

Halving late diagnosis of HIV: a toolkit for local action

Learning from a local engagement pilot in Greater Manchester

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This report describes work carried out by MEDFASH with the Greater Manchester Sexual Health Network piloting a process for engagement of stakeholders to ensure the local delivery of the national Halve It goals. It combines a commentary on the process undertaken within Greater Manchester with a checklist of suggested key actions and reflections on how the Greater Manchester experience can inform other local areas. Key learning points are highlighted, many of which will also have resonance for the development of local action on other public health issues.

MEDFASH is an independent charity dedicated to improving the quality of HIV and sexual healthcare. It has a track record of managing major national projects to inform policy development and provide practical guidance for professionals. (www.medfash.org.uk)

The **Greater Manchester Sexual Health Network** is the UK's first comprehensive sexual health network and serves a population of 3 million, including 4,500 HIV-positive individuals. It has members from 10 local councils, 12 clinical commissioning groups, 8 acute trusts and local community and voluntary sector organisations. (www.sexualhealthnetwork.co.uk)

Halve It is a coalition of national experts working with all levels of government and the NHS to reduce the proportion of people undiagnosed and diagnosed late with HIV through public policy reform and implementation of good practice. (www.halveit.org.uk)

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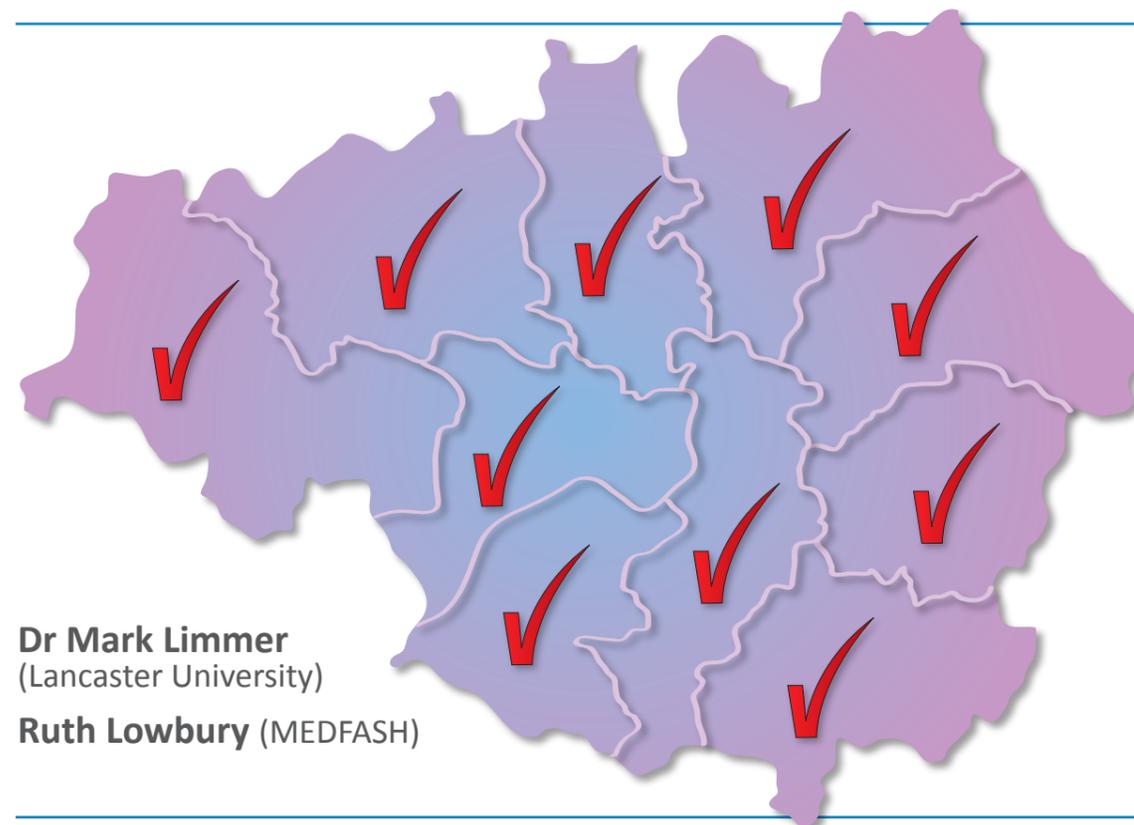
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Foreword



David Regan

Director of Public Health at Manchester City Council and lead Director of Public Health for sexual health in Greater Manchester

As Director of Public Health for Manchester City Council and lead Director of Public Health for sexual health in Greater Manchester, I am delighted that the Greater Manchester Sexual Health Network is Halve It's local engagement partner.

The Greater Manchester Sexual Health Network serves a population of 3 million, including 4,500 HIV-positive individuals, and has members from the 10 local councils, 12 clinical commissioning groups, 8 acute trusts and local community and voluntary sector organisations. The Network covers sexual health services provided by statutory, community and voluntary sector organisations, and is funded by the 10 local councils.

We know that early diagnosis and access to treatment helps people with HIV stay well for longer and prevents onward transmission to partners and unborn children. This benefits the health of the individual and their community but also saves large amounts of money by preventing avoidable illness. This is why reducing undiagnosed and late-diagnosed HIV is a priority for me and my health and social care colleagues in Greater Manchester. We have a long and proud history of collaborative working in Greater Manchester's sexual health services and supporting Halve It in the piloting of local work to deliver its goals continues this tradition.

David Regan



Executive Summary

Halve It is a coalition of national experts working to reduce the proportion of people undiagnosed and late-diagnosed with HIV. Early diagnosis of HIV increases life expectancy, reduces the risk of hospitalisation, AIDS-related illness and associated costs, and lowers onward transmission of infection.

This document is a report of the work carried out in Greater Manchester to pilot a process for engagement of stakeholders to ensure the local delivery of the national Halve It goals. It combines a commentary on the process undertaken within Greater Manchester with a checklist of suggested key actions and reflections on how the Greater Manchester experience can inform other local areas. In the course of the work a number of learning points emerged, which are summarised below and addressed in more detail in the body of the report. Many will also have resonance for developing local action on other public health issues.

