2022

Overall evaluation of the Sexual Health, Reproductive Health and HIV Innovation Fund

Final report

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Executive summary

Introduction to the Innovation Fund

The HIV Prevention Innovation Fund was set up by Public Health England (PHE) in 2015 to support voluntary and community sector (VCS) organisations to reduce the impact of HIV through innovative interventions, targeting groups most affected by HIV. Since the disestablishment of PHE in 2021, the Fund's administration shifted to the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social Care (DHSC).

Seven cohorts have been funded since 2015. Cohorts 5-7 (2020-22) had a broadened scope to include projects offering innovative ways of improving reproductive and sexual health, in addition to HIV-specific innovations. To reflect this change in scope, the Fund was renamed the Sexual Health, Reproductive Health and HIV Innovation Fund.

Ipsos was commissioned to undertake an overarching impact evaluation of the Innovation Fund and its projects from Cohorts 1-6. The evaluation objectives were to:

- Assess the impact of the Innovation Fund against its original objectives;

- Understand the effectiveness of the processes involved in delivering the Innovation Fund; and

- Establish what works and the enablers and barriers that affect impact and delivery of Innovation Fund projects.

This evaluation report is based on the following activities:

- A review of project evaluation reports, supporting documentation, and previous Ipsos evaluation reports;

- In-depth interviews with a total of 31 project leads, representing 38 of the 66 funded projects (22 from Cohorts 1-4 that have been reported upon by Ipsos historically, and 16 from Cohorts 5-6 that have not been interviewed by Ipsos previously);

- In-depth interviews with key stakeholders, including OHID staff who manage the Fund, three Sexual Health Facilitators (SHFs), four Local Authority commissioners (LACs), and three senior representatives of large organisations in the sector.

A Theory of Change, designed in collaboration with Cohorts 1-2 and subsequently refined in discussion with OHID, underpins the evaluation activities and evidence sought in support of the intended outcomes and impacts from the Fund.

Innovation sustainability

Cohorts 1-4

The majority of projects from Cohorts 1-4 were able to describe sustainability of project activities, continuation of associated innovative aspects, or further use of resources developed through the Innovation Fund. The nature of the continuation varied significantly between projects, which could be described using the following categories of projects that:

- ▪ Were able to secure external funding to continue. Some projects reported having sourced further funding from various sources such as local authorities, pharmaceutical companies, grant-making charities, and NHS trusts.

- ▪ Continued to use resources developed as part of the Innovation Fund project. Most of the projects who took part in the evaluation said they had been able to reuse resources developed as part of the funded project, such as information leaflets and toolkits. This had also enabled innovation to be replicated elsewhere.

- ▪ Incorporated innovation into the organisation's standard service, where the Fund had supported the set-up, and the organisation was able to take on the ongoing costs of running the innovation.

- ▪ Relied on voluntary workforce, and so were not affected as much by the end of the funding period.

- ▪ Were able to self-sustain, such as those that had produced an output that was made available to the target audience beyond the funded period such as a video series online, so that continuation required little resource.

A small number of projects from Cohorts 1-4 described a lack of sustainability of any part of the project or innovation once the funding period ended. Mostly, this was because the project was unable to secure additional funding. Other projects, although they did not continue, taught the delivery team valuable lessons about methodologies and platforms, which they were able to take forward into other endeavours. A small number of organisations ceased operating indicating a lack of sustainability of their innovation.

Cohorts 5 and 6

Most of the projects from Cohorts 5-6 that took part in the evaluation also reported plans to continue in some form beyond the funded period. Typically, these forms of sustainability were similar to those described above in relation to Cohorts 1-4 projects e.g., securing extra funding to continue activities, sharing resources more widely to support replication of the innovation, incorporating the innovation into the organisation's core services, or informing the organisation's strategy with regards to the target population going forward.

Barriers and enablers to sustainability

Most projects emphasised the need for additional funding in order to sustain or scale-up their work. Direct costs, such as rent for place-based work or performances created additional funding requirements for some projects. The COVID-19 pandemic presented challenges to projects' ability to carry out face-to-face initiatives, which in some cases made it difficult for the project to establish itself, let alone create sustainability. Reuse of resources was an enabler of sustainability in cases where information was unlikely to change; however, where resources contained (for example) medical information, this presented a challenge in keeping information up to date.

Perceptions of the Fund

Overall perceptions of the Fund were very positive, with participants expressing unanimous support for the Fund's existence and disappointment at the potential for the Fund to cease to exist. It was viewed as valuable for making provision for innovation and development, especially where this created resources for marginalised communities. The Fund was thought of by many as prestigious, and that its clout and respect positively benefitted the public reputation of organisations that were successful in applying. Project leads valued the Fund as a source of support for ideas that may not otherwise be

brought to fruition. There were comments across the interviews that funding in the sector is limited, and that the Fund is marked in organisations' bidding calendars each year.

Local Authority Commissioners (LACs) and Sexual Health Facilitators (SHFs) provided positive feedback about the Fund. They described being impressed by the quality of bids submitted and felt that the Fund provided essential resources to the sector that enabled work that would not otherwise be funded by LACs.

Broadening the Fund's scope

The Fund scope was broadened in 2020-21 to cover sexual health and reproductive health in addition to HIV. Although feedback about this change was largely positive, some of those working in the HIV sector saw the change as a cut for HIV funding, as the Fund was spread more thinly without a proportionate increase in the total amount available. LACs were supportive of the widened remit of the Fund expressing that sexual and reproductive health would benefit from innovation-focused interventions.

Overall impact of the Fund

There are a number of limitations to the evaluation evidence collected by projects, most commonly as a result of methodological challenges and small sample sizes. As a result, the data analysed across the six cohorts provides an *indication* of the Fund's impact; the full impact of the Fund will not be recognised through the data collected.

Quantification of Fund activity/outputs

Across Cohorts 1-6, the following outputs have been secured by projects. The scale of the Fund's impact is likely to be far greater than the numbers shown below given these are estimates, taken at a single point in time.

- **Over 21,700 individuals have been engaged face-to-face,** for example through training sessions, workshops and performances. In the order of 12 million individuals have been engaged digitally by the projects (this includes engagement via social media, video views and podcast listens). The most significant contributor to this figure is CW+ and 56 Dean Street's, 'Grass is Always Grindr' YouTube series (Cohort 4) which, at the time of their evaluation report, had achieved 10 million views.

- **Over 27,300 individuals have been referred on to a health service**. A large proportion of these (17,000+) were click-throughs to sexual health service websites from the 'Grass is Always Grindr' YouTube series.

- **Over 6,300 HIV tests were conducted or ordered** by the 15 projects which provided testing.

- **Over 770 events were held** by the 33 projects for which this was a core output.

- **Over 500 organisations were involved** in some way with the projects: this includes delivery partners, Local Authorities, businesses, providers, evaluators and other organisations.

- **Over 300 forms of information materials were developed** (such as videos, podcast episodes, pamphlets, posters, online tools, webinars).

- **Over 55 publications or conference presentations** were reported.

Impact on project beneficiaries

All of the intended outcomes and impacts for project beneficiaries, as articulated in the Fund's Theory of Change, can be evidenced by a selection of projects.

Most commonly, projects have shown their work to improve the knowledge and attitudes of target audiences in relation to sexual health, reproductive health and HIV. The awareness and understanding of PrEP in particular have been shifted by the projects focusing on this topic. Whilst a reduction in stigma has been challenging to evidence, a number of projects have collected data to suggest their work has positively impacted in this regard. Shifts in knowledge and attitudes have been evidenced in diverse audiences, for example Black African communities, among gay, bisexual and other men who have sex with men (MSM), South Asian women, and faith leaders, but also among professionals working within sexual and reproductive health and more broadly such as pharmacists.

Capturing changes in beneficiaries' behaviour as a result of projects' work has proven difficult, especially where ongoing contact with individuals is required to assess such change. However, some projects were able to evidence a change in behaviour or capture an intention to change. The behaviours of interest were diverse and included a reduction in drug use, healthier lifestyle choices, and taking PrEP.

Projects could evidence an increased use of sexual health and reproductive services as a result of their work. This was most notable in the high numbers of individuals testing for HIV in Cohorts 1-4 (where this was a focus). There were also some examples of beneficiaries accessing other services such as online counselling and online sexual health testing as a result of their engagement with the projects.

Impact on funded organisations

Though not set out in the Fund's Theory of Change, the Fund has impacted the funded organisations in a number of ways. Many talked about strengthened partnerships with organisations – some of whom were new to them – as a result of the Fund. Many of these partnerships have endured beyond the end of the funding period as organisations continue to collaborate together. The Fund has benefitted organisations by elevating their profile and perceived credibility, with organisations having the opportunity to showcase their work. Linked to this, some organisations reported that the Fund had raised their aspirations and confidence as an organisation, having exceeded the quality of outputs or scale of engagement that they were expecting.

The Fund has given some organisations the chance to develop new skills (such as social media expertise or coproduction experience). Whilst others have had the chance to work with new audiences that they have not reached previously. The funding opportunity has led some organisations to improve the knowledge they have of their target audience (better understanding their motivations and needs). And, for a small number of organisations, the Fund has informed their organisational strategy through furthering their knowledge or skills base.

Impact on commissioners

The Fund appears to be most impactful at the level of the project beneficiary or funded organisation. There are however good examples of how the Fund has impacted on commissioners' thinking and, to some extent, decision-making. The extent to which commissioners are impacted by the Fund depends on how well they are apprised of activities happening in their patch and the lessons learnt from these.

In a small number of cases, commissioners have funded organisations to undertake work linked to their original projects (such as further point of care testing, or to run substance abuse workshops). The commissioners interviewed acknowledged that the Fund allowed them to 'think differently' by virtue of projects generating new insights about particular populations' behaviour and needs, and by testing novel ways to engage certain audiences. This could be in relation to male sex work in the local area, the sexual health needs of immigrants and asylum seekers, and working with women affected by female genital mutilation. In just a handful of cases, commissioners recognised the funded projects provided a beneficial service to the local area that they themselves could no longer commission.

Impact on the sector

There is variable evidence that the Fund is achieving the intended outcomes and impact at the sector-level as articulated in the Theory of Change. Those interviewed tended to see the main impact on the sector as being the opportunity for innovations to be tested. This was felt to be particularly important in driving the changes needed to meet the UK government's target of ending new HIV infections by 2030.

Where projects (or innovations) were scaled-up or replicated, this was seen as impacting positively on the sector as a whole. But a more notable impact is the rich repository of resources that has resulted from the Fund. The new partnerships formed as a result of the Fund were also seen to positively impact on the sector as a whole through the elevation of collaborative work.

Policy impact

The Fund supports a number of policy outcomes as indicated below:

Ending new HIV transmissions by 2030: Approximately 60% of the projects across Cohorts 1-6 had a focus on HIV, looking to raise knowledge on the subject and reduce the stigma surrounding it. Of these, 15 projects provided HIV testing as part of their intervention – between them over 6,300 HIV tests were conducted or ordered. Eight projects had a particular focus on PrEP, aiming to raise awareness and promote uptake (though PrEP featured alongside other topics of engagement for a wider number of projects than this). A handful of projects were able to demonstrate that their intervention had been a strong contributing factor in people now taking PrEP, and the others could evidence a positive shift in improved knowledge on the subject. One project in Cohort 1 focused (successfully) on increasing partner notification for HIV (and other sexually transmitted infections (STIs). As referenced elsewhere, it was commonly expressed in interviews that innovation was required to meet the 2030 target and therefore the Fund was an important contributor to this.

Reducing rates of STIs: Fewer projects focused on the reduction of STIs compared to the reduced transmission of HIV. Indeed, only two projects focused on specifically named STIs (syphilis and gonorrhoea). The first of these projects had a number of successes in raising awareness and knowledge about syphilis among target communities and frontline workers. The second of these did not achieve its aim of increasing gonorrhoea testing as it was particularly affected by constraints of the pandemic. More broadly than this, approximately a third of projects had some element of the promotion of safer sex and, on the whole, did so successfully.

Improving sexual health outcomes for disproportionally affected communities: The majority (approximately 80% of the projects funded in Cohorts 1-6) focused on communities which experience poorer sexual health outcomes. The projects that did not have this focus were either directed at professionals working in this space, or the general public. The two groups most commonly targeted by the funded projects were Black communities (in approximately 30% of projects) and MSM (approximately

25%). Evidence is lacking to suggest the funded projects led to improved sexual health outcomes (such as reduced HIV and other STI rates) among the funded projects. However, there is evidence generated by a number of projects to indicate progress towards improved sexual health outcomes (such as increased HIV testing, use of PrEP, and a reduction in high-risk behaviours such as drug use).

Increasing effective partnership working: As aforementioned, one of the main impacts of the Fund on the funded organisations, and sector as a whole, was strengthened partnerships and collaboration, including between organisations new to each other.

Limitations of the Fund's impact

Whilst there is evidence of wide-ranging and significant impact as a result of the Fund, its impact is limited by a number of factors, most notably a lack of formal mechanisms through which to share learning and resources. Further limitations include short project timescales; poor evaluation evidence; and a dilution of collective impact through the diversity of projects funded.

Implementation lessons

Barriers and enablers to project implementation

The short timeframe, ranging from six to 12 months, presented a challenge for many projects, with some struggling to demonstrate impact in a short period particularly as project set-up could eat into project delivery. Some projects also faced other challenges around staff turnover, which led to greater pressure on other team members. COVID-19 presented challenges to many projects, including delays, staff illness, and original implementation design being made impossible due to rules about gatherings and social distancing. However, there was praise for the Fund's flexibility in response to the pandemic, such as allowing project teams to modify their original plans to accommodate the new and changing landscape. Projects reported having formed and utilised partnerships and networks with other organisations (including through personal networks), in order to best facilitate their innovations, with many projects attributing at least part of their success to working with good partners. Community representation in the form of steering and focus groups were also implemented to help guide and influence projects, providing useful insights and suggestions for improvement to more effectively meet the needs of the target populations. A theme of passion and commitment to serving marginalised communities came through in interviews with many project leads, who said that staff dedication was a key enabler of their work.

Support for implementation from Local Authorities and Sexual Health Facilitators

Projects reported limited involvement and support from LACs and SHF throughout the funded period. This was reflected in LACs' and SHFs' comments, although with the addition that they would like to be more involved in future rounds of the Fund through reviewing and giving advice on bids, as well as throughout the funded period and beyond. They said that this would help them to have a greater understanding of the work going on in their areas and afford them opportunities to share good practice and provide assistance where needed.

Reflections on the design and delivery of the Fund

Application process: The biggest challenge by far for project leads, LACs and SHFs was the tight and unpredictable timings of the Fund being announced and deadlines for bid submission. This made it difficult for organisations to set aside the resources needed to research and write a bid, and to get appropriate resources in place to be able to put plans into action if they were successful in securing

funding. Some projects also expressed a desire to understand more about what was meant by the term 'innovation', in the context of applying to the Fund, to ensure they could tailor their bid appropriately.

