



**Ipsos MORI**  
Social Research Institute

July 2018

**Public Health England**

**HIV Prevention Innovation Fund**

**Cohort 2 Evaluation Report**



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# Executive summary

The HIV Prevention Innovation Fund was set up by Public Health England (PHE) to reduce the impact of HIV by supporting voluntary sector organisations to deliver innovative interventions targeting groups most affected by it. Funding was allocated to the first cohort of seven projects in 2015/16. A second cohort of 13 projects were awarded funding for 2016/17 and it is these projects which form the focus of this report. A third cohort of projects have been awarded funding for 2017/18 and are mid way through implementation.

PHE commissioned Ipsos MORI to undertake a process and impact evaluation of the Innovation Fund and its projects. This report provides a summary of the activities and achievements of Cohort 2 – assessing the extent to which the projects met their intended outputs and outcomes, looking at what helped or hindered them to do so, and concluding with lessons learnt for both projects and PHE.

This evaluation report is based upon the following activities:

- **Project evaluation reports:** Each project was tasked with generating its own evaluation report, covering project-specific detail. These reports have been reviewed to feed into this overarching evaluation report;
- **Interviews with project leads;** and
- **Case study interviews for six projects:** Including Local Authority commissioners, partners, evaluators and frontline staff involved in delivery.

In total, 28 interviews were completed, including four interviews with Local Authority commissioners, between December 2017 and February 2018.

## 1.1 Overview of the projects

A brief overview of the 13 Cohort 2 projects is presented below:

- **Chemsex Open Access Support Team (Addaction):** Short and long-term support for men taking part in chemsex, and training sessions for practitioners.
- **Community Conversations (NAZ):** Production of a feature-length film designed to spark conversation about HIV among the Black African community.
- **Digital Vending Technology and Self-Testing (The Martin Fisher Foundation):** Design and manufacture of a digital vending machine to distribute HIV self-testing kits in a sex-on-premises venue for men who have sex with men (MSM).
- **Friday/Monday (Terrence Higgins Trust):** Online group work sessions and online counselling for MSM and those who may engage in chemsex.
- **HIV Prevention for Deaf People (SignHealth):** Educational workshops in schools and the community for Deaf people alongside training for healthcare professionals.

- **In the Community (OutREACH Cumbria):** The introduction of HIV testing across pharmacies in Cumbria.
- **LOL@Stigma (KwaAfrica):** Comedy-centred event with motivational speakers to reduce stigma and promote testing among Black African communities.
- **Positive Faith (CAPS):** Development of an online resource with videos and written material addressing HIV and Christian Faith.
- **Reaching out (Lifeline):** Expanding drug and alcohol treatment services to HIV prevention, by raising awareness and treatment among MSM substance users in Stoke-on-Trent<sup>1</sup>.
- **Sex Week on National Prison Radio (Prison Radio Association):** Week-long schedule of radio programming for prisoners regarding sex, sexual health and HIV.
- **Trans:Mission (cliniQ):** HIV testing and support in sex-on-premises venues specifically targeting the trans community.
- **Web-chat Remote Access (Positive Action):** Online text-based chat tool for people to access support and advice on sexual health and HIV.
- **Welcome Hear (Yorkshire MESMAC):** HIV information and awareness sessions and testing for refugees and asylum seekers.

In total, PHE awarded £629,844 across the 13 projects, with funds ranging from £26,231 to £76,343, and an average grant of just over £50,000. One of the organisations was forced to close during the funding period. Of the twelve remaining projects, ten were able to deliver within budget and some have funding left over which they are using to continue project activities<sup>2</sup>. A number of projects referenced staff time dedicated to the project which is unaccounted for in the costs.

## 1.2 Outputs from the projects

Over the funding period, projects were able to engage with approximately **3,500 individuals face to face** through activities such as outreach work or awareness raising events, and **43,800+ remotely** – for example through online tools or via the radio.

**786 HIV tests were conducted** by the five projects which provided testing, with **38% of these being first time tests**.

However, many projects had a broader focus than HIV testing. Projects were also designed to meet the wider health and wellbeing needs of the beneficiaries. Across a number of the projects therefore, beneficiaries have received wide ranging advice and guidance on issues such as self-esteem, mental health and broader sexual health needs. Across the projects, **622 individuals** have been referred on to another health service.

As a result of the projects, **six online tools** have been developed, alongside a **digital vending machine** distributing HIV self-tests, and **73 forms of information materials** including a feature length film, online videos and leaflets. These provide resources that may be utilised by others working to improve HIV prevention across the country.

<sup>1</sup> This project did not complete as Lifeline Project went out of business during the funding period.

<sup>2</sup> One project over-spent, and one project was not able to provide final funding information.

### 1.3 Meeting the objectives of the Fund

In order to be funded by PHE, the projects need to offer innovative ways of reducing the impact of HIV in those communities most affected, by addressing behaviours associated with an increased risk of HIV; have the potential to be replicated by others and to be scaled up; and strengthen local partnership working, including with Local Authorities as well as other commissioners and providers. How Cohort 2 projects have met these objectives are dealt with in turn below.

#### Innovative ways of addressing high risk behaviours

Through their activities, the projects have been effective in **targeting some of the communities most affected by HIV**, promoting testing and improving knowledge of HIV or sexual health services among these groups. For example, *Digital Vending Technology and Self-Testing* has shown digital vending machines can be a more effective way to distribute testing kits than through standard outreach work, promoting testing among MSM attending a sauna in Brighton. The *Friday/Monday* project has shown the viability of using online services to support the sexual health needs of men involved in chemsex. *Chemsex Open Access Support Team* identified complex needs among its target audience (MSM who engage in chemsex) and the requirement for holistic support to best meet these needs.

The projects have also tested innovative ways of **targeting underserved audiences**, often excluded from existing information resources or services. They have done this by tailoring information resources or services to improve knowledge, testing, or contact with health services among these niche audiences. For instance, *Welcome Hear* effectively engaged refugees and asylum seekers in the topic of HIV by delivering information sessions in four languages at distribution centres. *In the Community* has shown that pharmacies can provide a viable option for HIV testing in a rural community. *Sex Week on National Prison Radio* revealed low levels of awareness around HIV and an appetite for more information about it among prisoners. *Trans:Mission* successfully engaged with the trans community by focussing outreach activities at a sex-on-premises venue and produced sexual health information leaflets specifically for the trans community. Through *HIV Prevention for Deaf People*, SignHealth has evidenced a significant knowledge gap around sexual relationships, sexual health and HIV among the Deaf community, and developed workshops and online materials to improve their knowledge.

This cohort also saw a number of projects focusing on **innovative ways of reducing stigma** and promoting discussion around HIV and sexual health. Whilst more challenging to capture the impact of their activities on this, projects were able to point to events or products which have stimulated discussion about the subject among audiences where HIV is considered highly taboo. The *LOL@Stigma* project effectively used comedy as a vehicle to engage Black African communities in the subject of HIV despite it being heavily stigmatised. NAZ's *Community Conversations* produced a film 'FACES' to promote awareness and discussion of HIV among Black African communities, and early indications suggest the storylines concerning issues such as condom use and PrEP have been well received. Plans to disseminate this film more widely are underway. *Positive Faith* has created a well-received online resource to prompt discussion of issues around HIV within the context of Christianity. *Webchat Remote Access* has tested the viability of using online platforms to promote the discussion of sexual health related issues through an anonymous platform.

#### The potential to replicate and scale up projects

All 12 projects would like to see a continuation of their work and could see the potential for their activities to be replicated or scaled up. Unlike with Cohort 1, none of the projects this year had the expectation that PHE would adopt a national mechanism to continue financially supporting their work. Instead, projects have been very **proactive about exploring alternative funding streams: four have already found alternative means to continue project activities** in the short-term,

three are looking to speak to their local commissioners regarding the viability of their project, and three are exploring less localised sources of funding.

The intention of the Fund is to provide the sector with evidence of what interventions work and with whom. The projects have also **generated a large repository of learning** about different ways of targeting and working with communities at risk from HIV, as well as lessons learnt for delivering these kinds of projects. However, there was a call for learnings to be shared both earlier in the project cycle and more widely than is happening at present so that the Fund can really meet its potential. At the time of writing, **over 20 publications or conference presentations** have been generated as a result of the projects' work (please see the appendix for references where available).

Furthermore, future commissioning of projects relies heavily on the quality of the evidence base they are able to generate for it over the duration of their work. This highlights the value in emphasising the **importance of having robust evaluation data to evidence achievement**. However, one of the issues raised was that a year is not long enough to prove that an innovation works or not. A number of projects felt they had not been able to reach their full potential given half of their funding period was taken up by the set-up rather than the delivery of their work. Whilst PHE may be unable to fund projects for longer than a year, there was some suggestion that projects seen to hold promise might be offered an **extension to their funding** for a continuation of activities. That said, PHE must also continue to make clear to funded organisations that they should **consider future funding arrangements from the project's inception** to get them to reflect on who to engage and how best to evidence the impact of their work.

### Strengthening local partnership working

Across the twelve projects, **66 different organisations were involved** in some way. Having **strong partnerships** on board was key to some projects' successes. These partnerships facilitated access to target audiences, and the development of appropriate and accurate resources. Where organisations had already **collaborated in the past** with partners, this enabled projects to get underway with the delivery (rather than set-up) of projects more quickly.

Whilst each project sought the support of Local Authorities at the bidding stage, many did not have ongoing engagement with them. For some projects, the national nature of their work limited the significance of their relationships with local commissioners. However, a small handful of projects were able to point to how their work had **influenced the thinking** of their local commissioners – be it about the possibility of HIV testing in the pharmacy setting, or the role of faith organisations in HIV prevention.

## 2 Introduction

### The HIV Prevention Innovation Fund

It is estimated that there are around 90,000 people living with HIV in the UK (89,400 as of 2016)<sup>3</sup>, of whom it is thought 10,400 remain undiagnosed<sup>4</sup>, with rates of late diagnosis high. Diagnoses of HIV are particularly high among specific communities; although prevalence of HIV is falling among men who have sex with men (MSM)<sup>5</sup> and in Black African communities, HIV incidence is still high within these groups. Public Health England (PHE) published a strategy, the 'Health Promotion Strategic Action Plan for Sexual Health, Reproductive Health and HIV 2016-2019', which sets out ambitions to decrease HIV incidence in the populations most at risk of new infection and reduce rates of late and undiagnosed HIV in the most affected communities<sup>6</sup>.

As part of this ambition, the HIV Prevention Innovation Fund was set up by PHE to support voluntary sector organisations reduce the impact of HIV through innovative interventions targeting groups most affected by HIV. Funding was allocated to the first cohort of seven projects in 2015 and an overarching evaluation report for these projects was published in 2017<sup>7</sup>. A second cohort of 12 projects was awarded funding between late 2016 and late 2017 – these projects form the basis of this report. A third cohort of projects was funded in late 2017 and these projects are currently in the early stages of implementation.

PHE sought to fund projects which would contribute to the overarching aim of the Fund, and which had the potential to: be replicated and to be scaled-up; strengthen local partnership working; impact on national and local prevention practice; and which were considered feasible, achievable and offered value for money.

### The evaluation

PHE commissioned Ipsos MORI to undertake a process and impact evaluation of the Innovation Fund and its projects. This report provides a summary of the activities and achievements of Cohort 2 – assessing the extent to which the projects met their intended outputs and outcomes, looking at what helped or hindered them to do so; concluding with lessons learnt for both projects, and PHE.

The following specific objectives within the overarching evaluation of the Innovation Fund will be addressed over the duration of the evaluation:

- Assess how individual projects have been implemented and how well they have met their outcomes and delivered on the overall objectives of the Innovation Fund;

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/602942/HIV\\_in\\_the\\_UK\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602942/HIV_in_the_UK_report.pdf)

<sup>4</sup> <https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>

<sup>5</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/648913/hpr3517\\_HIV\\_AA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648913/hpr3517_HIV_AA.pdf)

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/488090/SRHandHIVStrategicPlan\\_211215.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf)

<sup>7</sup> <https://www.ipsos.com/ipsos-mori/en-uk/public-health-england-hiv-prevention-innovation-fund>

- Provide recommendations on areas for improvement within the application and decision making process to ensure the Fund is able to select projects that deliver against its aims and objectives;
- Understand any barriers to implementation and to improve future delivery of the Fund;
- Capture any associated benefits or disbenefits of the Fund;
- Assess how well the Fund has stimulated innovation;
- Assess how well the Fund has supported projects that can be scaled-up and implemented more widely;
- Assess how well projects have contributed to developing local partnerships; and
- Compare the effectiveness of projects in targeting and engaging their relevant population groups.

## Methodology

With the evaluation objectives in mind, the following evaluation activities have been completed to generate the evidence for this report:

- **Review of evaluation reports:** Each project has been tasked with compiling their own evaluation report providing greater detail on activities and achievements than is presented here. These individual evaluation reports have been reviewed to feed into this overarching report.
- **Depth interviews with project leads:** Each project lead was interviewed as part of the evaluation to provide an understanding of the implementation process, the extent to which projects achieved what they set out to do, the reasons why they may/may not have met their stated goals, and provide learning about what has made their project more or less successful.
- **Case study interviews:** Six of the twelve projects were treated as case studies. For these six projects, additional interviews were undertaken with Local Authority commissioners involved in supporting applications to the Fund, partner organisations, project evaluators and frontline staff responsible for delivering projects. Case study projects were chosen to reflect the geographical spread of projects as well as a range of innovative approaches to HIV prevention.