- ✓ **The key challenge may be less a matter of hearts and minds and more about practical implementation.** The experience with Greater Manchester was that most individuals and agencies did not need to be persuaded of the need for early diagnosis, but were struggling with the process of implementation – however, there was the need for awareness-raising for partners in local authorities, some of whom had only recently taken on responsibilities in relation to HIV.
- ✓ **Delivered locally, Halve It is not just a campaign but a programme of embedded work.** The use of the word ‘campaign’ carries with it a short-term, intensive connotation but at a local level the need was for sustained, embedded interventions.
- ✓ **Activities and priorities must reflect the local need, resources and infrastructure.** Collecting local intelligence on both the nature of the need and the resources that can be utilised to address it is an important first step in developing a local action plan.
- ✓ **HIV is one priority among many for services in the midst of change, uncertainty and vulnerability.** The reality of this needs to be recognised but it should not be a cause of inertia – the nature of the public sector is such that this will always be the case to some degree.
- ✓ **Leadership and accountability are important.** Identifying who is taking a lead in the development and implementation of the interventions and how they are going to be held accountable for progress is a key facet of driving the work forward.
- ✓ **Financial savings may not be the main motivating force.** While the financial arguments are compelling, the experience within Greater Manchester is that they are not the main drivers and focusing on this aspect of the justification of Halve It at the expense of the public health benefits can be counterproductive.
- ✓ **It is important to identify the quick wins that need to run alongside the sustained impact.** Building confidence in the ability of the planned interventions to make an impact is enhanced by some early evidence of success, which also serves to maintain momentum and enthusiasm.
- ✓ **Universal versus targeted approaches to testing – there is a need for both but the latter may deliver the quicker wins.** More immediate impact on the rates of early diagnosis is likely to be delivered by targeted interventions with high prevalence communities, but the embedded normalisation of HIV testing across the population is also important and may take longer to bring about.

Background

Halve It ✓

Halve It is a coalition of national experts working with all levels of government and the NHS to reduce the proportion of people undiagnosed and diagnosed late with HIV through public policy reform and implementation of good practice.

From a 2010 baseline, our goals are to:

- halve the proportion of people diagnosed late with HIV (CD4 count <350mm³) by 2015
- halve the proportion of people living with undiagnosed HIV by 2015.

The case for earlier diagnosis of HIV is compelling. Today, an individual diagnosed with HIV at the age of 35 years, with prompt access to effective treatment, has the same life expectancy as a person of the same age without HIV. Late diagnosis, by contrast, is associated with a greater risk of hospitalisation and AIDS-related illness, reduced life expectancy and increased health and social care costs. It is also associated with increased onward transmission, and continued sexual risk-taking while people are unaware of their HIV-positive status.

Key facts

- 98,400 people were living with HIV at the end of 2012
- 5% annual increase in the number of people living with HIV between 2011 and 2012
- 21% (21,900 people) were unaware of their condition
- 47% (2,989 people) of those diagnosed in 2012 were diagnosed after they should have begun treatment
- 28% (1,770 people) were diagnosed when they were severely immunocompromised
- 6,360 new infections diagnosed in 2012²

While Halve It has campaigned successfully at a national level for progress, such as the inclusion of an indicator for HIV late diagnosis in the Public Health Outcomes Framework, it is evident that decision-making on policy and investment priorities has become increasingly devolved to the local level. The Halve It Steering Group therefore launched a project to engage with local decision-makers in a particular geographical area with high HIV prevalence. MEDFASH was commissioned on behalf of Halve It to manage this work, culminating in a local engagement meeting.

Greater Manchester was selected as the focus of the project for a number of reasons including the high HIV prevalence rates in parts of the conurbation, its strong history of collaborative working embodied in the Greater Manchester Sexual Health Network, and its thriving specialist voluntary sector. Working across the 10 authorities that make up Greater Manchester also offered a range of local commissioning and service delivery models and a diverse population.

The aims of this report

This report has two principle aims. The first is to provide an account of the work undertaken by MEDFASH and the Greater Manchester Sexual Health Network to develop a process through which the overarching aims of the national Halve It campaign could be realised at a local level. This work sought to combine improved awareness of the importance of early HIV diagnosis with the embedding of specific activities within commissioning and planning processes. The second and equally important aim is to present a guide that will support other areas in addressing this issue, building on the learning from Greater Manchester but adapted to meet specific local needs. Many of the recommendations in this guide should also be relevant for the process of developing local action on other public health issues.

In compiling this report we are indebted to colleagues in Greater Manchester for their willingness to share their learning and expertise, for their enthusiastic embracing of the need to make the Halve It goals a reality at a local level, and for their commitment to act as critical and challenging friends throughout.

How the report is laid out

The report is laid out in sections that reflect the process that was adopted in Greater Manchester and each section includes a checklist of key actions as well as a short reflection based on the experience. In compiling the report we are very conscious that there is no 'right' way to undertake this kind of work and that local circumstances will dictate what is effective in any given locality, but we hope that the process laid out here is sufficiently flexible to provide a blueprint if not a manual. The sections in [blue](#) provide illustrations from the experience of Greater Manchester with useful examples of documents and processes that can be adapted for local use, supplemented by further details in the Appendices.

The process for local engagement is set out in a linear fashion, with one activity following another. In reality it is likely to be less clear-cut than this, with some activities being returned to on a number of occasions.

1. Driving the local engagement process. Establishing the leadership and bringing together key and committed local stakeholders to act as an action group

2. Assessing the local situation. Using existing statistical and 'soft' data, supplemented by the research literature and national guidance, to clarify the local context and identify target communities

3. Identifying barriers and enablers. Consulting with key stakeholders and members of target communities, for example through interviews and focus groups

4. Defining priority actions and developing the outline plan. Development of a broad outline plan that sets priorities and informs the local engagement meeting

5. Identifying and engaging the key stakeholders.
Who needs to be involved in the local engagement meeting?
Who can impact on defining and delivering the action plan?

6. Local engagement meeting. Conducting an effective and inclusive local engagement meeting

7. Action plan, accountability and leadership. Completing the action plan, assigning responsibilities and establishing accountability

1. Driving the local engagement process

Ensuring that the local engagement process can be delivered in a timely fashion and engage the key stakeholders requires that it is driven by an individual or small group that has sufficient credibility and status. A key role in this is that of the Director of Public Health (DPH) or, where there is one in existence, the Director of a multi-agency sexual health network. This strategic leadership role is essential but most usefully operates alongside a small action group made up of the key providers and commissioners, including those in the voluntary sector. Where there is insufficient capacity to identify a person to service the group and carry out some of the key tasks, the appointment of a short-term consultant may be worth considering, but doing so should not detract from the importance of leadership and accountability coming from within existing structures.

Ideally, the action group would include representatives from:

- public health
- sexual health commissioners
- specialist HIV service providers
- voluntary sector organisations – particularly HIV-specific and those engaging with target communities
- sexual health service providers
- primary care – particularly GP services
- Public Health England (PHE)
- data providers (eg PHE or other local HIV data providers).

