

# Leaders' Committee

## The London HIV Prevention Programme (LHPP)

Item no: 7

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<b>Date:</b>	6 December 2016		
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### Summary

The London HIV Prevention Programme (LHPP) is a unique collaborative programme across all 33 London local authorities, which enables the commissioning and delivery of a range of city-wide HIV prevention interventions.

The commissioning and funding of the LHPP was initially agreed by Leaders for a period of three years, with the current funding agreements and contracts due to expire on 31st March 2017.

This report provides an update to Leaders' Committee on the LHPP and what it has delivered so far, and seeks endorsement for the continuation of the programme.

### Recommendations

Leaders are asked to:

1. Note and comment on the impact of the London HIV Prevention Programme.
2. Endorse the proposal to continue the programme for two years beyond March 2017, with a 10% reduction in borough contributions.



# The London HIV Prevention Programme (LHPP)

## Background

1. HIV is a key public health issue for London. Almost half of all new HIV diagnoses in England in 2014 were in London (49%, 2,671) and HIV prevalence is higher in London than anywhere else in England, with 35,363 people in London living with diagnosed HIV (60% higher than 2005). The key population groups at greatest risk of HIV infection are men who have sex with men (MSM) and black African communities.
2. London's needs for HIV prevention and sexual health promotion continue to rise, especially among key at-risk groups. There has been good progress made on reducing the prevalence of undiagnosed HIV in London, and reducing the proportion of cases diagnosed at a late stage of infection. However, there is still more to do: 37% of new diagnoses in London continue to be at a late stage of infection and it is estimated that 12% of Londoners living with HIV remain undiagnosed. Reducing late diagnoses and reducing the prevalence of undiagnosed HIV has important benefits both in terms of the health of individuals who are HIV positive and in terms of reducing the risk of onward transmission. Alongside the challenge of HIV, other STIs are on the rise among key groups in the capital, which in and of itself is an important public health issue, but is also significant because the presence of others STIs increases the risk of HIV transmission.
3. In London based on 2015 data, all boroughs now exceed the threshold for being a "high prevalence" area of 2 cases per 1,000. 18 of the 20 boroughs in the UK with the highest prevalence of HIV are in London.
4. Following the transfer of public health to local government, London boroughs undertook a comprehensive London HIV Prevention Needs Assessment and options appraisal, led by the Directors of Public Health. This evidence-based needs assessment established the case for delivering a number of HIV prevention interventions at a London level. It focussed on interventions where a city-wide approach made sense owing to economies of scale in either the commissioning or delivery of services, or where such an approach improved the quality, consistency or reach of the interventions. Leaders agreed to commission

a collaborative HIV prevention programme across the capital, recognising that tackling London's public health challenge of HIV required joint action.

5. Whilst participation in the programme is a matter for individual boroughs, establishing the LHPP was discussed by London Councils' Leaders' Committee and this report is provided to report progress and look to the future. The LHPP was initially agreed for a period of three years, with the current funding agreements and contracts due to expire on 31st March 2017.

### **The London HIV Prevention Programme (LHPP)**

6. The overarching aims of the LHPP are to reduce new HIV infections and increase earlier diagnosis of HIV by:
  - Increasing the uptake of HIV testing
  - Promoting condom use
  - Advocating for safer sexual behaviours.
7. These aims are delivered by the LHPP through three key elements:
  - "Do It London" – multimedia communications on HIV for all Londoners, with specific campaigns targeted at key at-risk groups of MSM and black African communities;
  - condom procurement, promotion and distribution; and
  - targeted outreach via face to face and digital channels (for MSM only).
8. The London Borough of Lambeth commissions and manages the programme, on behalf of all London local authorities. Borough contributions to the LHPP are calculated according to the prevalence of HIV in their area, with annual contributions ranging from less than £2,000 to more than £110,000 per year. In total, by the end of the third year of the programme in March 2017, boroughs will have contributed £3.4 million over three years, with an annual spend of £1.14m. This compares to an annual spend of £2.8m (2008-11) and £2.3m (2011-13) spent by London's primary care trusts on the predecessor programme.