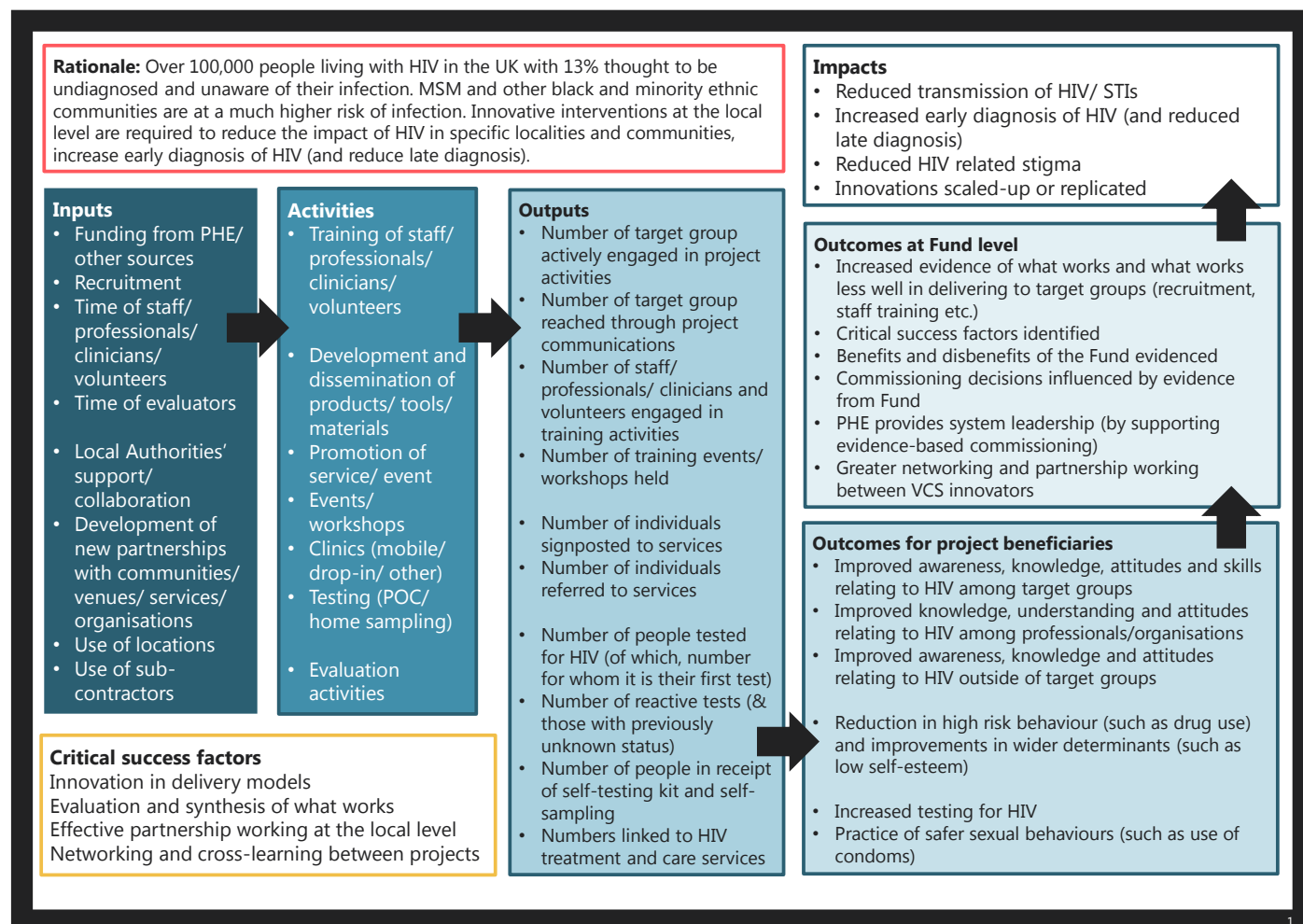
In total 28 interviews were completed, including four interviews with Local Authority commissioners, between December 2017 and February 2018.

## Theory of Change

The Fund's Theory of Change below depicts what the Fund and its projects are anticipated to deliver and the processes by which this is expected to happen. The theory is a means to communicate a shared understanding of what success looks like, in a way that can be measured, and it forms the basis of the overarching evaluation. Both Cohorts 1 and 2 were involved in shaping the Theory of Change and thus it reflects projects' own experiences.



Figure 2.1: Theory of Change



## This report

This report is structured around the Theory of Change such that Chapter 3 looks at project inputs and activities; Chapter 4 covers the outputs secured by projects; Chapter 5 discusses the outcomes and impacts evidenced by projects (for project beneficiaries, VCS organisations, Local Authorities, and PHE itself); Chapter 6 discusses the legacy of the Cohort 2 projects; Chapter 7 looks at the lessons learnt both at the project level and for PHE; and the report concludes with a discussion of the next steps for the overarching evaluation in Chapter 8.

## 3 Project activities and inputs

This chapter provides an overview of the projects undertaken by Cohort 2, explaining the activities completed, before giving consideration to the inputs they required. It looks principally at the direct costs and indirect staffing costs incurred throughout the projects, considering how this compared to expectations.

### Project activities

The table below outlines the key aspects of the projects funded as part of Cohort 2.

**Table 3.1: Summary of Cohort 2 projects**

Project name	Organisation	Activity	Target audience	Primary location
<b>Chemsex Open Access Support Team (COAST)</b>	Addaction	Short and long-term support for men taking part in chemsex, and training sessions for practitioners	MSM/ Men who partake in chemsex	Liverpool
<b>Community Conversations</b>	NAZ	Production of a feature film ('FACES')	Black and African Community	London
<b>Digital Vending Technology and HIV Self-Testing</b>	The Martin Fisher Foundation	Digital vending machine to distribute HIV self-testing kits in a MSM sex-on premises location	MSM	Brighton
<b>Friday/Monday</b>	Terrence Higgins Trust	Improved online diagnostic tool, ran online counselling and groupwork sessions	MSM / Men who partake in chemsex	Online
<b>HIV Prevention for Deaf People</b>	SignHealth	Educational workshops in schools, in the community, and training for health care professionals	Deaf community	Wandsworth, London
<b>In the Community</b>	OutREACH Cumbria	HIV testing in pharmacies	All	Cumbria
<b>LOL@Stigma</b>	KwaAfrica	Comedy-centred event with motivational speakers to reduce stigma, raise awareness and promote testing	BAME (Black African communities in particular)	Hammersmith and Fulham (London)
<b>Reaching Out</b>	Lifeline Project	Development of leaflets and awareness	MSM	Stoke-on-Trent

		raising events, with testing, for MSM engaged in drug and alcohol services. Training to staff in drug and alcohol services.		
<b>Positive Faith</b>	CAPS	Development of an online support resource around HIV from a Christian perspective	Christians with HIV, faith groups, schools, health and social care professionals	Online
<b>Sex Week on National Prison Radio</b>	Prison Radio Association	Week-long schedule of radio programming regarding sex, sexual health and HIV to reduce stigma and promote testing	Prisoners	Prisons across England and Wales
<b>Trans:Mission</b>	cliniQ	HIV testing and support in sex-on-premises venues	Trans population	Soho, London
<b>Web-chat Remote Access</b>	Positive Action	Developed an online text-based chat tool for people to access support and advice on sexual health services/HIV	All	Online
<b>Welcome Hear</b>	Yorkshire MESMAC	HIV information/awareness sessions and testing delivered in 4 languages	Refugees/asylum seekers	Wakefield

The section below provides greater detail on the individual projects and the activities they undertook as part of their intervention.

### COAST (Addaction)

*COAST* was aimed at providing long and short-term support to men taking part in chemsex in the Liverpool area, to allow them to find meaning in their behaviour and offer a range of safer options including abstinence. It was delivered by Addaction, a provider of substance misuse and mental health services.

Two employees were recruited with experience in counselling, drug services and mental health support. Together they carried out short-term harm reduction interventions, and intensive support through one to one sessions. These short and long-term interventions varied in scope but included offering advice on the risks of sharing drug-using equipment, support on building relationships, information and advice on HIV and other blood borne viruses.

The project began with the promotion of the work within the Liverpool LGBTQI+ community. They did this by conducting a range of outreach activities including work in sexual health clinics, bars and pubs, and promotion through Grindr.

The team also delivered training to local practitioners such as charity workers at Addaction, local sexual health clinics, the police, students, and University of Liverpool staff to raise awareness of sexual and gender identity issues, chemsex, and drug use.

### Community Conversations – ‘FACES’ (NAZ)

NAZ's original intention was to develop a series of vignettes to be shared online and/or via social media, to spark conversation among the young Black African community around HIV prevention. However, the project scope was expanded during the funding period to produce a feature length film called 'FACES' exploring four concurrent story lines covering PEP, PrEP, negotiating safer sex, HIV diagnosis, and living with HIV, as well as individual vignettes.

NAZ set up an advisory committee to oversee the development of the vignettes and film comprising clinicians, HIV and sexual health consultants from Barts Health (project partners) academics working on BME sexual health, an epidemiologist, project managers from NAZ, a creative and production team. The group oversaw all aspects of the project, with clinicians responsible for ensuring the factual accuracy of the clinical content, and the creative team responsible for the script and production of the film. Project activities which followed included script writing, casting, production, and shooting. The storylines from the film were re-edited as four vignettes, and screened to 15 young Black Africans, with post-screening discussion. At the time of writing the film is in post-production with the plan to take it to film festivals in 2018.

### Digital Vending Technology and HIV Self-Testing (The Martin Fisher Foundation)

This project piloted the use of digital vending technology as a way to dispense HIV self-testing kits. The aim was to encourage the uptake of self-testing by devising a convenient and more confidential way in which to test for HIV. A prototype machine was installed in June 2017 in the entrance area of a sauna based in Brighton, with the target audience being men who have sex with men. Implementing the project involved working closely with the sauna owner and staff, and the manufacturers of both the digital vending technology, and the self-testing kits.

### Friday/Monday (Terrence Higgins Trust)

The Terrence Higgins Trust, in partnership with London Friend, an LGBT+ support charity, developed an existing online assessment tool in more detail ('Friday/Monday') to better support the needs of the MSM community who may be engaged in chemsex. The project also involved developing and running online group work sessions and online counselling sessions designed to support men engaged in chemsex, and in particular those who may be living in rural areas where targeted face-to-face provision of support is limited or non-existent.

The Terrence Higgins Trust promoted the Friday/Monday tool via targeted Facebook adverts, leaflets, Grindr and online banner adverts. Participants for the online group work and counselling were recruited via these methods. The Zoom platform was used to host and deliver the online group sessions and online counselling.

### HIV Prevention for Deaf People (SignHealth)

This project was aimed at raising awareness and improving knowledge of HIV among Deaf young people and Deaf adults in the community, and working with hearing professionals to raise awareness about HIV. They did this through designing and running a series of workshops with young Deaf people in a local school for Deaf people (Oak Lodge), workshops with Deaf adults in the community, and supplying training to health professionals.

SignHealth employees first went on training about HIV, delivered by the Terrence Higgins Trust. The project team then went on to develop materials for Deaf people (largely through video) around sexual relationships and HIV. These materials were approved by the Terrence Higgins Trust and are now available online. They developed workshops which became a 12 week course to educate students on relationships, sex, STIs and HIV. Alongside this they produced BSL videos providing information on HIV, which are available on their website<sup>8</sup>.

HIV workshops for the Deaf community were promoted through Facebook, SignHealth's website, through SignHealth's outreach and housing staff. A Deaf Awareness Training session was also provided to hearing professionals, promoted through direct emails to local health services.

#### [In the Community \(OutREACH Cumbria\)](#)

This project introduced HIV testing to local community pharmacies across Cumbria. It was developed through a collaboration between OutREACH Cumbria – an LGBT charity operating in Cumbria – a sexual health consultant and the Local Pharmaceutical Committee (LPC).

Pharmacists were offered the opportunity to opt-in to the service via the LPC network; 15 pharmacies expressed an interest and all were commissioned to take part in the project. Pharmacists were then provided with training on how to administer HIV tests, while local newspapers, radio and television networks were engaged to promote the service to the public. The project also recruited a sexual health nurse to assist the pharmacists in on-going testing.

#### [LOL@Stigma \(KwaAfrica\)](#)

This project involved the creation, organisation and delivery of a one-off comedy event, designed to reach BAME communities and Black African audiences in particular. The project sought to explore to what extent comedy could be used as a method to reduce stigma associated with HIV, and to build knowledge and understanding of HIV and the benefits of testing early. The event included sets by two comedians (with some content concerning HIV), a number of HIV-positive motivational speakers who talked about their experiences of living with HIV, music and refreshments. There was also on-site testing for HIV, and various information resources, available at the event. KwaAfrica publicised the event through social media, the distribution of flyers, and word of mouth through its networks and outreach workers. The event was held at a large venue in Hammersmith and Fulham (London).

#### [Positive Faith \(CAPS\)](#)

Catholics for AIDS Prevention and Support (CAPS) developed a series of online materials designed as support tools for Christians on the topic of HIV. The project built upon a previous project (not funded by PHE) produced by CAPS ('Love Tenderly, Act Justly') to produce a series of short videos and written materials addressing aspects of living with HIV and Christian faith. CAPS worked with Hertfordshire Public Health and HertsAid to deliver this project.

32 videos intended for Christians living with HIV and faith groups were developed and hosted on a standalone Positive Faith website as well as on YouTube<sup>9</sup>. CAPS ran four events throughout the project at which these videos were shown to HIV service providers, faith leaders, those from Christian organisations, charities, journalists, and individuals with HIV in

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<sup>8</sup> SignHealth's [information on HIV](#)

<sup>9</sup> Positive Faith videos available on [their website](#), and their [YouTube channel](#).

order to guide the development of the resources. Positive Faith was promoted online by CAPS to 200 faith leaders and HIV service providers.

#### Sex Week on National Prison Radio (Prison Radio Association)

In early 2017, the Prison Radio Association ran 'Sex Week' on National Prison Radio. This was a week-long schedule of radio programming regarding sex, sexual health and HIV for prisoners across England and Wales. The purpose of the project was to engage a high-risk audience in the subject of HIV with an aim to reduce the stigma associated with it and to encourage early testing by emphasising the benefits of doing so. Sex Week featured contributions from prisoners and sexual health experts with the intention of stimulating an honest and open discussion about sexual health and HIV. The content for the radio programming was informed by a small number of focus groups held with prisoners. The Prison Radio Association worked with an independent production company to devise and record content for the project, and an established HIV charity to ensure the accuracy of information provided.

