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# Subject: Fast Track Cities: A commitment to end all new cases of HIV by 2030

Date: 26 July 2023

Report of: The Director of Public Health

Report to: Executive Board

Will the decision be open for call in?

 $\boxtimes$  Yes  $\square$  No

Does the report contain confidential or exempt information?

# **Brief summary**

This paper outlines progress made in Leeds to end the HIV/AIDS epidemic. Leeds has joined a global partnership working to end the HIV/AIDS epidemic by 2030, becoming the first city in the Yorkshire and Humber region to become a 'Fast-Track City' declaring its commitment to ending the HIV/AIDS epidemic by 2030.

Becoming a Fast Track City demonstrates a shared ambition and commitment across local authority, third sector and NHS partners in Leeds to achieve the 'Triple Zero' UNAIDS targets: Zero new cases of HIV, Zero HIV related Deaths & Zero stigma by 2030.

As seen in other large cities, Leeds has a higher number of people living with HIV as well as more people diagnosed at a later stage of infection compared to national and regional averages. Despite continued local authority investment in specialist sexual health services as well as innovation around opt-out testing within health settings and community-based HIV testing, rates of late diagnosis remain stubbornly high amongst some most at risk populations.

# Recommendations

The Executive Board are recommended to:-

- a) Acknowledge that Leeds has become a Fast Track City for HIV, Viral Hepatitis and TB.
- b) Support the development of the 'Leeds: Getting to Zero' Action Plan.
- c) Actively support a reduction in stigma and misinformation by promoting information, education, and opportunities for HIV, Hepatitis & Tuberculosis (TB) testing within communities.

## What is this report about?

- 1 In February 2023, the Leader of the Council: Cllr James Lewis and the Executive Member for Adult Social Care, Public Health and Active Lifestyles: Cllr Salma Arif signed both the Paris and Seville Declarations (Appendix 2) on behalf of the City of Leeds, confirming our commitment to become a 'Fast-Track City'.
- 2 As a Fast-Track City Leeds has committed to:
- Meeting the United Nations 95:95:95 targets
  - 95 per cent of people living with HIV know their status
  - 95 per cent of people living with HIV are on treatment
  - 95 per cent of people on treatment have an undetectable viral load (and therefore cannot pass it on)
- Working to improve the health, quality of life and wellbeing of people living with HIV within the city
- Ending all new cases of HIV within the city by 2030
- Eradicating all preventable deaths from HIV related causes by 2030
- Putting a stop to HIV related discrimination and stigma by 2030
- 3 Leeds is the first area within the Yorkshire & Humber Region to become a Fast Track City joining Manchester, Liverpool, London, Brighton, Birmingham & Bristol as well as over 500 Fast Track Cities globally.
- 4 The Fast Track City initiative is a collaboration between Leeds City Council, third sector and NHS partners (Appendix 1). All partners have committed to:
  - Putting people at the heart of the initiative: using the lived experiences of communities to identify barriers to prevention, testing, support, and information
  - Collaborative working: making best use of existing resources and skills
  - Identify innovation, development, and research opportunities
  - Work collaboratively to attract funding for the initiative and build business cases for change
- 5 Leeds is categorised with the National HIV Action Plan for England (2022-25) as a city with 'high' rates of HIV. <u>Towards Zero - An action plan towards ending HIV transmission, AIDS and</u> <u>HIV-related deaths in England - 2022 to 2025 - GOV.UK (www.gov.uk)</u>. Although anyone can contract HIV certain populations are disproportionately affected by rates of HIV including:
  - Men that have Sex with Men
  - Black African communities
  - Some newly migrated populations
- 6 Nationally, rates of new HIV diagnosis have decreased significantly amongst men that have sex with men in recent years which is reflected in local rates. This reduction in new diagnosis corresponds with both the introduction of the preventative HIV drug PrEP, which significantly reduces the user's risk of contracting HIV as well as advances in HIV treatment which often results in people living with HIV having an undetectable viral load meaning they cannot pass on the virus to others (Undetectable = Untransmissible). However, this reduction in new case rates has not been seen in other most at-risk populations, with most new cases of HIV within Leeds being diagnosed within black African communities and people from some newly migrated communities with people often diagnosed at a later stage of HIV infection. If untreated, the time from initial HIV infection to developing an AIDS defining condition which can lead to death is on average 10 years.

- 7 Alongside eradicating new cases of HIV, Leeds has also committed to ending all new cases of Viral Hepatitis and TB: seeking opportunities to test for different viruses at the same time in recognition that often the same communities are at risk of multiple blood borne viruses and TB.
- 8 Leeds will also collaborate with other Fast Track Cities with discussions already taking place to establish a 'Northern Fast-Track City Network' with Liverpool and Manchester.

## 9 What impact will this proposal have?

The Fast Track City initiative aims to end all new cases of HIV, Hepatitis and TB, related deaths, discrimination, and stigma by 2030. The main focus of the work is to hold all partners accountable in achieving these ambitions; galvanising existing collaborations, listening to and learning from peoples' lived experiences in order to identify barriers and ensure equitable access to prevention, testing, treatment and support.

# 10 How does this proposal impact the three pillars of the Best City Ambition?

 $\boxtimes$  Health and Wellbeing  $\square$  Inclusive Growth  $\square$  Zero Carbon

## 11 What consultation and engagement has taken place?

Wards affected: All		
Have ward members been consulted?	⊠ Yes	□ No

People with lived experience of HIV as well as community-based organisations have been involved from the inception of the Fast Track City Initiative and will continue to play a central role in the development of priorities and ambitions.

Opportunities to engage more people with lived experience are currently being explored.

## 12 What are the resource implications?

The Fast Track City Initiative does not come with any associated funding. Partners are committed to identifying ways of working together more efficiently, utilising existing resources, skills and services. There may be an opportunity to attract external investment and funding via joint funding bids for identified initiatives.

## 13 What are the key risks and how are they being managed

There is an identified corporate risk related to mitigating risk of infectious disease outbreaks under which this commitment would act as an action. Additional risks to success will be identified and discussed within the FTC Leadership Group. Where appropriate, risks will be escalated to system partners.

## 14 What are the legal implications?

None.

# 15 Options, timescales and measuring success

#### What other options were considered?

None.

#### How will success be measured?

Success will be measured through a combination of community led insight and intelligence, surveillance of clinical data such as new HIV diagnosis rates, late HIV diagnosis rates, people on HIV treatment, people accessing the drug PrEP as well as against the Leeds Fast Track City Action plan which is currently being developed alongside a 'Roadmap to Zero' which will outline how we as a city will achieve the Triple Zero targets by 2030.

#### 16 What is the timetable and who will be responsible for implementation?

Leeds Fast Track Cities is a seven-year partnership between key system partners who are all responsible for the development and delivery of the initiative.

#### 17 Appendices

- Appendix 1: Leeds Fast Track City Partners
- Appendix 2: Leeds Paris and Seville Declarations
- Appendix 3: EDI Screening

#### 18 Background papers

None