) we have made strong progress in delivering the year one objectives of the programme and have seen the various work streams start to meet and set up their parts of the whole action plan. These report later in this document.

We know that our performance against the 90:90:90 targets are strong with:

- 88% of people living with HIV knowing their status (based on national data)
- 98% of those being on treatment and
- 98% of those on treatment having undetectable virus in their blood stream

We are also working to develop a baseline assessment of HIV stigma within the city and develop a plan to address this fully.

But there is so much more to do to meet the Martin Fisher Foundation's ambitious targets of ZERO HIV stigma, ZERO new HIV infections and ZERO deaths from HIV in Brighton & Hove. Innovation will be a key means of achieving this and already we have seen the HIV self-testing vending machine win national awards and international plaudits, with plans to extend to London, Birmingham and Africa.

Over the next few years we have some urgent challenges that will require all partners and the whole city to come together to ensure that we can effectively meet the 95:95:95 targets by 2030 and really start to tackle HIV stigma comprehensively across all communities.

We hope you find this first annual report a helpful summary of our progress to date and 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 the Martin Fisher Foundation

Cllr Dan Yates

Leader, Brighton & Hove City Council

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.	

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 90 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 and Hove Towards Zero HIV Taskforce has been 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 and 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 are up and running and their members include medics, academics, public health and local authority colleagues and, most importantly, patient representatives and voluntary and community sector partners.

This is the first annual report of the Brighton and Hove Towards Zero HIV Taskforce. The report describes the epidemiology of HIV locally, the indicators which will measure our success and the progress that has been made so far as well as introducing some exciting plans for the future.

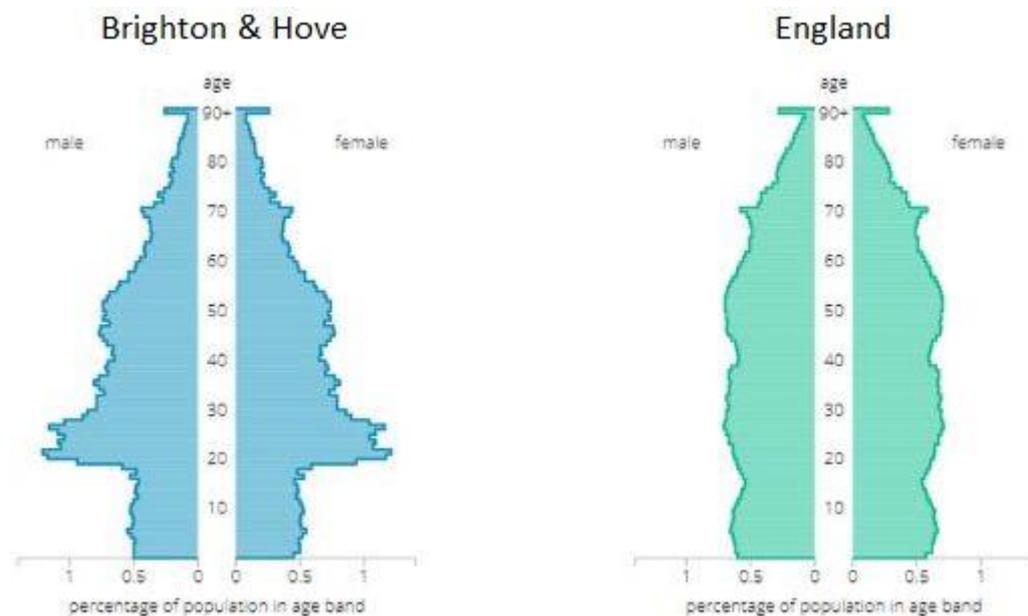
For more information about the international Fast Track Cities Initiative please see the link below:

<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 2015 was 285,300 and the population is expected to increase to 305,900 by 2026. 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 102nd most deprived local authority of the 326 in England according to the 2015 index of multiple deprivation. In 2015 45% of the population of the City lived in the 40% most deprived areas in England and only 7% in 20% least deprived areas. 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.