#### Trans:Mission (cliniQ)

*Trans:Mission* project aimed at providing bespoke support and information to the trans community. Through a specialist nurse, health advisor and outreach worker they conducted weekly outreach work and HIV testing at a sex-on-premises venue for trans people, cross-dressers and transvestites in Central London. They worked with 56 Dean Street (a sexual health clinic in Soho) to provide the required clinical oversight for this work. They also developed three online & printed resources aimed at trans women, trans MSM, and for all trans/non-binary people about PEP and PrEP. These were designed in conjunction with trans people and are available on their website<sup>10</sup>.

#### Web-chat Remote Access (Positive Action)

Positive Action partnered with Solent NHS Trust to develop a web-chat application. The text-based web-chat application is an online tool hosted on Solent NHS Trust's website through which users can anonymously converse with sexual health professionals within the Trust and professionals working within Positive Action to provide information, support and guidance around sexual health, including on HIV, chemsex, condom access and treatment support.

The service, branded as 'Let's Talk about it', is available on weekdays between 2pm and 4pm, and is targeted at (but not limited to) people in Hampshire who have been diagnosed with HIV, been affected by HIV in any way or who need advice or support about HIV.

#### Welcome Hear (Yorkshire MESMAC)

Yorkshire MESMAC partnered with Urban House in Wakefield, a distribution centre where refugees and asylum seekers initially stay when they enter the UK before being moved into homes across the country. Yorkshire MESMAC ran information and awareness raising workshops with the residents of Urban House, as well as offering on-site HIV testing. The workshops were either delivered in English with sessional translators present or were delivered in the recipients' first language. Workshops and materials were translated into Arabic, French, Swahili and Tigrinya.

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<sup>10</sup> Trans:Mission resources on: [PEP and PrEP](#); the [gay sex scene](#); and the [sex club scene](#).

A series of podcasts were also recorded with the residents of Urban House intended as promotional materials. As an additional element of the project outside of the original scope of HIV prevention, Yorkshire MESMAC partnered with Wakefield City of Sanctuary, a local charity, to deliver clothing to residents of Urban House.

## Project inputs

In total, PHE awarded £613,844.10 across the 13 projects, with funds ranging from £26,231 to £76,343 and an average grant of just over £50,000. All but one of the projects were awarded the full funding requested, and one project was awarded an additional £5,000. Details on the funding per project is provided in the appendix.

At the time of writing, 11 of the 12 projects were able to provide information about their actual spend<sup>11</sup>.

- **Delivering to budget:** Ten of these projects were able to deliver to budget and had funding leftover at the end of the funding period (between 6% and 30% of the original budget – which some of the projects are using to continue funding their project work for the immediate future). One of the projects over-spent by 41%, with direct costs being significantly more than planned.
- **Staff vs. direct costs:** The proportion of funding spent on direct costs as opposed to staff costs varied hugely across the projects, reflecting the diversity in project activities. The proportion spend on direct costs vs staff ranged from 34%:66% (*Sex Week*), to 94%:6% (*Trans:Mission*). There was more variation in planned vs actual direct costs than staff costs – the latter appears easier for organisations to budget for.
- **Monitoring and evaluation:** On average, 7% of the grant was allocated at the bidding stage towards the evaluation, though variance was wide from less than 3% to 10%. For the nine projects able to provide their actual spend on monitoring and evaluation, they spent between 3% and 18% of their awarded funding on this aspect. On the whole, anticipated levels of spending remained the same, with the exception of one project where the evaluation spend more than doubled.
- **Additional spending:** Four of the projects mentioned additional staff time/funding that was allocated to their projects, and one of the projects did not include staffing time in their budgets. For example, one project funded an additional £5,000, and others talked about their time (and that of others) being given for free towards the project. PHE should therefore be mindful of this given the costs associated with some projects may not reflect the true cost of time spent on them.

<sup>11</sup> This analysis does not include the Lifeline Project, which went out of business during the funding period.

## 4 Project outputs

This chapter looks at the key outputs achieved by each project and by the Fund at an overall level. The outputs are all quantitative metrics, based on the Theory of Change and the target outputs articulated by projects themselves. Chapter 4 goes on to examine the outcomes and impacts achieved by each project; taking a more qualitative look at issues such as the extent to which project beneficiaries demonstrated increased knowledge about HIV and the extent to which attitudinal shifts regarding HIV were observed. This chapter goes on to examine the challenges and enablers projects have faced in implementation.

Across the 12 projects, a core output for all was the number of individuals who were, in some way, engaged in their work. Another core output for five of the projects was the number of individuals tested for HIV (and alongside this, the proportion testing for the first time, and the number of known reactive tests). The other seven projects did not have a specific focus on HIV testing, but rather had a focus on outreach work and awareness raising through events or the development of online resources and tools. Overall, the projects were able to achieve the following:

- They **engaged approximately 47,337 individuals** as a result of their work (a significant proportion of this reach was for the Prison Radio Association who reached approximately 34,000 people through radio programming). 3,510 of the individuals were engaged face to face.
- **66 organisations were involved** in some way with the twelve projects: this includes delivery partners, businesses, providers, evaluators and other organisations.
- **235 events** were held by the projects for whom this was a core output.
- **786 HIV tests were conducted** by the five projects who provided testing, with **38% of these being first time tests**. One of these tests were known to be reactive.
- **622 individuals have been referred on** to a health service (though not all projects were able to collect this data).
- **6 online tools and 73 forms of information materials** were developed.
- **Over 20 publications or conference presentations** were generated as a result of the project's work.

The subsequent table shows the outputs secured by individual projects. Data are only shown where it is believed to be relevant for that particular project. In some instances, the data are missing or believed to be incomplete – not all metrics were captured by each project.

**Table 4.1: Project outputs achieved**

Metric	Fund overall	By project			Target	Notes
Numbers engaged (approximate only)	47,358 (approximate): 3,510 individuals	Face-to-face				
		COAST	285	80 (no target for practitioner sessions)	48 received harm reduction/brief interventions. 237 attended practitioner sessions	



	face to face and 43,800+ remotely	Community Conversations	15	N/S	Audience members at test screenings of vignettes
		HIV Prevention for Deaf People	123	160	45 young people (vs.40 target); 37 adults (vs. 60); 41 hearing professionals (vs. 100)
		In the Community	183	1000	
		LOL@Stigma	200	200	
		Trans:Mission	c2,000+	N/S	Approx. through outreach work (not monitored); 10 people as part of the focus group to develop materials
		Welcome Hear	704	600	
		<b>Remotely</b>			
		Digital Vending Machine and Self-Testing	204	750	As of end Dec-17
		Friday/Monday	8,069	2,620	7393 used online tool, 616 referred to local services, 32 attended online groupwork, 28 attended online counselling
		Positive Faith	1,510+	80 faith leaders/Health service providers trained	1,400 YouTube views <sup>12</sup> . 100 event attendees, of which 80 were faith leaders/Health service providers
		Sex Week on National Prison Radio	34,000	N/S	59% of the 72% of prisoners who listen to National Prison Radio
		Web-chat Remote Access	65	N/S	65 individuals taking part in 149 web-chat sessions

<b>Number of organisations engaged with</b>	66	COAST	10	N/S	Close working relationship with 2, and awareness sessions delivered
		Community Conversations	7	N/S	Number of organisations on the steering group
		Digital Vending Machine and Self-Testing	4	N/S	Sauna, machine manufacturer, kit manufacturer, design team
		Friday/Monday	1	N/S	Project partner to deliver online counselling
		HIV Prevention for Deaf People	11	N/S	11 external organisations attended the Deaf Awareness Training
		In the Community	17	N/S	LPC, NHS, 15 Pharmacies
		LOL@Stigma	2	N/S	Evaluator and venue
		Positive Faith	4	N/S	HertsAid, Hertfordshire public health, website designer, film maker
		Sex Week on National Prison Radio	4	N/S	Production company, organisations to support with accuracy of content

<sup>12</sup> Number of YouTube views as of the time of the finalised project evaluation report (as of 4<sup>th</sup> December 2017).

		Trans:Mission	2	N/S	Sex on premises venue, 56 Dean Street
		Web-chat Remote Access	2	N/S	Project partner (NHS Solent Trust) and evaluator
		Welcome Hear	2	N/S	Wakefield City of Sanctuary (a local charity), and Urban House
<b>Number of Local Authorities engaged</b>	13	COAST	1	N/S	
		Community Conversations	1	N/S	
		Digital Vending Machine and Self-Testing	1	N/S	
		Friday/Monday	1	N/S	
		HIV Prevention for Deaf People	1	N/S	
		In the Community	1	N/S	
		LOL@Stigma	1	N/S	
		Positive Faith	1	N/S	
		Sex Week on National Prison Radio	0	N/S	Not deemed applicable
		Trans:Mission	3	N/S	
		Web-chat Remote Access	1	N/S	
		Welcome Hear	1	N/S	
<b>Number of events held</b>	235	COAST	36	N/S	6 community events to promote the service, 30 chemsex training sessions to local practitioners
		Friday/Monday	59	6 groups of 4 sessions (24) of groupwork	59 groupwork sessions in total
		HIV Prevention for Deaf People	96	N/S	87 workshops to young people; 5 to adults; 4 Deaf awareness sessions.
		In the Community	2	N/S	
		LOL@Stigma	1	1	Target revised to 1 after discussion with PHE
		Positive Faith	4	N/S	4 training and testing events held to guide development of the resource
		Sex Week on National Prison Radio	1	1	Sex Week
		Welcome Hear	36	12	
<b>Number of people tested for HIV</b>	786	Digital Vending Machine and Self-Testing	204	750	As of end Dec-17. Not known if all tests dispensed were used
		In the Community	183 <sup>13</sup>	1,000	
		LOL@Stigma	13	40	
		Trans:Mission	133	N/S	
		Welcome Hear	253	300	
	295 (38%)	Digital Vending Machine and Self-Testing	Unknown	N/S	

<sup>13</sup> As of April 2018 (project received an extension until May 2018)

<b>% tested for the first time</b>		In the Community	41% (76)	N/S	
		LOL@Stigma	Unknown	N/S	
		Trans:Mission	15% (20)	N/S	
		Welcome Hear	80% (202)	N/S	
<b>Number of reactive HIV tests</b>	1	Digital Vending Machine and Self-Testing	1	N/S	1 reactive test known about
		In the Community	0	N/S	
		LOL@Stigma	Unknown	N/S	
		Trans:Mission	0	N/S	
		Welcome Hear	0	N/S	
<b>Numbers of people referred on to another service</b>	622	COAST	5	N/S	Including 2 directly referred for HIV testing
		Friday/Monday	616	500	
		HIV Prevention for Deaf People	Unknown	N/S	
		In the Community	1	N/S	
		Sex Week on National Prison Radio	Unknown	N/S	
		Web-chat Remote Access	Unknown	N/S	
		Welcome Hear	Unknown	N/S	
<b>Number of people receiving treatment</b>	6	COAST	2	N/S	Commenced PrEP impact trial
		Web-chat Remote Access	4+	N/S	4 users requested help with booking a clinic service online
<b>Number of online tools developed</b>	6	Friday/Monday	3	3	Expanded the existing tool on <a href="#">THT website</a> . Developed online groupwork and online counselling
		Positive Faith	1	1	Positive Faith set up as an <a href="#">online resource</a> , including <a href="#">YouTube channel</a> .
		Web-chat Remote Access	1	1	Text based <a href="#">chat tool</a> for users to speak with health professionals
		Welcome Hear	1	1	A series of <a href="#">24 podcasts</a> have been created which are intended to be used online by health providers
<b>Number of publications and conferences</b>	20+	COAST	2	N/S	1 article not yet published, one poster presentation abstract accepted for world chemsex forum in Berlin.
		Digital Vending Machine and Self-Testing	2	N/S	Prize winner poster for <a href="#">BASHH conference</a> 2017, forthcoming at BHIVA conference. Won BMJ prize for innovation in 2018. A number of articles/ videos/ interviews

		Friday/Monday	3	N/S	Publicised at the BASHH conference <sup>14</sup> . Prize winner poster at the Royal College of GPs Drug and Alcohol conference. Coverage of project in the Guardian <sup>15</sup>
		HIV Prevention for Deaf People	1	N/S	News article published in <a href="#">Healthwatch Wandsworth</a>
		In the Community	2	N/S	PSNC National Conference Accepted for the National BASHH/ BHIVA conference in Edinburgh.
		Positive Faith	5+	N/S	Presented at least 4 events to date (e.g. religious groups), and the Children's HIV Association (CHIVA) in March 2018.  The charity and the LA commissioner intend to present at a wide variety of events in the coming year including World Council of Churches 'Faith Building Bridges' conference, Catholic HIV Networks Conference and Faith Zone in Amsterdam. Part of 'AIDS Histories & Cultures Festival' London.  Press coverage nationally and internationally including academic journals <sup>16</sup>
		Trans:Mission	4	N/S	Presented at the PrEP in Europe summit; soft launch of trans leaflets at cliniQ conference; 4 forthcoming <a href="#">BHIVA/BASHH conference</a> for 2018, HIV Nursing, PHE conference, International AIDS conference
		Welcome Hear	1	N/S	Project coordinator presented at HPE conference

<b>Number of information</b>	<b>77</b>	Community Conversations	5	N/S	1 feature length film and 4 vignettes
		HIV Prevention to Deaf People	10	10	Online <a href="#">BSL signed videos</a>

<sup>14</sup> <http://www.bhiva.org/documents/Conferences/2018Edinburgh/AbstractBook2018.pdf> P P257

<sup>15</sup> <https://www.theguardian.com/society/2017/jul/14/i-took-drugs-because-it-was-a-fast-track-way-of-meeting-people>

<sup>16</sup> <https://www.thepastoralreview.org/index.php/issues/current-issue/1526-the-body-of-christ-still-has-hiv-it-s-time-to-talk>  
<https://www.thinkingfaith.org/articles/hiv-and-body-christ>  
<https://www.americamagazine.org/politics-society/2017/11/21/how-new-catholic-resource-serving-those-living-hiv-aids-britain>

materials developed	Positive Faith	35	30 (10-15 'how to' videos, 10-15 personal testimonies)	32 short online video resources, 3 'how to' guides available on <a href="#">their website</a> , and their <a href="#">YouTube channel</a>
	Trans:Mission	3	3	Online and printed resources for trans people on <a href="#">PEP and PrEP</a> ; the <a href="#">gay sex scene</a> ; and the <a href="#">sex club scene</a> . Orders for hard copies: c350, online views: 2,226 (Nov '17-Feb'18)
	Welcome Hear	24	24	<a href="#">24 podcasts recorded</a> to be used as tools for various health providers who work with migrant populations

## Project reach

Projects were **better able to predict their overall reach but could be over-ambitious in relation to targets for number of participants undertaking HIV testing**. For example, *Welcome Hear* managed to outperform its target of 600 people attending the awareness raising events, with 704 individuals attending these, however did not quite achieve its target of 300 people testing for HIV (253 people undertook an HIV test). For *Welcome Hear* their target audience of asylum seekers had multiple complex issues making testing for HIV a relatively low priority for them. Similarly, while *Trans:Mission* achieved good engagement of participants coming to focus groups and community members attending a photo shoot, the number of HIV tests undertaken through the project (133) was lower than anticipated. *In the Community* had based their target of 1,000 on use of other sexual health services in a pharmacy setting (such as emergency contraception) and instead carried out 183 tests. However, they recognised that this was an unrealistic target and more important was the evidence the project provides on people's willingness to test in a pharmacy.