Checklist

- ✓ Identify clear and credible leadership – ideally the DPH supported by an action group
- ✓ Establish a coalition of the willing; at this stage, this is more important than having every agency around the table
- ✓ Ensure that the local engagement process has clear aims and deadlines – its function is to bring people together and make things happen
- ✓ Ensure that the group is made up of a balance of those with a strategic overview and those that are completer-finishers

Reflections

Getting this element of the process right is extremely important as the action group is the body that will collect together and assess the evidence for what is needed, and propose how the Halve It goals could best be addressed in the local context. Members of the action group need to be fully engaged and act as champions within their own organisations, and where there are gaps in membership these should be filled as and when committed individuals emerge. Having clear actions, deadlines and accountability helps to keep the process on track.

In Greater Manchester

In delivering the Halve It local engagement process in Greater Manchester MEDFASH worked closely with the **Greater Manchester Sexual Health Network**, which is the organisation with the credibility, representation and expertise to drive the work and has the infrastructure to ensure that the action plan, once agreed, will be carried out and assessed. The aim of the Greater Manchester Sexual Health Network is to facilitate a greater profile and presence for all prevention, treatment and care services by improving clinical outcomes, patient experience and equality of access to all sexual health services. The Network is the UK's first comprehensive Sexual Health Network and includes members from HIV and genitourinary medicine, contraception, teenage pregnancy, and young people's and abortion services provided by the statutory, community and voluntary sectors (<http://www.sexualhealthnetwork.co.uk/>). Network members are facilitated to achieve their goals by a small Network team of 2.5 whole time equivalent (wte) staff.

Sexual health networks of the scope and size of Greater Manchester's may not exist in other areas of the country, but the model of establishing an ongoing group that includes key commissioners and providers from the statutory and voluntary sectors is a strong one in delivering complex HIV and sexual health interventions that require good quality partnerships and collaborative working.

For the purposes of the Halve It project described in this report, a time-limited sub-group was set up by the Network that provided the leadership and direction. (See Appendix 1 for a list of agencies involved in the Action Group.)

2. Assessing the local situation

The first step in addressing the Halve It goals is to assess the current local situation, not only in relation to the specific outcomes of the campaign but also mapping local provision, decision-making and opportunities for development.

Using national and local HIV data will help to inform partners about current performance and identify particular sections of the population at higher risk of HIV, including men who have sex with men (MSM) and black African communities. Local data and intelligence can also help to identify pockets of high HIV prevalence in areas of otherwise low prevalence, which can be a further aid to targeting at-risk communities. Such local data are available in all parts of the country from Public Health England Centres. Greater Manchester's use of middle super output area data (provided by The North West HIV & AIDS Monitoring Unit at the Centre for Public Health at Liverpool John Moores University) was particularly useful in this regard. Data of this sort can be supplemented by use of local intelligence based on the experience and expertise of service providers, and particularly specialist voluntary sector organisations.

In addition to mapping need, it is important to map current service provision and uptake to establish whether there is any under-used resource in the system that can be more effectively utilised. This may be within specialist services or mainstream provision including general practice.

The health and local authority structures established locally following the Health and Social Care Act 2012 mean that the decision-making processes and key gate-keepers have changed, and HIV funding routes have become fragmented. It is important to map out where influence needs to be exerted to free-up resources and opportunities – in this context engagement with local councillors is particularly important.

Checklist

- ✓ Identify the communities where prevalence of HIV is highest as this is where the 'quick wins' can be delivered
- ✓ Make use of the full range of data available to you – time spent identifying where resources can best be expended will lead to a more effective and focused action plan
- ✓ Map service provision to identify under-utilised resources
- ✓ Engage with the new decision-makers as local structures become clearer

Reflections

Having a clear and shared understanding of the local context enables the action group to begin to identify where resources are best targeted and where there might be slack in the system that can be better utilised. Combining 'hard' and 'soft' intelligence provides a more nuanced local picture and can help to identify opportunities for innovation. The emergence of new commissioning and service delivery structures brings with it new decision-makers and gate-keepers, some of whom are new to the world of HIV. Integrating these with more established partners will help in the development and delivery of your action plan.

In Greater Manchester

In Greater Manchester, as may be the case in other areas, much of the background information relating to prevalence, testing rates, target communities, commissioning and service provision was already known, and the task was more one of bringing this information together and reflecting on what it meant in terms of identifying and addressing gaps. The intelligence that the Action Group in Greater Manchester was able to draw on was derived from:

- a history of systematic collection, sharing and utilisation of a wide variety of data relating to HIV and sexual health. This familiarity with sharing data across services facilitated a smooth process for assessing the local situation in relation to early diagnosis.
- North West-commissioned data from Liverpool John Moores University that provided HIV prevalence data to the level of middle super output areas enabling the identification of pockets of high prevalence within local authorities where prevalence was otherwise low.
- good quality data and soft intelligence provided by commissioners and voluntary sector organisations that focused on the needs of MSM and black African communities.

In addition, national data on the rates of late diagnosis as well as rates of diagnosed HIV provided a useful overview and context to the situation in Greater Manchester³

3. Identifying barriers and enablers

One of the key tasks of the action group is to identify barriers to meeting the Halve It goals and the factors that will enable the required changes to happen. At this stage this will not be an exhaustive list as each new stakeholder who becomes engaged will add something from their own perspective. The aim is to gain enough insight to begin to formulate a draft action plan. Individual interviews and group discussions with key stakeholders can be used to identify hidden barriers and to suggest strategies to enable early diagnosis. (For a sample interview schedule see Appendix 2.) These insights should be supplemented by learning from existing published research. During this stage of the process it is important to take the opportunity to identify potential champions from within different communities, services or interest groups. The data collected can be used to inform an outline action plan that will be amended and developed throughout the rest of the local engagement process.

Potential interviewees could include:

- public health leads for sexual health
- specialist HIV service providers
- voluntary sector organisations – particularly HIV-specific and those engaging with target communities
- a sample of members of target communities (eg MSM and Black African communities)
- general practitioners
- sexual health commissioners
- sexual health service providers
- local authority council members.

Checklist

- ✓ Consult key stakeholders including members of your target communities through interviews and/or focus groups
- ✓ Identify and utilise existing research literature produced national and locally
- ✓ Identify credible champions from within your target communities
- ✓ Combine these sources of information to develop your draft action plan

Reflections

This is potentially the most important part of the local engagement process as it serves to identify gaps and opportunities while also engaging key stakeholders. It is in these conversations that tensions and disagreements can be teased out, and where new champions can be identified. Engendering an atmosphere of trust is important, as is challenging assumptions and preconceptions about 'how things should be done'. It is important not to be dismissive of specific insights just because they do not fit the prevailing view, as it is often these insights that lead to innovation and new perspectives. Drawing on existing research can provide a way of addressing disagreements in a less threatening and more collaborative manner.