Annual themes: Since Cohort 3 (2017-18), the Fund's design has included a particular focus or theme for each year of funding. There were mixed views on this – participants felt that, although a theme could be helpful in directing funds to projects that aimed to address specific needs or communities, it may also mean that quality innovations that fall outside the year's theme are unable to apply (or unlikely to secure funding). However, the benefit of themed funding rounds is the greater chance of showing collective impact on a particular topic such as was seen for Cohort 4 on the issue of PrEP.

Interview process: There was positive feedback on the move to remote interviews as a result of COVID-19. Some found this to be a less daunting and more comfortable experience than face-to-face interview panels, and removed the costs associated with travelling.

Launch event: Project leads generally reported finding the launch event very positive, citing that it was useful for networking and sharing information and ideas at the outset of the funding period. Being asked questions by other project leads, about their project, was an opportunity to reflect on points that they might not have considered.

Project support: Project leads were positive about their experiences of receiving support, reporting that OHID helpfully allowed flexibility in timings when funded projects needed to adapt to changing circumstances. This was particularly useful in the early stages of the COVID-19 pandemic, where OHID actively contacted project leads to understand how restrictions would impact the projects and offered advice and flexibility with reworking projects' designs if required. The OHID team's quick response to the COVID-19 pandemic meant that projects felt supported in a particularly challenging period.

Sharing learning and resources: A strong theme across the interviews (both in this overall evaluation and in previous years) was that project leads, LACs and SHF felt they would all benefit from greater sharing of knowledge and resources gained from funded innovations, which could support greater impact of the Fund.

Conclusions and recommendations

Views of the Fund were extremely positive, citing it as an enabler of piloting innovative ideas, which was seen as essential to drive forward change (e.g., to help meet the target of ending new transmissions of HIV in England by 2030). It received unanimous support to continue.

There were many examples of where projects or innovations had sustained beyond the funding period (roughly 90% of projects within the sample), although this was not the case for all. The biggest barrier to continuation was not securing further funding to resource continuation. However, projects and innovations demonstrated that they could continue having impact without external funding if, once the Fund has enabled set up and piloting, they become part of organisations' business as usual services, rely on support from volunteers, develop and continue to use resources, or are self-sustaining. There were also examples of how the Fund has been impactful – particularly at the level of project beneficiaries and funded organisations.

There are ways the impact of the Fund could be maximised further:

At the application stage: including giving projects more time to develop their bids and engage with LACs and SHFs; providing more clarity on what is considered to be innovation including publicising what

did / did not receive funding in the past; consider funding innovation that focuses on a smaller number of target audiences or subject matters to generate stronger evidence; and being more prescriptive about the expected standard of evaluation reporting and supporting evidence. This could be through an evaluation guidance document and / or a workshop either at the bidding stage or project set-up to support projects to consider this from the start.

During project delivery: including continuing to offer cohorts a launch event to facilitate networking and sharing contact details of projects addressing similar issues; and allowing a longer timeframe for delivery to maximise potential for impact.

Through sharing findings: including facilitating sharing of project or innovation outcomes between cohorts, LACs, SHFs, and the wider sector; and supporting the sharing of resources from projects or innovations (and, ideally, collating in a central location for ease of access). In recognition of this finding, an online repository has now been established using the Knowledge Hub (KHub) platform, and can be found at the following link: https://khub.net/group/sexual-health-reproductive-health-and-hiv-hub/group-library.

1 Introduction

1.1 The Innovation Fund

The Sexual Health, Reproductive Health and HIV Innovation Fund was set up by Public Health England (PHE) in 2015 to support voluntary and community sector (VCS) organisations to reduce the impact of HIV through innovative interventions, targeting groups most affected by HIV. Since the disestablishment of PHE in 2021, the Fund's administration shifted to the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social Care (DHSC). To date, there have been seven cohorts funded between 2015 and 2022, with a total of 73 projects receiving funding. The seventh cohort completed their projects in March 2022.

Each project must submit a final evaluation report to OHID summarising the impact of their work and lessons learnt as a result. Ipsos conducted an independent evaluation of each of the first four cohorts; reports from which are available online[1]. The focus of this report is to assess the overall impact of the Fund across the first six cohorts, providing learning for future iterations of a fund to support sexual, reproductive health and HIV outcomes. Throughout this report, we use "the Innovation Fund" and "the Fund" as a shorthand to refer to the Fund's current and former titles. Beginning with the 2019-20 funding period, the Fund's remit was broadened to address and improve sexual and reproductive health, in addition to HIV.

1.1.1 Wider context around HIV, and sexual and reproductive health (SRH)

A total of 91,432 people attended HIV care in England in 2021, representing a small rise compared with 2019 (90,504) and 2020 (88,786). In 2021, an estimated 95,900 people in England were living with HIV, with around 4,400 of these people undiagnosed and unaware of their infection.[2] Rates of late diagnosis remain high and have increased in recent years (46% in 2021, up from 44% in 2020, and 35% in 2016). As a result of the COVID-19 pandemic, fewer people accessed HIV care in 2020 than in previous years, although testing rates recovered in 2021 to pre-pandemic levels for gay, bisexual and other men who have sex with men (GBMSM). In 2020 the number of people tested for HIV at sexual health services also decreased; however, this increased again in 2021 with 178,466 people in England testing (compared with 156,631 in 2019)[3]. Those without a diagnosis are also more likely to experience health inequalities: gay and bisexual men living outside London; people of Black, Asian, Mixed or Other ethnic groups; and those born abroad.[4]

Ambitions to decrease HIV incidence in the populations most at risk of new infection and reduce rates of late and undiagnosed HIV remain. In January 2020, the UK government announced an ambition to reduce HIV

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[1] Cohort 1 report: https://www.ipsos.com/en-uk/public-health-england-hiv-prevention-innovation-fund
Cohort 2 report: https://www.ipsos.com/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-2-evaluation-report
Cohort 3 report: https://www.ipsos.com/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-3-evaluation-report
Cohort 4 report: https://www.ipsos.com/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-4-evaluation-report
[2] HIV Action Plan monitoring and evaluation framework. UK Health Security Agency (2022). https://www.gov.uk/government/publications/hiv-monitoring-and-evaluation-framework/hiv-action-plan-monitoring-and-evaluation-framework
[3] Lester J, Martin V, Shah A, Chau C, Mackay N, Newbigging-Lister A, Connor N, Brown A, Sullivan A and contributors. HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report. The annual official statistics data release (data to end of December 2021). October 2022, UK Health Security Agency, London https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report#suggested-citation
[4] HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report. UK Health Security Agency (2021). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037215/hiv-2021-report.pdf

transmissions in England to zero by 2030[5]. In December 2021, the Secretary of State for Health and Social Care reiterated this – with an interim commitment to an 80% reduction in HIV transmissions by 2025.[6]

The broader sexual and reproductive healthcare landscape also faces challenges in relation to a number of issues, such as unplanned pregnancy and sexually transmitted infections (STIs). There is variation in sexual and reproductive health outcomes across the dimensions of health inequalities (deprivation, equality and diversity, inclusion, and geography)[7], and it is recognised that inequalities in uptake of (or access to) interventions can make inequalities in ill health worse.

Although the COVID-19 pandemic resulted in disruption to the delivery of sexual health services, those services continued to diagnose hundreds of thousands of STIs throughout 2020 and 2021 by scaling up telephone and internet consultations:

▪ In 2021, there were a total of 4,002,827 consultations at sexual health services, a 15.7% increase compared to 2020 and an increase of 3.9% since 2019

▪ In 2021, there were 1,949,940 sexual health screens (diagnostic tests for chlamydia, gonorrhoea, syphilis, and HIV delivered by sexual health services, an increase of 18.7% compared to 2020, but 13.2% decrease relative to 2019

▪ In 2021, there were 311,604 diagnoses of new STIs among England residents, a similar number compared to 2020 (0.5% increase from 309,921) and a decrease of 33.2% since 2019[8]

Reproductive health services have also seen changes over the last few years: the 2021-2022 period saw a 4% fall in contraception-related contacts with SRH services, compared with the previous year; along with a 32% drop in provision of emergency contraceptive items by SRH services, compared with the 2019-2020 (pre-COVID-19) period. In contrast, there was a 27% increase in sterilisations performed in NHS hospitals in 2021-22 (9,762), compared with the 7,657 during 2020-21 period that was heavily affected by the COVID-19 pandemic. The long term trend in sterilisations is otherwise downwards, with the 2021-22 total 35% lower than ten years ago in 2011-12 (14,960).[9]

In 2013, DHSC published *A Framework for Sexual Health Improvement in England*, which aims to provide the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively, and to ensure that accessible, high-quality services and support are available to everyone in England.[10] Healthcare providers in this space are responsible for health promotion, such as the provision of advice, information, education, and services around

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[5] HIV in the UK: towards zero HIV transmissions by 2030. Public Health England (2020). https://www.gov.uk/government/news/hiv-in-the-uk-towards-zero-hiv-transmissions-by-2030

[6] Towards zero – an action plan towards ending HIV transmission, AIDS and HIV-related deaths in England – 2022 to 2025. Department of Health and Social Care (2021). Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK (www.gov.uk)

[7] Variation in outcomes in sexual and reproductive health in England. Public Health England (2021). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf

[8] Sexually transmitted infections and screening for chlamydia in England: 2021 report. UK Health Security Agency (2022). https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report

[9] Sexual and Reproductive Health Services (Contraception). NHS Digital (2022). https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services

[10] A Framework for Sexual Health Improvement in England. Department of Health and Social Care (2013). https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

contraception, STIs, HIV and termination of pregnancy, with the aim of enabling people to make informed and responsible decisions.

1.2   The evaluation

The evaluation objectives were to:

- **Assess the impact of the Innovation Fund against its original objectives.** Since its inception, there was an evolution in the intended impacts of the Fund such that the primary focus now is on:

  - Creating sustainable/ long-lasting impact and change and delivering value for money;

  - Stimulating innovation;

  - Improving sexual health, reproductive health and HIV outcomes; and

  - Strengthening local partnership working.

- **Understand the effectiveness of the processes involved in delivering the Innovation Fund.** This included a review of the design and delivery of the Fund to identify lessons for future iterations.

- **Establish what works and the enablers and barriers that affect impact and delivery of Innovation Fund projects.** This included a review of what makes projects more (and less) effective and sustainable to help guide the selection of future projects.

1.3   Methodology

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

- **Review of previous Ipsos evaluation outputs:** All evaluation outputs created thus far by Ipsos have been revisited to feed into this overarching impact evaluation. This includes the reports for Cohorts 1-4, the process evaluation report (June 2018), and a report from workshops held with funded organisations in June 2019.

- **Review of Cohort 5 and 6 projects' evaluation reports:** As was done for Cohorts 1-4 projects, the evaluation reports for Cohorts 5 and 6 have been reviewed. Two projects from Cohort 6 were yet to submit their evaluation report to OHID at the time of writing.

- **Qualitative in-depth interviews with the following groups:**

  - **OHID's Sexual Health, Reproductive Health and HIV team:** Three representatives from the OHID team responsible for the Fund were interviewed to provide context to the evaluation.

  - **UK Health Security Agency (UKHSA)'s Sexual Health Facilitators (SHFs):** SHFs work to connect national, regional and local levels across the public health system, supporting stakeholders in commissioning and service delivery to ensure good sexual health outcomes for local populations. The SHF role was originally based at PHE, but following PHE's disestablishment in 2021, these staff now sit within UKHSA. Over the course of the Fund, SHFs have been part of scoring or selection panels, during the project selection process. Three SHFs were interviewed to explore perceptions of the Fund, its administration and impact.

- **Local commissioning bodies:** Projects are required at the application stage to seek endorsement from a local commissioning body to ensure their work aligns with local or national priorities (where relevant). Four Local Authority commissioners were interviewed to explore perceptions of the Fund's impact and views on how it is designed and delivered (including the request for endorsement of projects locally).

- **Project leads:** All 66 project leads from Cohorts 1-6 were contacted for interview. Interviews with project leads from Cohorts 1-4 focused on legacy and what happened to projects and innovations since the end of the funding period. Interviews with project leads from Cohorts 5 and 6 focused on intentions for continuing aspects of their project, alongside gathering reflections on project implementation and lessons learnt. In total, 31 project leads were interviewed, representing 38 projects. This includes 22 projects from Cohorts 1-4 and 16 projects from Cohorts 5-6.

- **Sector leads:** Senior representatives of the Terrence Higgins Trust, the National AIDS Trust, and Brook were interviewed to provide a wider, sector-level perspective of the Fund and its impact and value more broadly.

All interviews were conducted between November 2021 and March 2022.

A Theory of Change underpins the evaluation activities. This theory is outlined in Chapter 4 (Impact of the Fund) and depicts the anticipated outputs, outcomes and impact of the Fund and its projects, as well as the processes by which this is expected to happen. The Theory of Change was originally developed by Ipsos and refined in collaboration with representatives from Cohorts 1 and 2. It has subsequently been updated as part of this overarching evaluation to reflect how the Fund evolved since its inception.

1.4   Structure of this report

This report is structured as follows:

- Chapter 2 examines the extent to which projects (or their innovation) have been sustained over time (The Sustainability of Funded Innovations).

- Chapter 3 gives an overview of how the Fund is viewed by the sector (Perceptions of the Fund).

- Chapter 4 discusses the impact of the Fund – at the level of project beneficiaries, funded organisations, commissioning bodies, and the sector as a whole (Impact of the Fund).

- Chapter 5 explores implementation lessons in terms of project delivery, the involvement of commissioners and SHFs, and the design/delivery of the Fund (Lessons Learnt on Implementation).

- Chapter 6 summarises conclusions of the findings and recommendations for the future (Conclusions and Recommendations).

2 The Sustainability of Funded Innovations

This chapter explores the extent to which there was sustainability of funded projects after the end of their Innovation Fund period, with a focus on conditions that enabled continuation of activities or innovation. First, we focus on sustainability of projects or innovation for Cohorts 1-4, and then discuss plans for continuation for Cohorts 5 and 6, given their more recent completion.

2.1 The sustainability of projects or innovation for Cohorts 1-4

Here, we explore the extent to which projects or innovation from Cohorts 1-4 have been sustained in some way, describing the different ways in which they have been sustained. More details about individual funded projects can be found in appendix A.

As part of the qualitative interviews, we spoke to 22 of a total 46 projects from Cohorts 1-4. The majority of projects were able to describe sustained project activities, continuation of associated innovative aspects, or further use of resources developed through the Innovation Fund. However, the nature of the continuation varied significantly between projects and is explored in this section. A small number of projects described a lack of sustainability of any part of the project or innovation once the funding period ended, and these are also discussed below.