**Some of the projects managed to reach or over-achieve some of their initial targets, while falling short on others.** For example, *Friday/Monday* did not manage to meet its targets for the number of 60 MSM completing the online groupwork programme and 60 MSM completing the online counselling, with 32 individuals attending the groupwork and 28 attending the counselling. The *Friday/Monday* project did however outperform some of its other target metrics, with far more MSM seeing the advertisements for the service (202,379 through Facebook alone compared with a target of 50,000 overall), 7,393 MSM using the online assessment tool compared with a target of 2,000 and 616 people referred to local services compared with a target of 500.

Broadly speaking, Cohort 2 projects have been able to reach the audiences they identified as key targets:

- Chemsex Open Access Support Team (COAST):** COAST matched its target audience of MSM engaging in chemsex. COAST collected demographic information from the 48 men who took part in the intervention, however 13 of these did not consent for their data to be used for research and evaluation purposes. 20 COAST service users identified as being gay and one was bisexual, with the remaining service users talking to staff about sexual encounters with men, fitting the target audience. The majority (95%) of the men for whom data was collected on substance use reported using multiple types of substances. Unexpectedly only a small number of men reported using the 'typical' chemsex drugs of GHB/GBL, mephedrone and methamphetamine.

- Digital Vending Technology and HIV Self-Testing:** In order to access a self-testing kit, users had to complete three demographic profiling questions to assess the project's reach. This data shows that a fifth (21%) of users had not tested for HIV in the past 12 months (if ever). Some of the machine's users were frequent HIV testers with 29% saying they had last tested in the past three months. The median age of users was 31.5 years (with an age range of 18-70) and 47% were residents of Brighton and Hove.
- Friday/Monday:** Once participants had expressed interest in either the online groupwork or counselling, they were required to provide demographic information as part of a longer form before accessing the interventions. Of the 32 men who engaged in the groupwork, 31 identified as gay and 1 identified as bisexual. Of the 37 men who completed a counselling assessment, all identified as gay. Participants were geographically spread for both forms of intervention. The most common age group of participants was 30-39 for both those who engaged with the online groupwork and those who engaged with the online counselling (41% for groupwork and 51% of those who completed a counselling assessment).
- HIV Prevention for Deaf People:** Workshops conducted in Oak Lodge school were with individuals with speech, language, hearing and communication needs. The age range of attendees was between 15-19 years old. Almost all attendees (96%) identified as heterosexual with two per cent identifying as gay and two per cent as bisexual. A fifth (21%) of young people were black or Black African, and around another fifth (18%) were white British.
- In the Community:** Of the 183 people who had an HIV test in a pharmacy setting, the majority were male (73%) and between 20-29 years of age (38%) though there was a spread of ages. The majority (84%) said that they chose the pharmacy because it provided easy access.
- LOL@Stigma:** The profile of event attendees is known only for those who completed this aspect of the evaluation (65 audience members). The vast majority of attendees were from Black African or Black Caribbean backgrounds (85%) meaning the event was well targeted. A spread of ages attended, and two-thirds of London boroughs were represented among the attendees. A greater proportion of audience members were female (66%). Importantly 61% of individuals who completed the evaluation described themselves as not very/at all involved in HIV meaning the content of the event was reaching audiences 'new' to the subject.
- Positive Faith:** CAPS ran four events to develop, test and launch the *Positive Faith* resource, including training attendees in how to use the resource. 110 individuals attended these events, including 36 HIV service providers and 27 faith leaders. Individuals with HIV were also present at these events. In a survey of attendees, 34 people attending the events said that both HIV and Christianity closely related to their personal or professional lives. Analysis of the 1,400 YouTube views between the launch of the resource and the final evaluation report shows that the majority of these views come from the UK (1,123 views) but some come from people in other countries such as the USA (74 views), India (34 views) and Italy (34 views).
- Sex Week on National Prison Radio:** 72% of the 80,000 prisoners across England and Wales are known to listen to the National Prison Radio service. Of these, 59% recalled hearing *Sex Week* on the radio (higher than a comparable week-long programme called the Wales Takeover Week in 2015 which was recalled by 42% of listeners). No further profiling information is known about the individuals who recalled *Sex Week*.
- Trans:Mission:** This project provided HIV testing to the trans and non-binary community, with a quarter of men testing for HIV identifying as transvestites or crossdressers and two-fifths (39%) of those testing identifying as

trans women. Over half (53%) of those tested reported having had unprotected sex in the previous 6 months, and 15% of people had never tested for HIV before.

- **Web-chat Remote Access:** An online demographic survey was sent to service users over the web-chat. The utility of this data is limited due to the low number of responses (15 out of a total of 65 web-chat users). Project staff felt this was related to service users specifically using the web-chat in order to remain anonymous. Of the 15 survey respondents, 12 identified as cis-males and 3 users as cis-females. The age of users ranged between 18 and 41. Despite the few responses to the demographic survey, content analysis of the web-chats indicated that 62% of the issues discussed related to HIV, suggesting that the service reached the intended target group of those seeking advice and guidance relating to HIV.
- **Welcome Hear:** Of the 704 people reached through the project, three-quarters (75%) were men and the remaining quarter (25%) were women. 72% were of Black African origin and 28% were from 'other' national origins. Of the 253 residents of Urban House who undertook an HIV test, 89% described themselves as asylum seekers, and 3% described themselves as refugees. Participants came from at least 20 different countries including the Middle East, Southeast Asia and Europe. Four fifths (80%) of those taking an HIV test had not been tested before.

## Enablers and barriers to implementation

Across the projects there were some common factors that enabled, or challenged their implementation. These are given consideration in the discussion below.

### Working effectively with partners

Having strong partnerships on board was key to many of the projects. For some, these partnerships enabled projects to attract the target audiences and granted access to important networks. For example, working with HertsAid and Hertfordshire Local Authority allowed CAPS to attract the target audience to their resource development events and helped to promote *Positive Faith* as a resource more widely than CAPS would have been able to alone. For the *Web-chat Remote Access* project run by Positive Action (whose partner was NHS Solent Trust) and *Friday/Monday* run by Terrence Higgins Trust (THT; whose partner was London Friend), these partnerships were fundamental to guiding the development of the project. For the *Friday/Monday* project, staff noted the advantages of having London Friend as a partner early on in the process to help guide the application to the Fund. This project also drew upon the expertise and experience of the partner organisation to develop their resources. The *Sex Week* project run by National Prison Radio also drew on the expertise of other organisations as they themselves did not have a strong background knowledge of HIV.

**"We weren't HIV experts so talking to THT as well as PHE about informing ourselves on basic information about HIV was really important for us." Sex Week – Project Lead**

For some organisations, the project relied almost entirely on a partner for access to project beneficiaries and the projects would not have been possible without buy-in from partners. For example, cliniQ worked with 56 Dean Street clinic to host their interventions, the *Digital Vending Machine* project had agreement from the sauna where the vending machine was located, and *Welcome Hear* relied upon Urban House for access to the asylum seekers to whom the events were delivered.

***"We have good relationships with them [the sauna where the vending machine was located], lots of communication and goodwill."*** Digital Vending Machine – Project Lead

In some instances, organisations had already collaborated extensively in the past with partners and this was viewed as an advantage as it enabled the projects to more quickly get underway with delivery as opposed to set-up.

***"It's really hard to make an impact into curriculums. The fact we had a relationship there made it much easier to gain access and get a real commitment from them."*** SignHealth – Project Lead

### Experience and skillsets of staff involved

Across the projects, project leads and evaluators mentioned specific attributes of certain staff members which enabled the project to be successful. For *Community Conversations*, the well-known BME actors involved in producing the 'FACES' film were deemed critical, as was having supportive medical professionals from Barts Health NHS Trust. OutREACH Cumbria staff noted how helpful in particular the nurse allocated to their project was, and that this made a real difference to its success. The staff working on the *Welcome Hear* project stated how fortuitous it was to have found a particular Arabic translator who was also a doctor with a background in HIV – this translator ended up delivering the awareness sessions in Arabic rather than translating them, which was the original intention. Across all projects, having highly committed teams, many of whom gave significant time beyond the bounds of their day-to-day job, was a significant contributor to success.

### Ensuring the comfort of participants

A number of projects commented on their work having greater success due to people being able to engage with the subject of HIV in an environment which was comfortable for them. THT's *Friday/Monday* project is a good example of this given the online sessions were specifically designed to allow for remote access. But this theme of participant comfort was also evident in *LOL@Stigma* where being able to discuss HIV in a relaxed (and in this case, entertainment) environment helped participants to engage with the issue more fully. In the *Welcome Hear* project, Yorkshire MESMAC also noted that session attendees were much more relaxed (and thus more likely to test for HIV) when the group size was smaller and therefore more intimate.

***"The event was about raising awareness and knowledge building... You have a captive audience in a relaxed environment so people are more likely to listen, it then sits in their minds."*** LOL@Stigma - speaker

### Challenging time frames

Many of the projects experienced unexpected delays to the implementation of their projects for a variety of reasons. For Addaction's *COAST* project, it took longer for the organisation to recruit the staff required and the set-up for the project was longer than anticipated, meaning there was only limited time to deliver the interventions to beneficiaries. Similarly, for the *Welcome Hear* project it was more difficult and took longer than anticipated to find sessional translators and ensure their skills were suitable for the project.

Delays to *Community Conversations* occurred because the original concept of producing video vignettes was upgraded to a full-length feature film 'FACES', and the pre-production process required a lot of staff time, which had not been factored in at the beginning of the process. The Positive Faith project also found that the process of producing their video content took longer than originally anticipated as it was more challenging than expected to secure good quality footage for use in the videos.



***"It was a lot more work than had been anticipated... None of us had made anything like this."*** Positive Faith – Project Lead

The *Digital Vending Machine* was put in place two months after originally intended due to the design and manufacturing process taking longer than anticipated. The projects developing online tools and resources found that this took longer than they had expected. The *Web-chat Remote Access* project took longer than expected to conduct the penetration testing (ensuring that the web-tool could not be hacked to protect the information given and anonymity of participants), which had a knock-on impact on the project's ability to advertise the service, having negative implications for the project's reach. For *Friday/Monday*, the development of the sign-up process for the online intervention initially took longer to develop than anticipated due to the need to ensure that participants' data was secure at every step of the process. Delivering this project was also challenging due to the project staff working part-time.

***"[The development of the sign-up process] was a bit that was disappointingly held up...we were ready to go with clients and some of that was delayed a little bit because of the sign-up process."*** Friday/Monday – Project Partner

#### Encouraging beneficiaries to use the services

With some target audiences, considerable time was needed to build trust with participants and encourage their participation in the interventions. For *HIV Prevention for Deaf People*, SignHealth staff found it was difficult to encourage Deaf people to participate in their workshops as many stated that they already knew about HIV or simply felt it was a topic that did not interest them. cliniQ found it difficult to engage beneficiaries due to *Trans:Mission* being a new project and requiring media campaigning to get the service advertised. The *Web-chat Remote Access* project also faced similar issues with engagement as this service was not advertised until later than planned in the project, due to the web-tool testing taking longer than envisaged. The *Friday/Monday* project struggled with a high attrition rate of participants signing up to participate in either the online counselling or the online group work but then not actually taking part on the day, although the retention of those that did take part was good. For this project, it took a lot more time and effort than originally thought to chase participants and sign them up to the intervention.

***"The biggest thing which we then found surprising was how much admin time was needed to really follow people up... people who filled out the long form, getting them into a group work session took a lot of ringing around and way more hand holding and prompting."*** Friday/Monday – Project Lead

***"It can take a long time to get the public to be aware of services – that is the biggest learning curve for us."*** OutREACH Cumbria – Partner

## 5 Outcomes and impacts

This chapter focuses on the outcomes and impacts achieved by the Cohort 2 projects – taking each beneficiary group in turn. Initially however, a summary is provided on what each project uniquely contributes to the evidence base around reducing the impact of HIV.

