



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. The Fast-Track Cities Initiative: 90- 90- 90

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 22nd November 2016
- 1.3 Author of the Paper and contact details
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2. Summary

- 2.1 This report comes to the Board following a Notice of Motion to Full Council on 20th October 2016. This paper describes HIV in Brighton and Hove and introduces the international *Fast-Track Cities* initiative which aims to support cities to end the public health threat of HIV through the achievement of the UNAIDS 90-90-90 targets by 2020.

3. Decisions, recommendations and any options



3.1 That the Board:

- 3.1.1 Agrees the Paris Declaration of 1st November 2014 and commits the Council, with the support of health partners, to the 90:90:90 target of 90% of people living with HIV being aware of their status; 90% of them being on antiretroviral treatment and 90% of those having undetectable viral loads.
- 3.1.2 Agrees to Brighton & Hove becoming the first city in the UK to become a fast track city and through sustained efforts work towards the ambition of the Martin Fisher Foundation strategy “Towards Zero, HIV Prevention Strategy: Working together towards Zero new HIV infections, zero HIV related deaths and zero HIV stigma in Brighton & Hove”.
- 3.1.3 Agrees to work to end any stigma associated with living with HIV infection.
- 3.1.4 Agrees to put a plan in place to achieve this work, including a broad and thorough public engagement campaign, working closely with HIV community organisations in our city.
- 3.1.5 Agrees to investigate how the cut of 20% in HIV support services, agreed through budget council, will affect both people living with HIV and people at risk of HIV in the city.

4. Relevant information

4.1 HIV in Brighton and Hove

- 4.1.1 In 2014 there were an estimated 103,700 people living with HIV in the UK. Men who have sex with men (MSM) and black Africans remain the groups most affected by HIV infection.
- 4.1.2 In Brighton & Hove in 2014, the diagnosed prevalence of HIV was 8.1 per thousand population aged 15 – 59 years, compared to 2.2 per thousand in England. This is the 11th highest prevalence of any local authority in England and the highest outside of London.
- 4.1.3 1,734 adult residents of Brighton and Hove received NHS HIV-related care in 2014. Of these, approximately 91% were male and 9% female. Eighty seven per cent were white and 7% were black African. With regards to exposure, 85% probably acquired the infection through sex between men, and 13% through sex between men and women.



4.1.4 Nationally, the proportion of people living with undiagnosed HIV infection is around 17%. Approximately 14% of MSM living with HIV are undiagnosed and around 16% of black African men and 12% of black African women living with HIV also remain undiagnosed.

4.1.5 Late diagnosis rates (when the infection is diagnosed at a point when treatment should have already begun) are lower in Brighton and Hove than nationally at 29% and 42% respectively.

4.2 The Martin Fisher Foundation

4.2.1 The Martin Fisher Foundation (MFF) was established in the memory of the late Professor Martin Fisher who was an internationally renowned HIV clinician and researcher based in Brighton & Hove, who died last year.

4.2.1 The aim of the foundation is to reduce HIV transmissions to zero, developing Brighton & Hove as a demonstration model for how this ambition could be achieved.

4.2.2 An important element of the MFF *Towards Zero, HIV Prevention Strategy* is to support Brighton & Hove to become a *Fast-Track City* and become a key partner in the achievement of the initiative's goals.

4.3 The Fast-Track Cities Initiative: 90-90-90

4.3.1 The *Fast-Track Cities* Initiative is a global partnership between the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC).

4.3.2 *Fast-Track Cities* aims to build upon, strengthen and leverage existing HIV programmes and resources in high HIV burden cities to support their achievement of the UNAIDS 90-90-90 targets by 2020:

- 90% of all people living with HIV (PLHIV) will know their status
- 90% of all PLHIV will receive sustained antiretroviral therapy (ART)
- 90% of all PLHIV will have durable viral suppression

And also to:



- Increase utilisation of combination prevention, including pre-exposure prophylaxis;
 - Reduce to zero the negative impact of discrimination and stigma;
 - Monitor progress through a standardised approach to data generation, analysis and reporting.
- 4.3.3 The *Fast-Track Cities* Initiative is framed around a 5-element implementation plan which addresses the key aspects necessary for a robust, city-wide HIV/AIDS response:
- 4.3.4 **Process and Oversight** – *Fast-Track Cities* core partners will provide support to convene Fast-Track City-wide consultations, bringing local stakeholders together to gain consensus around attaining the 90-90-90 and discrimination and stigma targets and forge co-ordinated city-wide responses.
- 4.3.5 **Monitoring and Evaluation** – Fast-Track cities will be supported to develop a baseline epidemiology profile and can be supported with HIV care continuum metrics guidance as needed. All Fast-Track cities will have city-specific dashboards on a global *Fast-Track Cities* web portal which will track progress towards attainment of the 90-90-90 and discrimination and stigma targets.
- 4.3.6 **Programme Interventions** - *Fast-Track Cities* core partners will help in brokering strategic partnerships between Fast-Track cities and other partners through which to improve or scale up management, operational, and/or programmatic aspects of local HIV/AIDS responses. The International Association of Providers of AIDS Care (IAPAC), the core technical partner, will provide capacity building and technical assistance to public health, clinical and other service providers; and PLHIV and community groups around HIV care continuum optimisation.
- 4.3.7 **Communications** – Fast Track cities will be supported to develop a communications plan to: improve visibility of the initiative; increase stakeholder and community engagement; share information with local and global stakeholders; and, maintain city-specific dashboards on the global *Fast-Track Cities* web portal.
- 4.3.8 **Resource Mobilisation** – *Fast-Track Cities* initiative core partners will work with Fast-Track cities to set targets, mobilise local and international resources, and improve efficiency to ensure that project costs are used to maximise local efforts in a sustainable way.