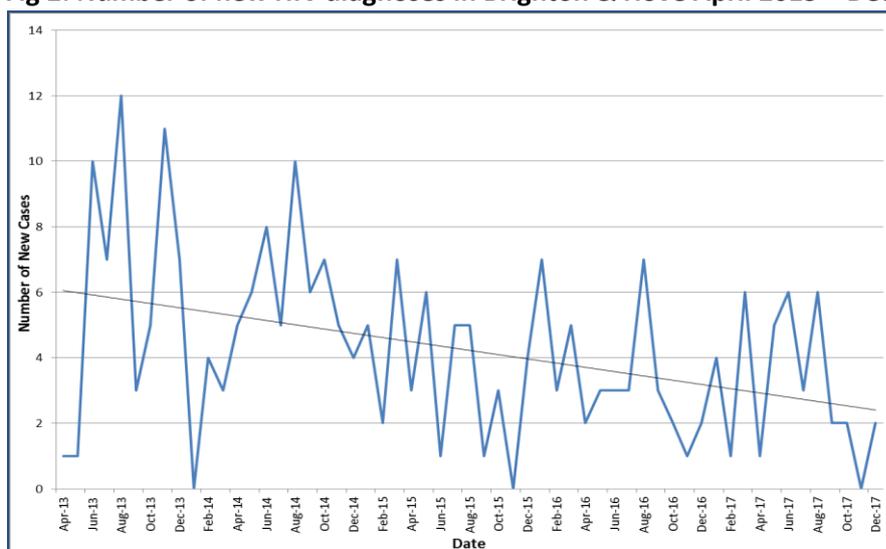
In 2016 3,965 new sexually transmitted infections (STIs) were diagnosed in residents of Brighton and Hove. The City has the 20th highest rate (out of 326 local authorities) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 1,387.0 per 100,000 residents (compared to 795 per 100,000 in England). For cases in males where sexual orientation was known over half (57.8%) of new STIs in 2016 were among gay and other men who have sex with men (MSM). Forty six per cent of new STIs were in young people aged 15-24 years (compared to 51% in England).

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. At the end of 2016 there were an estimated 101,200 people living with HIV in the UK, with around 13,500 (13%) unaware of their infection (Kirwan et al, HIV in the UK 2016). Men who have sex with men (MSM) and black Africans continue to be disproportionately affected by HIV. In 2017, 4,363 new diagnoses were made of which 43% were diagnosed late (Trends in new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2017). Individuals diagnosed late have higher rates of morbidity & mortality. This group has 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: individuals diagnosed late starting antiretroviral therapy have a significantly increased risk.

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 ago (HIV in the UK 2017). The decline was largely focussed on five London clinics but was also seen to a lesser extent in Brighton and Hove. The decline in new infections is associated with high levels of HIV testing, including repeat testing for men at high risk and prompt initiation of treatment following diagnosis.

Fig 2: Number of new HIV diagnoses in Brighton & Hove April 2013 – December 2017.



Source: Cavilla, S; Dean, G & Churchill, D (2018)