### **What the LHPP has delivered so far**

9. The LHPP has been extremely active across all three elements of the programme. Through the LHPP London boroughs have:

- Created a strong campaign brand for HIV Prevention (“Do It London: Test, Protect and Prevent HIV”, see Appendix two), supported by online access through the Do it London website, which provides safer sex information, supports access to multiple options for testing and home sampling, and sets out London’s approach to prevention.
- Grown the ‘Do It London’ website from 10,500 views per month (June-Dec 15) to 85,000 views per month (Jan-April 16). [www.DoltLondon.org](http://www.DoltLondon.org) is now *the* top website for HIV or sexual health searches in London
- Delivered non-digital campaigns, including: 22,450 adverts across the London transport network (buses, tube, rail stations, roadside); 1000 adverts across bars, clubs, leisure centres and shopping centre washrooms; 1500 video adverts across London GP surgery waiting room screens; over 5000 radio ads across 3 gay and black African stations.
- In terms of digital display advertising (mobiles, apps, websites) and social media (Facebook, Twitter), achieved very high click through rates (CTR) (1.22%) and a low cost per click (£0.21) both of which compare very favourably to the industry average for large corporate advertisers (CTR of 0.05%).
- Distributed 1.5 million condoms in 2015/16 alone.
- Completed 80,000 face to face outreach interventions/ contacts in over 80 MSM venues across the city, including more intensive outreach interventions in 22 priority venues.
- Achieved 120,000 contacts through the development of a new MSM digital outreach service (via Grindr, Scruff, Gaydio and other targeted channels).
- The recent summer campaign used in-depth audience feedback to refine messaging and channel selection. This meant that the campaign was able effectively to target MSM and black Africans via the most popular format: mobile and tablet.

10. Each phase of the Do it London campaign is evaluated through independent market research by an independent company. The “post-campaign” market research survey conducted in February 2016 involved nearly 400 participants from across Greater London (107 gay men, 183 black African men and women, as well 99 people from a nationally representative group). Key findings from this survey revealed high levels of campaign awareness and impact, including:

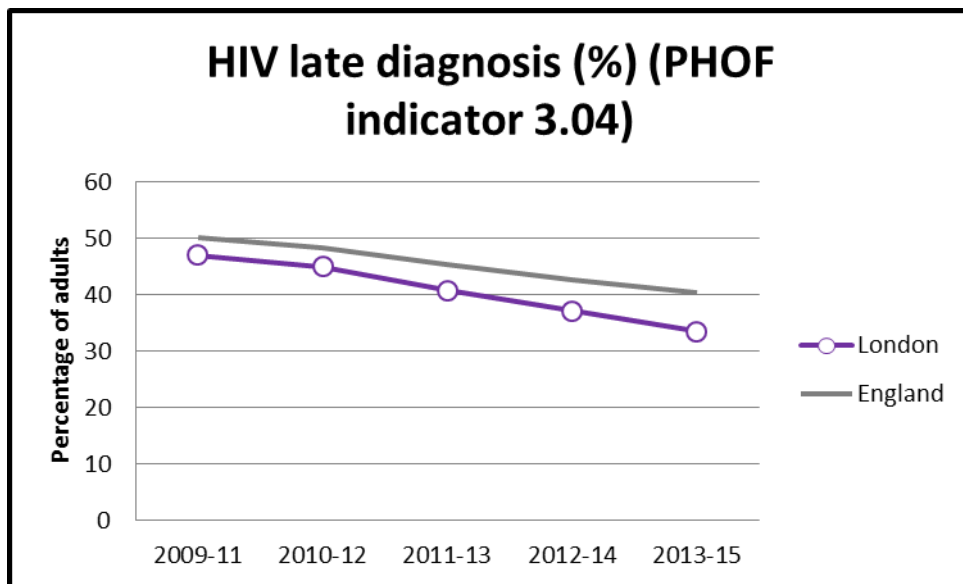
- High levels of *unprompted* campaign awareness, with levels of awareness increasing with increasing numbers of sexual partners in last 6 months (48%

of those with 4 or more partners in the past 6 months were aware of the campaign)