- 4.3.9 The *Fast-Track Cities* Initiative programmatic priorities are based on the following principles:
- Targeted, evidence-based biomedical, behavioural and social interventions are fundamental to each Fast-Track city's accelerated local HIV/AIDS response;
 - Efforts to increase testing rates and early diagnosis are key to addressing the first, and one of the largest, gaps across the HIV care continuum;
 - The role of specialist and, increasingly primary care, clinical providers is incredibly important, and the healthcare workforce itself, is key to the initiative's success, as are affected communities, including patient advocates and lay providers;
 - Building an enabling environment where discrimination and stigma do not prevent people from accessing health services will underpin success across all priority actions;
 - Shared responsibility, at individual- and community-levels as well as government- and civil society-levels, will ensure cities' efforts are grounded in local accountability; and
 - Strategic monitoring and evaluation to inform each Fast-Track city's response and allow for city officials to measure and report progress to all stakeholders.

4.4 The Paris Declaration on Fast-Track Cities

- 4.4.1 The Paris Declaration was first signed by 27 cities from around the world on World AIDS Day 2014 in the city of Paris. As of 1st November 2015, an additional 25 cities have signed the declaration committing themselves to attaining the UNAIDS targets by 2020.
- 4.4.2 In signing the Paris Declaration, Mayors and Leaders of Council also commit to seven additional objectives:
- 1) End HIV/AIDS as a public health threat in cities by 2030
 - 2) Put people at the centre of everything we do
 - 3) Address the causes of risk, vulnerability and transmission
 - 4) Use our HIV/AIDS response for positive social transformation
 - 5) Build and accelerate an appropriate response to local needs
 - 6) Mobilise resources for integrated public health and development
 - 7) Unite as leaders and work with a network of cities to make this declaration a reality.
- 4.4.3 Table 1 below shows selected 90-90-90 data that were announced at the international AIDS conference 2016, plus local estimates of the current Brighton and Hove position. These data show that the

greatest challenge to achievement of the targets locally is to identify undiagnosed infection.

Table 1. Selected data on achievement of the 90-90-90 targets: 2016

Fast-Track City	90-90-90 targets		
	90% Diagnosed	90% On ART	90% Virally Suppressed
Amsterdam	93%	88%	94%
Denver	90%	N/A	87%
Kyiv	51%	44%	85%
Paris	81%	82%	94%
Brighton & Hove	83%*	92%	96%

*this figure is based on the national estimate that 17% of HIV infection in the UK remains undiagnosed

4.5 Reduction in the Public Health Budget

4.5.1 Because of the continuing reductions to the public health ring-fenced grant and the additional council savings targets, all public health commissioned services are facing a reduction in their funding over the next four years. This has necessitated new contracts being offered at reduced values to realise savings of at least 20% of the current contract values.

4.5.2 Plans to re-procure HIV prevention and social care services achieving this savings target were presented to, and agreed by the Health and Wellbeing Board in July 2016 (as opposed to budget council, as was described in the wording of an amendment to the motion on the *Fast-Track Cities* initiative shown verbatim at 3.1.5 above).

4.5.3 The service specification for the new contract prioritises interventions with the best evidence of effectiveness in preventing HIV infection and promoting sexual health.

4.5.4 The current service provider, the Terrence Higgins Trust was the successful bidder for the new contract from April 2017.

4.5.4 The impact of the budget reduction on activity and outcomes has been mitigated by the service provider achieving efficiency savings including making greater use of social media and websites.

4.5.5 An equalities impact assessment of the savings plan has been undertaken and any potential impact will continue to be monitored through contract reporting, sexual health service activity and HIV and sexually transmitted infection (STI) diagnosis rates.



5. Important considerations and implications

Legal:

- 5.1 There are no legal implications arising from this report which is submitted for consideration of the Committee by the Council following a Notice of Motion presented on 20 October 2016.
Lawyer consulted: Judith Fisher; Date: 10.11.2016

Finance:

- 5.1 Any actions to help deliver the objectives of The Paris Declaration on Fast-Track Cities must be met from within existing budget resources.

Finance Officer consulted: Mike Bentley Date: 04/11/16

Equalities:

- 5.2 A reduction in HIV transmission will address the inequalities for men who have sex with men (MSM) and black African communities who are disproportionately affected by HIV/AIDS.

A budget equalities impact assessment has been undertaken and any potential impacts of the budget reduction will continue to be monitored

Sustainability:

- 5.3 None identified.

Health, social care, children's services and public health:

- 5.4 This paper explicitly addresses HIV as a personal and public health issue. Children's services are out-with the scope of this paper

6. Supporting documents and information

- 6.1 N/A