### Project specific outcomes and impacts

- **COAST (Addaction):** Through their outreach work Addaction were able to identify a group that were at risk of HIV and begin to put appropriate support and advice in place. The original intention was to focus on decisions people make to reduce the spread of HIV (e.g. PrEP and PEP) but as the project progressed they had to adapt to the complex profile of the people they were coming into contact with. Due to a lack of outcomes data it is difficult to know what the impact of Addaction's activities have been on their target group – particularly around HIV prevention. However, the initial findings suggest that it has had an impact on the men it has supported and is helping them to make positive changes in their substance misuse, risky sexual activity and other aspects of their lives.
- **Community Conversations – 'FACES' (NAZ):** NAZ were able to produce a high quality film on a low budget with limited resources. The project attracted the attention of high profile people in the film industry which has allowed them to achieve one of their primary aims – to spread the word and raise the profile of HIV prevention among a group not actively involved in it. Until the film has been disseminated more widely it is difficult to say what the impact of it will be. To date, the four vignettes have been screened to and discussed by 15 people in a facilitated discussion group setting. The discussions and pre- and post-viewing surveys demonstrated that each of the storylines successfully conveyed their intended messages to the group – for example around PrEP and condom use.
- **Digital Vending Machine and Self-Testing (The Martin Fisher Foundation):** This proof of concept has shown digital vending machines to be a highly effective way in which to encourage testing for HIV by offering a discrete and convenient means through which to access testing kits. The number of tests dispensed through the digital vending machine far exceeds those given out through outreach work in the same venue (31 tests per month on average compared to 4.5 tests per month via outreach work).
- **Friday/Monday (Terrence Higgins Trust):** The project managed to reach its target audience of MSM over a geographically dispersed area who may not have been able to access sexual health services appropriate for their needs otherwise. The evaluation found that both participants in the online groupwork and the online counselling experienced a range of improvements to wellbeing, such as improved sense of happiness, quality of life, control over drug / alcohol intake, and a reported reduction or cessation in the intake of problem substances. The project managed to refer more people than originally planned into local health services (616, above the target of 500). This project has proven to both THT and London Friend the viability of online services and the use of the online Zoom platform. Both organisations are looking to incorporate learnings and online elements from this project into their other work.

- HIV Prevention for Deaf People (SignHealth):** The project has highlighted a significant knowledge gap around sexual relationships, sexual health and HIV among the Deaf community. The project team and evaluator therefore feel they have been able to have a big impact on their beneficiaries in terms of raising awareness and improving knowledge of HIV.
- In the Community (OutREACH Cumbria):** With great enthusiasm from the 15 pharmacists involved and 162 people getting a test, the project was able to show that pharmacies do provide a viable option for getting people tested. Moreover, almost half of the people testing had never tested before demonstrating that this service is reaching a new audience. The anonymity of getting a test in a pharmacy rather than a GP practice, sexual health clinic or through the post was seen as one of the main strengths of this project – particularly important in a rural setting.
- LOL@Stigma (KwaAfrica):** This project has demonstrated that comedy can be used as a vehicle to engage Black African and Black Caribbean audiences in the subject of HIV despite this typically being a highly stigmatised condition in these communities.
- Positive Faith (CAPS):** CAPS has been able to develop an online resource that can be used by people across the world to understand issues around HIV through the language of Christianity. Through their testing and launch events, the resource has been developed and steered by groups of people who may want to use it such as faith leaders, HIV professionals, Christian organisations and charities. The resources were well received in these events. Since the resource has launched project staff have received positive feedback from individuals with HIV stating how helpful *Positive Faith* is for them.
- Sex Week on National Prison Radio (Prison Radio Association):** Sex Week was the first time National Prison Radio had talked in depth about sex and sexual health. Research prior to the development of content revealed low levels of awareness about HIV among the prisoner population and high levels of stigma towards those with HIV. This project has shown there is an appetite for information about HIV among prisoners.
- Trans:Mission (cliniQ):** Testing in the sex-on-premises venue was well received, and in particular *Trans:Mission* got a good level of engagement from people who had not been tested recently or at all. Through their discussions they reached people who had never made contact with sexual health services, and were seeing some attend clinic a few weeks later to get advice on prevention options – so having a direct impact on people's engagement with sexual health services.
- Web-chat Remote Access (Positive Action):** The *Web-chat Remote Access* project proved that a web-based tool was a feasible and acceptable means for people to anonymously get support, guidance and information on HIV and sexual health generally from health professionals. Now that the web-chat has been set up, it continues to run on weekdays as what project staff reported to be a relatively inexpensive intervention. The evaluation identified a need for an online tool as some sexual health service users indicated that they would prefer to use the anonymous tool online than to seek advice face-to-face. The depth interviews with users of the web-chat tool found that they were positive about the tool and that using it had encouraged them to get tested for HIV.
- Welcome Hear (Yorkshire MESMAC):** Yorkshire MESMAC were able to provide information about HIV and services as well as HIV testing to at-risk groups of people in their own languages. The project went above and beyond its aim of engaging 600 people to engage 704 residents of Urban House, and conducted 253 HIV tests.

The evaluation activities found a significant increase in the level of knowledge around HIV for attendees following the events.

## For project beneficiaries

As documented in the Fund's Theory of Change, there are a number of intended outcomes for individuals, professionals and organisations that engage with the funded projects. As with Cohort 1, primarily these relate to improved awareness, knowledge, attitudes and skills relating to HIV, alongside increased testing for HIV, the practice of safer sexual behaviours and the reduction in high risk behaviours

### Improved awareness and knowledge of HIV

Many of projects were aimed specifically at improving knowledge of HIV. The type of knowledge that the projects were able to have an impact on was variable. This included both knowledge of HIV, HIV prevention, and the services available to support people with prevention and treatment. Some examples of the impact individual projects had are provided below:

- Anecdotal feedback to SignHealth (*HIV Prevention to Deaf People*) suggested that those attending workshops left with an improved awareness of STIs, HIV and HIV prevention. Their feedback also pointed to the fact that they were receiving this information for the first time.
- As part of the *Welcome Hear* project, mean knowledge scores for the 103 participants who completed the evaluation questionnaires improved after the training sessions (increased from 4.62 to 6.45 out of 7). Welcome Hear was also able to improve understanding of where to go and what services are offered such as free HIV tests.
- Of the people tested by *cliniQ* (133) 69% had never heard of PEP and 84% had never heard of PrEP. As common sexual health tools, this demonstrated a lack of knowledge among this group (trans people). The evaluation found that 95% of participants reported an improvement in their knowledge about trans sexual health following reading the resources produced through the project.
- Self-rated knowledge about HIV being 'good' or 'very good' went from 57% (base 64) to 78% (base 60) after the *LOL@Stigma* event, and 79% (base 43) agreed with 'I learned a great deal from this event'.

***"I think there's been a bit of myth busting...so knowing that you can get a test for free in the UK, knowing that HIV can be treated and that you can live a long life with HIV."*** Welcome Hear – Project Lead

***"Increased knowledge about STIs from a number of people who had never heard of an STI...And young people said they didn't realise they could say no to sexual contact."*** HIV Prevention for Deaf People - Project Lead

The projects also leave a lasting legacy of materials that can be used to communicate information about HIV in future. For example, SignHealth now have British Sign Language (BSL) videos available online, *Trans:Mission* have produced updated information materials for the trans community, *Positive Faith* videos provide lasting information targeted at the faith community, and NAZ has a feature film.

### Changing attitudes to HIV

For Cohort 2, PHE was particularly interested in funding projects that were aimed at reducing stigma associated with HIV. Some of the projects were able to show they had an impact on this directly or indirectly.

There was some evidence that the *LOL@Stigma* project was able to change attitudes to HIV through use of motivational speakers and comedy acts. Word association with HIV in their pre and post questionnaires showed a change from negative to more positive associations. Anecdotally, the *Welcome Hear* project could see that the people they were engaging with became more comfortable asking questions about HIV with a greater willingness to engage in support services.

***"The motivational speakers made such a huge impact, it's one thing to tell someone to test, it's another thing to see someone who is HIV positive saying they are okay, how they are healthy, telling you their story, they look like you, they speak like you, it's powerful."*** LOL@Stigma – Project Lead

A number of the projects were also aimed at breaking down barriers and getting people to talk about HIV for the first time. For example, NAZ chose the medium of film to raise issues and spark discussion about HIV and methods of prevention. Though the film is yet to be released, early findings from the evaluation focus group show that the film is effectively highlighting themes around HIV prevention such as PrEP and condom negotiation. *Sex Week* got prisoners talking about sexual health, and anecdotally, the project team were told that prisoners were talking about the issues raised on the wings.

***"It was really helpful for inmates to get the chance to ask questions [about HIV], there was a genuine interest in it, once people started asking questions, others were willing to open up."*** Sex Week – Project Lead

### Claimed behaviour change

Many of the Cohort 2 projects would like to see sustained changes in behaviour as a result of their work with, for example, project beneficiaries practicing safer sexual behaviours. This was difficult for many of the projects to measure – particularly because they had no ongoing contact with project beneficiaries. However, some projects were able to capture intention to change, as follows:

- Initial findings of the *COAST* project suggest that it has had an impact on the men it has supported and is helping them to make positive changes in their substance misuse, risky sexual activity and other aspects of their lives, although they do not have data to evidence this.
- Of the people who received *cliniQ's* booklets, 98% (base 28) anticipated an improvement in negotiating the type of sex they wanted to have.
- Almost three quarters (74% – base 43) of those attending the *LOL@Stigma* event agreed with 'the event will have effects on my life'.
- 16% of those who heard *Sex Week* (base 59) took action after hearing the campaign, and three per cent of National Prison Radio listeners had undergone or booked a test after hearing the campaign.
- Participants in *Friday/Monday's* online groupwork and counselling sessions reported an array of behavioural changes. For the groupwork, 89% of the 32 participants reported an improvement in control over their sex lives and 92% reported an improvement in their control over their drug and alcohol intake. For counselling participants,

92% of the 28 participants reported an improvement in their sense of control over drug use, 96% reported a reduction or cessation for at least one of their problem substances, and 75% reduced the number of days they used problem substances or remained abstinent.

## Health and wellbeing

Though HIV was a key focus for all the projects, many took a more holistic approach to health and wellbeing and were able to have a broader impact on people's health, behaviours and outlook. *HIV Prevention for Deaf People* is a good example of this. The project had to expand the scope of their workshops to Deaf young people to include sexual health and relationships once they discovered the low levels of broader knowledge in this group. There was no evaluation of this aspect of their work so evidence of this is limited, although anecdotally young people said they were pleased they had received this information before leaving school. A number of participants have since enrolled onto a Deaf Hope Healthy Relationships course run by SignHealth.

***"No evaluation around the beneficiaries about their knowledge and confidence around sexual relationships, just the HIV side. They had to go right back to basics before going onto HIV – indirect benefit but we've not captured."*** HIV Prevention for Deaf People - Project Evaluator

The *COAST* team also described a range of complex and serious problems that they had not anticipated, far beyond participation in chemsex. As part of the project, they had identified a niche group of men that shared common issues such as internalised homophobia, self-hatred, social isolation, low self-esteem, among a group that would be considered high achievers – all were in work and doing well at work. The types of advice and intervention needed was therefore varied, and the project highlighted the importance of holistic support, rather than support just focussed on drugs and participation in chemsex.

*Welcome Hear* was another project where participants had a range of complex needs. One theme from the evaluation report was an acknowledgement of this and that HIV may not necessarily be the top priority for the refugees involved in the project, as they often had mental health problems resulting from traumatic experiences as well as other physical needs and priorities. *Welcome Hear* managed to address one of the wider needs of its participants by partnering with Wakefield City of Sanctuary to deliver items of clothing to the participants.

Analysis of transcripts from the *Web-chat Remote Access* project showed that service users were using the web-chat to speak to health professionals about a range of issues related to sex and sexual health and were not always specifically about HIV.

Health and wellbeing in a wider context was central to the aims and methods of *Friday/Monday*, where participants reported improvements in their quality of life, sense of happiness and psychological health after taking part in the online counselling or groupwork. After the intervention had finished, the project team ran a follow-on course teaching participants about theories around how thought works, with the aim of changing the perspective of participants and improving resilience.

There is also some evidence of greater engagement in sexual health clinics as a result of coming into contact with the projects. The *Trans:Mission* team saw people coming to their Soho clinic for a sexual health check as a result of their outreach work. As part of the *In the Community* project, pharmacists were able to signpost to sexual health services and recommended testing for other STIs.

***“One patient – young gay male...came up he’s never had Hep B vaccinations, and I told him it was important for him to think about it. Non measurable health benefit, to protect him from that.”*** In the Community – Pharmacist

### Increased HIV testing

Five of the projects had a specific objective to test individuals for HIV. Crucially, these projects provide evidence of suitable and effective ways of targeting specific groups of people who may not be accessing traditional services. The *Digital Vending Machine*, for example, offered a more effective way of distributing tests compared to community outreach workers. 204 tests were dispensed over the testing period (compared to 37 achieved by community outreach work in the same sauna setting), and one-fifth (21%) had not tested in the previous 12 months.

In Cumbria, *In the Community* has demonstrated an effective way of encouraging HIV testing among a rural community – where late diagnosis of HIV is high. Pharmacy testing was seen as a particularly effective way of reaching people for whom traditional testing methods may be inappropriate: for example, MSM who have not come out to their families, and are therefore unlikely to attend sexual health clinics, discuss this at a GP, or receive tests through the post.

***“A lot of men are leading double lives – they have a family, their neighbour works at the local GP, wouldn’t go to a sexual health clinic. But community pharmacy could be anything...For those reasons [this project is] very valuable.”*** In the Community – LA Commissioner

*Welcome Hear* was able to reach at-risk communities that may not have taken a test for HIV otherwise. 253 residents of Urban House undertook an HIV test through the project. Prior to the project these individuals may not have taken an HIV test due to lack of knowledge around HIV and/or due to lack of awareness about local HIV services.

*Trans:Mission* was also able to reach a demographic who they had not made much contact with through existing testing routes. Through their clinic they will see people who are transitioning or have transitioned medically, while in the community, cliniQ was testing more trans women, and non-trans men who would either dress for sex, or were attracted to trans men or women.