In Greater Manchester

As part of the pilot in Greater Manchester a number of interviews and focus groups were undertaken with the existing partners involved in the Network, providing a useful starting point. A full list of the interviews and group work undertaken is included in Appendix 3. The focus was specifically on identified target communities (MSM and Black African communities) and on the breadth of organisations contributing to the agenda from the statutory and voluntary sectors. Some constituencies were more difficult to engage in this process than others, and this reflected more general and historical issues that the process served to bring to the fore and which were specifically addressed in the action plan. Throughout the process the Network and the Action Group provided direction, and also valuable feedback and critical appraisal of the information collected. This process helped to inform the general outline of the action plan that the Action Group was beginning to develop.

4. Defining priority actions and developing the outline plan

Having collected local intelligence, consulted with key stakeholders and reflected on the lessons from existing research it should now be possible for the action group to produce a draft action plan that will ultimately be presented to and developed at the local engagement meeting (LEM). The plan should include a clear identification of where leadership and accountability lie and should be built around measurable outcomes. At this stage, it is important that it is clearly understood to be a draft outline to prompt discussion so that stakeholders attending the LEM know there is value in their attendance. The parameters of the action plan need to be clear not only in terms of the outcomes it seeks to address but also in relation to whether there is expectation of additional resource. If the plan has to be developed at no additional cost then this needs to be clearly understood. The Halve It website (www.halveit.org.uk) suggests priority actions that can provide a starting point, but it is important that the final action plan reflects local need and is locally owned.

Checklist

- ✓ Bring together local intelligence and the wider evidence to inform an outline plan
- ✓ Produce a draft plan at this stage – too much detail will curtail ownership at the local engagement meeting
- ✓ Agree clear parameters – particularly in relation to whether the plan is developed on the basis of existing or additional resources
- ✓ Make leadership and accountability evident in the plan
- ✓ Ensure the plan contains sustainable developments balanced with quick wins to maintain momentum and keep stakeholders engaged

Reflections

Drawing together the outline action plan to take to wider stakeholders at the LEM is something of a balancing act: providing enough new challenge for the plan to feel fresh without making partners feel defensive; encouraging innovation with little or no additional resource; and trying to ensure that the priorities of all partners are reflected without the plan becoming unwieldy. Letting go of our usual way of doing things can be difficult but to keep doing what we have always done will lead to the same results. By this stage of the process there is a definite sense of moving away from a campaign to win hearts and minds, towards the development of a sustainable, integrated and embedded programme.

In Greater Manchester

In Greater Manchester a small task and finish group developed the outline plan for discussion and agreement with the Action Group. The smaller group was more efficient and easier to manage, while the amendment and endorsement of the outline plan by the wider Action Group ensured that it reflected the inputs from a range of organisations. This process was significantly strengthened by the identification of an individual who took the responsibility for ensuring that the outline plan was produced in a timely fashion and who had the necessary skills, insights and credibility. This outline action plan, which was built around the recommendations in the Halve It position paper *Early Testing Saves Lives*, provided the basis for the more detailed discussions at the LEM. The Action Group felt strongly that while it was likely to be more productive to present an outline at the LEM from which to work, it was important that it was the wider representation at that meeting that should provide the detailed content, as this would increase the sense of ownership and ensure that the actions were credible and deliverable. The combination of evidence-based but generalised interventions provided by Halve It with the local intelligence collected and collated by the Action Group, and with the detailed insights of partners at the LEM, was a strong basis for an effective action plan.

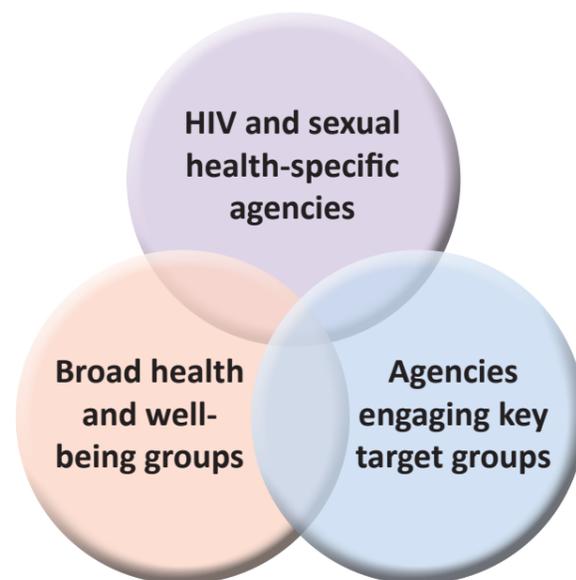
5. Identifying and engaging the key stakeholders

With the outline action plan in place to be used as a starting point for discussions, the next stage in the process is to bring together a wider group of stakeholders from those agencies whose involvement will be important in ensuring the implementation of the action plan. Some of these will be the groups and individuals who were involved in the interviews and focus groups, though there are also wider constituencies to be drawn on. The emphasis for involvement should be on those who can make a difference in terms of championing the issues, commissioning, providing services and informing future developments.

Who do we need to engage?

To some degree this will depend on the local area and the insights gained from the intelligence-gathering process but the suggestions below may be helpful. The diagrams reflect the importance of bringing together partners from across the public sector and embracing those working at strategic, commissioning and operational levels.

It is important to ensure that alongside agencies that identify themselves specifically as having an HIV remit, there is also involvement from agencies with a broader responsibility for health and wellbeing as well as organisations that have contact with people in the target populations.



HIV and sexual health-specific agencies

From primary care, secondary care and voluntary sector

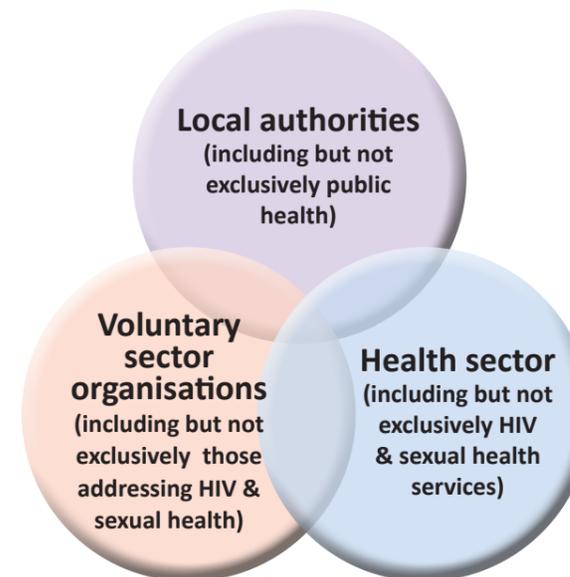
Broad health and wellbeing groups

Health and wellbeing boards, health and local authority services, voluntary sector

Agencies engaging key target groups

MSM, Black African communities, refugees and new arrivals, people in high HIV prevalence areas

Ensuring that local authorities, the health sector and the voluntary sector are all represented will be essential if the action plan is going to engage effectively across the system.