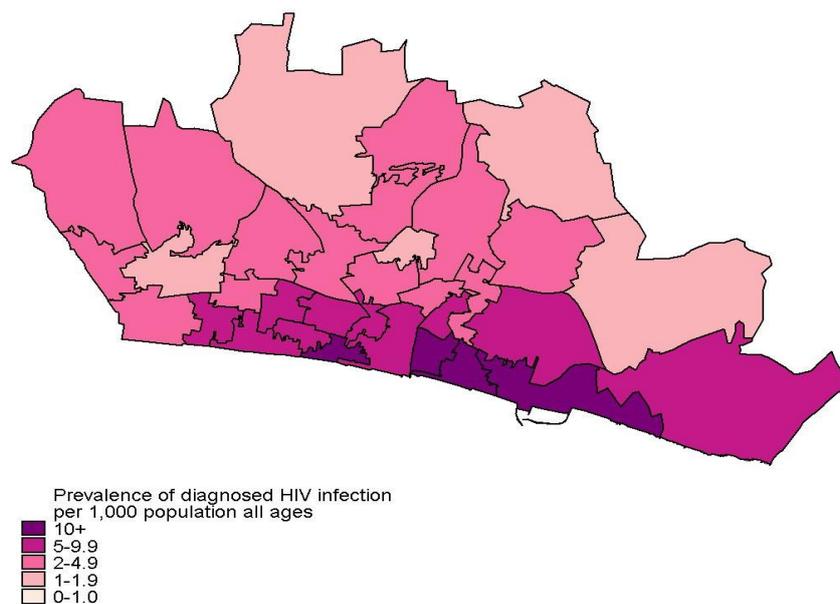
HIV in Brighton and Hove

Brighton and Hove has the 7th highest prevalence of diagnosed HIV in England and the highest outside of London. In 2017 1,868 people with HIV resident in Brighton and Hove attended NHS HIV treatment services. This is an increase of 1% (19 people) on 2016 and an increase of 272% on 1998 when there were 502 people receiving treatment. These figures do not include people with HIV who did not attend NHS HIV treatment services in 2017 or people who have HIV but do not know it (i.e. undiagnosed – currently estimated at approximately 13%). There were 45 new HIV diagnoses in residents of Brighton and Hove during 2017 equal to a new diagnosis rate of 18.3/100,000 population aged 15 and over. The new diagnosis rate for England is 8.7/100,000, 15+.

Ninety one per cent (1,704) of the cohort in treatment are male and of these, 88% are aged 35 or older and 48% are older than 50. The majority of people living with HIV are white although 50% of women with HIV are black African. In terms of probably route of transmission, the majority (84%) of people (92% of males) probably acquired their infection through sex between men.

In 2017 the diagnosed prevalence of HIV in Brighton and Hove was 8.12 per 1,000 population aged 15-59 years, compared to 2.32/1,000 in England and 1.81/1,000 in the South East region. 2016 data show that 85% 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. Prevalence of diagnosed HIV per 1,000 in Brighton and Hove, all ages by MSOA: 2016



Source: HARS/LASER Report (2016)

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. In Brighton and Hove between 2015 and 2017, 34.1% of HIV diagnoses were made at a late stage of infection (CD4 count = <math><350\text{ cells/mm}^3</math> within three months of diagnosis) compared to 41.1% in England (PHOF). Heterosexuals are more likely to be diagnosed late than MSM.

In 2016 an HIV test was offered at 90.6% of eligible attendances by residents of Brighton and Hove at specialist sexual health services and, where offered, an HIV test was undertaken in 70.3% of these attendances. Nationally an HIV test was offered at 81.5% of eligible attendances at specialist sexual health services and undertaken in 76.5% of these attendances (Laser Report 2016).

In 2016, of specialist sexual health service patients from Brighton and Hove who were eligible to be tested for HIV, 68.2% were tested. This compares 65.7% nationally (PHOF). Coverage of HIV testing in specialist sexual health services for residents of Brighton and Hove appears to have been decreasing since 2014.

Process indicators

Population	Indicator	Target	Baseline position Most recent data for the period August 2017 – August 2018	Year 2	Year 3
Undiagnosed	Undiagnosed proportion (first '90')	No more than 5% undiagnosed. Year 2 target: to have robust measure for B&H	Estimated 13%		
	Numbers HIV tests different settings	Numbers and positives by setting and risk group	Awaiting data		
	Proportion offered and uptake in traditional settings where recorded	Increasing trend	90% SHAC (men)		
	Retesting in MSM (attending with STIs)	Increasing trend	Awaiting data		
	Indicator diseases	All offered HIV tests	To confirm: TB = 100% Lymphoma = 100% Head & Neck cancer = 100% Cervical cancer = 100% Hep C = 100%		
Newly diagnosed	Numbers new diagnoses	Zero	Reducing		
	Numbers with incident infection (1 year)	<0.1% MSM 90% MSM diagnosed within 1 year	0.3%		
	Numbers with incident infection STAHRS (6 months)	Higher is better	26% in MSM; 6% heterosexuals		
	Proportion diagnosed late (CD4<350)	low	35.4%		

	Time to treatment	90% by 30 days	63% by 30 days; 93% by 90 days		
	Time to undetectable VL from positive test	TBC	Awaiting data		
Diagnosed cohort	Proportion on HIV treatment	>95%	98%		
	Proportion with suppressed VL (<200)	>95%	98%		
	Proportion with suppressed VL (<40)	No target	95%		
	AIDS related deaths	Zero	Cohort information from 2017 on AIDS related deaths for the baseline data – 1/16 which is 6.25%		
	Clinic lost to follow-up rates	National 2.6%	<0.5%		
PrEP	Numbers accessing PrEP through clinic	No target	July 2018: Impact = 186 (175 MSM; 10 Trans; 1 natal female) Discover = 52		
	Numbers attending for monitoring	No target	~ 150 MSM		
	Number of MSM attending THT who are taking PrEP (through a trial or self-purchased)	No target			
Stigma	Proportion worried that they are treated differently to other patients Proportion who avoided seeking healthcare when required	Reduction in proportion of people experiencing perceived or actual discrimination due to their HIV status	Positive Voices Brighton & Hove 2017: 31.7% Positive Voices Brighton & Hove 2017: 17.1%		