***“We found a demographic who we don’t see that much in our clinic. In 56 Dean Street we see people who are transitioning or have transitioned medically. In the community, we were testing trans women, and non-trans guys who would dress for sex, and testing a lot of heterosexual guys attracted to trans women.”*** Trans:Mission – Project Lead

The users of the web-chat in the *Web-chat Remote Access* project would commonly ask the health professionals about HIV (62% of the content of the 65 web-chats related to HIV) and during these conversations the operators would talk to participants about sexual health services including signposting to services where they could get an HIV test. However, it was not possible to follow-up with participants so it is unknown exactly how many went on to get tested.

### For VCS organisations

The projects have also had a lasting impact on the VCS organisations themselves. As with Cohort 1 projects, the opportunity to provide a proof of concept that could not be done without the investment and piloting process was particularly valuable. A good example of this is the *Friday/Monday* project, where having successfully piloted the online Zoom platform to deliver counselling and groupwork online, the project team are now looking to incorporate the platform



into other work. The Fund has provided VCS organisations with the ability to pursue projects they might not have otherwise.

A core outcome of the innovation projects has also been raising the aspirations of the VCS organisations. Project teams described how the projects had exceeded their expectations of what they are able to achieve. For example, in terms of the quality of their outputs (*Community Conversations*), the size of event (*Positive Faith*).

***"We're really pleased with what we pulled off...the final event was quite a big affair. We had about 90 people attend. We managed to get the right people there to get the press interested."*** Positive Faith – Project Lead

***"Raised the aspirations to what we think we could do...People are thinking more creatively, and there are less boundaries. Which is why the Innovation Fund is so excellent - as it encourages you to think creatively. Now we feel justified that we don't have to do bog standard."*** Community Conversations – CEO, NAZ

As with Cohort 1, to meet the needs of the projects, VCS organisations were required to closely collaborate with other local organisations, developing lasting partnerships between organisations. This has benefited them by allowing them to learn from the expertise of other organisations, strengthened existing partnerships or established new working partnerships.

For example, Addaction worked with staff at the local sexual health clinic and LGBTQI+ centre to identify people for their outreach work. They worked with local charities such as Sahir House to draw on their expertise in HIV, as well as people delivering chemsex interventions in other areas of the country. The advisory group for *In the Community* allowed OutREACH Cumbria, the NHS, the Local Authority commissioner, the LPC and pharmacies to work collaboratively together for the first time. The project leads and partners commented on the good working relationship of this group.

***"We have developed some really productive working relationships with people delivering chemsex interventions in other areas."*** COAST - Counsellor

***"The project achieved far more than stated testing – it has informed very strong links as organisations which is brilliant."*** In the Community - Project Partner

## For Local Authorities/the local health economy

The Fund also aims to build in Local Authority backing for HIV prevention projects, and develop local partnerships. As with Cohort 1, while each project sought the support of Local Authorities at the bidding stage, not all had ongoing engagement with them (with the exception of *In the Community*, *HIV Prevention for Deaf People*, *Positive Faith*, *Digital Vending Machine* and *LOL@Stigma*). There are a few examples where Cohort 2 projects have generated evidence and resources that has changed Local Authorities' thinking and approach to HIV prevention:

- *HIV Prevention for Deaf People* demonstrated the need to provide accessible information on HIV for Deaf people, and as a result the BSL videos that SignHealth developed will be hosted on Wandsworth Council's website.



- *Positive Faith* worked closely with their Local Authority Director of Public Health throughout the project and felt that together they had an impact on views in the public health sector of the role faith organisations have to play in HIV prevention, and it was mentioned in Duncan Selbie's Friday message<sup>17</sup>.
- *In the Community* has demonstrated to the Local Authority that pharmacies have an important role to play in their HIV prevention approach. The local commissioner discussed the importance of this project in demonstrating the need for a whole system and integrated approach to commissioning HIV services.

***"We had a meeting last year [with the Local Authority] and there was relief that we came forward, they had never thought about Deaf people only languages/ethnicities."*** HIV Prevention for Deaf People – Project Lead

***"We have got very valuable learnings from it, which will influence how and what we commission in future...The pilot has demonstrated quite clearly there is a role to play [for pharmacy]."*** In the Community – LA Commissioner

### For the Fund/PHE

As with last year, there were high levels of positivity towards the Fund. The Fund's offer of money at a time when resources are limited was seen as a particular strength – participants acknowledged that without it they would be unlikely to find funding elsewhere. Another strength was the ability for organisations to think creatively and 'outside the box', and submit projects that other organisations would be unwilling to fund. Participants therefore praised PHE's willingness to take risks and trial new ideas. Projects talked about the NHS and the local commissioning landscape being unable to afford to innovate meaning the Fund provides latitude for such innovation.

***"Generally I think it's a really welcome addition to the funding landscape...looking at the range of projects that are being funded I think it's really quite exciting. It's nice to have a Fund where you can try out ideas."*** Friday/Monday – Project Partner

***"PHE took a risk but it's great to see a grant going so far away from London."*** In the Community – Project Partner

There is also an appreciation that the Innovation Fund provides an opportunity for smaller organisations to secure funding where other funding streams may be geared towards larger outfits with strong track records. Similarly, projects commented on PHE providing funding for projects geared towards niche audiences which was a rarity given commissioners cannot always justify spending on such groups.

***"It's key in funding smaller organisations. Other groups of funding can be very geared towards large organisations with large records, excluding really important local level organisations and marginalised groups."*** Trans:Mission – Project Lead

There appears to be greater potential for a continued legacy of the projects in this cohort compared to the first cohort funded. This is discussed further in the subsequent chapter but a number of projects have already secured funding from elsewhere or are continuing to fund the work on their own terms, whilst others are actively pursuing conversations with

<sup>17</sup> <https://publichealthmatters.blog.gov.uk/2017/10/13/duncan-selbies-friday-message-13-october-2017/>

commissioners to continue their work. The projects funded through this cohort also leave behind a greater number of information ‘products’ (such as online resources and films) which will continue to have a lasting legacy irrespective of how active the projects continue to be.

The cohort 2 projects also appear to be more actively engaged than their predecessors in the promotion of their own work. As shown in Chapter 3, this year projects have submitted a number of prize-winning posters and presented their work at a range of conferences including BASHH, PSNC and HPE among others. This self-generation of publicity is of indirect benefit to PHE and should be welcomed.

## Outcomes and impacts not yet evidenced

A number of outcomes and impacts of the Fund are not yet evidenced. These represent the same challenges faced by projects in Cohort 1, and indeed generating such evidence in the future may prove challenging.

- **Behaviour change:** Projects did not have mechanisms in place to track the behaviour of beneficiaries and capture the long-term impacts of their work. However, as their projects were delivered and evaluated within a year it would be difficult to change this.
- **Transferability:** It is not yet possible to know if the outcomes and impacts seen for particular target audiences would be transferable to other audiences, with the same being true for transferring projects to different localities. Again, this is largely due to the timings of the funding and projects, limited to one year.
- **The wider impact on beneficiaries:** Many of the Cohort 2 projects expanded in scope to include wider aspects of health and wellbeing, but were unable to capture their impact on this due to evaluation approaches already being set up. For example, attitudes to sexual relationships or other STIs, or wider work happening beyond HIV testing were not monitored.

## 6 Project legacy

This chapter considers the future plans for each project. As for Cohort 1, a key pre-requisite for securing funding from the Fund for the second Cohort was the potential for projects to be scaled-up or replicated elsewhere if shown to be effective. Staff involved in all of the 12 projects, including project leads, evaluators and front-line staff, would like to see their projects continue. Projects saw the value in replicating their projects in other locations and most spoke of the potential for scaling up their work.

In order for projects to continue, they would need to secure additional funding beyond the PHE HIV Innovation Fund. This would be required to cover staff activities, ongoing software licensing/ development/ maintenance, marketing, and testing equipment among other expenses. As far as it is known, two of the projects (*In the Community* and *HIV Prevention for Deaf People*) had remaining finances from the Fund that they are using to continue and develop the projects. Other projects have already managed to find funding to continue their work elsewhere; *Sex week on National Prison Radio* has been expanded as part of PHE's Cohort 3 funding as well as securing additional funding from elsewhere, *Web-chat Remote Access* has secured funding from NHS Solent Trust to continue, Addaction are funding the *COAST* project through their local service budget, and the *Digital Vending Machine* project is being funded through alternative sources. *LOL@Stigma*, *Welcome Hear* and the *Digital Vending Machine* projects are actively approaching or are in conversations with Local Authority commissioners to try and secure additional funding to continue their projects. *HIV Prevention for Deaf People*, *Community Conversations*, *Friday/Monday* and *Trans:Mission* are seeking funding elsewhere such as other national funding mechanisms. Unlike at the Cohort 1 evaluation, none of the projects had the expectation that PHE would adopt a national mechanism to continue to financially support their projects.

### COAST (Addaction)

Addaction Liverpool have incorporated *COAST* into the funding they receive from the Local Authority's substance misuse commissioner in Liverpool. They plan to incorporate the two workers into their mainstream substance misuse service provision, with plans for the project to evolve and be scaled up. Addaction are funding this new work internally. They are providing training sessions on chemsex to Addaction services across the country and external organisations. They want to provide more group work, and develop a network/peer support. Their plan is to train groups of clients to become peer supporters and coaches. They also want to set up wellbeing clinics, and signpost users of their services to other agencies – e.g. smoking cessation, over the counter dependencies etc. Their intention is to also seek opportunities to replicate *COAST* into existing and new services across England and Scotland.

### Community Conversations – 'FACES' (NAZ)

The next step for NAZ is to promote and disseminate the film, and they have commissioned a PR agency to oversee this. Their plan is to do this through film festivals internationally throughout 2018. They have arranged to screen the 'FACES' vignettes on a talk show hosted on the SKY TV Channel, African Broadcasting Network (ABN) to generate publicity for the film. They also want to think beyond this and ensure that they keep the conversation going after the film, and maintain it as a relevant media piece. The team want the film and the vignettes to be used for both education and entertainment, accessible to the target population online (for example through social media campaigns and YouTube) and as an offline resource (such as school sex education lessons, community organisations and LGBTQI+ film festivals).

### Digital Vending Machine and Self-Testing (The Martin Fisher Foundation)

The project is already continuing and five 2<sup>nd</sup> generation machines have been manufactured. Four of these machines will be installed in more mainstream venues across Brighton and Hove and the fifth is intended to be used as a 'mobile' device which can be used at events around the city. This machine will also pilot having a second dispensing channel through which STI self-testing kits can be dispensed. In order to increase the sustainability of the concept, these 2<sup>nd</sup> generation machines have been built with the capacity to take contactless payments and the Martin Fisher Foundation intend to pilot there being a £10 charge to access a test. This will go some way to covering the cost of the kits themselves and costs associated with taking payment, but there remain set-up and maintenance costs which the Foundation must cover. Some additional funding has been secured through the Gilead Fellowship and the Elton John AIDS Foundation in support of this project. A number of organisations have expressed an interest in purchasing vending machines in the future. Their Local Authority commissioner is kept apprised of the project's ongoing roll-out by the Foundation though is not yet able to commit funding towards it.

***"You might be able to argue that the council should be able to fund this but that is something that is to be discussed."*** Digital Vending Machine and Self-Testing – Project collaborator/evaluator

### Friday/Monday (Terrence Higgins Trust)

The Friday/Monday project proved the concept and feasibility of running online interventions successfully to THT and London Friend. Both THT and London Friend intend on learning from this project to incorporate online elements into their other work. They are currently reviewing the learnings from the Friday/Monday project to see where this might be most feasible and beneficial. THT are considering incorporating online groupwork and counselling into their newly diagnosed with HIV groups, as well as continuing to deliver online services in a chemsex context. London Friend is incorporating online counselling into their counselling service. The project staff were particularly impressed with the technical capabilities of the Zoom online platform, having found it easy to use with minimal technical issues, and will be continuing to use this platform in future.

***"Definitely [the project is scalable], we've definitely proved that online group work and online counselling is viable, people like it, and where there isn't funding for national services it has national reach...for MSM around the country where there aren't so many services for people outside big cities, this is definitely a way to reach people."*** Friday/Monday – Project supervisor

There were concerns from staff that the project would struggle to find funding to continue from Local Authority commissioners. While the project engaged MSM on a national scale across a widely geographically dispersed area, participants were not centred in a specific local area. This may discourage Local Authority commissioners to fund the project. The project staff emphasised the limited opportunities for commissioning projects that deliver over a national area. THT intend to secure other funding to be able to continue this work.

***"The localism agenda doesn't really work for communities of people that aren't geographically based. Gay and bisexual men, they're disparately located."*** Friday/Monday – Project partner

### HIV Prevention for Deaf People (SignHealth)

Oak Lodge school is also keen to continue the programme of workshops, and SignHealth's hope is to roll the programme out to more schools – although they have not secured any funding for this at the time of writing.

The project has highlighted the significant gap in knowledge about sexual health and HIV among the Deaf community, and SignHealth want to continue to develop resources to educate this group. As a result of the project, they have begun developing a bank of resources to educate Deaf people about HIV. They have the BSL signed videos from the project available online both on their website and the local council's website. Their hope is to recruit some 'Deaf ambassadors' who have HIV and are willing to speak about their experiences on their website to provide a positive role model for Deaf people and roll out the educational programme across the country.

***"The project has enabled the development of a wide selection of HIV resources in BSL, all of which will represent a lasting legacy, and will continuously sit on our website. Throughout the year we will keep drawing attention to them, for example during Deaf Awareness Week, HIV Testing Week, various national health weeks etc."*** HIV Prevention for Deaf People - Project Lead

SignHealth also have some left over money that have used to develop a short film Deaf schools can use as an educational resource to raise issues around sexual relationships and STIs. They commissioned someone to do this, with the aim of being ready in early 2018.

#### In the Community (OutREACH Cumbria)

The project got an extension from PHE to continue until April 2018 as they had left over funds and testing kits. They are in discussions with the Local Authority to continue the project long-term. The project team are optimistic about receiving more funding as it has been received positively so far. If they do receive this funding they expect to select 10 pharmacies to continue with the testing, and embed them within a network of sexual health services in the area.

