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Adults and Health Committee

Monday, 18 November 2024

Cheshire and Merseyside Commitment to HIV Fast Track Cities Approach

**Report of: Helen Charlesworth-May, Executive Director of Adults,
Health and Integration**

Report Reference No: AH/21/2024-25

Ward(s) Affected: All Wards

For Decision or Scrutiny: Decision

Purpose of Report

- 1 To gain the Committee's support for Cheshire East to become part of the Cheshire and Merseyside work to end new HIV transmission in the sub-region by 2030.
- 2 In joining this sub-regional work, the Council will sign up to the HIV Fast Track Cities agenda, and therefore commit to the Paris and Sevilla declarations. All nine local authorities in Cheshire and Merseyside intend to make this pledge.
- 3 The Cheshire & Merseyside Sexual Health and HIV Commissioners network will be the main strategic group to map needs and gaps and develop a relevant regional plan, reporting to the Directors of Public Health on a minimum quarterly basis.
- 4 This programme contributes to the Council's Corporate Plan and being a council which empowers and cares about people by helping to reduce health inequalities across the borough.

Executive Summary

- 5 With an early diagnosis and the provision of treatment, people with HIV can have a normal lifespan and will not develop AIDS-related illnesses. Effective treatment lowers the virus to undetectable levels which means that it will not be transmitted to sexual partners. Pre-exposure prophylaxis (PrEP) for HIV-negative people at risk of exposure reduces the risk of transmission.

- 6 The HIV Fast Track Cities initiative aims to make testing, treatment and prevention available to all who could benefit by bringing partners together in a single programme.
- 7 FTC was launched in 2014 as an international, multi-agency partnership. Places join by agreeing to the Paris Declaration on Fast-Track Cities and the supplementary Sevilla Declaration.
- 8 This report proposes expanding the HIV Fast Track Cities (FTC) initiative across Cheshire and Merseyside, building on early successes in Liverpool and learning from work across Greater Manchester.
- 9 FTC will help us reduce rates of HIV infection and the number of people diagnosed at a late stage of infection.
- 10 FTC will help us reduce inequalities between men and women and improve care for marginalised groups, including the provision of pre-exposure prophylaxis (PrEP).
- 11 Our sexual health service (provided by Axess) will be key local and regional partners. Our service has performed well on HIV testing and the provision of PrEP to those at risk and has run campaigns to improve access to testing and treatment for women.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Support the sign up to the HIV Fast Track Cities agenda, and therefore commit to the Paris and Sevilla declarations. All nine local authorities in Cheshire and Merseyside intend to make this pledge.
2. Put forward a Consultant in Public Health as a key representative from our local sexual health and HIV partnership to be the nominated 'Key Opinion Lead' for Cheshire East.
3. Support the Cheshire & Merseyside Sexual Health and HIV Commissioners Network as the main strategic group to map needs and gaps and develop a relevant regional plan, reporting to Directors of Public Health on a minimum quarterly basis.
4. Support the planning and delivery of an HIV Fast Track launch event for Cheshire and Merseyside (date to be confirmed).

Background

- 12 HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. Whilst there's currently no cure for HIV, there are very effective drug treatments that enable most people with the virus to live a long

and healthy life. With an early diagnosis and effective treatments, most people with HIV will not develop any AIDS-related illnesses and will have a normal lifespan.

- 13 The development of HIV treatment has meant the virus can now be lowered to undetectable levels in a person's blood. A person who has undetectable levels of virus in their blood does not pose an infection risk to their sexual partners.
- 14 Pre-exposure prophylaxis (PrEP) has also been developed and is available in the UK. PrEP is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. Taking PrEP before being exposed to HIV means there's enough drug inside you to block HIV if it gets into your body.
- 15 These medical developments transform the way that HIV is considered, with enormous implications for what it now means to live with HIV and the best ways to prevent it. We are at a time where due to these developments we could effectively eradicate HIV through better prevention measures applied to both those not yet infected with and those living with HIV.
- 16 The Fast Track Cities (FTC) initiative on HIV was launched globally in 2014 through the Paris Declaration, developed and led by the International Association of Providers of Aids Care (IAPAC) (see Appendix 1). It is a global partnership between cities and municipalities around the world and four core partners: IAPAC, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.
- 17 Mayors and other city/municipal officials designate their cities as Fast-Track Cities by signing the Paris Declaration on Fast-Track Cities, which outlines a set of commitments to end new cases of HIV by 2030. Since its launch, more than 400 cities and municipalities in approximately 90 countries have joined the global network and endorsed the Paris Declaration.
- 18 The Seville declaration is designed to be a supplement to the Paris Declaration, and commits to putting people, and specifically under-served communities, in the centre of service design.
- 19 Liverpool City Council signed up to this initiative in 2018, to help drive local plans to improve testing, support, identification and treatment related to HIV, and bolster prevention approaches. Some of the benefits included a new galvanised approach to a strategic plan, and the ability to attract even more funding for research and pilots to reach the target of zero new HIV transmissions by 2030.
- 20 The initiative involves aiming for 3 targets, known as the 'triple 95' targets: the ambition is that at least 95% of people living with HIV should be diagnosed, at least 95% of people living with diagnosed HIV should be on treatment, and at least 95% of people on treatment should be virally suppressed. This is an exciting opportunity for the region to sign up to commit to achieving these goals.