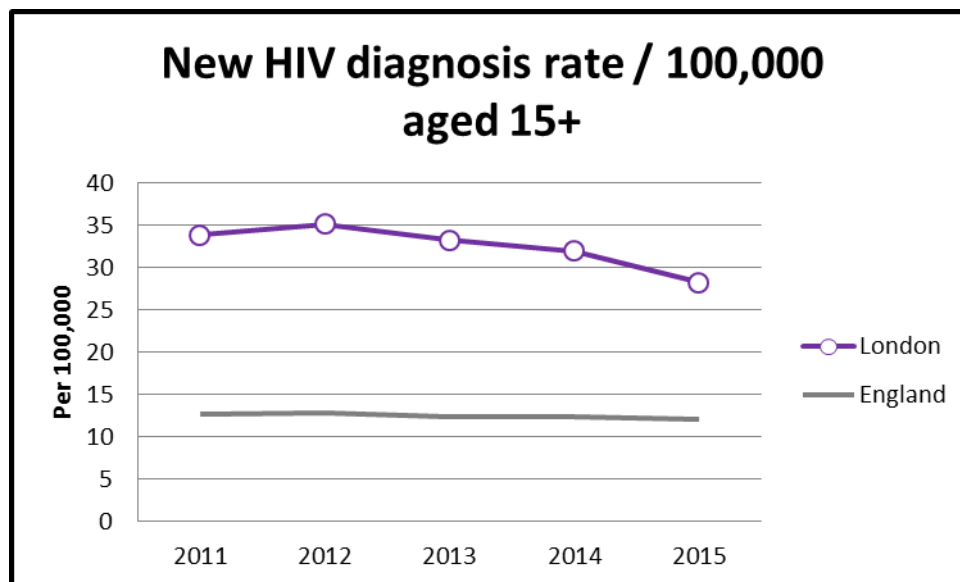
- *Prompted* recognition of the campaign was approximately 50% in gay men and black African men.
- Black African men and MSM reported the greatest impact on their self-reported awareness of the campaign and of HIV testing, and on self-reported behaviours (going for a test, ordering a home sampling kit, discussing safer sex with a partner).

11. Post campaign evaluation from a market research agency released in September of this year showed that the campaign is continuing to raise awareness of HIV testing across the key groups. Of all respondents who had already seen the Do it London campaign, 68 per cent felt it had positively influenced their behaviour towards HIV testing and 66 per cent felt it had influenced their sexual behaviour (e.g. to practice safe sex).

12. These encouraging evaluation results are starting to be reflected in positive trends from national PHE data on testing and late diagnosis rates. A drop in the percentage of late diagnoses can be seen in Graph 1 and a fall in the new diagnosis rate is evident in Graph 2.



Graph 1, Percentage of adults (aged 15 or above) in London newly diagnosed with HIV with a CD4 count less than 350 cells per mm<sup>3</sup>



*Graph 2, Rate of new HIV diagnosis per 100,000 population among people in London aged 15 and over*

13. A separate, academic evaluation of the LHPP is underway, led by University College London and Public Health England and supported by a National Institute for Health Research grant of £250k. This will endeavour to assess the longitudinal impact of the LHPP on sexual health knowledge and attitudes of MSM and black African communities, and on HIV testing behaviours. The findings of this evaluation will be published in April 2017 and will be used to help shape and refine the programme going forward.
14. Through robust procurement and contract management, Lambeth commissioners have successfully secured significant increases in productivity and outputs from the providers. For example, they have secured a 36% increase in the number of condoms distributed for significantly less spend (£1.1m per annum), compared to the previous NHS commissioned pan-London programme (£2.8m per annum in 2008-11 and £2.3m per annum in 2011-13). The LHPP is confident that it can deliver further productivity increases and is able to, therefore, offer an overall annual budget reduction of 10%.
15. These efficiencies have been achieved through the collective purchasing power of boroughs working together. Significant added value has also been achieved in terms of the communications and media campaign. Through close working with borough communication teams in order to access council-owned billboards, the LHPP has minimised spend on media buying and achieved an estimated saving of around £400,000. All campaign planning and coordination has been delivered “in house” by Lambeth rather than via a third party, which is estimated to have

saved an average of 30% on “management costs” typically charged through a third party provider.