There is also potential for the project to be scaled up; pharmacists involved were vastly upskilled, and there was enthusiasm from them to expand the project to offer enhanced sexual health services in a pharmacy setting beyond HIV testing.

The project also has scope to be replicated elsewhere in the country, and the team have been contacted by other Local Authorities to share learning. The set up would need to be tailored to the needs of the local population however (particularly in terms of size of population). They have also presented it at the national pharmacy show and reception has been really positive.

***"Scaling up is not required here [in Cumbria]. Depends on landscaping of other areas...for example the geography and demography in Lancashire is different – in Blackpool not sure if the need is there as it's a lot easier to access services."*** In the Community – LA Commissioner

#### LOL@Stigma (KwaAfrica)

KwaAfrica are extremely positive about the potential of running similar events again in the future. They believe the project will be of interest to a number of Local Authorities given many face the challenge of engaging Black African communities in the subject of HIV. Their hope is to run the event annually and on a larger scale – working with other organisations to deliver it and broadening out the content to be about HIV alongside other aspects of health and wellbeing. Running the event multiple times could also permit greater tailoring of its appeal and content to different groups (based on age and location for example). KwaAfrica intend to discuss the potential for the LOL@Stigma event to be replicated with their supporting Local Authority and others within the London area also. The costs of running such an event might also be

offset by securing involvement from commercial organisations as part of their commitment to Corporate Social Responsibility.

***"[We are] waiting for the evaluation report to see if it something maybe they [Local Authorities] can integrate into local commissioning priorities...most commissioners have an issue around late diagnosis and how to engage Black Africans and how to find creative ways to engage with them."*** LOL@Stigma – Head of Programmes

#### Positive Faith (CAPS)

CAPS want to develop the Positive Faith project further by scaling up the online tool to include more resources. Though the resource is designed to be used without training, the organisation plans to run workshops for a small number of UK churches. Within these workshops, CAPS would train faith leaders and congregations on how to use the resource as well as to promote Positive Faith. The additional materials they intend to add to the existing tool would be centred around homosexuality and the navigation of HIV and Christianity, generational aspects not already covered in the existing Positive Faith resources and 'how to use' guidelines on a wider range of settings.

CAPS formulated their idea for further development of the Positive Faith tool into a full proposal and applied for funding from an alternative national funding pot. The application was unfortunately unsuccessful however CAPS has since received funding from a Catholic Charity to run 'Positive Faith' workshops in five Churches from 2018.

#### Sex Week on National Prison Radio (Prison Radio Association)

National Prison Radio have secured further funding in the third year of PHE's HIV Prevention Innovation Fund in addition to funds from Comic Relief. Whilst Sex Week was well recalled by prisoners, the legacy of the programme was relatively short-lived due to the transitional nature of the prisoner population. In recognition of this, National Prison Radio will be developing and running Sex Talk, a weekly radio programme for six months which will cover real life stories about sexual health and the reality of living with HIV. Further to this, the most powerful stories will be turned in to animations – both the programmes and these animations will be available to download through the 'on demand' resource meaning that they become permanently accessible to prisoners. In addition, content will also be developed for the general public with a version of Sex Talk available as a podcast series. There are hopes for the programme to be continued beyond its six-month testing period though additional funding would need to be secured for this.

#### Trans:Mission (cliniQ)

CliniQ want to continue their outreach testing activities and have commitment from 56 Dean Street to continue. They have a lot of unused tests left over so just need to provide the staff time to implement this. They would like to expand into more venues but would need funding for this – something they have not started pursuing at the moment.

The materials they developed are being distributed in both outreach and clinical settings by trans/non-binary workers, as well as online via their website, Facebook & Twitter, and via text message from 56 Dean Street's patient text messaging service. As they now have information standards to produce certified information, they want to continue to produce information to the trans community at this standard.

### Web-chat Remote Access (Positive Action)

The Web-chat Remote Access project continues to operate on NHS Solent Trust's website and remains available for users to anonymously speak to a sexual health advisor between the hours of 2pm and 4pm on weekdays. The service is no longer funded by the HIV Innovation Fund, however NHS Solent Trust see the value in continuing to operate the web-chat so are funding its continuation themselves.

The Web-chat Remote Access project could be scaled up in terms of the hours that the tool is available – currently it can only be accessed for 2 hours on weekdays in the afternoon, and there is potential for this to be broadened, but this depends on staff availability. Currently operators incorporate running the tool within their own roles but staff noted that if it were to become more popular additional members of staff might be needed.

Part of the original proposal for this project involved the development of an online video-conferencing service whereby patients could speak with health professionals. This element ended up being beyond what was feasible to deliver within the funding period, however it is something that could potentially be added later on.

Project staff recognised that the web-chat tool could potentially be replicated for use in service areas other than sexual health. It was suggested that one potential area where this tool could be of value would be aimed at patients with long-term conditions.

### Welcome Hear (Yorkshire MESMAC)

Yorkshire MESMAC is continuing to work with the translators employed through the Welcome Hear project to continue to deliver information, awareness raising and HIV testing to residents of Urban House in their first languages. One of the translators initially brought onto the project as a sessional translator ended up delivering some of the events herself; she is now being trained by Yorkshire MESMAC to deliver HIV testing in addition to delivering the events.

Although the project is continuing within Urban House it has currently been scaled back from around 16 hours per week to around 8 hours per week. Being able to continue the project has been possible due to reallocation of unused Local Authority funding from another project to Welcome Hear. Yorkshire MESMAC is hopeful to find additional funding to scale the project back up. Having now finished the project and produced an independent evaluation, they are in conversations with their Local Authority sexual health commissioner with the aim of securing funding to continue Welcome Hear.

***"Once the report has come out, [the project lead] will have something tangible to take to local commissioners to show them and also to help them to make a decision about the future of the project."***

### Welcome Hear – Project coordinator

Regarding replicability of the project, the project staff feel as though Welcome Hear's design could be easily taken to other temporary accommodation centres around the country besides Urban House. Yorkshire MESMAC staff gave the examples of Bradford or Leeds where this replication may be possible, but emphasised the need for public health/Local Authority funding in order to achieve this. There were also suggestions from staff that this project's concept could be utilised outside of the context of dispersal centres to other areas where other at-risk populations whose first language is not English could benefit from information about HIV and HIV testing, for example community centres. However, staff were less sure of where and how this would be possible.

***"It would be looking at where other dispersal centres are, looking at working with the local community HIV prevention provider, their Local Authority funder and the integrated sexual health service."*** Welcome Hear – Project Lead



## 7 Lessons learnt

In this chapter, consideration is given to the lessons which can be taken from Cohort 2's experiences of the Fund. The lessons are looked at from the perspective of projects themselves and from the perspective of PHE and its own role in administering the Fund. The highly individual lessons from each project are covered in their own evaluation reports. The discussion below looks to draw upon lessons that apply across more than one project or cover likely challenges to be incurred by future projects.

### Lessons learnt for projects

#### Project planning and management

As referenced elsewhere in this report, many of the projects were challenged by timeframes – particularly so where engagement of new communities, raising awareness of a new service, or developing a digital/online product was involved. This is a repeated theme across both cohorts with projects in the first wave of funding experiencing similar unexpected delays to their implementation plans. This suggests that projects' ambitions may need paring back in line with what is achievable within the funded timeframe. It also suggests that projects which have some of the foundations in place prior to submitting an application to PHE (such as established partnerships or early prototypes) are more likely to see their plans come to fruition earlier in the funding period.

Ensuring ongoing progress is made against goals relies heavily on active project management and, for many of the projects, an engaged steering group. Future projects may wish to consider the benefit of establishing, and meeting regularly with, a steering group to ensure shared ownership of the project and active management of risks to its progression.

#### Evaluating outcomes and impacts

The importance of completing a credible evaluation should not be underplayed. Whilst projects acknowledged there could be challenges in collecting evaluation data (with, for example, participants accessing services due to the appeal of anonymity making it hard to secure survey completes), having data to evidence achievements is highly valuable in ongoing discussions about future funding and commissioning arrangements. Future projects funded by PHE may wish to consider discussing with local commissioners (or alternative funding providers) at the very start of their project, what evidence they would require to consider ongoing funding arrangements. To this end, projects should, wherever possible, have evaluations conducted by those experienced in doing so to ensure a certain level of rigour is applied to the data collection and analysis process. This also requires the involvement of evaluators early on the project's inception to ensure data collection requirements are considered from the very beginning. Where the scope of projects may change over the funding period, wherever possible, amendments should be made to the evaluation approach to ensure the full impact of the project is captured.

#### Broadening the scope of projects

As was also found with Cohort 1, some projects recognised the benefit of broadening their engagement with audiences to cover wider issues around health and wellbeing rather than just HIV. This can assist where the target audience do not perceive HIV in isolation to be of particular relevance to them (as experienced by SignHealth), or where the stigma

surrounding HIV is so strong that any association with it is considered undesirable (as was the case for *Welcome Hear*). Whilst *LOL@Stigma* felt their event specifically on the issue of HIV was successful, they have aspirations for future events to cover wider issues of health and wellbeing, recognising this is an opportunity to engage their target audience on a whole range of issues and not just HIV.

## Lessons learnt for PHE<sup>18</sup>

### Sharing learning and networks

The intention of the Fund is to provide the sector with evidence of what interventions work and with whom. This intention is seen as being potentially very valuable for the sector. However, participants across the interviews pointed out that while the Fund is generating a huge amount of learning and resources, not enough has been done to share these learnings. There was therefore a call for learnings to be shared both earlier in the project cycle and more widely than is happening at present so that the Fund can really meet its potential.

***"It would be useful to have a sense of what else has [come out of] the innovation projects, and for that to be shared...[And] can learnings from this project and others be shared at earlier stages?"***

***"PHE is in a really good space to increase learning, it's a great opportunity to gather as much learning as possible for HIV organisations, I'm not too sure if they have maximised that space."***

Similarly, PHE is uniquely positioned to facilitate collaboration and networking between funded organisations. It was felt by a number of participants that PHE could have been more active in its role here by sharing contact details and introducing projects working with similar audiences or on similar types of interventions to one another.

Linked to the above point, projects recognised the value of securing publicity around their work and wondered if PHE could be more active in their support of this. One project commented on the delay between being awarded funding and this being publicly recognised – they felt this ‘took the wind of our sails’ and did not facilitate the formation of early connections with other successful projects.

### Administration of the Fund

Projects commented on some aspects of the Fund’s administration which they felt could have been improved upon. Many of the examples provided related to a lack of responsiveness and a turnover of staff which meant continuity of communication was more difficult. The changes in the Fund’s administration suggested by projects are not sizeable – they asked for handover emails prior to staff members leaving, a higher degree of responsiveness to communications and questions, and feedback on the monitoring reports they have submitted.

Whilst projects could point to areas of improvement in how the Fund was organised, they were quick to also praise the positive tone taken by PHE staff, acknowledging it as being encouraging and supportive.

<sup>18</sup> Note in this section, quotes have not been attributed to provide anonymity to participants.

***“It feels like a really good fund to have worked with... I've worked with a lot of grant makers and local authority contracts and there's something very positive about working on this - very encouraging, that's the tone.”***

Equally, linked to the above point, projects felt they were given an appropriate degree of freedom within which to progress their plans, they just called for more of a ‘presence’ when specific questions required a response from PHE.

### Project evaluations

The local evaluations produced by the projects this year were of a higher standard than those submitted as part of Cohort 1. There was a greater consistency in the content covered and more comprehensive inclusion of key information such as project spend. Project leads and evaluators pointed to the evaluation guidance document as helping to assist in the structure and content of their evaluation reports. Continuing to ensure future cohorts have timely access to this guidance should assist going forwards.

As referenced earlier in lessons learnt for projects, the future commissioning of projects relies heavily on the quality of the evidence base they are able to generate for it over the duration of their work. PHE has a role to encourage projects to invest in their evaluation – not seeing it as an add-on to their project implementation activities, but key to boosting chances of securing further funding upon project completion. Some funded organisations may be less well versed in evidencing the impact of their work and producing credible write-ups of such activity. PHE may wish to provide more guidance here or recommend projects to seek the assistance of bodies or individuals skilled in evaluation to assist them in this task.

### Project timeframes

As was observed with Cohort 1, a year is considered a very short time period over which to implement and capture the impact of interventions. A number of projects felt they had not been able to reach their full potential given half of their funding period was taken up by the set-up rather than the delivery of their work. This led a number of projects to say they were just beginning to have traction with a certain audience and starting to see the true value of their work by which point their funding stopped. This presents challenges in securing additional funding or commissioner involvement given longer delivery timeframes are needed to secure sufficient evidence of impact.

Whilst PHE may be unable to fund projects for longer than a year, there was some suggestion that projects seen to hold particular promise might be offered an extension to their funding for a continuation of activities.

***“A year goes by very quickly – to get a project off the ground, word of mouth, people to settle etc. It just takes time.”***

***“It was a really short intervention...when you think things are pulling the right way and people are benefitting, it just comes to an end.”***

### Future funding

This year compared to last, projects did not have the same expectation that PHE would continue funding their work should they prove the initiative to be successful. Instead projects seemed aware that, though they may be able to secure more funding with PHE, this was not to be expected. It is important for PHE to propagate this understanding to future

cohorts, making clear to funded organisations that they should consider future funding arrangements from the project's inception. This should encourage projects to consider how best to evidence the value of their work, and which commissioning or funding bodies they may wish to maintain contact with throughout the duration of the project. For some projects it might make sense to share their monitoring update reports with organisations beyond PHE and they should be encouraged to do so if appropriate.

As seen previously, the sources of possible future funding for projects which are not geographically bound are not plentiful. Some projects talked of their concerns that Local Authority commissioners would be uninterested in their work given it was not locally based and this does present a particular challenge for some of PHE's funded projects. Any support PHE could give projects with regards to this would be welcomed.