Sustainability of project activities, innovation or resources

Almost all projects from Cohorts 1-4 that participated in an evaluation interview saw continuation of activities, innovation or resources, although sustainability took on different forms, which are explored in the sub-headings below. Furthermore, some projects took on multiple forms on sustainability and fall under more than one sub-heading. The following are broadly ordered with the most common form of sustainability first.

- **Securing external funding to continue.** Many projects highlighted the importance of accessing further funding to be able to continue, and some had managed to secure investment from an external source. For example:

  - Prepping for PrEP (Positive East, Cohort 3) involved community outreach and insight work, promotion of PrEP and the creation of a video. They developed a similar project called 'Women for Women' that evolved out of Prepping for PrEP but were not successful at securing further Innovation Fund support. The new project was instead funded by boroughs where the project was being delivered and involved recruiting African migrant women in East London and providing formal research training to be first-hand Peer Navigators. They were sent PrEP materials to share in their own social network and undertake research in their communities.

  - Talking Together (Positive East, Cohort 4) was a project that developed spoken word pieces through workshops with Black African individuals in mixed status relationships and showcased these pieces through a social media campaign and festival performances (alongside HIV testing). Talking Together evolved out of another project called Talking Progress (delivered alongside HIV Voices). Talking Together then evolved into a new project with HIV Voices called Talking into the Spotlight – a 6-month theatre development workshop – which received funding from Gilead.

"One of the really great things this project and the HIV Innovation Fund allowed us to do was to establish a really great relationship with HIV Voices… We're going to be using some of the tools and learnings from Talking Together to apply to the new project."

– Talking Together (Positive East, Cohort 4)

− Interactive Digital Contact Slip (SXT, Cohort 1) used Innovation Fund resources to develop an online dashboard for an interactive, digital contact slip for partner notification of HIV and STIs. The creation of the dashboard ensured there was measurable data about the project and its impact, which led to securing further funding from Comic Relief to allow notified partners to book into local sexual health clinics.

− Catwalk for Power (Positively UK, Cohort 4) involved a series of workshops with women living with HIV and catwalk performances where women living with HIV performed to tackle HIV stigma. When the funding ended, they were unable to hold onto project staff, which made sustainability of activities challenging. However, they described using additional external funding to deliver some international Catwalks for Power events e.g., via an AIDS impact event. The project described plans for the future: to apply for National Lottery funding to continue activities and ideally to host Catwalks for Power in different cities around the UK.

− Mindfulness Based Relapse Prevention for Chemsex (Spectra, Cohort 4) involved mindfulness-based training sessions with groups of men who have sex with men (MSM) conducted face-to-face, followed up by refresher sessions and one-to-one aftercare sessions. The organisation received funding from a trust and a foundation funder for a range of services, including the continuation of new training courses (although the timing of these were affected by the COVID-19 pandemic).

▪ **Using resources developed for the Innovation Fund project.** Most of the projects described reusing the resources they had created for their project after the funding had ended. For example:

− Talking Together (Positive East, Cohort 4) continued to use resources from the project on social media platforms to dispel HIV-related myths.

"We also still use the videos and texts quite a bit."

– Talking Together (Positive East, Cohort 4)

− Raising Awareness of HIV in the over 50s (Age UK Wiltshire, Cohort 4) was a targeted media campaign designed to upskill the workforce to discuss HIV among the over 50s. The project ceased when the Innovation Funding ended, as did the pursuit of alternative funding due to the pandemic. However, Age UK branches around the country used the resources from the project. The project described how they deliberately designed all their resources so they would be useable in other places, not just in their local area, and this leant itself to being able to replicate it elsewhere without any alterations.

− Catwalk for Power (Positively UK, Cohort 4) also described how they collaborated with another organisation to develop a toolkit for use by other groups to start their own Catwalk for Power groups based on the project's empowerment model.

- **Incorporating innovation into an organisation's standard service.** A handful of projects described how elements of their projects had been successful during their Innovation Fund timeframe, and this had led to the delivery organisation subsequently supporting continuation even once the Fund ended. The Fund supported set-up and development of the innovation and in some cases the organisation was able to cover ongoing running costs. For example:

  - PrEP Champions (GMI Partnership, Cohort 3) trained PrEP Champions to provide peer-led education of PrEP, including the use of a paper-based assessment tool to measure knowledge, awareness and acceptability of PrEP. Since the Innovation Fund period ended, the organisation has continued working with partners and incorporated project activities into general outreach. They acknowledged that outreach workers do not always use the assessment tool now as it is long and is in their heads, but it was useful to upskill staff. How to talk to people about PrEP is now incorporated into mandatory training.

    "It has been incorporated into our centralised outreach offer… It's just been assimilated into the core offer really."

    – PrEP Champions (GMI Partnership, Cohort 3)

  - Friday/Monday (Terrence Higgins Trust, Cohort 2) consisted of online group work sessions and online counselling for MSM and those who may engage in chemsex. They described how the online decision-making tool is still in use as are the individual counselling sessions and group work. However, what they were not able to continue in the same way was promotional activities that guided individuals to the online Friday/Monday tool, which was designed to encourage people to take action earlier than they otherwise would. The project was duplicated by another organisation in Poland, who translated the microsite into Polish.

    "It's certainly established as a core part of our offer, and we continue to invest in that area."

    – Friday/Monday (Terrence Higgins Trust, Cohort 2)

  - Talk and Test (LGBT Foundation / BHA for Equality, Cohort 1) involved Point of Care Testing and wellbeing assessments in community settings. The project demonstrated that such testing was feasible and safe to carry out, so the organisation evolved it to include discussion of health and wellbeing more generally and integrated it into their standard services, so it became "part of the norm".

  - Welcome Hear (Yorkshire MESMAC, Cohort 2) involved HIV information and awareness-raising sessions and testing in four languages for refugees and asylum seekers. They described how project activities have continued.

    "The very activities that the funding was for - HIV prevention and testing - they're still underway four years down the line. Those activities are still going on."

    – Welcome Hear (Yorkshire MESMAC, Cohort 2)

- **Relying on voluntary workforce.** Some projects relied on volunteers to deliver parts of the project, and these aspects were therefore not affected as much by the end of the funding period. In some cases, volunteers continued to deliver although some projects described drop-out or decline

in participation as time went on, often due to lower levels of direction or management by the organisation as a result of a lack of funding. For example:

− Preventing HIV in Women with FGM (Thames Valley Positive Support, Cohort 4) involved training of relevant organisations and volunteers on HIV, offering HIV testing at venues other than sexual health clinics, developing a care pathway with FGM organisations to integrate HIV prevention and signposting women from Black and Asian ethnic backgrounds to the PrEP trial. Despite not being able to continue directly targeting these groups for testing when funding ended, the volunteers and community influencers who were involved in the project continue to promote the testing service.

"The volunteers are still with us three years later."

– Preventing HIV in Women with FGM (Thames Valley Positive Support, Cohort 4)

− PrePared (BHA Leeds Skyline, Cohort 4) involved training 13 peer Community Champions in African communities to disseminate positive messages and HIV information (specifically the availability of PrEP). Four of the Community Champions continue to engage with the organisation to raise awareness of HIV (e.g., one is a social media influencer and was involved in the promotion of World Aids Day). In addition, tools that were shared by the Community Champions were also used by the organisation for community engagement in faith settings and incorporated into staff training.

▪ **Self-sustaining nature of project.** Where a project had an output that was freely accessible to the target audience beyond the end of the funding period, they were well set up for sustainability as continuation required little resource. For example:

− The Grass is Always Grindr - season 2 (CW+ and 56 Dean Street, Cohort 4) was a YouTube drama series consisting of 10 episodes covering themes relating to HIV and sexual health, focusing on issues faced by MSM. This product of the Innovation Fund still exists on streaming platforms in the public domain and can be accessed at any time. They described the project having wide reach, through sharing it with a number of organisations including global ones e.g., LGBTQ+ charities in Washington. Despite the self-sustaining nature of the innovation, the project would like additional funding to produce another version and keep expanding its reach on social media.

"It would be great to do another version of the project i.e., follow-up on main characters and where they are now… Media buying is expensive and can absorb a lot of the costs."

– The Grass is Always Grindr - season 2 (CW+ and 56 Dean Street, Cohort 4)

Lack of sustainability of project activities, innovation or resources

A minority of projects from Cohorts 1-4 reported that there had been no sustainability of activities, continuation of innovative elements, or use of resources from their Innovation Fund project. For example:

− I am because we are (BHA for Equality / Contact, Cohort 3) was a production of a play to raise awareness of HIV and reduce stigma amongst Black African Communities. The project described how they were not able to continue with activities when the Innovation Fund period ended and would have needed additional funding from elsewhere to continue. As this project was a performance, there were associated costs that could no longer be covered. They started

to create a film from parts of the performance, however this lost momentum and was not continued. They described how there was appetite to continue the project e.g., a request to do further productions from a theatre and they would like to expand into different areas with different communities, although this would require funding.

- My HIV Prevention Tool (GMFA / SIGMA Research (now under the umbrella of LGBT HERO), Cohort 1) was an online decision-making tool to assist in choosing HIV prevention strategies. The project did not continue, however the team learnt valuable lessons including about the use of an accessible platform and designing the underpinning survey in a more user-friendly way rather than from a scientific point of view.

> *"It didn't really think about the logistics of how people take surveys or why would somebody want to take surveys and it was built on a platform that didn't really work when it could have been done much more simply through an easier program like survey monkey, to be able to offer a better solution."*
>
> – My HIV Prevention Tool (GMFA / SIGMA Research, Cohort 1)

- When trying to engage with the 46 projects funded in Cohorts 1-4, the evaluation team experienced some challenges making contact finding that a few organisations no longer existed or, more commonly, that key individuals had moved on. In these instances, it is possible that there has been no sustainability or continuation of project activities.

- In addition, it could be the case that projects were more likely to take part in the evaluation where there was more activity to report on. Therefore, it is possible that the projects reported on in the section above represent a more positive view of sustainability compared to across the rest of the Cohort 1-4 sample that were not interviewed.

Additional examples of sustainability from evaluations of previous cohorts

Previous evaluations of the Innovation Fund reported on Cohorts 1-4 projects' plans for sustainability of their innovations. Similar to the different forms of sustainability described above, these included: projects securing or trying to secure additional funding to continue activities; projects incorporating the innovation into their standard services; and projects sharing resources that were developed throughout delivery of the innovation.

Where projects did not take part in this overall evaluation, but we have interviewed them as part of a previous evaluation about their plans for continuation, we include a summary below of additional factors outside those already discussed above, that projects stated as important to support sustainability:

- **Spare funding.** A couple of projects had some money left over from their Innovation Fund project that they used to support sustainability of their innovation. For example:

  - In the Community (OutREACH Cumbria, Cohort 2) involved HIV testing in pharmacies. The project received an extension from PHE to continue until April 2018 as they had left-over funds and testing kits. At the time of interview, they were in discussions with the Local Authority to continue the project long-term and the project team were optimistic about obtaining it.

  - HIV Prevention in Deaf People (SignHealth, Cohort 2) also had some left-over money. They used it to commission a third party to develop a short film for Deaf schools to use as an educational resource to raise issues around sexual relationships and STIs.

▪ **Informing the development of services.** There was one example of a project that was designed to be discrete in nature to gather understanding of the at-risk population of men selling or exchanging sex to inform future services.

  - PROMOTE (Bristol Drugs Project, Cohort 3) involved digital outreach to male and Trans sex workers, with follow-ups supporting access to sexual health, drug, alcohol, and mental health services. It finished when the funding period ended and there was no longer a dedicated key worker. The organisation described how the project was designed to be discrete and generated valuable learning for services run by them and their partners about the need to become better equipped to recognise this group and understand their needs.

Other organisations ceased to exist, which limited plans for innovation continuation (for example, HertsAID who delivered MIND the Gap (Cohort 3) involving a training programme for staff working in mental health services).

2.2 Plans for continuation for Cohorts 5 and 6

Of the 12 projects from Cohort 5 and four projects from Cohort 6 we interviewed, we explored whether and how they planned to sustain their innovation in some way in the future.

Sustainability of project activities, innovation or resources

All but two projects that participated in an evaluation interview saw continuation of activities, innovation or resources, although, as with Cohorts 1-4, sustainability took on different forms. The following are broadly ordered with the most common form of sustainability first.

▪ **Using resources developed for the Innovation Fund project.** Many of the projects described reusing the resources they had created for their project after the funding had ended or making them available for other organisations to replicate the innovations. For example:

  − Me. Him. Us. (LGBT HERO, Cohort 5) involved a set of online interventions which were developed in partnership with Black MSM with a combined focus on mental health and wellbeing and increasing awareness of all the available methods to prevent HIV and STIs. The project had ambitions to secure further funding and develop the project to focus on the future of sexual well-being. However, in the meantime, they described sharing the resources they produced as part of the project such as videos, posters and factsheets online to enable other organisations to replicate their approach.

  − PEasy (The Love Tank CIC, Cohort 6) was a project that aimed to increase gonorrhoea testing amongst young Black Caribbean men in London and Hull through the use of influencers. The project planned to reframe the website to talk about gonorrhoea across all of England (rather than just in London and Hull) and to reuse printed materials in other outreach work i.e., with MSM.

  − The Sex Agenda (Decolonising Contraception, Cohort 6) used digital tools including a podcast, online seminars, and the creation of an SRH anthology to be circulated in educational institutions to deliver SRH health information to young Black and Brown communities throughout and beyond the disruptive period of the COVID-19 crisis. They planned to repurpose

the zine they had created into a series of lectures to be used in educational settings and had ambitions of doing another season of the podcast later on.

"The plan is to continue the project in a way that is sustainable with the funds that we have available."

– The Sex Agenda (Decolonising Contraception, Cohort 6)

▪ **Securing external funding to continue.** About one third of the projects we spoke to from Cohorts 5 and 6 described how they had applied for funding from various sources in order to continue with their innovation. Most of these were from Cohort 5, for whom it had been longer since the funding period ended. Sources of secured funding included the National Institute for Health Research (NIHR) and Segelman Trust. For example:

− PAT (Positive East, Cohort 5) involved the development of a sexual health chat bot "PAT" using technology to answer basic reproductive health, sexual health and HIV questions and provide signposting to services. The project applied for and secured additional funding to explore the potential barriers that AI technology (such as PAT) could create for individuals from ethnic minorities in accessing healthcare.

− Building Trauma-informed Responses in Supporting Sexual and Reproductive Health: a Community of Practice (Research in Practice, Cohort 5) was a national project to improve sexual and reproductive health support to birth parents who had had children removed from their care through public family law proceedings. It also launched an online Community of Practice and open access resource repository for practitioners in this field. The project received match funding that was sufficient to keep the Community of Practice going.