	<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>Improvement in public knowledge and attitudes</p>	<p>Increase in the proportion of people who feel supported by friends and family/faith communities and in the workplace</p> <p>Increase in knowledge of impact of ARVs on HIV transmission (U=U)</p> <p>Reduction in</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%</p> <p>Experienced gossip 36.56%</p> <p>Fear of verbal abuse 27.24%</p> <p>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 disclosure 63%</p> <p>Brighton & Hove Knowledge & Attitudes survey 2018</p> <p>67% believe that HIV cannot be passed on if</p>		
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		<p>negative attitudes towards PLWHIV</p>	<p>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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Report of the Research and Education Implementation Group

The research and education implementation group brings 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.

Current research projects that members of the implementation group are leading or involved with include: the evaluation of digital vending machine provision of HIV tests; HIV and residential care settings; understanding late diagnosis of HIV in people aged 50 years and older; whole genome sequencing in HIV – a novel approach to improving partner notification strategies.

The group have met once so far (March 2018), however regular discussion with members has taken place throughout the year. During the meeting a chair and co-chair had been elected and approved – Jaime Vera (HIV consultant and Senior Lecturer, BSMS) and Carrie Llewellyn (Professor of Applied Behavioural Science, University of Sussex), as well as agreed Term of Reference. The membership of the group encompasses the expertise of academics currently working in projects associated with sexual health and HIV. The group have agreed on a draft action-plan which sets out proposals for the next 1-2 years. We will work closely with both the ICT implementation and Stigma groups to provide support designing, conducting and evaluating interventions, as well as helping writing applications for funding. We will also ensure that the results of any projects are disseminated effectively to all stakeholders including the wider community.

Dr Jaime Vera.
Senior Lecturer and Consultant HIV Physician

Report of the Innovations in Testing and Care Implementation Group

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

The group have met twice so far (May and August 2018) and have elected and approved co-chairs – Dr Gillian Dean (Consultant HIV Physician and Trustee of the Martin Fisher Foundation) and Marc Tweed (Centre Manager of Terrence Higgins Trust South), as well as agreed Term of Reference. The initial membership of the group already provides broad representation of vulnerable and ‘at-risk’ groups across the city, but will be reviewed and added to over the next 12 months. It must be recognised that whilst the core resident population of Brighton & Hove is estimated at 285,000, the city hosts a large transient population of tourists, students, festivals and other social events causing the population to swell to over ½ million at peak times.

The group have written a draft action-plan which sets out proposals for the next 1-2 years. We will work closely with the Research and Education implementation group to ensure interventions are funded, monitored and evaluated appropriately.

The group will also monitor progress made with respect to the Process Indicators agreed by the Towards Zero HIV Taskforce. These metrics will ultimately populate the Brighton & Hove city-wide dashboard.

In the Autumn the group plan to publish a ‘back-to-basics’ account of the how the Fast Track Cities Initiative, the Towards Zero HIV Taskforce, the Implementation Groups and commissioned services interact, and how people can become involved,. We will also actively seek ideas from the ‘grassroots’ population on how we can better coordinate HIV Prevention efforts across the city.

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

Marc Tweed
Centre Manager
Terrence Higgins Trust South

Report of the Stigma Implementation Group

A steering group has been established comprising 12 members from the acute and community health sectors, mental health, the People Living with HIV Stigma Index, patient and community representatives, academia and the voluntary and community sector. Additional members will be invited or co-opted for input and expertise in areas such as commerce, finance and communications.

The group have met three times and have elected and approved co-chairs - Dr Eileen Nixon (Consultant nurse and Trustee of the Martin Fisher Foundation) and Rob Hammond (Peer Mentor Co-ordinator, Sussex Beacon). Terms of reference have been agreed.