Local authorities

Public health, adult care services, housing, local councillors etc.

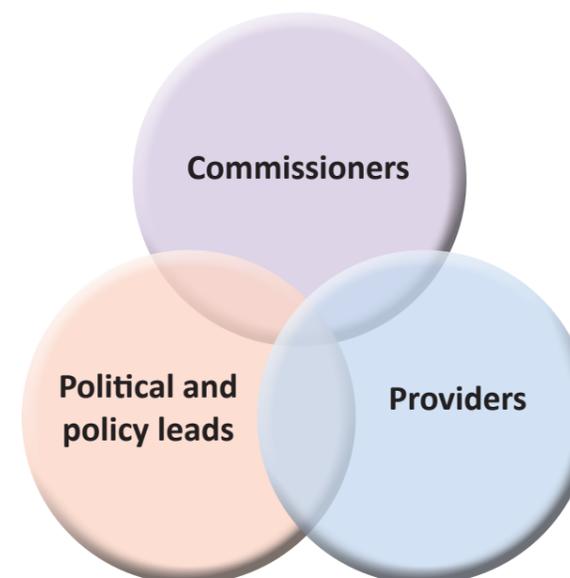
Health sector

Primary and secondary care, including community based health services, clinical commissioning groups (CCGs)

Voluntary sector organisations

HIV specialist and non-specialist, national and local

Getting agreement from commissioners and providers about what is likely to be effective and deliverable will be crucial, as will ensuring that there is leadership at a political level and among specific target communities.



Commissioners

From public health, CCGs, NHS England and possibly wider local authority commissioners

Providers

From primary and secondary care, voluntary sector and wider community and local authority services

Political and policy leads

Key political leaders and community champions

Numbers need to be kept to a manageable level and it is likely that individuals will be able to fulfil a number of the roles, but it is important to be confident that all these constituencies are represented.

Key Learning Points

- ✓ Identify stakeholders through the intelligence-gathering process
- ✓ Invite representation from all the key constituent groups to the local engagement meeting
- ✓ Involve not only HIV-specialist organisations but wider partners too
- ✓ Secure representation from the voluntary sector

Reflections

The coalition of stakeholders needs to embrace not just the 'usual suspects' but also those that do not necessarily see themselves as part of the HIV community despite having established contacts with key target groups. Their day-to-day priorities may well lie elsewhere so being clear what they can do and why it is important is essential. The role of public health as the bridge between the local authority and health partners is particularly important as is the identification of credible champions from the communities most affected by HIV. Some representatives can fulfil more than one role and these people are particularly useful as they help to provide links between the various constituencies. Changes in decision-making and commissioning structures have brought new players to the table and engaging them is crucial. In Greater Manchester this initial engagement was achieved through a broad sexual health event within which Halve It was identified and contextualised, but in the absence of such a focused event opportunities to raise Halve It should be sought at more generic events.

In Greater Manchester

The existence of the Sexual Health Network in Greater Manchester, which has spent over a decade developing productive relationships with a wide range of stakeholders, made this stage of the process relatively straightforward to undertake. However, even with this robust network the new funding structures and arrangements that had come into force meant that key messages about the importance of the Halve It goals needed to be delivered to a range of partners for whom this had hitherto been outside their area of responsibility. Key among these new partners were local authorities and particularly locally elected councillors. In this instance the Halve It Action Group took advantage of an event that had already been planned by the Network to engage with these new partners to include a presentation specifically addressing Halve It. This event, taking place about two months before the local engagement meeting, enabled the Action Group to draw on this wider group of partners to become involved in development and delivery of the action plan. Appendix 4 provides a list of the organisations that attended the event. Identifying Halve It and the local engagement process at such a public and high profile event was important in providing credibility and endorsement.

6. Local engagement meeting

The local engagement meeting should bring together the key stakeholders that have the insight and knowledge to help refine and complete the action plan and the responsibility to commission and deliver the identified actions. The outcomes from the local engagement meeting are likely to include:

- agreed action plan and commissioning arrangements
- agreed measures against which to assess progress
- identification of a lead person/organisation to drive the action plan and be accountable for progress
- a sustained commitment across all partner agencies to meet the Halve It goals.

If it has not been possible to raise wider awareness of the Halve It goals through contributions to more generic conferences and events (see previous section), it is worth considering splitting the local engagement meeting into two parts: the first for those responsible for making the broad strategic and resource decisions so that endorsement and support for the Halve It goals can be garnered; and the second to bring together those with the knowledge and expertise to work on the development of a detailed and deliverable plan.

Precisely how the second part of the meeting will run will be specific to each local area but a suggested agenda is provided below.

1. Welcome and introductions
2. Reminder of the Halve It aims and objectives and their importance
3. Overview of the local context including local data and the identification of target communities
4. Introducing the key themes that emerged from the stakeholder consultation and exploration of the available data
5. Small group work to identify actions to address the key themes
6. Feedback of main conclusions and commitment to circulate the action plan for final consultation
7. Next steps including embedding actions into existing structures

At the end of the meeting it is important to inform participants about next steps and particularly to agree who is going to carry the work forward. The action plan should be seen as a continually evolving document, and therefore needs to be available online and in a format that enables progress to be tracked by partner agencies.

Checklist

- ✓ Identify an authoritative and credible chair and well-informed speakers
- ✓ Make the action plan available in draft and headline form to the meeting
- ✓ Provide copies of key data and information to aid the completion of the plan
- ✓ Identify facilitators with a good knowledge of the draft action plan for the working groups
- ✓ Establish and communicate the timescale for next steps and mechanisms for remaining in contact

Reflections

The local engagement meeting is the culmination of the work that has gone before and by the time it is held the action group should have developed an outline plan that is developed enough to make the task of detailed planning possible, but flexible enough that participants feel they are being genuinely consulted. In terms of who attends the meeting it is important that the key stakeholder groups are represented but small gaps in representation should not unduly delay the process. At the end of the meeting it is important that participants are clear what the next steps are, who is taking these steps and how they remain involved in the agenda.