- 21 With this initiative we can work as a collective to formulate a series of strategic actions to help us be one of the first regions to achieve elimination by 2030.
- 22 Our sexual health service is funded via the Public Health Grant and is provided by Axess and it plays a crucial role in combating HIV. They have a comprehensive care approach, including education, medication adherence support, and routine monitoring. The 'triple 95' targets from the FTC initiative align with ongoing work in Cheshire East to better find and support those at risk of HIV infection, engage marginalised / underrepresented communities, and remove the stigma of this topic to better serve those in need.
- 23 During 23/24, the service exceeded the KPI (80%) for the number of service users with needs relating to STIs who have a record of having a HIV test at first attendance. They also saw that the attendance of men who have sex with men to the Cheshire East service increased markedly by more than 40% on the previous year (every patient was offered a HIV test at first attendance and 91.92% accepted, exceeding the KPI of 85%). Additionally, they have increased seen an increased proportion of ethnic minority patients accepting an HIV test at first attendance, reaching and exceeding the KPI of 85%.
- 24 All patients at risk of HIV were assessed for eligibility to access PrEP. The PrEP Express initiative provides quick and easy access to repeat PrEP medication for registered PrEP users. Since March 2024, the Axess Outreach Team has been running the Empowerment campaign, which highlights the eligibility of women to access to PrEP. The service also ran an HIV testing week event/campaign and a World AIDS Day communications campaign, and are also involved in delivering trials (e.g., the ILANA trial: Implementing Long-Acting Novel Antiretrovirals for people living with HIV).

Consultation and Engagement

- 25 Consultation was not required at this stage. However, if any of the proposed interventions represent a significant change to the services our residents will receive then consultation will be undertaken at that time.

Reasons for Recommendations

- 26 The Cheshire and Merseyside Fast Track Cities (FTC) approach will build on the partnership approach in Liverpool that has led to significant change. Cheshire and Merseyside is exploring the replication of a model that has shown promise in Greater Manchester.
- 27 Manchester's Fast Track City status covers the Greater Manchester (GM) region, and this cross-borough arrangement has driven regional innovation and progress towards better (and more equitable) support for residents living with HIV as well as those at higher risk of the virus.
- 28 Prior to FTC, 91% of people with HIV in GM knew their HIV status, 98% were successfully in treatment and care, and 96% had undetectable levels of HIV. An estimated 115-120 people were still undiagnosed. 5 years later, and those

statistics are 95%, 99% and 98% respectively, with only 45-50 people estimated to be undiagnosed. This is significant progress;

- 29 Recent years have seen an increase in HIV prevalence across Cheshire and Merseyside (lower in Cheshire East than other areas but still rising).
- 30 Though infection rates are relatively low in Cheshire East, more than 50% of those diagnosed in 2021/22 were at a late stage of infection in (as were those in Halton, Wirral, Cheshire West and St Helens);
- 31 Furthermore, testing rates across certain areas of the region have been declining, most notably amongst women, with the percentage of eligible attendees accepting an HIV test in specialist services declining since 2020. Women have also represented a larger cohort of those who have late diagnoses;
- 32 On the whole there are a higher number of males seen for care across the region, and more men are testing than women. Therefore, targeted work and campaigns are required collectively across the region (e.g. the Axxess Empowerment campaign covering Cheshire East);
- 33 Access to PrEP is not equitable across the region either. This picture is mirrored nationally, with the drug largely being accessed by gay and bisexual men and other men who have sex with men (GBMSM). FTC would provide the opportunity to action plan and improve access for currently under-served communities, particularly Black and Minority Ethnic communities and also women, building on the work already being done by axess. It would also help us improve the rates of identification of PrEP need by area, to ensure everyone eligible receives the offer of PrEP;
- 34 FTC would further provide the opportunity for Cheshire East to sign up to be a pilot area to use the National AIDS Trust (NAT) stigma charter mark, and invite partners and trusts forward for training and support around stigma reduction. In doing so, Cheshire East would be one of the first areas to adopt and drive this;
- 35 A Cheshire East sign up to the FTC approach allows a regional commitment to re-creating our own 'Positive Voices' survey to understand people's attitudes and opinions around HIV to help us formulate a clear response and create a baseline figure in our ambition to reduce HIV associated stigma.