− Promoting the Sexual and Reproductive Health of Expectant and New Parents (Institute of Health Visiting, Cohort 5) was a project that sought to upskill the health visitor workforce to provide timely advice on sexual and reproductive health to expectant and new parents. The organisation received Innovation Funding as part of Cohort 7, which builds on this project further with a focus on postnatal contraception (rather than sexual and reproductive health more generally).

The Cohort 7 project "has enabled us to revisit it [resources developed in the Cohort 5 project] and re-energise it."

– Promoting the Sexual and Reproductive Health of Expectant and New Parents (Institute of Health Visiting, Cohort 5)

− Welcome to Brook (Brook, Cohort 5) involved the development of a digital tool to support young people to make contraceptive decisions and increase knowledge, awareness and understanding of STIs, HIV and pregnancy choices – as well as wider lifestyle factors and risk-taking behaviour. The project secured further funding from a variety of trust and foundation funders to deliver a project called Digital Front Door. The new project used aspects of the tool developed for the Innovation Fund project, such as the risk of pregnancy calculator.

− Real CHEMistry (London Friend, Cohort 5) consisted of a programme of weekend workshops and online resources to support MSM experiencing difficulties with chemsex. The programme was designed to help MSM navigate chem-free living, relationships, and sober sex, particularly

as a move-on option from drug treatment services. They received funding from four London boroughs to deliver substance misuse workshops.

Conversely, Outside the Box (National Children's Bureau, Cohort 5) had not applied for additional funding. They worked with Haringey Council to enhance and expand the reproductive health and sexual health modules of 'Outside the Box', an evidence-based personal development programme designed for targeted small group work with young people. Unlike others, this project described how they felt they were not likely to be successful in securing further funding as there would be a lack of interest in funding something innovative.

> *"That's the beauty of the Fund – they're all things that no one else will fund. They're all innovative and support partnerships of different types."*
>
> – Outside the Box (National Children's Bureau, Cohort 5

- **Incorporating innovation into an organisation's standard service.** Some projects described retaining aspects of their innovation by embedding it into their usual work or finding a place for it within their standard offer.

    - Real CHEMistry (London Friend, Cohort 5) continued the Sunday sessions from their Innovation Fund project by building it into their core work.

- **Using findings from the Innovation Fund project to inform organisational strategy.** For one project, the Innovation Funding enabled them to run a pilot to learn more about the target audience and incorporate it into future planning.

    - Casting the Net (Manchester Action on Street Health, Cohort 5) piloted an online service designed to support women negotiating sex work online using a gender- and trauma-informed approach, which was codesigned by service users. It connected with women through websites and chat apps to understand their sexual health and reproductive health needs and signpost them to access appropriate services. While the lead worker was funded for a further six months beyond the end of the funding period (by Stratford Housing Trust for funding for digital engagement), this was to extend the pilot to explore further ways to engage with women online. The project described not having plans to continue the project as it was a pilot; rather the lessons will be used to inform the organisation's strategy.

No current plans

- One project we spoke to described the challenges that the COVID-19 pandemic had presented when considering the sustainability of the innovation.

    - Tell Me About It: HIV Conversations in the Community (NAM, Cohort 5) was a podcast series featuring conversations between HIV experts and everyday people to challenge, in a scientifically accurate way, commonly held assumptions around topics such as fear of transmission or starting a family. The project described having no current plans to continue the podcast due to challenges around the practicalities of recording more podcasts whilst COVID-19 was unpredictable. They shared challenges related to trying to continue with the podcasts by recording at home including unreliable internet connections, lack of physical space, interruptions from family members and confidentiality concerns about being able to have open discussions at home.

2.3   Enablers and barriers to sustainability

This section summarises the key enablers of, and barriers to, projects being able to sustain their innovation beyond the end of the Innovation Fund period.

- **Funding**

  - Most projects emphasised the importance of securing additional funding as a facilitator of continuing project activities or innovation. Many projects that were able to secure further funding (from an internal or external source) either continued with Innovation Fund activities or evolved the innovation based on learning they had garnered through delivery (e.g., Interactive Digital Contact Slip, Cohort 1).

  - Project leads acknowledged that a lack of certainty about future funding after the end of the Innovation Fund period made sustainability a challenge, for example where a key project worker was on a fixed-term contract, they could not plan for a contract extension. When there was a lack of additional funding, projects had limited options to sustain the innovation. These options included relying on volunteers to carry on with particular activities (e.g., Preventing HIV in Women with FGM, Thames Valley Positive Support, Cohort 4), which carried a risk of dropout that was not seen in contracted roles.

    "You can't always as a charity fund what you're doing and we couldn't at that point, so we haven't had the staffing input, we haven't had the capacity as an organisation to keep it going on our existing funding. That is limited."

    – Preventing HIV in Women with FGM (Thames Valley Positive Support, Cohort 4).

- **Direct costs**

  - There were unique challenges for projects that needed to spend money on third party products or services to continue delivery, for example, performance-based activities that required spaces to be rented or equipment bought (e.g., I am because we are, BHA for Equality / Contact, Cohort 3). This often meant that if they could not secure funding, they were unable to continue with Innovation Fund project activities.

  - On the other hand, where projects had used third party services to create and publish a product that was self-sustaining in nature e.g., a short film on a permanent platform, this enabled sustainability as they did not need to rely on additional spending (e.g., The Grass is Always Grindr – season 2, CW+ and 56 Dean Street, Cohort 4).

- **The COVID-19 pandemic**

  - Activities that were designed to be face-to-face were more affected by the COVID-19 pandemic. For some projects, continuation activities were disrupted by the pandemic (e.g., Mindfulness Based Relapse Prevention for Chemsex, Spectra, Cohort 4) or there were practical barriers to continuing while the situation was uncertain (e.g., Tell Me About It: HIV Conversations in the Community, NAM, Cohort 5). The impact of COVID-19 on implementation is explored in more detail in chapter 5.

- **Reuse of resources**

- Projects often developed resources through delivery of their innovation, which once developed, could be used again and again by the organisation and more widely (e.g., Raising Awareness of HIV in the over 50s, Age Wiltshire UK, Cohort 4). In addition, projects cited that staff had developed their skillset as a result of delivering the project, which they could apply to their other work.

- Where projects developed resources that included medical information (e.g., about PrEP), there was a challenge regarding keeping resources up to date if clinical guidance changed over time, particularly if key project individuals no longer had time allocated to the project.

3 Perceptions of the Fund

This section explores the ways in which the Innovation Fund is perceived by project leads, Local Authority commissioners (LACs), and Sexual Health Facilitators (SHFs). It looks at these stakeholders' views of the Fund as a whole, across all cohorts; as well as the more recent shift in the Fund's coverage from having an HIV-specific focus to a broader remit including sexual health and reproductive health.

3.1 Overall perceptions of the Fund

Perceptions of the Fund were generally very positive, and this was reflected across all the participant groups. Indeed, as seen across previous evaluations, there was unanimous support for the Fund's existence. The Fund was described by participants as a tool that allowed funded organisations to develop a proof of concept, which in turn could help support those organisations in future applications to other funding sources. It allowed organisations providing sexual health, reproductive health, and HIV services to think innovatively, and to share ideas with colleagues; this in turn meant that ideas were developed and progressed that may not otherwise have come to anything due to a lack of funding. Participants acknowledged and appreciated that the Fund offers support for 'hidden' and underserved communities including MSM, minority ethnic groups, the D/deaf community, and the prison population, which tend to be less likely to receive funding from local authorities. LACs and SHFs reported that those who submitted bids tended to do a very good job of it.

> *"That's the beauty of the Fund – they're all things that no one else will fund. They're all innovative and support partnerships of different types."*
>
> – Project Lead (Cohort 5)

Participants reported that there was a real feeling of disappointment across the sector in 2021, when it seemed as though the Fund might not secure funding for another cohort. LACs and SHFs reported that people in the sector had become accustomed to having the Fund available for applications; and a number of project leads mentioned that they anticipated it each year. The Fund was widely seen as a key (and by some, the only) mechanism for organisations seeking funding for innovative ideas that they could not otherwise pursue, due to a lack of resources or being commissioned only for specific work.

The Fund was held in high regard and seen by many as prestigious, with real clout in the industry. Participants reported that organisations supported by the Fund had gained status and respect as a result (this is discussed further in Chapter 4 on Impact).

> *"This is always seen as the 'big one' – the big fund that services would look at."*
>
> – Sexual Health Facilitator

Those who participated in the evaluation had a good understanding of the purpose and aims of the Fund. They described its aims as being to encourage and deliver innovation about a broad range of topics relating to HIV, sexual health, and reproductive health; to share and learn from those innovations; and to utilise innovations to better support projects' beneficiaries and the wider public.

3.1.1 Perceptions of the Fund among LACs and SHFs

LACs were generally very positive about the Fund and felt that it made a difference to the sector.
They thought that having funding specifically for innovation was important and should be protected,
sharing a view that "innovation drives change". When considering innovative ideas, both in
commissioning services and reviewing applications to the Fund, they looked for evidence that would
inform decision-making, especially in relation to ideas outside the scope of mainstream funding. LACs
also pointed out that the Fund helped to enable organisations to explore ideas and provide services that
were not currently in the remit of 'normal' services, which was especially important in the face of budget
cuts. SHFs shared these views.

**LACs were impressed by the topics covered by funded projects, and the needs of underserved
and intersectional communities addressed by innovations.** They felt that funded projects were
contributing to the development of new ways to improve sexual health, reproductive health, and HIV
outcomes. However, the learnings from those innovations were perceived to be limited to the
organisation running the innovation, or to their local area, as information was not shared more widely.

The involvement of LACs and SHFs in supporting applications to the Fund and the delivery of projects is
discussed is Chapter 5 (Lessons Learnt on Implementation).

3.2   Broadening the Fund's scope

**Views were generally positive regarding the Fund's expanded remit to cover sexual and
reproductive health in addition to HIV prevention.** Those working in the HIV sector wanted to see
additional funding, given the broader remit of the Fund, rather than the existing funding being split
between the three categories the Fund was extended to cover. Although there were some mentions of
the need for funding that specifically addresses HIV prevention and care, the general consensus was
that HIV comfortably fell under the broad umbrella of sexual health.

> *"[The Fund's remit] was a bit narrow beforehand."*
>
> – Local Authority commissioner

**LACs consistently reported positive views about the expansion of the Fund's remit to include
sexual and reproductive health, in addition to HIV.** They explained that this was because funding for
these services was very limited (and funding specifically for innovative ideas even more so). One LAC
mentioned that, since the Fund's remit expansion (which they described as a positive move), they had
been approached by fewer organisations to support bids for funding. The LAC was unsure of what the
reason for this might be but speculated that non-HIV-focused organisations may be less aware of the
LAC's role.

**One LAC mentioned that they felt they had seen more evidence of the Fund's impact as the years
went on.** They found this to be particularly noticeable in their area of the country following the expansion
of the Fund's scope, which they said enabled more potential for impact, because HIV was not a major
concern there. In addition, in some areas, services specifically aimed at HIV prevention are now seen as
less necessary, as they are covered by other sexual health services.

Likewise, SHFs generally felt that the expansion of the Fund's remit was a positive move. They
noted that the change had led to some additional work for them, in that they needed to make more of an
effort to cascade information about the Fund with a wider network, rather than a smaller subset of
organisations dealing solely with HIV.

Project leads also generally reported positive views of the broadened scope of the Fund, reflecting a perception from some that HIV now falls under the sexual health umbrella. Some also mentioned that sexual health and reproductive health are as relevant as HIV prevention services to their beneficiaries.

"Having a tight focus on outcomes is very helpful, otherwise you can start to second-guess what funders are looking for; what other bidders are going to do [so the broadening isn't ideal]; but sexual health and reproductive health are as relevant to our audience as HIV."

– Project Lead (Cohort 2)

One project lead suggested that the broadening of the Fund's scope may present a case for stronger stipulation of matched funding, because of the greater number of potential funding organisations in this expanded remit. This could enable co-funders to increase the overall funding pot.

3.3   Reasons for applying to the Fund

Across the participant groups, there were a number of reasons given for why projects applied to the Fund. Key among them was the point that the Fund is unusual in its specific support of innovation.

"There are very few funding sources that allow you to be experimental."

– Project Lead (Cohort 6)

Participants across the interviews commented that there was not a lot of money available in the sector. For some organisations in the sector, the Fund is marked in their annual bidding calendar.

Another theme mentioned by project leads was that the Fund fit with the goals of an existing or desired project; or that it met an organisation's needs in relation to expanding an existing project.

"We thought it was a great opportunity to take it from pilot stage to fuller scale implementation."

– Project Lead (Cohort 5)

In some cases, projects heard about the Fund from (and were encouraged to apply by) their LAC, which lends weight to the importance of the LAC's role in promoting and disseminating information about the Fund.

While this view was not held universally, some project leads saw the Fund as being less 'cumbersome' than other funding streams, and this was an additional motivator for applying.

"It's not as cumbersome as other funding streams, less requirements for reporting."

– Project Lead (Cohort 6)

3.4   Applying to the Fund again in future

Some organisations that were funded in earlier cohorts applied to the Fund again and were successful – for example, the Prison Radio Association, BHA for Equality, Positive East and Terrence Higgins Trust all successfully applied to the Fund at least twice for different innovations.

A small minority from earlier cohorts were more hesitant about applying to the Fund again. Of the Cohorts 1-4 projects that we spoke to for this evaluation, around half reported having applied to the Fund again, and having been unsuccessful. Some were relaxed about this, saying that they understood they could not always be successful in funding bids, and that they would apply again because the Fund allows them to try something new; others said that they had not had any further projects that were suited to the Fund. A few were less positive:

> *"We put in a really powerful bid and didn't even get to interview and haven't even had any feedback."*
>
> – Project Lead (Cohort 4)

One SHF also gave an example of a bidder who said that applying for the Fund required "jumping through a lot of hoops for a small sum of money". This bidder said that, in comparison, other funding sources such as The National Lottery require much less work, for a much greater sum of money. Even though this bidder applied successfully to the Fund (on their third attempt), they would not apply for it again because other funding is easier to access, especially for a small organisation with few resources.

However, Cohort 5 and Cohort 6 project leads who took part in the evaluation said that they would apply to the Fund again if the opportunity arose.