In Greater Manchester

Around 30 people attended the local engagement meeting in Greater Manchester with a good geographical spread and most of the key organisations represented (a full list of the organisations that accepted an invitation and other documents relating to the meeting are attached in Appendices 5 and 6). On the day, the only significant gap in representation was from local authority councillors, none of whom was able to attend though some had been involved in earlier parts of the engagement process, been provided with information on the importance of early diagnosis, and had offered their support. The meeting began with an introduction from the Chair of the Greater Manchester Sexual Health Network who set the scene and provided senior endorsement of the importance of Halve It and a commitment that the Network would lead and monitor the action plan once it was finalised. Two short scene-setting presentations provided the context for the plan. The main bulk of the meeting was conducted in two small groups each tasked with applying specific actions and measurable outcomes to the outline plan that had been produced by the Action Group. The aim was to keep the meeting dynamic and active by focusing on a task that required contributions from all attendees and which was facilitated by members of the Network. The overall effect was to create an environment within which participants felt confident to contribute and where there was a sense of working towards a common goal. The meeting ended with a commitment that the contributions from the groups would be integrated into a single plan that would be circulated for comment and endorsement.

7. Action plan, accountability and leadership

What the ultimate local action plan looks like will vary depending on the local context and the particular strengths and gaps in local provision, but below are some general points that we hope will be helpful.

- The Halve It position paper – Early Testing Saves Lives (<http://www.halveit.org.uk/>) provides a useful starting point in identifying some actions that the evidence suggests will have an impact. These do not comprise a 'How To' manual but they do provide a solid basis for local discussions as well as a link to useful guidance documents.
- In developing the action plan it is important to build in measures that can be used to help partners identify progress. These need to be a combination of outcome and process measures.
- If the action plan is to lead to sustained impact it is critical that long-term leadership and accountability are clearly articulated.
- The plan should encompass responsibilities for all stakeholders to cement a sense of partnership in a shared endeavour.
- Where possible all elements of the action plan should include a combination of quick wins and sustainable commitments.

Greater Manchester has kindly shared the action plan that it developed to give a sense of how these various elements can be brought together within a single plan. (See Appendix 7 for a summary and page xx for contact details to request the full plan.) The intention is not that local areas adopt this plan directly, but that it serves as a useful template.

Once the action plan has been agreed it is crucial that it is endorsed and signed off by senior representatives of the organisations that have the status and authority to ensure that the plan can be delivered. Who this is will vary from place to place but possibilities include the health and wellbeing board, the chair of the public health/sexual health network (where there is one) or the local authority chief executive.

Checklist

- ✓ Identify appropriate activities, measurable outcomes and clear deadlines in the action plan
- ✓ Clearly identify the leads for each area of work
- ✓ Establish clear lines and processes of accountability
- ✓ Ensure the plan is signed off by the appropriate senior officer(s)

Reflections

Using the interventions identified within the Halve It position paper Early Testing Saves Lives provides a good starting point for the action plan but it needs to be developed to meet the needs of the local situation based on the intelligence-gathering exercise. Actions within the plan need to reflect the current local context in terms of any new resources that are available – it is likely that in most areas additional resources will be scarce so the plan needs to be built around the more effective targeting and utilisation of what currently exists. However good the action plan is, it will only be delivered if there is genuine endorsement and sign-off from appropriate senior officers and political leaders. Such endorsement highlights the importance of the Halve It aims and gives services both the permission and the imperative to take action.

In Greater Manchester

The existence of the Sexual Health Network in Greater Manchester has enabled the tasks identified in the action plan to be undertaken by two of the Priority Action Groups that are already in operation, which has meant that the work towards the Halve It goals has been embedded in existing streams of work. The structure of the Network means that the Priority Action Groups report to the Network Board providing a clear line of accountability. The Chair of the Network Board is the lead Director of Public Health for sexual health for Greater Manchester and is in a position to ensure accountability through this route too.

Conclusions

At the outset of this process Halve It felt more like a campaign to win over hearts and minds, but our experience has been that partners in Greater Manchester did not need convincing of the importance of early diagnosis. Rather, the struggle was to establish evidence-based interventions and develop effective commissioning processes. As such, it was less a question of hearts and minds and more a question of the realities of practical implementation in the context of organisational change and limited resources. As a consequence the work in Greater Manchester was not so much a campaign but more an attempt to develop a sustainable programme of embedded work.

It became apparent from the outset that while important, Halve It was only one of many priorities for partners, and this accentuated the need for strong leadership and clear lines of accountability to drive the work forward. It also served to stress the importance of delivering quick wins alongside more sustained and embedded impact as a way of maintaining momentum and keeping partners motivated and on board. In the context of competing priorities it was perhaps surprising that the financial benefits of reducing late diagnosis were not a key motivating force for most partners. More importance was placed on the public health benefits, with any financial incentives being seen as too distant and unlikely to accrue directly to the local authorities commissioning testing services.

The involvement of the Greater Manchester Sexual Health Network was crucial to the completion of this piece of work. Early discussions with the Network raised the question of whether the local pilot should focus on the city of Manchester or on Greater Manchester with its 10 constituent local authorities. The decision to opt for the latter was a reflection of the amount of joint planning, commissioning and service delivery that has developed across Greater Manchester, and the strong partnerships that have been built with the community and voluntary sector. In addition, attendance patterns that show residents travel across boundaries to use sexual health services further strengthen the need for cross-boundary collaboration. Areas elsewhere in the country that are seeking to develop local plans to address the Halve It goals, whether or not they have a local network, will need to decide the footprint that makes most sense in their particular socio-geographical context and is most appropriate to deliver effective interventions.

Appendix 1

Agencies represented on the project Action Group

Role	Organisation
Sexual Health Co-ordinator	Black Health Agency
General Practitioner	DOCS Practice, Manchester
Director of Services	George House Trust
Consultant in Health Protection	Greater Manchester Health Protection Team, Public Health England
Director	Greater Manchester Sexual Health Network
Programme Manager – Sexual Health & HIV	Greater Manchester Sexual Health Network
Deputy Director	Greater Manchester Sexual Health Network
Coordinator	Greater Manchester Sexual Health Network
Director of Business Development/ Sexual Health Programme Manager	Lesbian and Gay Foundation
Public Health Manager	Manchester City Council
Programme Lead	RU Clear/HIV Testing, Greater Manchester
Senior Public Health Manager	Salford City Council

Appendix 2

Template for intelligence gathering through interviews and focus groups

Halve It Campaign - Greater Manchester intelligence collection

Name:	Role:
Organisation:	
Organisational and system barriers:	Individual/client barriers to testing:
What are the organisational and system-related barriers including issues of resources, testing protocols, effective pathways, etc?	What are the barriers to individuals including stigma and discrimination, lack of awareness of risk, fear of consequences, availability of testing, etc?
Measures that would enable more testing:	Potential barriers to implementation:
In your opinion what actions/interventions would be most likely to enable more testing?	What might inhibit these actions/interventions from being implemented?
Current examples of good practice:	Leadership and accountability:
Please provide examples of effective practice that you are aware of locally, regionally or nationally.	Where do you think the leadership and accountability for meeting the Halve It goals should lie?
Additional Notes	