The group have written a draft action-plan which sets out proposals for the next 1-2 years involving three main work streams: reducing stigma among health care workers; empowering people living with HIV; and a public awareness campaign. A literature review on stigma among health care workers in acute settings has been completed. The group will work with colleagues to ensure robust research and evaluation plans are in place.

A series of baseline metrics have been agreed: People living with HIV stigma index 2015 for South East England; Positive Voices survey results for Brighton and Hove; a knowledge and attitudes survey in Brighton and Hove during 2018. These measures will be repeated at intervals over the next three years to monitor progress.

The group have begun to develop links with other fast track cities on stigma reduction activities building on established links with e.g. Lusaka in Zambia which is also a fast track city.

Dr Eileen Nixon
Consultant Nurse
Trustee of the Martin Fisher Foundation

Action Plans 2018 – 2019

Action area	Targets	Actions	Group(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"> • Research and Education group • ITC group 	<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"> • Jan19 – plan/protocol/funding • Feb 19 – ethics • Apr 19 – commence sampling • Oct 19 – end sampling (6 months) • Nov/Dec 19 – results and evaluation
Self-testing for HIV	<ul style="list-style-type: none"> • University Brighton • Sussex University • BMECP centre • Brighton Station • Amex (N,E,S,W stands) 	<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 • Research and Education group 	£3,350 per machine (£16,750 in total)	Five further machines in place in 6 months	June 2019
Pre-exposure prophylaxis: PrEP	Sample a broad section of PrEP using individuals to understand PrEP use across the city (outside clinical trials) in order to shape interventions	<ul style="list-style-type: none"> • Draft electronic survey based on national PHE PrEP survey • Distribute widely across all stakeholders 	<ul style="list-style-type: none"> • PHE have shared national survey with MT • ITC group to sign off B&H version • LGBT HIP to lead • All for distribution 	Upload survey on to Bristol on-line Surveys	Better understanding of current PrEP usage gaps / future demand Opportunity to engage clients	Launch survey in Dec 2018
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, Jaime) pursuing with CCG, BHCC, BSUH, EJAF, Gilead 	Working group	<ul style="list-style-type: none"> • Funds +++++ 	<ul style="list-style-type: none"> • No's tests • No's diagnoses • No's declining / accepting 	Pathways and pilot work completed Further roll out 2019

Improve co-ordination of stakeholders at city-wide events	To have a calendar of events to which we all contribute	First draft by MT/THT Stored on Google Drive All to review / add to	ITC group to look for new collaborative opportunities to increase HIV testing	HIV tests	Increased number of events where co-ordinated approach occurs	Sep 18-Aug 19
Stakeholder event	Invite wider community organisations to engage / gather ideas	Plan for event in November/December	ITC group	Venue / catering / agenda /	Evaluation of event	November 2018
Brief intervention for health care professional stigma reduction	All HCP involved in HIV/SYI testing to have received brief intervention on stigma	Adaptation of WHO brief anti-stigma intervention	<ul style="list-style-type: none"> • Stigma group • Research and Education group 	Funds/ staffing	Numbers of HCP receiving intervention	
Reducing stigma among healthcare workers	All HCP at Royal Sussex County Hospital (RSCHT)	<ul style="list-style-type: none"> • Education and awareness campaign in acute health sector leading up to World Aids Day 2018 – to include positive speakers, film clips from StigmaSaur Project, Positive Voices Choir . 	<ul style="list-style-type: none"> • Stigma group • Brighton and Sussex University Hospitals Trust (BSUHT) HIV team • ITC group • Research and Education group 	BSUHT staff team	<ul style="list-style-type: none"> • Number of HCP contacts • Numbers of clinical areas 	December 2018
	All healthcare workers at RSCH	<ul style="list-style-type: none"> • Develop a corporate slide set on HIV Stigma to add to all healthcare worker presentations 	<ul style="list-style-type: none"> • Stigma group • BSUH HIV team 	BSUH staff team	Number of teaching sessions delivered that include stigma slide-set	February 2019
	All healthcare workers at RSCH	<ul style="list-style-type: none"> • Include HIV in Mandatory training 	<ul style="list-style-type: none"> • Stigma group • BSUH HIV team 	BSUH staff team	Number of mandatory training sessions delivered	August 2019
	All healthcare workers at RSCH	<ul style="list-style-type: none"> • Mapping all healthcare workers across Brighton and Hove and current training on HIV stigma (set up electronic coding of training undertaken). 	<ul style="list-style-type: none"> • Stigma group 	Expertise in digital mapping	Electronic map of healthcare services in Brighton and Hove	August 2019