> *"[The Fund allows us] to be experimental, try things out and apply that learning across what we do next."*
>
> – Project Lead (Cohort 6)

> *"[We would apply again]: it was straightforward, fair; the process was quick and didn't drag on; the goals of the Fund are aligned to our organisational goals."*
>
> – Project Lead (Cohort 5)

> *"The Fund allows you to think outside the box."*
>
> – Project Lead (Cohort 5)

3.5   Challenges and criticisms

Although views of the Fund were positive, there were suggestions for improvement which pertained to:

▪ Timeframes for bid submission;

▪ Evaluation guidance provided to projects;

▪ The length of the funding period;

▪ How learning and resources are shared within funded cohorts and with the sector more widely;

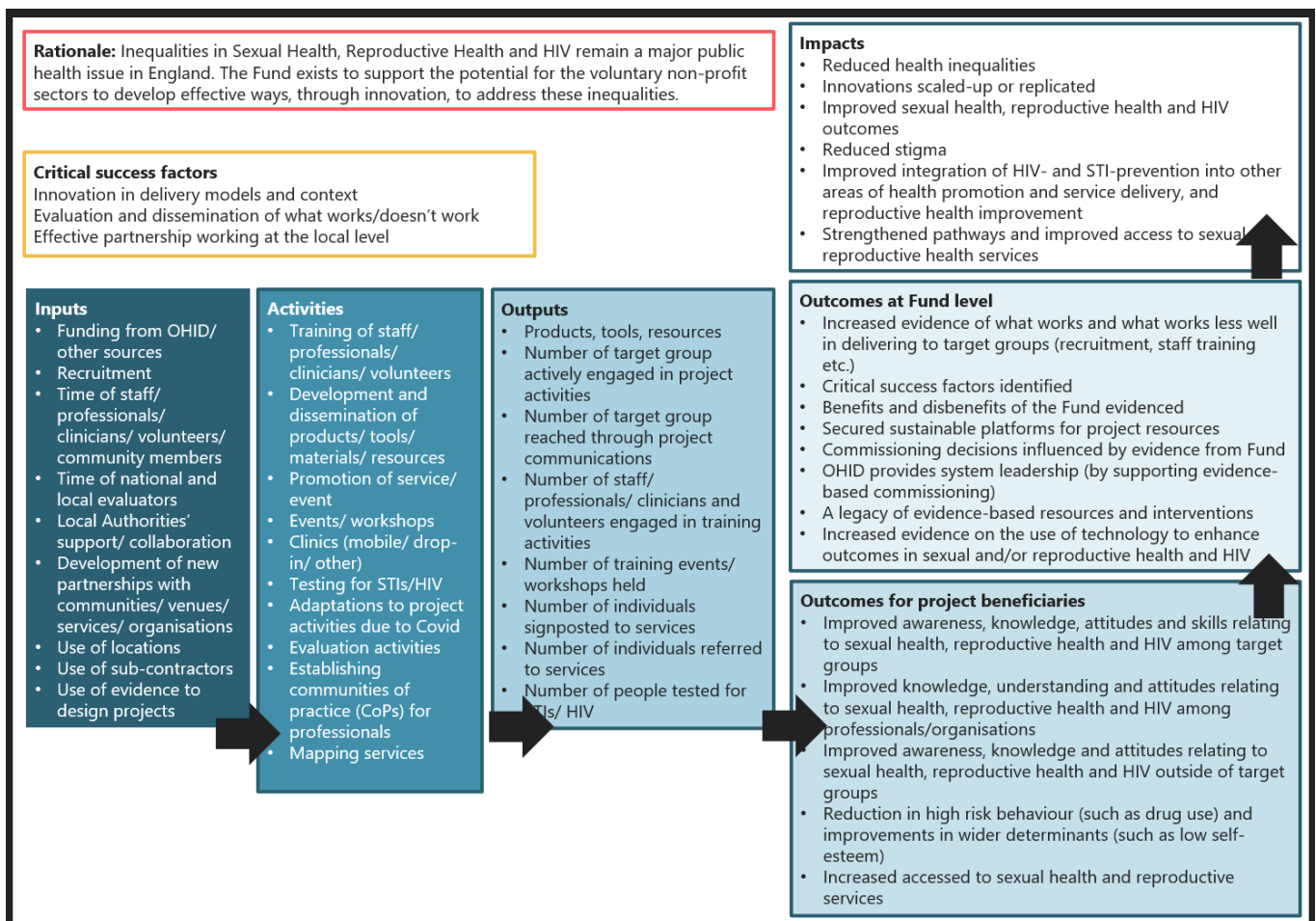These are discussed in more depth in subsequent chapters.

4 Impact of the Fund

This chapter considers the impact of the Fund at an overall level across Cohorts 1-6. It initially considers the outputs from the projects which can be quantified. It then goes on to qualitatively explore the ways in which the Fund has impacted on project beneficiaries, the funded organisations, local authority commissioners, and the sector more broadly.

4.1   Theory of Change

The Theory of Change diagram below is a representation of how the desired outcomes and impact of the Innovation Fund are designed to be achieved through the inputs, activities and outputs associated with them. The Theory of Change was co-designed with Cohorts 1 and 2 as part of previous evaluation activity, and has since been refined through interviews and discussion with OHID representatives. The purpose of the diagram is to create a common understanding of what success looks like for the Fund and, in doing so, it provides the framework against which it can be evaluated.

Figure 4.1: The Fund's Theory of Change (updated in late 2021)

Rationale: Inequalities in Sexual Health, Reproductive Health and HIV remain a major public health issue in England. The Fund exists to support the potential for the voluntary non-profit sectors to develop effective ways, through innovation, to address these inequalities.

Critical success factors
Innovation in delivery models and context
Evaluation and dissemination of what works/doesn't work
Effective partnership working at the local level

Impacts
- Reduced health inequalities
- Innovations scaled-up or replicated
- Improved sexual health, reproductive health and HIV outcomes
- Reduced stigma
- Improved integration of HIV- and STI-prevention into other areas of health promotion and service delivery, and reproductive health improvement
- Strengthened pathways and improved access to sexual reproductive health services

Inputs
- Funding from OHID/ other sources
- Recruitment
- Time of staff/ professionals/ clinicians/ volunteers/ community members
- Time of national and local evaluators
- Local Authorities' support/ collaboration
- Development of new partnerships with communities/ venues/ services/ organisations
- Use of locations
- Use of sub-contractors
- Use of evidence to design projects

Activities
- Training of staff/ professionals/ clinicians/ volunteers
- Development and dissemination of products/ tools/ materials/ resources
- Promotion of service/ event
- Events/ workshops
- Clinics (mobile/ drop-in/ other)
- Testing for STIs/HIV
- Adaptations to project activities due to Covid
- Evaluation activities
- Establishing communities of practice (CoPs) for professionals
- Mapping services

Outputs
- Products, tools, resources
- Number of target group actively engaged in project activities
- Number of target group reached through project communications
- Number of staff/ professionals/ clinicians and volunteers engaged in training activities
- Number of training events/ workshops held
- Number of individuals signposted to services
- Number of individuals referred to services
- Number of people tested for STIs/ HIV

Outcomes at Fund level
- Increased evidence of what works and what works less well in delivering to target groups (recruitment, staff training etc.)
- Critical success factors identified
- Benefits and disbenefits of the Fund evidenced
- Secured sustainable platforms for project resources
- Commissioning decisions influenced by evidence from Fund
- OHID provides system leadership (by supporting evidence-based commissioning)
- A legacy of evidence-based resources and interventions
- Increased evidence on the use of technology to enhance outcomes in sexual and/or reproductive health and HIV

Outcomes for project beneficiaries
- Improved awareness, knowledge, attitudes and skills relating to sexual health, reproductive health and HIV among target groups
- Improved knowledge, understanding and attitudes relating to sexual health, reproductive health and HIV among professionals/organisations
- Improved awareness, knowledge and attitudes relating to sexual health, reproductive health and HIV outside of target groups
- Reduction in high risk behaviour (such as drug use) and improvements in wider determinants (such as low self-esteem)
- Increased accessed to sexual health and reproductive services

4.2   Evidencing impact

There are some limitations to the evaluation evidence projects were able to secure and thus what can be concluded about the Fund's impact. Namely:

▪ Low response rates, small target groups, the sensitivity of the subject matter, concerns about anonymity and language barriers made it challenging for some projects to survey their beneficiaries, meaning outcomes data was lacking in some cases or based on small sample sizes.

▪ The nature of some projects (for example those that provided short-term, one-off support to beneficiaries, or where engagement was 'faceless' through a podcast or website) meant there were limited opportunities for evaluation activities. Linked to this, projects often did not have mechanisms in place to track the behaviour of beneficiaries and capture the longer-term impacts of their work.

▪ Projects had to trade their budget between project implementation and evaluation meaning evaluation budgets were often limited.

▪ The development of certain interventions took longer than expected, or were delayed by COVID-19, limiting the amount of evaluation evidence that could be collected.

▪ The diversity of projects makes standardised approaches to evaluation difficult and thus the collective impact of projects together is harder to assess.

These issues are mentioned, not as criticisms of the evaluation activities undertaken by projects, but to provide a contextual understanding that the full impact of the Fund will not be recognised through the data collected. Instead, projects' evaluations provide indicative evidence of impact, which is triangulated through the series of qualitative interviews conducted as part of this overarching evaluation.

4.3 Quantification of Fund activity/outputs

This section considers the collective reach of the funded cohorts thus far in terms of the outputs they achieved. The outputs are all quantitative metrics, based on the Theory of Change.

Over Cohorts 1-6, the Innovation Fund has had significant reach, most notably through social media activities. The figures below should be taken as indicative only as there are a number of limitations to them: not all projects were able to collect adequate data on their project outputs; the figures do not represent unique engagement given some individuals and organisations could have engaged across multiple projects; and the data exclude two of the Cohort 6 projects that did not have evaluation reports at the time of writing. Most significantly though, these data do not reflect ongoing engagement with the projects and their outputs beyond the point at which their evaluation reports were written.

In recognition of these limitations, the scale of the Fund's impact is likely to be far greater than the numbers shown below:

▪ **Over 21,700 individuals have been engaged face-to-face,** for example through training sessions, workshops and performances. In the order of 12 million individuals have been engaged digitally by the projects (this includes engagement via social media, video views and podcast listens). The most significant contributor to this figure is CW+ and 56 Dean Street's, 'Grass is Always Grindr' YouTube series (Cohort 4) which, at the time of their evaluation report, had achieved 10 million views.

▪ **Over 27,300 individuals have been referred on to a health service**. A large proportion of these (17,000+) were click-throughs to sexual health service websites from the 'Grass is Always Grindr'

YouTube series. And 8,000+ individuals were forwarded to home HIV testing services, mental health support groups or online peer services via LGBT HERO's Me. Him. Us campaign (Cohort 5).

▪ **Over 6,300 HIV tests were conducted or ordered** by the 15 projects which provided testing. No projects in Cohorts 5 or 6 involved HIV testing.

▪ **Over 770 events were held** by the 33 projects for which this was a core output.

▪ **Over 500 organisations were involved** in some way with the projects: this includes delivery partners, Local Authorities, businesses, providers, evaluators and other organisations.

▪ **Over 300 forms of information materials were developed** (such as videos, podcast episodes, pamphlets, posters, online tools, webinars).

▪ **Over 55 publications or conference presentations** were reported.

4.4 Impact on project beneficiaries

As documented in the Fund's Theory of Change, there are a number of intended outcomes and impacts for individuals and professionals that engage with the funded projects. All of these intended outcomes and impacts for project beneficiaries have been evidenced by various projects across the cohorts, as discussed below.

It is not possible to state the number of projects which have achieved each of these aims as results have not been uniformly reported by projects, and projects' evaluation evidence was, at times, too limited to draw definitive conclusions. Instead, examples where projects were able to demonstrate the achieved outcome/impact are provided.

"Improved awareness, knowledge, attitudes and skills relating to sexual health, reproductive health and HIV among target groups"

A predominant focus across the funded cohorts has been on improving awareness and knowledge relating to sexual health, reproductive health and HIV among target groups. Not only has this been a key focus for projects, it has also been comparatively easier for projects to evidence through their evaluation activities (such as administering 'pre' and 'post' questionnaires with project beneficiaries).

A number of projects were able to evidence improved awareness and knowledge of HIV by project beneficiaries. For example:

▪ For Talk and Test (point of care testing in the community for MSM and Black Africans, Cohort 1), a very high proportion of service attendees said they felt 'more informed about HIV and testing as a result of using the service' (92% of 360 LGBT service attendees, and 100% of 151 BHA service attendees).

▪ Self-rated knowledge about HIV being 'good' or 'very good' went from 57% (of 64) to 78% (of 60) after the LOL@Stigma event (KwaAfrica's comedy event for Black African communities, Cohort 2), and 79% (of 43) agreed with, 'I learned a great deal from this event'.

▪ Of the prisoners that heard the Prison Radio Association's radio drama, *Echoes*, (Cohort 4), 73% (of 158) said their knowledge about HIV had increased as a result.

▪ In surveys of viewers of Talking Together's live performances of spoken word and films (Cohort 4), 93% (of 87) said their knowledge of U=U increased and 89% stated the pieces increased knowledge of mixed HIV status relationships.

Improving knowledge of PrEP was a particular focus for a number of projects and shifts were evidenced in many cases:

▪ After watching Positive East's Prepping for PrEP video, 'Mama Says' (Cohort 3), 48% (of 65) said that they were unaware of PrEP before watching, compared with almost all (97%) saying that they were aware of PrEP after watching the video.

▪ For Africa Advocacy's PrEP & Prejudice project (training PrEP community champions, Cohort 4), 95% (of 235) knew what PrEP stood for (compared with 32% before the training), and 97% knew where to access PrEP (compared with 30% before the training).

▪ Following BHA Leeds Skyline's PrEPared project (peer champions in African communities, Cohort 4), 96% of 127 members of African communities engaged by community champions stated they would recommend PrEP to be taken if they knew someone who was at risk of contracting HIV.

Likewise, where projects intended to improve knowledge and understanding of sexual health and reproductive health issues (Cohorts 5 and 6 only), evidence was secured to suggest they had achieved this:

▪ On average, 125 people per month continue to use Positive East's sexual health chat bot (Cohort 5) to seek answers to questions they have about sexual health and HIV related issues.

▪ At the time of writing their evaluation report, LGBT HERO had seen over 230,000 visits to their Me. Him. Us website www.mehimus.org.uk (a campaign to link mental and sexual health together, Cohort 5).

▪ Participants of Trade Sexual Health's kitty parties (as part of their Bhensexplaining project, designed to increase knowledge and promote self-esteem among South Asian women, Cohort 6) reported having better knowledge around sexual health as a result of attending (83% compared to 33% pre-intervention).

A number of projects (particularly those in earlier cohorts) intended to reduce stigma by shifting understanding and attitudes towards HIV among project beneficiaries. This impact was less commonly captured as part of project evaluations given the challenge of measuring perceived stigma, though some evidence was found in support of this aim:

▪ Testing Faith (engagement and training of faith leaders led by NAZ, Cohort 1) identified improvements in the self-reported attitudes towards HIV held by faith leaders. Positive shifts were observed for the 38 faith leaders who completed a pre- and post-training survey on metrics such as, 'if a member of my family was living with HIV, I would want it to be a secret'. Attendees talked about the events being 'enlightening' and powerful'.