***"That's a real issue for Local Authorities nowadays, they will not do anything unless people are from their Local Authority."***

***"There needs to be some kind of plan for the sustainability of this work rather than just being funded for a single year then 'you're on your own'."***

## 8 Next steps

In this final chapter, we give a brief overview of the Cohort 3 projects and discuss next steps for the evaluation.

### Cohort 3 projects

PHE have funded a third cohort of projects for 2017 – 2018. These projects are currently ongoing and are intended for completion in late 2018, after which independent evaluations for each project will be produced followed by an overarching evaluation similar to this report. The table below outlines each of the Cohort 3 projects.

**Table 8.1: Cohort 3 projects**

Project name	Organisation	Activity	Target audience	Intervention setting
I am because we are	BHA For Equality	Challenging HIV issues and stigma within Black African communities	Black African communities	Manchester
Improving uptake and safe use of PrEP in underserved populations through integrated online and outreach assessment tools	Terrence Higgins Trust	Creating online assessment tools for PrEP and facilitating safe usage	MSM, Black African communities, trans communities	Online
MAP Tyne and Wear	Changing Lives	Capturing local knowledge about male sex workers to inform and shape other sexual health services	Sex workers	Tyne and Wear
"MIND" The Gap	Herts Aid	Developing a HIV and sexual health training programme for mental health service staff	Mental health service staff	Hertfordshire and Bedfordshire
PrEP	Spectra	Raising awareness of PrEP amongst MSM, BME and trans communities	MSM, BME and trans communities	PrEP awareness programme in London, online resources
Prepping for PrEP	Positive East	Improving awareness of PrEP amongst at risk African communities by engaging key community members	Black African communities	East London and Hertfordshire
PROMOTE	Bristol Drugs Project	Creating digital outreach and support services for male sex workers and their clients	Male sex workers and other MSM	Bristol
Reducing Barriers to Testing among Black African Communities: Self-Testing Pilot	Terrence Higgins Trust	Facilitating self-testing within Black African communities	Black African communities	National
Sex Talk on National Prison Radio	Prison Radio Association	Creating information for prisoners to address issues of stigma around HIV	Prisoners	Prisons across the UK

Sholay Love	NAZ	Raising awareness of HIV and STIs and encouraging testing amongst south Asian gay men	South Asian gay men	London, Bradford, Leeds
The Morning After Project (MAP)	Summit House Support	Providing education and harm reduction in chemsex via a dedicated project worker	MSM	West Midlands
Using digital platforms to reduce HIV stigma and discrimination	The Martin Fisher Foundation (MFF)	Developing digital content, videos and social marketing targeting higher risk communities	All	Online

## Upcoming evaluation activities

While this report has focused on an evaluation of the Cohort 2 projects, the overarching evaluation is continuing throughout 2018 and 2019. The next evaluation output will be a process evaluation of the Fund itself including its application and selection processes.

## 9 Appendix

### Funding for each project

Organisation	Project title	Bid value
Addaction	COAST	£60,000.00
cliniQ	Trans:Mission	£30,000.00
NAZ	Community Conversations	£71,300.00
The Martin Fisher Foundation	Digital Vending Technology and HIV Self-Testing	£29,740.00
Terrence Higgins Trust	Friday/Monday	£49,991.50
SignHealth	HIV Prevention for Deaf people	£51,000.00
OutREACH Cumbria	In the Community	£66,630.00
KwaAfrica	LOL@Stigma	£62,169.00
CAPS	Positive Faith	£28,500.00
Lifeline Project	Reaching Out	£26,231.50
Prison Radio Association	Sex Week on National Prison Radio	£30,000.00
Positive Action	Web-chat Remote Access	£50,743.60
Yorkshire MESMAC	Welcome Hear	£57,197.00
<b>Total</b>		<b>£613,501.10</b>

## Outputs for each project

COAST (Addaction)	
Numbers engaged (approximate)	Engaged 285 individuals - 48 through harm reduction/brief interventions. 237 attended practitioner sessions
Organisations engaged with	10 (working relationship with 2 other organisations)
Number of Local Authorities	1
Number of events	36: 6 community events to promote the service, 30 chemsex training sessions to local practitioners.
Number referred to another service/ receiving treatment	5/ 2
Number of publications and conferences	2: 1 article not yet published, one poster presentation abstract accepted for world chemsex forum

Community Conversations (NAZ)	
Numbers engaged (approximate)	To date have engaged 15 individuals through screening of vignettes
Organisations engaged with	7: Number of organisations on the steering group
Number of Local Authorities	1
Number of information materials developed	5: 1 feature length film and 4 vignettes

Digital Vending Technology and Self-Testing (The Martin Fisher Foundation)	
Numbers engaged (approximate)	204 used the vending machine
Organisations engaged with	4: Sauna, machine manufacturer, kit manufacturer, design team
Number of Local Authorities	1
Number of HIV tests/ % first time/ reactive tests	204/ unknown/ 1
Number of publications and conferences	2: Prize winner poster for <a href="#">BASHH conference</a> 2017, forthcoming at BHIVA conference. Won BMJ prize for innovation in 2018. A number of articles/ videos/ interviews

Friday/Monday (Terrence Higgins Trust)	
Numbers engaged (approximate)	8,069 individuals: 7393 used online tool, 616 referred to local services, 32 attended online groupwork, 28 attended online counselling
Organisations engaged with	1 - Project partner to deliver online counselling
Number of Local Authorities	1
Number of events	59 groupwork sessions in total
Number referred to another service/ receiving treatment	616
Number of online tools	3: Expanded the existing tool on THT website. Developed online groupwork and online counselling
Number of publications and conferences	3: Publicised at the BASHH conference. Prize winner poster at the Royal College of GPs Drug and Alcohol conference. Coverage of project in the Guardian

HIV Prevention for Deaf People (SignHealth)	
Numbers engaged (approximate)	123: 45 young people (vs.40 target); 37 adults (vs. 60); 41 hearing professionals (vs. 100)
Organisations engaged with	11 external organisations attended the Deaf Awareness Training
Number of Local Authorities	1
Number of events	96: 87 workshops to young people; 5 to adults; 4 Deaf awareness sessions
Number of information materials developed	10: Online <a href="#">BSL signed videos</a>
Number of publications and conferences	1: News article published in <a href="#">Healthwatch Wandsworth</a>

In the Community (OutREACH Cumbria)
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Numbers engaged (approximate)	183 took a test
Organisations engaged with	17: LPC, NHS, 15 Pharmacies
Number of Local Authorities	1
Number of events	2
Number of HIV tests/ % first time/ reactive tests	183/ 41%/ 0
Number referred to another service/ receiving treatment	1
Number of publications and conferences	2: PSNC National Conference; Accepted for the National BASHH/ BHIVA conference in Edinburgh

#### LOL@Stigma (KwaAfrica)

Numbers engaged (approximate)	200 attended the event
Organisations engaged with	2: Evaluator and venue
Number of Local Authorities	1
Number of events	1
Number of HIV tests/ % first time/ reactive tests	13/ unknown

#### Positive Faith (CAPS)

Numbers engaged (approximate)	1,510+: 1,400 YouTube views <sup>19</sup> . 100 event attendees, of which 80 were faith leaders/Health service providers
Organisations engaged with	4: HertsAid, Hertfordshire public health, website designer, film maker
Number of Local Authorities	1
Number of events	4 training and testing events held to guide development of the resource
Number of online tools	1: Positive Faith set up as an online resource, including YouTube channel
Number of publications and conferences	5+: Presented at least 4 events to date (e.g. religious groups), and promoted CAPS at the Children's HIV Association (CHIVA) in March 2018.  The charity and the LA commissioner intend to present at a wide variety of events in the coming year. This includes the World Council of churches 'Faith Building Bridges' Conference; Catholic HIV Networks Conference; and at Faith Zone at AIDS 2018 (Amsterdam). Press Coverage nationally and internationally including academic journals: 'The Pastoral Review' <sup>20</sup> , 'Thinking Faith' <sup>21</sup> and 'The Jesuit Review' <sup>22</sup>
Number of information materials developed	35: 32 short online video resources, 3 'how to' guides available on <a href="#">their website</a> , and their <a href="#">YouTube channel</a>

#### Sex Week on National Prison Radio

Numbers engaged (approximate)	34,000 prison radio listeners
Organisations engaged with	4: Production company, organisations to support with accuracy of content
Number of events	1 (Sex Week)

#### Trans:Mission (cliniQ)

<sup>19</sup> Number of YouTube views as of the time of the finalised project evaluation report (as of 4<sup>th</sup> December 2017).

<sup>20</sup> <https://www.thepastoralreview.org/index.php/issues/current-issue/1526-the-body-of-christ-still-has-hiv-it-s-time-to-talk>

<sup>21</sup> <https://www.thinkingfaith.org/articles/hiv-and-body-christ>

<sup>22</sup> <https://www.americamagazine.org/politics-society/2017/11/21/how-new-catholic-resource-serving-those-living-hiv-aids-britain>

Numbers engaged (approximate)	Approx. 2000+ individuals through outreach work (not monitored); 10 people as part of the focus group to develop materials
Organisations engaged with	2: Sex on premises venue, 56 Dean Street
Number of Local Authorities	3
Number of HIV tests/ % first time/ reactive tests	133/ 15%/ 0
Number of publications and conferences	4: Presented at the <a href="#">PrEP in Europe summit</a> ; soft launch of trans leaflets at <a href="#">cliniQ conference</a> ; 4 forthcoming BHIVA/ <a href="#">BASHH conference</a> for 2018, HIV Nursing, PHE conference, International AIDS conference
Number of information materials developed	3: Online and printed resources for trans people on <a href="#">PEP and PrEP</a> ; the <a href="#">gay sex scene</a> ; and the <a href="#">sex club scene</a> .. Orders for hard copies: c350, online views: 2,226 (Nov '17-Feb'18)

## Web-chat Remote Access (Positive Action)

Numbers engaged (approximate)	65 individuals taking part in 149 web-chat sessions
Organisations engaged with	2: Project partner (NHS Solent Trust) and evaluator
Number of Local Authorities	1
Number referred to another service/ receiving treatment	4+ users requested help with booking a clinic service online
Number of online tools	1: Text based chat tool for users to speak with health professionals

## Welcome Hear (Yorkshire MESMAC)

Numbers engaged (approximate)	704
Organisations engaged with	2: Wakefield City of Sanctuary (a local charity),
Number of Local Authorities	1
Number of events	36
Number of HIV tests/ % first time/ reactive tests	253/ 80%/ 0
Number of online tools	1: A series of <a href="#">24 podcasts</a> have been created which are intended to be used online by health providers
Number of publications and conferences	1: Project coordinator presented at HPE conference
Number of information materials developed	<a href="#">24 podcasts</a> recorded to be used as tools for various health providers who work with migrant populations

## Contact details

Organisation	Project title	Contact details
Addaction	COAST	Website: <a href="http://www.addaction.org.uk/">www.addaction.org.uk/</a>
cliniQ	Trans:Mission	Website: <a href="https://cliniq.org.uk/">https://cliniq.org.uk/</a> Contact name: Michelle Ross, Co-founder Email: <a href="mailto:Admin@cliniQ.org.uk">Admin@cliniQ.org.uk</a> and <a href="mailto:michelle@cliniq.org.uk">michelle@cliniq.org.uk</a>
NAZ	Community Conversations	Website: <a href="http://www.naz.org.uk/">www.naz.org.uk/</a> Email: <a href="mailto:naz@naz.org.uk">naz@naz.org.uk</a>
The Martin Fisher Foundation	Digital Vending Technology and HIV Self-Testing	Website: <a href="http://www.brightonsexualhealth.com">www.brightonsexualhealth.com</a> Contact name: Dr Gillian Dean, Consultant for GUM & HIV Medicine Email: <a href="mailto:Gillian.Dean@bsuh.nhs.uk">Gillian.Dean@bsuh.nhs.uk</a>
Terrence Higgins Trust	Friday/Monday	Website: <a href="http://www.fridaymonday.org.uk/">www.fridaymonday.org.uk/</a> Contact name: George Halfin, Project Manager Email: <a href="mailto:George.Halfin@ttht.org.uk">George.Halfin@ttht.org.uk</a>
SignHealth	HIV Prevention for Deaf people	Website: <a href="http://www.signhealth.org.uk">www.signhealth.org.uk</a> Contact name: Nicky Flynn, Operations Manager Email: <a href="mailto:nflynn@signhealth.org.uk">nflynn@signhealth.org.uk</a>
OutREACH Cumbria	In the Community	Website: <a href="http://www.outreachcumbria.co.uk/">http://www.outreachcumbria.co.uk/</a> Contact name: Ben Vollans, Interim Chair & HIV Project Lead: <a href="mailto:info@outreachcumbria.co.uk">info@outreachcumbria.co.uk</a>
KwaAfrica	LOL@Stigma	Website: <a href="http://kwafrica.org/">http://kwafrica.org/</a>
CAPS	Positive Faith	Website: <a href="http://positivefaith.net">http://positivefaith.net</a> Contact name: Vincent Manning Email: <a href="mailto:secretary@caps-uk.org">secretary@caps-uk.org</a>
Prison Radio Association	Sex Week on National Prison Radio	Website: <a href="https://prison.radio/">https://prison.radio/</a> Contact name: Chris Impey, Managing Editor – National Prison Radio Email: <a href="mailto:Chris@prison.radio">Chris@prison.radio</a>
Positive Action	Web-chat Remote Access	Website: <a href="http://www.letstalkaboutit.nhs.uk/hiv-services/live-chat/">www.letstalkaboutit.nhs.uk/hiv-services/live-chat/</a> Contact name: Matthew Plumridge, Chairman – Positive Action Email: <a href="mailto:matthew@positiveaction.org.uk">matthew@positiveaction.org.uk</a>
Yorkshire MESMAC	Welcome Hear	Website: <a href="http://www.mesmac.co.uk/">www.mesmac.co.uk/</a> Contact name: Wellington Moyo, Bradford Local Services Co-ordinator Email: <a href="mailto:W.Moyo@mesmac.co.uk">W.Moyo@mesmac.co.uk</a>

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