	Primary healthcare, dentists and tattoo parlours	<ul style="list-style-type: none"> • Develop project plan for stigma reduction activities in primary care services, dentists, tattoo parlours 	<ul style="list-style-type: none"> • Stigma group 		Delivery plan for stigma education in target areas	August 2019
Empowering people living with HIV	Increased awareness among PLWHIV and general public of HIV stigma	<ul style="list-style-type: none"> • World AIDS Day 2018 stall relating specifically to stigma and discrimination 	<ul style="list-style-type: none"> • Stigma group • Research and Education group 	staffing within existing resource	<ul style="list-style-type: none"> • Number of contacts • Community feedback 	December 2018
	To identify existing services and roles in reducing HIV stigma	<ul style="list-style-type: none"> • Mapping of existing service provision for supporting people living with HIV to tackle stigma / discrimination 	<ul style="list-style-type: none"> • Stigma group 		Report on existing services	February 2019
	Increased resilience among PLWHIV to tackle stigma and discrimination	<ul style="list-style-type: none"> • Build on existing Peer Mentor service and develop 'Stigma Ambassadors' and 1-1 training to support and develop resilience in addressing personal stigma / discrimination 	<ul style="list-style-type: none"> • Stigma group 		Resource identified for 1-1 training and development of stigma ambassadors	August 2019
	Improved evidence base to inform future interventions	<ul style="list-style-type: none"> • Undertake qualitative research with the HIV community to explore factors such as resilience and age differences 	<ul style="list-style-type: none"> • Stigma group • Research and Education group • University of Sussex 		<ul style="list-style-type: none"> • Research protocol • Funding applications 	August 2019

Public awareness campaign	To further develop public awareness of HIV in Brighton and Hove	<ul style="list-style-type: none"> • Build on existing StigmaSaur public awareness campaign • Repeat knowledge and attitudes survey in Brighton and Hove • Aim for two-monthly HIV education themes across the city through a number of mediums and organisations; posters on bus stops, button badges, presence at major events • Identify Communications /PR expertise to further develop public awareness campaigns 	<ul style="list-style-type: none"> • Stigma group • Research and Education group • Stigma group • Stigma group 	Funding	<ul style="list-style-type: none"> • Number of contacts viewing StigmaSaur films • Repeat survey report • Number of education themes delivered • Knowledge and attitudes measures • Communications plan 	<ul style="list-style-type: none"> • August 2019 • June 2019 • August 2019 • June 2019
Collate baseline stigma metrics for monitoring	See stigma process indicators	<ul style="list-style-type: none"> • Document baseline data 	<ul style="list-style-type: none"> • Stigma group • Research and Education group 		<ul style="list-style-type: none"> • Report on baseline metrics 	<ul style="list-style-type: none"> • By March 2019
Collaborate with other fast track cities on stigma reduction	Fast Track Cities	<ul style="list-style-type: none"> • Establish links with key cities to compare and share stigma reduction activities and identify what works in different settings 	<ul style="list-style-type: none"> • Stigma group • Research and Education group 		<ul style="list-style-type: none"> • Number of collaborations • Shared initiatives 	<ul style="list-style-type: none"> • August 2019

Appendices

DRAFT

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. Patient involvement and peer support
4. Research and education

Membership

Name	Title/Role	Organisation
Councillor Daniel Yates: Chair	Leader of the Council	Brighton & Hove City Council
Eileen Nixon: Chair of working group 1: Stigma	Nurse Consultant	BSUH
Dr Gill Dean: Deputy Chair and Chair of working group 2: innovations in testing & care	Consultant	BSUH
Rob James: Chair of working group 3: Patient involvement and peer support		
Dr Jaime Vera Chair of working group 4: Research and education		
Gary Pargeter	Rep	Brighton & Hove Community Works
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

Dr Sean Perrera		Primary care
Communications rep		

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 2 – 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.

March 2018

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