▪ The play, 'I am because we are' (BHA for Equality, Cohort 3) was written based on real life testimonies of people living with HIV. Reponses to the post-performance survey suggested that the play had been effective in dispelling a number of myths surrounding HIV – for example that you can only get HIV if you are gay.

▪ Qualitative evidence suggests that the Catwalk for Power project (catwalks and workshops for women living with HIV led by Positively UK, Cohort 4) was successful in helping women deal with their own self-stigma around HIV, as well as the stigma of their family members and friends.

"Improved knowledge, understanding and attitudes relating to sexual health, reproductive health and HIV among professionals/organisations"

Some of the funded projects had local professionals as their intended audience rather than members of the general public. Linked to this, a key intended outcome/impact in the Fund's Theory of Change was to see improved knowledge, understanding and attitudes relating to sexual health, reproductive health and HIV among professionals and organisations. There are a number of examples where this has been evidenced by projects:

▪ Verbal feedback from the organisations engaged as part of Thames Valley Positive Support's project (preventing HIV in women affected by female genital mutilation, Cohort 4) suggests that the training sessions were effective in improving knowledge about HIV among support staff and community volunteers.

▪ Long Time No Syphilis (training for frontline workers led by The Love Tank CIC, Cohort 5) saw an increase in awareness of syphilis among the trained professionals. At least four participants cited examples of identifying syphilis cases after the training because of what they had learned, and in one case, the training helped a participant identify a syphilis outbreak in a sex worker community.

▪ As part of Terrence Higgins Trust's project to upskill pharmacists in their delivery of PrEP and sexual health advice (Cohort 6), all pharmacists who completed the training reported increased capabilities.

In support of professionals' increased knowledge and capabilities, a number of the projects developed new resources or repositories for frontline workers which continue to be used. For example, the Institute of Health Visiting produced a suite of resources to be used by health visitors when discussing sexual and reproductive health with expectant and new parents (Cohort 5). Likewise, Research in Practice's Building Trauma project (Cohort 6) developed an open access resource repository to assist practitioners when discussing sexual and reproductive health with birth parents who have had children removed from their care.

Some projects have contributed to the knowledge and capabilities of professionals by improving signposting and knowledge about local services. For example, MASH (in engaging with online sex workers, Cohort 5) built a directory of providers and services (for issues such as immigration and benefits) who were considered sex worker friendly. As part of their project, Outside the Box (Cohort 5), the National Children's Bureau facilitated the exchange of knowledge about local referral services through its peer network of practitioners working with vulnerable young people.

"Improved awareness, knowledge and attitudes relating to sexual health, reproductive health and HIV outside of target groups"

The Fund's Theory of Change recognises that they may be beneficiaries outside of the target groups who benefit from improved awareness, knowledge and attitudes relating to sexual health, reproductive health and HIV. The evidence in support of this intended outcome/impact is not strong as it was often a by-product of the interventions being piloted. However, qualitatively some projects did mention that their

work improved knowledge and understanding among non-target groups such as production companies involved in the development of a podcast or film.

"Reduction in high-risk behaviour (such as drug use) and improvements in wider determinants (such as low self-esteem)"

Many of the projects wanted to see sustained changes in behaviour as a result of their work with, for example, project beneficiaries practising safer sexual behaviours. This intended outcome/impact was harder for projects to evidence (compared to shifts in knowledge and understanding) as many projects did not have ongoing contact with project beneficiaries, and the timeframes for behaviour change often extended beyond the timeframes of the project. That said, some projects were able to evidence behaviour change (or intention to change), for example:

- Testing Faith (engagement and training of faith leaders led by NAZ, Cohort 1) observed changes in the behaviour of faith leaders who went on to organise 21 HIV awareness raising and testing sessions with their own congregations off the back of the training and support they had received.

- HIV Testing in the Workplace run by Well for Living partnership (workplace health events including HIV testing, Cohort 1) asked event attendees if they would go on to make changes to their health or health behaviours as a result of the workplace event – 67% (of 676) claimed they would.

- Of the people who received cliniQ's booklets (part of Trans:Mission – HIV testing and support in sex-on premises venues, Cohort 2), 98% (of 28) anticipated an improvement in negotiating the type of sex they wanted to have.

- Real CHEMistry (a workshop programme run by London Friend for men overcoming chemsex issues, Cohort 5) led to 73% (of 177) stopping using drugs completely or reducing their drug use to a level they were happy with.

A handful of projects were able to demonstrate that their intervention had been a strong contributing factor in people now taking PrEP. For example, METRO's e-PrEP programme of online and community engagement (Cohort 4) referred 12 people to the IMPACT trial – four of who were known to be taking PrEP at the time of their project evaluation. For Positive East's Prepping for PrEP project (Cohort 3), 13 people started taking PrEP once they had been engaged by the community outreach element of the project. Likewise, seven percent (of 232) men surveyed as part of LGBT HERO's Me. Him. Us. project (a campaign to link mental and sexual health together, Cohort 5) said they began using PrEP after seeing the project's video.

A number of projects recognised the importance of project beneficiaries' broader health and wellbeing and how this could be linked to their sexual and reproductive health. Addressing the wider determinants of health and wellbeing was therefore a focus for some, with evidence collected to suggest they were impactful in this regard:

- The Mindfulness-Based Chemsex Recovery project (a series of mindfulness-based training sessions run by Spectra, Cohort 4) gathered some evidence through pre-and-post surveys that participants developed a less judgemental attitude to unwanted thoughts, a greater ability to describe what was happening in their bodies and a less reactive relationship to difficult situations.

- METRO's Guys into Guys project (a 'virtual youth centre' via an online chatroom, Cohort 4) aimed to empower and improve confidence among the young men involved, not just increase their

knowledge of HIV, and were reportedly successful in providing an environment where participants could share their thoughts and feelings openly.

▪ LGBT HERO's mental health video as part of their Me. Him. Us. series (Cohort 5) led 72% (of 232) of the men who viewed it to say thinking about the link between mental health and sexual health was not something they thought about before, and 52% said they would consider using counselling services in the future.

▪ As a result of accessing London Friend's Sunday Session workshops (Real CHEMistry, Cohort 5), 90% (of 177) said their mental health and wellbeing had improved, and 90% (of 177) felt better able to manage their own mental and wellbeing.

Other projects (typically those in earlier Cohorts) found that they needed to provide more holistic support to beneficiaries than they had expected. For example, LGBT Foundation/BHA for Equality evolved their service delivery model for their Talk and Test project (point of care testing in the community, Cohort 1) to discuss health and wellbeing more broadly with users, recognising the benefits of exploring more deeply individuals' issues, needs and motivations for taking an HIV test. Similarly, Addaction's team working on the Chemsex Open Access Support Team (Cohort 2) found a range of complex and serious problems that they had not anticipated, far beyond participation in chemsex, to do with internalised homophobia, self-hatred, social isolation, and low self-esteem. The advice and intervention needed was therefore varied, highlighting the importance of holistic support, rather than support just focussed on drugs and participation in chemsex.

"Increased access to sexual health and reproductive services"

The final intended outcome/impact for project beneficiaries as listed in the Fund's Theory of Change is for there to be increased access to sexual health and reproductive services.

For the early cohorts, increasing HIV testing was a particular focus and, in the main, they were successful at achieving this, including testing individuals who had never previously been tested.

▪ The Digital Vending Machine (piloted by The Martin Fisher Foundation in Cohort 2) 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%) of users had not tested in the previous 12 months.

▪ OutREACH Cumbria introduced HIV testing across pharmacies in Cumbria (Cohort 2) and demonstrated it to be 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.

▪ Welcome Hear (HIV information and awareness sessions and testing for refugees and asylum seekers run by Yorkshire MESMAC, Cohort 2) 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.

- Terrance Higgins Trust ran a Self-Testing Pilot (Cohort 3) which provided evidence of the efficacy of click-and-collect as a means of distributing tests, particularly among Black African men who were the highest users of the service.

There are other examples of projects leading beneficiaries to access sexual and reproductive health services including:

- Long Time No Syphilis (The Love Tank CIC, Cohort 5) saw an increase in sexual health testing kits ordered online.

- The Me. Him. Us. hub (led by LGBT HERO, Cohort 5) forwarded over 2,000 people to home HIV testing services, nearly 800 people to mental health support groups and 5,200 people to online peer support services provided by LGBT HERO's other service, OutLife.

4.5 Impact on funded organisations

No specific outcomes or impacts were listed for the funded organisations themselves as part of the Fund's Theory of Change. However, funded organisations have been positively impacted in a number of ways as outlined below.

- **Strengthening of partnerships:** A key impact for funded organisations was the development of new partnerships or strengthening of existing ones as a result of the Fund. In some cases, partnerships were built by working together to deliver the project, other partnerships were established through project steering or advisory groups, whilst for others, partnerships were established or strengthened following the completion of the project. Interview feedback suggests that these partnerships have endured. For example, Positive East still works with all the organisations on their working group (for their sexual health chat bot, Cohort 5) and are currently working with the University of Westminster on a research project which developed off the back of their Innovation Fund project. The Institute of Health Visiting, as a result of their project to upskill health visitors in giving sexual and reproductive health advice (Cohort 5), developed a relationship with the charity Tommy's which has since asked them to write and review various resources for expectant and new parents.

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

  – Chemsex Open Access Support Team (Addaction, Cohort 2)

- **Increased profile and credibility:** Many of the funded organisations felt the Fund had led to their organisation and work being better known. Linked to this, participation in the Fund was seen to improve the perceived credibility of funded organisations, both by virtue of having secured the funding but also being given the opportunity to showcase their capabilities.

  "The Fund has definitely helped to raise the profiles of organisations that have received funding - including some organisations that would otherwise have been unheard of."

  – Sector lead

  "It has raised the profile of us doing good credible work. It has improved our organisation's credibility which wouldn't have happened if we hadn't have done the work."

> – Promoting the sexual and reproductive health of expectant and new parents (Institute of Health Visiting, Cohort 5)

▪ **Increased aspirations and confidence:** For some of the funded organisations, the projects had exceeded their expectations of what they were able to achieve. For example, in terms of the quality of their outputs (Community Conversations – a feature length film made by NAZ, Cohort 2), or the scale of engagement with their project (the Grass is Always Grindr, a YouTube series lead by CW+ and 56 Dean Street in Cohort 4). This (in combination with improved skillsets) has led to an increased sense of confidence about their ability to undertake similar or related work. For example, staff involved in the Grass is Always Grindr project talked about how the project had 'propelled the organisation on to other projects with confidence'. Sex Talk allowed the Prison Radio Association (Cohort 3) to grow in confidence when hosting podcasts (and they have since produced more podcasts).

▪ **Development of new skills:** In piloting their projects, some organisations undertook activities for the first time – for example, The Martin Fisher Foundation's anti-stigma campaign (Cohort 3) required social media expertise that the project lead acquired through delivery of the project. Others further developed skills to consolidate them – such as the Institute of Health Visiting who increased their capabilities in coproduction as a result of their participation in the Fund (Cohort 5).

> *"I think a lot of the learnings that we got from this is going to help us in the future when we model programmes similar to this."*
>
> – e-PrEP, (METRO, Cohort 4)

▪ **Improved knowledge about HIV and sexual and reproductive health issues:** This impact was particularly felt by organisations that do not traditionally work in the HIV, sexual health and reproductive health space. So, for example, Age UK and the Prison Radio Association reported having learnt a lot about HIV from their participation in the Fund.

> *"I think it's given our entire team a better understanding of the issues that exist around HIV, the experience of living with HIV, the experience of living in prison with HIV."*
>
> – Echoes (Prison Radio Association, Cohort 4)

▪ **Experience working with new audiences:** The Fund has allowed some organisations to work with audiences new to them. For example, MASH engaged with online sex workers as part of the Fund (Cohort 5), whereas historically they have only engaged with street-based sex workers. Trade Sexual Health worked with South Asian women for the first time as part of their Bhensexplaining project (Cohort 6).

▪ **Improved understanding of their target audience:** For other organisations, they were working with familiar audiences, but the Fund allowed them to better understand the motivations and needs of these audiences. For example, a core aim of Changing Lives' MAP (Tyne & Wear) project (Cohort 3) was to secure a better understanding of the needs of men selling sex. This project demonstrated to Changing Lives the need to tailor their support services for sex workers by gender. A key component of Positive East's Prepping for PrEP project (Cohort 3) was understanding the motivators and barriers around PrEP within Black African communities – the project team now has this knowledge and experience of engaging with Black Africans around the topic of PrEP.

▪ **Informed organisational strategies:** As raised in chapter 2, whilst this impact was less common, a handful of funded organisations mentioned how their project had contributed to decisions about their organisational strategy. For MASH, the project continues to feed into internal decision making about their future strategy and whether (and how) to engage with online sex workers. The project findings also contributed to changes to their website to ensure it better resonated with target users. Terrence Higgins Trust acknowledged that their funded project (Friday/Monday, online group work sessions and online counselling for MSM and those who engage in chemsex, Cohort 2) influenced the subsequent development of their own online counselling service.

> *"We now have much improved internal knowledge, we have trialled various ways of reaching women online, and have built up some research about their needs. This has put us in a much better position to consider our strategy over the next five years and whether/how we will engage with the online sex work community."*
>
> – Casting the Net (MASH, Cohort 5)

> *"The work we did through the Innovation Fund, and the kickstart of our digital offer, has absolutely enabled us to win more contracts - so it has supported business growth here, there's no question about that. It's supported our growth and our move into delivering new services and new ways of delivering services."*
>
> – Sector lead

4.6 Impact on commissioners

The Fund is most impactful on project beneficiaries and the funded organisations. Any impact on commissioners is further along the causal chain, such that we might expect the impact to be felt less at the commissioner level compared to the impact felt by direct recipients of projects or funds. The qualitative evidence collected through the evaluation supports this theory overall, though there are good examples of how commissioners have been impacted by the Fund.

"Commissioning decisions influenced by evidence from Fund"

The key intended outcome/impact for commissioners as set out in the Fund's Theory of Change is that "commissioning decisions are influenced by evidence from the Fund". Whilst it is certainly not the case that all, or the majority, of funded projects have impacted on commissioning decisions, there are a handful of examples where Local Authorities or other funders have taken action as a result of the projects' work:

▪ As referenced in Chapter 2, LGBT Foundation (who worked with BHA for Equality in Cohort 1 to pilot point of care testing in the community) demonstrated that it was feasible and safe to carry out testing in this way. The project has since contributed to them securing further funding from the local authority to undertake additional testing work.