Appendix 3

Original list of interviewees and focus groups*

Public Health Commissioners	
Role	Organisation
Public Health Manager	Manchester City Council
Consultant in Public Health	Bury Metropolitan Council
Senior Public Health Manager	Salford City Council
Director of Public Health	Manchester
Director of Public Health	Wigan
Voluntary Sector	
Director of Services	George House Trust
Director of Business Development	Lesbian and Gay Foundation
Sexual Health Co-ordinator	Black Health Agency
Project Worker	Manchester Action on Street Health
Provider Services	
General Practitioner	DOCS GP Practice, Central Manchester
General Practitioner	Rochdale
Consultant in GU Medicine	Central Manchester Foundation Trust
Clinical Lead Midwife	Central Manchester Foundation Trust
Consultant in GU Medicine	Central Manchester Foundation Trust
Consultant in GU Medicine	Pennine Acute Trust
Matron – Specialist Medicine	University Hospital South Manchester
Consultant in Infectious Diseases	Pennine Acute Trust
Consultant in Infectious Diseases	Pennine Acute Trust
Programme Lead	RU Clear/HIV Testing Service
Local Authority Elected Members	
Health Portfolio Holder	Manchester City Council
Health Portfolio Holder	Rochdale Metropolitan Council
Other	
Director	Greater Manchester Sexual Health Network
Consultant	Health Protection Agency/Public Health England

Focus Groups

GMSHN - HIV Priority Action Group	Black and Minority Ethnic Communities Group
GMSHN – Prevention Leads Group	George House Trust User Group
HIV Commissioning Leads Group	Black Health Agency User Group

*In the event, the pilot nature of the project precluded interviewing everyone on the list but it has been included here in full as a guide for future projects

Appendix 4

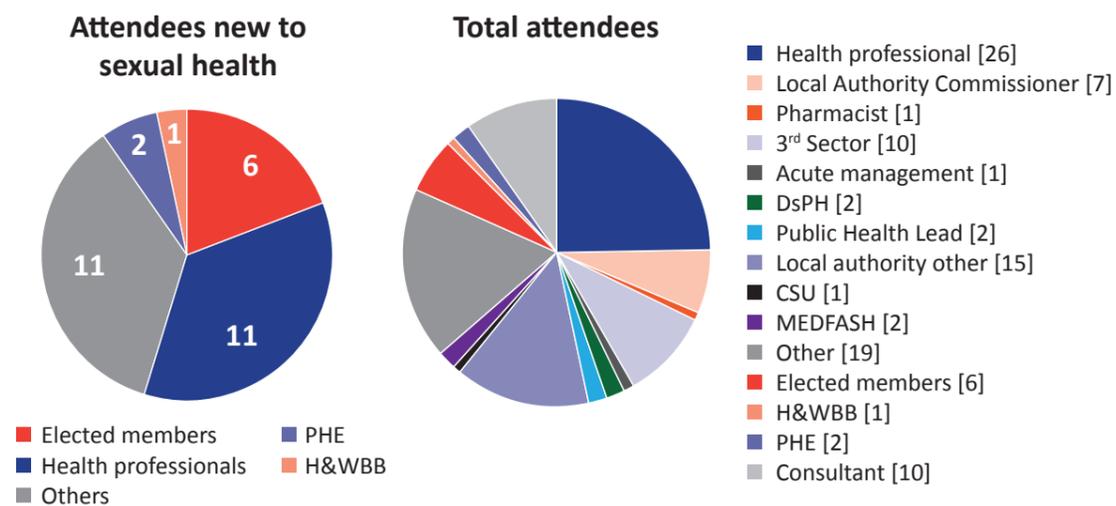
Organisations invited to the stakeholder meeting in Greater Manchester

This was the large-scale meeting organised by the Greater Manchester Sexual Health Network to promote collaboration with new partners emerging following the reorganisation of commissioning arrangements in 2013. It is used as an example of the importance of taking opportunities that occur locally to promote the Halve It goals with wider stakeholders.

Attendees

Representatives from all 10 areas of Greater Manchester attended the event with 105 day-time attendees 31 (29%) of which were either new to the Greater Manchester Sexual Health Network and/or new to sexual health. Delegates included:

- elected members
- sexual health commissioners from local authorities and clinical commissioning groups
- providers from the NHS, independent and 3rd sector organisations
- health & wellbeing board members
- public health England



Source: Greater Manchester Sexual Health Network 2014

Appendix 5

Agenda for the local engagement meeting in Greater Manchester

Purpose of the event:

1. Allow Halve It to study how we work collaboratively to achieve goals
2. To showcase examples of good practice for Halve It to cite as examples nationally
3. To sense-check GM HIV prevention work with Halve It aims.

Background:

Halve It is a campaign (which complements the Public Health Outcomes Framework (PHOF)) to reduce undiagnosed HIV and late diagnosed HIV. MEDFASH (the charity that produces national sexual health standards) is managing a project to bring the campaign to Greater Manchester, culminating in a local engagement meeting. The Network has been its operational partner for over a year. This joint work is being conducted within existing Network staff and funding resources.

While the Halve It team is interested in the process of engagement (ie how we work together across disciplines and organisations), the main advantage of this partnership for the Network is that the good practice taking place across Greater Manchester will be promoted and shared nationally. In addition, it will allow us to stock-take what we are doing to check that we are still doing the right prevention work to meet the PHOF.

Time	Detail	Lead person
12:30-13:00	Arrival and lunch	
13:00-13:05	Housekeeping	Sarah Stephenson Programme Manager, GM Sexual Health Network
13:05-13:15	Introduction and welcome	David Regan Director of Public Health and Lead, GM DPH for sexual health, Manchester City Council
13:15-13:25	Potted history of Halve It	Ruth Lowbury Chief Executive, MEDFASH
13:25-13:45	Reducing late HIV diagnosis	Vinay Bothra Consultant in Communicable Disease Control, Public Health England
13:45-14:05	What we'll be doing today	Sarah Stephenson Programme Manager, GM Sexual Health Network
14:05-15:20	Group work (please help yourself to tea and coffee and take it in to your groups)	All
15:20-15:30	Next steps and close	Sarah Stephenson Programme Manager, GM Sexual Health Network