### **How LHPP is viewed by London stakeholders**

16. Preliminary discussions regarding programme continuation have revealed strong support for renewal of the LHPP beyond March 2017 amongst borough Chief Executives and London Directors of Public Health, based on:

- High levels of need and the ongoing public health challenge of HIV in the capital, suggesting an ongoing ‘call to arms’ for a London-wide collaborative response
- The significant programme deliverables and outputs delivered to date under the consistent ‘Do it London’ brand, and the positive findings to date regarding programme reach and self-reported behaviour change
- The value for money, economies of scale and significant operational efficiencies achieved by the programme, taking a London-wide approach.

17. The LHPP has attracted significant attention and support from key stakeholders, partners and the local and national media. Public Health England (London) was a key partner in the initial development of the programme, and continues to actively support ongoing delivery and evaluation of the programme. The LHPP has also been a key focal point for engagement, communication and coordination between London-level HIV prevention activities and other regional (GLA), national (PHE and the HIV Prevention England programme) and international (eg the international Fast Track Cities initiative) activities.

18. In September 2016 Sadiq Khan, the Mayor of London spoke in support of the LHPP:

*“The LHPP’s Do It London campaign is a genuinely collaborative response to a London-wide issue and boroughs have my firm support to continue to work together in this way when the campaign’s funding is due for renewal in 2017.”*

19. The programme has also been cited by the city leaders of Moscow, Chicago and Paris as an example of best practice on HIV prevention across large city regions.

20. In April 2016 Cllr Teresa O’Neill, London Councils’ then lead for Health, met with Jane Ellison MP, the then Parliamentary Under-Secretary of State for Public



Health, to discuss the success of the LHPP, and to seek to maximise collaborative working and synergies between London regional and national HIV prevention activities.

21. There has also been strong support for, and acknowledgement of, the benefits of London's collaborative approach to HIV prevention amongst clinical and professional bodies in the sexual health arena. For example, the LHPP is one of ten national case studies profiled in the Local Government Association and the Medical Foundation for HIV and Sexual Health's joint 2015 publication on "Sexual Health Commissioning in Local Government".
22. The LHPP has established a strong track record of delivery, and provided an important response to the challenge of HIV facing London. However, London continues to have a high prevalence and ongoing high incidence of HIV. Continuation of the LHPP beyond March 2017 would provide a clear signal of the boroughs' ongoing commitment to HIV prevention, and in particular to protecting and improving the health of those communities at greatest risk in the capital.

#### **The proposal for the LHPP post April 2017**

23. The proposal is for an extension of the LHPP for a further two years, but with a 10% overall reduction in annual budget (and therefore in borough contributions). This budget cut is in line with reductions to the Public Health Grant to boroughs, and the extension to March 2019 aligns with the anticipated move away from a ring-fenced grant to funding based on business rates retention. Contractual flexibilities will be maintained with the commissioned providers to enable the programme to respond to further policy or financial changes, as well as ensuring that – as it has been to date – the LHPP is responsive to ongoing feedback, evaluation findings and emerging HIV and sexual health issues. A more detailed breakdown of figures by borough can be seen in Appendix one.

#### **Pre-Exposure Prophylaxis (PrEP) Update**

24. Leaders may be aware of developments in recent months in respect of the NHS England position on PrEP. PrEP involves the use of an anti-retroviral (ARV) drug which may be prescribed to HIV negative people who are at high risk of contracting HIV. Using PrEP can prevent them from becoming infected. In

summary, after developing the draft PrEP policy by a working group that included local authority representatives, NHS England withdrew the policy from the annual prioritisation round citing legal advice that NHS England was not the responsible commissioner.

25. This decision by NHS England was subsequently challenged through a Judicial Review. On 2 August the high court ruled that NHS England does have the power to commission PrEP. The judge ruled that NHS England had “mischaracterised the PrEP treatment as preventative when in law it is capable of amounting to treatment for a person with infection”.
26. NHS England decided to appeal this decision on the grounds that local authorities have the legal responsibility to provide services to prevent the spread of HIV. The appeal was heard on 15 September and in November a ruling was handed down rejecting the NHS England appeal. PrEP will now be considered alongside other potential treatments and interventions when the NHS England prioritisation round is re-run, which is expected before the end of 2016.