▪ Also referenced in Chapter 2, Yorkshire MESMAC continue to run HIV testing for refugees and migrants four years after being funded in Cohort 2. Whilst their Local Authority do not provide direct funding for this service, the commissioners have facilitated the continuation of the work and incorporated it with other work Yorkshire MESMAC are commissioned to do.

▪ OutREACH Cumbria (through their Cohort 2 project to pilot HIV testing across pharmacies in Cumbria) demonstrated to their Local Authority that pharmacies have an important role to play in their HIV prevention approach. At the time of writing their evaluation, the local commissioner had discussed the importance of this project in demonstrating the need for a whole system and integrated approach to commissioning HIV services.

▪ HIV Prevention for Deaf People (run by SignHealth in Cohort 2) demonstrated the need to provide accessible information on HIV for Deaf people and, as a result, the BSL videos that SignHealth developed were hosted on Wandsworth Council's website.

▪ London Friend (who ran Real CHEMistry in Cohort 5) have secured funding from four London boroughs to run substance abuse workshops (built off the back of their Sunday session workshops and workshop manuals).

Other impacts on commissioners

Whilst commissioners have not always been able to take direct action as a result of funded projects' work, the innovation undertaken by organisations has provided learning for commissioners. The funded projects have provided insight into the behaviour and needs of particular populations, and proven successfully ways in which to engage certain audiences.

Some examples of insight generated by projects into the behaviour and needs of particular populations are provided below:

▪ Through their HIV Testing in the Workplace project (Cohort 1), the Well for Living Partnership showed that HIV testing in the workplace is considered acceptable by employees – given over half of the event attendees took an optional HIV test. The project showed that offering HIV tests alongside other health checks is a way to normalise it and encourage uptake.

▪ In the Community (OutREACH Cumbria, Cohort 2) demonstrated that pharmacies provide a viable option for getting people HIV tested. Almost half of the people who tested had never tested before demonstrating that this service reached 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 benefits – particularly important in a rural setting.

▪ Prepping for PrEP (led by Positive East, Cohort 3) generated useful insights into the awareness, acceptability and barriers to accessing PrEP among the Black African Community.

▪ The PROMOTE project (Cohort 3) gathered insight for the Bristol Drugs Project and other local services around the scale of male sex work in Bristol, what the needs of this group are and where the awareness and information gaps are.

▪ The Love Tank CIC in their project, Long Time No Syphilis (Cohort 5) unearthed unexpected levels of misunderstanding among urban gay men around syphilis – highlighting the need for raising awareness of syphilis and its symptoms among this group.

▪ Welcome Hear (run by Yorkshire MESMAC, Cohort 2) were able to provide their local commissioners with insight into the needs of immigrants and asylum seekers with respect to their sexual health and HIV.

"These people [immigrants and asylum seekers], they have always been housed within their area for many years but nobody knew about their needs. The project became a good learning tool for our commissioners."

- Welcome Hear (Yorkshire MESMAC, Cohort 2)

The projects have used their funding to try something new and reach their target audiences in a different way. For example, this could be through live performances (Catwalk for Power, Talking Together), drama (The Grass Is Always Grindr, Echoes), or communicating online (e-PrEP programme, Guys into Guys). Examples are provided below of learnings, relevant to commissioners, that projects have secured about how best to engage certain audiences:

- Trans:Mission (led by cliniQ, Cohort 2) showed that testing in sex-on-premises venues was well received by the trans community, 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.

- Thames Valley Positive Support, in working with women affected by female genital mutilation (Cohort 4), demonstrated the need to avoid blanket communications campaigns but rather tailor content specifically to this audience, and work with community members to spread information.

- METRO's HIV information campaign for Latin American populations (Cohort 6) showed the importance of community-based approaches – 'held by, produced by, and for the community' in engaging those not ordinarily engaged in HIV and sexual health work.

- London Friend (Real CHEMistry, Cohort 5) demonstrated the effectiveness of community and peer support in addressing some of the issues (such as loneliness and low self-esteem) which can be associated with substance misuse.

"The project demonstrated a real need for supportive spaces, community and peer support… This is something which is outside the traditional thoughts on commissioning sexual health and commissioning substance misuse, the focus there is on clinical interventions and drugs treatment."

– Real CHEMistry (London Friend, Cohort 5)

Some of the LACs interviewed acknowledged that the funded projects could help them to 'think differently'. It can assist them to consider more innovative approaches to the sexual health and reproductive health services they commission. Some mentioned that reviewing application forms, irrespective of whether the bids were successful or not, gave them 'food for thought' as to where gaps in service provision may be.

"It is useful for us as local commissioners – it helps us make decisions in more innovative ways, for example when recommissioning our sexual health service. Knowing about what Innovation Fund projects had been delivered helped us with market warming events, and it will help with our young people services retender in the future."

– Local Authority commissioner

In a handful of cases, project leads described a positive impact on commissioners being the provision of services that they could no longer commission. For example, LACs commented that the project was filling a gap in training needs, or the provision of online counselling services.

Whilst there are clearly impacts on LACs because of the Fund, two limiting factors exist. Firstly, not all projects have a local focus which limits the significance of their relationships with local commissioners. And secondly, the impact on commissioners can be lessened if insights are not relayed back to them by the funded organisations. As described in chapter, it was a common finding that Local Authority commissioners were not well informed about the projects in their area though they would have liked to hear more about the work being piloted and their lessons learnt as a result.

"The Innovation Fund is great at finding decent projects but then you don't hear much about them. That's the point of the projects, to pilot innovation to inform changes. The comms is missing."

– Local Authority commissioner

4.7   Impact on the sector

The Theory of Change denotes a number of intended outcomes at the Fund level and overarching impacts which it is hoped the Fund contributes to. The section below gives consideration to the evidence available in support of these outcomes and impacts being achieved.

"A legacy of evidence-based resources and interventions"

The funded projects leave a lasting legacy of resources that can be used by other professionals or organisations. Many of these resources have been made publicly available and shared on funded organisations' websites. For example, the Institute of Health Visiting have made public a suite of resources for health visitors to support them in providing sexual and reproductive health advice (Cohort 5), including a recorded training webinar, leaflets to provide parents with, and a link to e-learning modules. Through London Friend's website, professionals and organisations working to support chemsex recovery can access a manual and workshop write-ups for elements of their Real CHEMistry project (Cohort 5) to be replicated. There are many other such examples.

As this report shows, there is a legacy of evidence-based interventions as a result of the Innovation Fund. The impact of such a legacy on the sector as a whole is dependent on the extent to which project learnings have been shared, which – as is described in more detail later in this chapter – has not been done to its fullest potential.

"Innovations are scaled-up or replicated"

Chapter 2 examines the extent to which projects have been scaled-up or replicated; there are examples of both. Through the Fund, SXT Health CIC created an interactive, digital contact slip for partner notification of HIV and STIs. This tool has subsequently been scaled-up and developed further, with additional funding from Comic Relief, meaning notified partners can now use the tool to book into local sexual health services.

The Love Tank CIC have discussed their project, Long Time No Syphilis (training for frontline workers, Cohort 5), extensively in meetings with the UNA and WHO, and it is being used as a model of international best practice in how to undertake community work relating to syphilis. The work is now being used in both California and Moscow (with the artwork being adapted internationally).

"Reduced health inequalities"

It is not possible to evidence a reduction of health inequalities as a result of the Innovation Fund. However, nearly all of the funded projects have targeted their efforts at groups which are disproportionally affected by poor sexual health – such as MSM, young people, those impacted by deprivation and poverty, and Black communities. Across the cohorts, there have been projects designed to overcome barriers to service access, and reduce the stigma/discrimination faced, among the Latin American community, adults with learning disabilities, and gypsy and traveller women as examples of the targeted groups the projects have sought to benefit.

By supporting more marginalised communities, it can be theorised that the Innovation Fund is at least contributing to an improvement in the sexual and reproductive health of these groups, and thus a reduction in health inequalities.

> *"The funding allows people to be more experimental and reach underserved groups, and there is currently little evidence of models and ways of working with these groups, so the evidence that comes from the innovation projects is important to share – especially what model/approach is best to use."*
>
> – PrEPared (BHA Leeds Skyline, Cohort 4)

Other intended outcomes and impacts at the sector level

Some intended outcomes and impacts at the sector level, as articulated in the Theory of Change, are addressed by this overarching evaluation of the Fund:

- **"Critical success factors identified":** Whilst each project has a unique experience, there are commonalities in what has helped projects succeed in their efforts such as the involvement of community members in design and delivery, and the oversight of a cross-organisational steering group. These are discussed in Chapter 5.

- **"Benefits and disbenefits of the Fund evidenced":** As shown through this chapter, there are a number of benefits of the Fund for a wide range of actors.

- **"Secured sustainable platforms for project resources":** In recognition of the importance of project resources being shared, a key outcome of the Fund is a sustainable platform where these resources are readily available to all. Part of the overarching evaluation has been to amass the resources developed across the cohorts and make this available on a Sharepoint site.

There are some intended outcomes and impact for the sector which have been evidenced by certain projects though, qualitatively, were not top of mind as examples of how the Fund had impacted on the sector. For each of the outcomes/impacts below, please see earlier discussion in this chapter for project-specific examples of how these have been achieved:

- "Improved sexual health, reproductive health and HIV outcomes"

- "Reduced stigma"

- "Improved integration of HIV- and STI-prevention into other areas of health promotion and service delivery, and reproductive health improvement"

- "Strengthened pathways and improved access to sexual and reproductive health services"

Some intended outcomes/impacts have been achieved at the project level such that the desired evidence has been secured, but this evidence has not been shared widely to have an impact at the sector level:

- "Increased evidence of what works and what works less well in delivering to target groups (recruitment, staff training etc.)"

- "Increased evidence on the use of technology to enhance outcomes in sexual and/or reproductive health and HIV"

Those interviewed as part of the overarching evaluation were asked to comment on the impact of the Fund as a whole, and the benefits it has for the sector. The Theory of Change states that the Fund should lead to, "OHID providing system leadership (by supporting evidence-based commissioning)". This was not articulated as a top-of-mind response in the evaluation interviews conducted. This is not to say this outcome has not been achieved, but rather that there is not evidence in support of it.

Those interviewed as part of the overarching evaluation named a number of ways in which the Fund had impacted on the sector which were not articulated in the Theory of Change. These were as follows:

- **It allows for innovation to be tested:** Funding through Local Authorities is limited, and other funding streams are often only available for concepts that are already proven. The Innovation Fund therefore is considered hugely valuable to the sector as a space in which new ideas can be tested out. This is discussed further in Chapter 3.

  "To have that opportunity to test those [ideas/projects] out is really important to us and is something we are struggling to do more and more each day as we have less resource to test those innovations out."

  – Local Authority commissioner

- **It is contributing to the 2030 HIV target:** It was recognised by some of those interviewed, that innovation was essential to achieving zero new HIV infections, AIDS and HIV related deaths in England by 2030. The Fund is therefore seen as being an important means through which to reach underserved and more marginalised communities, and to do so in multiple ways; it was felt that innovation is required to drive forward change.

  "If the Fund didn't exist, it would make it harder to achieve the 2030 target. We are not going to meet that if we are not doing things creatively, with different ways of thinking." (Sector lead)

- **The new partnerships formed benefit the sector as a whole:** The formation of new partnerships has already been referenced as a benefit to the funded organisations, but it also has a positive impact at the sector-level through the elevation of collaborative work.

  "We look at the projects/organisations that receive funding, and we have sought partnerships with some of those organisations for collaboration on projects, grant funding opportunities, and commissioning opportunities."

  – Sector lead

4.8   Limitations of the Fund's impact

Whilst the funded organisations, and the Fund as a whole, have generated positive impact in many different ways, a lack of sharing of both learning and resources was consistently mentioned in the evaluation interviews as a limiting factor on the Fund's impact. There was a desire to collectively learn from the innovations being trialled, to know what works, what does not work, what could be utilised elsewhere. Some projects had made significant efforts to disseminate their learnings through academic publication and conference presentations (including BASHH, PSNC and HPE among others), but there remains a strong desire for OHID to facilitate the mechanisms required for sector learning. It was felt this was a crucial aspect of leveraging the impact of the Fund.

"The impact of the Fund is linked to how well the learnings are shared."

– Sector lead

"The biggest flaw of the Fund is the lack of transfer of learning. There is no mechanism to share more widely."

– Sexual Health Facilitator

There are other limitations of the Fund's impact which have been discussed elsewhere in this report and are briefly mentioned below:

- **Project timescales:** A funding period of a year led many interviewed to conclude that the impact of the project was lessened as a result.

- **Evaluation evidence:** The evaluation evidence gathered by projects was not always strong enough to convincingly demonstrate achieved impact.

- **Diversity of projects:** Whilst there are huge benefits to funding a diverse array of projects working with different target audiences, this does dilute the achieved impact that can be evidenced which would arguably be stronger if the Fund were to focus on a smaller number of target audiences or subject matters.

5 Lessons learnt on implementation

In this chapter, consideration is given to the lessons which can be taken from Cohorts 1-6's experiences of the Fund, looking at challenges and enablers to successful project implementation. 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 and enablers to be incurred by future projects. The chapter then goes on to examine the involvement of Local Authority commissioners (LACs) and Sexual Health Facilitators (SHFs) in the application and delivery of projects, before giving consideration to various aspects of the Fund's design and delivery.

5.1 Enablers and barriers to project implementation

The impact of COVID-19

The COVID-19 global pandemic had a substantial impact on projects from Cohorts 5 and 6. Projects that were successful in achieving their aims were the most flexible and adaptable in the face of the pandemic.

Many projects required in-person meetings or meetings at places that were unable to open due to the public health laws (such as production studios), but these projects were able to complete their projects through at-home working and virtual assistance. For example, Tell Me About It: HIV Conversations in the Community (NAM, Cohort 5) recorded six podcast interviews from home rather than in a recording studio which had been the original intention. Contraception Choices for Black Communities (Faculty of Sexual and Reproductive Healthcare, Cohort 6) mentioned videos filmed from home not being aligned with what they had hoped for due to poor lighting and other production issues, although they were still able to deliver their intended outputs.

Some projects were unable to conduct face-to-face outreach due to COVID-19. For example, PEasy (The Love Tank CIC, Cohort 6) was unable to approach their target audience as had originally been intended in social venues such as bars and restaurants. They aimed to speak to 1,200 men but reached less than 10% of this target as a result of the COVID-19 restrictions.

Due to COVID-19 protocols, some projects were unable to move forward with face-to-face events. These projects had to adjust accordingly, transferring events online. Some projects felt their events would have been more successful if held in person. For example, Real CHEMistry (London Friend, Cohort 5) felt that running their workshops (with MSM with a history of chemsex) online as opposed to face-to-face limited the opportunities for participants to offer a social and community support group to one another. Some projects, like The Sex Agenda (Decolonising Contraception, Cohort 6) and Building trauma-informed responses in supporting sexual and reproductive health: a Community of Practice (Research in Practice, Cohort 5) experienced reluctance of people joining in on online events due to a lack of digital access or digital literacy.