Appendix 6

Accepted invitations for the Local Engagement Meeting in Manchester*

Area	Name	Role
Bury	Nicola Harrison	Programme Manager Public Health
Bolton	<i>Linda Thomas</i>	<i>Elected Member</i>
	<i>Sufrana Bashir-Ismail</i>	<i>Elected Member</i>
	Natalie Rennie	Public Health
	Kath Burke	Senior Health Improvement Specialist
Manchester	Jon Dunn	Public Health Manager
	David Regan	Director of Public Health
Oldham	Adam Sutcliffe	Planning & Commissioning Manager
Rochdale	Andrea Dutton	Public Health Manager
	Ruth Bardsley	Public Health Improvement Officer
Salford	Peter Varey	Public Health Commissioning Manager
	<i>Paul Dennett</i>	<i>Elected Member</i>
Stockport	Michael Priestley	Public Health Commissioner
	Jeanette Rhoden	Senior Health Advisor
	Colin Farrington	HIV/SH Community Nurse Specialist
Trafford	Sian Davies	Commissioning Officer
	<i>Elaina Quesada</i>	<i>Children & YPs lead</i>
	<i>Krista Williams</i>	<i>CCG Commissioner</i>
Tameside	David Armitage	Commissioner
	<i>Lynn Travis</i>	<i>Elected Member</i>
Wigan	Eleanor Mansell	Public Health Commissioner
Public Health England	Vinay Bothra	Consultant in Communicable Diseases
MEDFASH	Ruth Lowbury	Chief Executive
	Mark Limmer	Project Consultant
Greater Manchester Sexual Health Network	Sarah Doran	Interim Director
	Sarah Stephenson	Programme Mgr - HIV & Sexual Health
	Wendy Alam	Network Coordinator
Community and Voluntary Sector	Stacey Adams	Lesbian and Gay Foundation
	Rob Cookson	
	<i>Nigel Richards</i>	Black Health Agency
	Ricardo Dans Arroyo	
	Peter Boyle	George House Trust
General Practitioner	Philippa James	Manchester
RUclear	Diane Cordwell	Programme Lead

*Those who were planning, but were ultimately unable, to attend are in *italics*

Appendix 7

Extracts from the Greater Manchester action plan*

Target	Overview	Examples of potential activities in Local Areas
Establish local champions and routes of accountability (this isn't a Halve-It target – it was suggested by the Network)	Given that this is a PH Outcome Framework measure leadership would be expected from the DPH, Chair of the HWBB and relevant member portfolio holders, but in addition champions that have credibility with specific target groups need to be identified	<ul style="list-style-type: none"> Champions within LAs. Champions could be officers and/or elected members. Possible action for network – to define the role and purpose of the champion. Areas reported that this is included in local JSNAs. Need a better approach to planning for known events – eg National HIV testing week. Could the Manchester WAD partnership (provider-led) be extended to incorporate other GM areas and to involve a commissioner/network representative? Also be beneficial to have champions within the CCGs.
Fully implement National Institute for Health and Care Excellence (NICE) public health guidance on HIV testing	NICE guidance aims to increase HIV testing to help reduce undiagnosed infection and prevent transmission among men who have sex with men by recommending healthcare professionals offer regular, routine testing to all men in high prevalence areas. (Public health guidance (PH34) Issued March 2011)	<ul style="list-style-type: none"> Need to do an audit of current practice in each of the hospitals re HIV testing for medical admissions. Possible action for PHE? Develop promotional materials for use in GPs to communicate to patients that they can ask for an HIV test. Review guidance re pre-test counselling and challenge myths about this process. In GP practices – flags on the computer system to highlight patients requiring an HIV test.
	NICE guidance aims to increase the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England. (Public Health Guidance (PH33) Issued March 2011)	<ul style="list-style-type: none"> Focus groups for African communities (and others including Eastern Europeans) to understand the barriers to access and to test messaging / approaches. GM stigma campaign. Produce poster with local services on for each locality. A stigma poster targeted at Black African Communities could localise resources.

Continued

Target	Overview	Examples of potential activities in Local Areas
Support the delivery of the Public Health Outcomes Framework (PHOF) by ensuring that local health organisations are equipped to realise the benefits of early detection of HIV	There are 4 domains in the PHOF: Improving the Wider Determinants of Health; Health Improvement; Health Protection; Healthcare public health & preventing premature mortality. HIV appears in domains 2 and 3.	<ul style="list-style-type: none"> • Increase uptake of antenatal HIV testing in Greater Manchester. Antenatal HIV testing has been 'opt-out' for several years, which has increased uptake. • Offer Dry Blood Spot HIV testing via the RU Clear website. • Increase testing in specific clinical areas.
Ensure that people diagnosed with HIV have access to antiretroviral therapies (ARTs) to prevent onward transmission in line with the joint recommendations of the Expert Advisory Group on AIDS (EAGA) and the British HIV Association (BHIVA)	Position statement on the use of antiretroviral therapy to reduce HIV transmission, January 2013: The British HIV Association (BHIVA) and the Expert Advisory Group on AIDS (EAGA), 'It must be noted that no single prevention method can completely prevent HIV transmission. ART reduces the risk of transmission only of HIV. Irrespective of ART, condoms remain the most effective way to prevent the spread of other STIs.'	<ul style="list-style-type: none"> • Need to revisit and then re-communicate referral pathways, especially if we are looking to expand HIV testing in non-GUM settings. • Two-pronged approach – behaviour change is the wider aim but better ART access will reap the best rewards now. • Concern about patients who know their HIV status but for whatever reason disengage from HIV treatment. Can we use GPs/GHT as safety nets? • Can we ask GPs and reconcile their lists of HIV-positive patients to identify those patients missing from treatment?
Ensure quality-assured (ie CE marked) self-testing kits for HIV when available, are integrated into local HIV testing strategies along with home sampling kits.		<ul style="list-style-type: none"> • Check whether the DH-funded project that THT has been delivering has been mainstreamed. If so, we might not need to replicate locally. • Potential to commission pharmacies to offer HIV DBS or HIV POCT. • Cost review of DBS vs other methods of testing would be useful.

*The Greater Manchester Action Plan is being developed and delivered through Priority Action Groups of the Sexual Health Network. Further details and updates are available from the contacts at the end of this report.

References

1. May, M et al (2014) Impact on life expectancy of HIV-1 positive individuals of CD4+ cell count and viral load response to antiretroviral therapy: UK cohort study AIDS (accessed on-line 21/3/2014) http://journals.lww.com/aidsonline/Abstract/publishahead/Impact_on_life_expectancy_of_HIV_1_positive.98386.aspx
2. PHE (2013) HIV in the United Kingdom 2013 Report: data to the end 2012 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140300680
3. As above
4. Available from <http://www.halveit.org.uk/>

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Ruth is Chief Executive of MEDFASH. Under her leadership, MEDFASH has reviewed national policy, developed standards and guidance, and published educational resources with a particular focus on improving rates of HIV diagnosis. Ruth is a member of the Expert Advisory Group on AIDS and a number of other national policy groups, including the Halve It campaign steering group.

Staff at Greater Manchester Sexual Health Network have kindly agreed to share their experience and provide access to some of the documents produced. Please contact:

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Observer members