Other Options Considered

Option	Impact	Risk
Do nothing	Cheshire East would not be part of the Cheshire and Merseyside Fast Track Cities Initiative led by the	We would not be able to contribute to shaping the work programme, meaning that local services or initiatives would not reflect the needs of our residents. We would not benefit from

	Sexual Health and HIV Commissioners Network.	economies of scale around campaign and other initiatives. There could be reputational damage if we were the only local authority area that chose not to be part of the Cheshire and Merseyside approach.
Proceed independently	We would create a Cheshire East specific HIV Fast Track Cities programme	There would be resource and cost implications as we designed and managed our own programme and ran independent campaign activity. There could be cost implications if we ask our sexual health provider to engage with two separate programmes. We would not be able to contribute to shaping the work programme, meaning that local services or initiatives would not reflect the needs of our residents. We would not benefit from economies of scale around campaign and other initiatives. There could be reputational damage if we were the only local authority area that chose not to be part of the Cheshire and Merseyside approach.

Implications and Comments

Monitoring Officer/Legal

- 36 Actions taken would be evidence of Cheshire East Council's commitment to meeting its duties under Section 12 of the Health and Social Care Act 2012 to improve residents' health.

Section 151 Officer/Finance

- 37 Our sexual health and HIV service is funded from the ringfenced Public Health Grant. There are no expected changes to service funding as a result of this programme. Any additional costs related to new campaigns or similar will be managed from existing public health funding.

Policy

- A council which empowers and cares about people: Reduce health inequalities across the borough. This work will help improve outcomes for those at risk of and affected by HIV. It will specifically help us engage with marginalised communities and reduce the stigma around HIV infection. The programme will help our services give better care to gay and bisexual men

and other men who have sex with men (who can be at higher risk of HIV) and for women (who may be less likely to get tested or access pre-exposure prophylaxis).

Equality, Diversity and Inclusion

- 38 As above – the programme will consider protected characteristics such as ethnicity, sex and gender and sexuality in determining priorities and activities.

Human Resources

- 39 None identified.

Risk Management

- 40 None identified.

Rural Communities

- 41 This programme is being progressed across Cheshire and Merseyside. Whilst its focus has been on cities, our involvement means that we can influence the programme to take rural and remote communities into account when designing any interventions. This will include appropriate balancing of face-to-face and remote / digital offers.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 42 None identified.

Public Health

- 43 We expect this will improve our residents' health by spreading best practice across Cheshire and Merseyside and allowing our residents to benefit from shared campaigns across the region.
- 44 The greatest benefits will be seen in those who are currently experiencing health inequalities.

Climate Change

- 45 No impacts noted.

Access to Information	
Contact Officer:	Matthew Atkinson matthew.atkinson@cheshireeast.gov.uk
Appendices:	Appendix 1 – The seven objectives of the Paris Declaration
Background Papers:	Nil

Appendix 1 - The seven objectives of the Paris Declaration

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1. End AIDS and new HIV transmissions as a public health threat in cities by 2030. We commit to rapidly reduce new HIV infections and AIDS-related deaths, including from tuberculosis (TB) and comorbid diseases, including viral hepatitis, putting us on the fast-track to ending AIDS as a public health threat by 2030. We commit to provide sustained access to testing, treatment, and prevention services. We will end stigma and discrimination.
2. Put people at the center of everything we do. We will focus, especially on people who are vulnerable and marginalized. We will respect human rights and leave no one behind. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.
3. Address the causes of risk, vulnerability and transmission. We will use all means including municipal ordinances and other tools to address factors that make people vulnerable to HIV, and other diseases. We will work closely with communities, service providers, law enforcement and other partners, and with marginalised and vulnerable populations including displaced people, young women, sex workers, people who use drugs, migrants, men who have sex with men, and transgender people to build and foster tolerance.
4. Use our AIDS response for positive social transformation. Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient, and sustainable. We will integrate health and social programs to improve the delivery of services including HIV, tuberculosis, and other diseases. We will use advances in science, technology, and communication to drive this agenda.
5. Build and accelerate an appropriate response to local needs. We will develop and promote services that are innovative, safe, accessible, equitable, and free of stigma and discrimination. We will encourage and foster community leadership and engagement to build demand and to deliver services responsive to local needs.
6. Mobilise resources for integrated public health and development. Investing in the AIDS response, together with a strong commitment to public health, is a sound investment in the future of our cities that fosters productivity, shared prosperity and well-being. We will adapt our city plans and resources for a fast-tracked

response. We will develop innovative funding and mobilise additional resources and strategies to end AIDS epidemic as a public health threat by 2030.

7. Unite as leaders. We commit to develop an action plan and join with a network of cities to make the Paris Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter, and more effective. We will support other cities and share our experiences, knowledge, and data about what works and what can be improved. We will report annually on our progress.