## **Conclusion**

27. The ongoing public health challenge of HIV in the capital continues to suggest that a London-wide response is warranted. Since April 2014 the London HIV Prevention Programme has formed a large part of this response delivering outcomes under the Do it London brand. Along with the tangible outputs listed in the paper the market research undertaken to date indicates strong campaign and brand recognition and its positive impact on sexual health behaviours. The LHPP has also been able to achieve significant operational efficiencies and economies of scale through effective contract management, collaborative working across boroughs and robust governance.
28. It is important to recognise that participation in the programme is a matter for individual boroughs. The current programme was established in part through discussions at London Councils’ Leaders’ Committee and this report is provided to report progress and look to the future
29. Leaders are asked to:
  - a) Note and comment on the case for continuation of the London HIV prevention Programme

- b) Endorse the proposal to continue the programme for two years beyond March 2017.

## IMPLICATIONS FOR LONDON COUNCILS

### **Financial Implications for London Councils**

In respect of the London HIV Prevention Programme, see Appendix one.

### **Legal Implications for London Councils**

None

### **Equalities Implications for London Councils**

None

**Appendix one: Current and proposed borough contributions to the LHPP (SOPHID weighted)**

Local Authority	LA contribution 2016/17	PROPOSED Annual contribution 2017-18	PROPOSED Annual contribution 2018-19
Barking & Dagenham	£26,507.06	£23,856.35	£23,856.35
Barnet	£26,189.61	£23,570.65	£23,570.65
Bexley	£13,213.85	£11,892.46	£11,892.46
Brent	£32,816.38	£29,534.74	£29,534.74
Bromley	£17,420.06	£15,678.05	£15,678.05
Camden	£51,744.32	£46,569.89	£46,569.89
City	£1,904.70	£1,714.23	£1,714.23
Croydon	£46,347.67	£41,712.90	£41,712.90
Ealing	£27,935.58	£25,142.02	£25,142.02
Enfield	£32,300.52	£29,070.47	£29,070.47
Greenwich	£37,697.17	£33,927.45	£33,927.45
Hackney	£54,522.01	£49,069.81	£49,069.81
Hammersmith & Fulham	£39,284.42	£35,355.98	£35,355.98
Haringey	£45,792.14	£41,212.93	£41,212.93
Harrow	£12,737.67	£11,463.90	£11,463.90
Havering	£8,967.96	£8,071.16	£8,071.16
Hillingdon	£18,253.36	£16,428.02	£16,428.02
Hounslow	£24,245.23	£21,820.71	£21,820.71
Islington	£51,387.19	£46,248.47	£46,248.47
Kensington & Chelsea	£38,014.62	£34,213.16	£34,213.16
Kingston	£8,372.74	£7,535.47	£7,535.47
Lambeth	£128,249.73	£115,424.76	£115,424.76
Lewisham	£59,878.97	£53,891.07	£53,891.07
Merton	£20,277.11	£18,249.40	£18,249.40
Newham	£55,474.36	£49,926.92	£49,926.92
Redbridge	£19,245.40	£17,320.86	£17,320.86
Richmond	£10,912.34	£9,821.10	£9,821.10
Southwark	£101,345.85	£91,211.27	£91,211.27
Sutton	£11,309.15	£10,178.24	£10,178.24
Tower Hamlets	£47,339.70	£42,605.73	£42,605.73
Waltham Forest	£32,419.56	£29,177.60	£29,177.60
Wandsworth	£43,411.26	£39,070.13	£39,070.13
Westminster	£54,482.33	£49,034.10	£49,034.10
<b>TOTAL</b>	<b>£1,200,000</b>	<b>£1,080,000</b>	<b>£1,080,000</b>

Appendix two: Example imagery from the “Do it London” Campaign

**“I DO IT  
ALL OVER  
LONDON”**

**YOU CAN DO IT TOO**

**TESTING FOR HIV**  
IS QUICK, EASY AND CONFIDENTIAL

**LONDON DO IT**  
TEST-PROTECT: PREVENT HIV  
[www.doitlondon.org](http://www.doitlondon.org)

LONDON HIV PREVENTION PROGRAMME: PROUDLY SUPPORTED BY ALL LONDON BOROUGHES