As well as the challenges faced by moving activities and events online, aspects of many projects were delayed due to COVID-19. For example, the launch of e-learning modules as part of Promoting the sexual and reproductive health of expectant and new parents (Institute of Health Visiting, Cohort 5) was delayed, reducing the number of health visitors engaging with the content in the timeframes available. The Me. Him. Us. project (LGBT HERO, Cohort 5) had arranged for filming of their videos in March 2020 and thought they would only have to postpone for a month but did not start filming until

August 2020 due to COVID-19 restrictions. This meant that they had less time to work on their project than they originally expected.

"I would say a good 8/10, I think it was really successful, I would have wished for a better budget for production, I think they could have reached even more people but for the time what we were dealing with the pandemic and getting people to think differently about their sexual health, I think they did what they were supposed to do."

Me. Him. Us. - more to safer sex (LGBT HERO, Cohort 5)

For some projects, the impact of COVID-19 was a reduced ability to focus on the project as a result of needing to prioritise 'business as usual' activities in unprecedented circumstances. Linked to this, if key members of staff were off sick with COVID-19 for some time, this hampered the ability for projects to progress against original timelines. For projects that focused on developing the skillset of healthcare professionals (for example, Promoting the sexual and reproductive health of expectant and new parents, Institute of Health Visiting, Cohort 5), target audiences were redeployed or facing heavy workloads that limited engagement with project activities.

Though the vast majority of projects in Cohorts 5 and 6 experienced challenges from COVID-19, some projects found unexpected benefits to COVID-19. For example, as mentioned above, a couple of projects were hindered by in-person events having to be facilitated online, but the Sex Agenda project (Cohort 6) felt participants were more open to asking questions that they would be otherwise embarrassed to ask in-person and it widened the reach of the workshops, nationally. Other projects managed to find new opportunities, as a result of having to implement their projects digitally. For example, Welcome to Brook (Brook, Cohort 5) had intended to develop a digital tool to triage young people as they waited to be seen in Brook's clinical services. Given the reduction of patients being seen in-person, the tool needed to be adapted to be used remotely. This shift in design has facilitated new ways of thinking around digital implementation at Brook, and learning from the project has fed directly into their Digital Front Door Transformation programme for which they have secured additional funding.

"In one way, the project evolved into our Digital Front Door transformation programme… A lot of the learnings and outcomes from Welcome to Brook were carried forward to Digital Front Door which is about replicating a lot of the functionality covered in Welcome to Brook but also with a range of different digital innovations."

Welcome to Brook (Brook, Cohort 5)

Project planning and management in COVID-19

The Fund's flexibility in the face of COVID-19 was mentioned by many projects as being an enabler to implementation; this is in reference to allowing projects to delay their start date and/or permitting modifications in project approaches. For example, digital projects (such as podcasts and videos) had a fair chance in delivering because the Fund allowed at-home recordings to take place rather than requiring the use of recording studios. Filming for Their Story, Your Choice's (Terrence Higgins Trust, Cohort 5) was delayed due to COVID-19 as many of their actors caught COVID-19 and they had to make a choice to either follow through with filming and have what they felt would be a 'weaker' product, or to hold off on filming until lockdown restrictions eased to ensure it was a high-quality product. The Fund was a crucial part of this decision, allowing production to be held off until after lockdown restrictions eased. Project PAT (Positive East, Cohort 5), an online chatbot, also requested an extended deadline from the Fund, which was granted. During that time, they took PAT offline for four

months and used the community testing staff (who were not able to do community testing) to live chat with the community. The data from the live chat was used to improve the online chat box.

''The fact that the Fund was understanding of the delays caused by COVID-19 [was an enabler to implementation] and there was no pressure from the funder to deliver the same project."

– Tell Me About It: HIV Conversations in the Community (NAM, Cohort 5)

Project timeframes

As seen in the evaluation reports for Cohorts 1-4, and expressed elsewhere in this report, the Fund's timeframe of one year for project completion proved to be a challenge for many. Some projects expressed feeling under pressure to deliver in this timeframe. They described how it could take a significant amount of time to recruit for project-specific roles, which then limited the amount of time projects had to deliver. For example, Bhen Sexplaining (A project for South Asian Women: Sisters Explaining Sex) (Trade Sexual Health, Cohort 6) took three months to hire the right project worker, as they were looking for someone who fit a certain specification. Because of this, they had only six months to complete what should have been a 12-month project.

Participants across the interviews also shared the view that a year of funding was not long enough for a project to be able to evidence impact. They explained that because of set-up time (e.g., to recruit appropriate staff, create materials, etc.) they had much less than 12 months of operational time. In some cases, this meant that the organisation had less to show by the end of the funding period in terms of proof of concept, which in turn could mean they were less likely to secure further funding from another source.

There was appetite for funding to address continuation or development of innovative ideas that have been proven to work. A key challenge for funded projects was that of finding and applying for other innovation grants (or ongoing funding) for the development of successful innovations. Some suggested that it would be beneficial to have a dedicated legacy fund for this purpose.

Effective team members

All cohorts benefited from the experience, commitment and skill set of their team members. Project leads expressed a passion for the work their organisations conducted, which was effective in implementing projects. Contraception Choices for Black Communities (Faculty of Sexual and Reproductive Healthcare, Cohort 6) mentioned being an ambitious project and having a small number of staff working on the project, who were mostly freelancers and part-time workers, some of whom were dealing with personal challenges such as grievances, but that they still managed to deliver the project due to their dedication. The Sex Agenda (Decolonising Contraception, Cohort 6) spoke about recruiting an excellent project manager at the right time who was essential to the project working because it was a very ambitious project that was above the weight of the small organisation.

"We benefitted very much from having a strong working group… we all worked very well together."

– PAT (Positive East, Cohort 5)

Some projects faced challenges due to team members leaving. Building trauma-informed responses in supporting sexual and reproductive health: a Community of Practice (Research in Practice, Cohort 5) mentioned staff needed to work harder and take on more responsibilities after a team member left. This resulted in a feeling of being overtaxed with high volumes of work and limited staff. For other projects,

staff members leaving meant existing staff had to work harder to fulfil the responsibilities of the team member(s) who left, which presented a risk to project delivery.

Strong partnerships and networks

As seen in previous cohorts, many projects worked with existing partners who were instrumental in helping them complete their projects. For example, PEasy (Pee Easy, The Love Tank CIC, Cohort 6) mentioned that their existing relationship with a partner made it easy to trust each other in delivering successfully. Almost all projects contribute a portion of their projects' success to working effectively with partners.

Many projects formed steering groups which helped guide and influence their projects, as with other cohorts in the past. Exemplifications of this are Tell Me About It: HIV Conversations in the Community (NAM, Cohort 5) where the steering group's specialised knowledge was an enabler in guiding them through their project and Building trauma-informed responses in supporting sexual and reproductive health: a Community of Practice (Research in Practice, Cohort 5) whose steering group helped them develop project materials. Steering groups were most effective where representatives from multiple organisations were in attendance, including local commissioners.

Some team members on projects were effective in getting resources from their own personal networks to assist with their project. For instance, Contraception Choices for Black Communities (Faculty of Sexual and Reproductive Healthcare, Cohort 6) and The Sex Agenda (Decolonising Contraception, Cohort 6) team members mentioned that they each worked on project goals in their own time and brought in resources from their own personal professions because they cared about the project.

Community representation

Funded projects are encouraged by OHID to involve community members in the design and delivery of their work – indeed Cohort 5 were explicitly asked to comment on this in their application form. As we have seen in previous cohorts, community representation in Cohorts 5 and 6 had a positive impact on the end products of these projects.

Me. Him. Us. - more to safer sex (LGBT HERO, Cohort 5) met their project aims because they recognised the importance of involving community members in the design and promotion of their campaign materials to ensure it felt authentic. Another project recruited a community member with lived experience as a sex worker to lead their engagement with online sex workers. This individual had specialised knowledge on where to find online sex workers and how best to appeal to them, thus significantly improving their changes of successful engagement.

"Community led is the best way to do health promotion."

– Me. Him. Us. - more to safer sex (LGBT HERO, Cohort 5)

Another way projects included community members in the design of projects was via focus groups. For instance, PAT (Positive East, Cohort 5) used a focus group, which illuminated that their target audience did not appreciate being told by PAT's digital risk calculator that they were considered 'high-risk for HIV' and should, instead, signpost them to resources. This allowed the project team to modify their HIV risk calculator to reflect this feedback.

5.2 Support received for implementation from Local Authorities and Sexual Health Facilitators

5.2.1 Local Authority commissioners (LACs)

On the whole, LACs tended to have had little or no involvement with funded projects in their areas, outside of providing their endorsement at the bidding stage and being invited to attend launch events. They attributed this in part to the tight turnaround times; and a lack of updates both from funded organisations in their patch and from the Fund overall. This was seen as a missed opportunity to share best practice, offer advice on how bids could be improved, and link complementary projects with each other (as well as with external contacts who could support and guide them).

"The Innovation Fund is great at finding decent projects, but then you don't hear much about them. And that's the point of them."

– Local Authority commissioner

Some projects did not require endorsement from a local commissioner as they had a national or online focus and these projects did not have ongoing support or communications with Local Authority commissioners as a result. Other projects which had no, or limited, involvement from local commissioners were unsure of the potential role of LACs.

"…it felt like they were put under pressure to read all these applications as a formality."

Me. Him. Us. - more to safer sex (LGBT HERO, Cohort 5)

Some Local Authorities requested to review projects' evaluations and be kept up to date on project progress and outcomes. There did not seem to be direct support from Local Authorities in these circumstances but rather they were being kept 'in the know' by projects about progress.

A few projects however did benefit from Local Authority support and did so through maintained communication throughout the project life cycle. Outside the Box (National Children's Bureau, Cohort 6), for example, had their LAC on their steering group, and their training events were heavily promoted by their LAC which led to higher levels of attendance. A few projects did meet with Local Authorities to share findings and in some cases, this led to productive conversations about where interests aligned.

"I think the Fund gave us opportunities and reason to be engaging those commissioners on themes, digital themes, which were probably previously off the agenda, so it opened up those conversations."

Welcome to Brook (Brook, Cohort 5)

LACs were in favour of projects being required to have support from a commissioner as part of a bid to the Fund. Their involvement at the point of signing off bids gave them useful insight into projects in their local area, and the number and type of organisations looking to deliver these types of interventions. There was a general sense that it would be helpful – where possible – for all concerned if projects were to engage with commissioners earlier in the timeline of a project bid, to ensure that the LAC had time to feed in and help improve a bid. One LAC gave an example of a project that asked for sign-off very shortly before the bid deadline; the LAC highlighted areas where the project was not innovative or new and was in fact being implemented elsewhere. Because of the lateness of their

approach to the LAC, the project lead did not have time to make the necessary changes to the bid before the deadline.

5.2.2 Sexual Health Facilitators

Like LACs, SHFs reported that their involvement with funded projects had been limited. However, unlike LACs, who were required to sign off bids, SHFs did not have a clear point in the process where they had to be involved. As a result, SHFs tended to have less consistent involvement in the Fund than LACs.

SHFs saw their role in the Fund as overseeing, giving advice to projects and facilitating relationships between stakeholders and organisations in the sector; they were clear in their understanding that their remit did not include helping organisations to write funding bids. However, SHFs said that they were generally not made aware of which organisations had applied to the Fund, nor which organisations in their area had been successful in securing funding. They said that it would be useful for them to be informed about both of these aspects because it would help them to support future rounds of applicants, as well as giving them greater knowledge about the innovations taking place in their patch – which in turn would allow them to share this knowledge with a broader community and facilitate helpful relationships. This was consistent with the above finding about LACs, who also felt they could be more usefully involved in the running of the Fund.

Many of the projects were unaware of the term 'Sexual Health Facilitator', leading them to be unsure if they had received support from one or not. Small numbers worked with Sexual Health Facilitators without knowing that they were doing so. For example, one project applied to the Fund on the recommendation of a contact who was both a Sexual Health Facilitator and commissioner; they kept him updated on the project's progress and only found out he was a Sexual Health Facilitator when they searched for him on the internet. A handful of projects knowingly worked with their local Sexual Health Facilitator by including them on their steering group or securing their assistance in measuring the impact of their projects on the uptake of sexual health services.

5.3   Reflections on the design and delivery of the Fund

This section looks at the processes involved in delivering the Fund and considers what these findings mean for the design and delivery of the Fund's future iterations. Quotations are included at an overall audience level rather than a project level to offer anonymity to participants.

5.3.1 Application process

Project leads found the OHID team easy to reach in case of questions about the application process. Some project leads mentioned that the introductory webinar was helpful and gave a good introduction to the Fund and the processes involved.

There were mixed views regarding the word limit of the application form: some found the word limit frustrating, and said the form restricted their ability to fully describe their innovation to persuade the decision-makers of the merits of their idea.

"I think the challenge is having to articulate often quite complex pieces of work – they're pilots, they want to be experimental – in a very short number of words. It is a really big challenge to articulate and explore the aims, objectives, the target group and why your project is innovative, in a third of a side of paper. It's a real challenge."

– Project Lead (Cohort 6)

However, others were in favour of the application form and valued what they described as its 'prescriptive nature'. They said that the word limits gave structure and that they were provided with clear guidance on what should and should not be included in a bid.

> *"It's always very straightforward, which is helpful. It asks the right questions. You don't look at the application and see that they're just asking the same question in four different ways"*

> – Project Lead (Cohort 5)

> *"I felt the application was quite straightforward. From my perspective, it was brilliant, so much simpler than other procedures. Clear form, clear guidance.''*

> – Project Lead (Cohort 6)

Project leads, LACs and SHFs reported that tight and unpredictable timeframes made it difficult for organisations to set aside the resources needed to research and write a bid. This also made it difficult for organisations to get appropriate resources in place to be able to put plans into action if they were successful in securing funding. Some commented that they understood that the OHID team running the Fund was likely to be operating on tight turnarounds, which were by necessity passed onto applicants.

It may be beneficial in future to alert individuals in information-sharing roles (such as LACs and SHFs) to the possibility or likelihood of the Fund being renewed for another year as early as possible, i.e., before the funding is confirmed, so that organisations that may wish to bid could begin to make the necessary preparations with the understanding that there is still a possibility the Fund will not be available.

A challenge mentioned by project leads (and echoed by some Sexual Health Facilitators and Local Authority Commissioners) was a lack of understanding around what was meant by the term 'innovation', in the context of applying to the Fund. Some questioned the extent of innovation required to qualify – whether an idea needed to be innovative to that particular organisation, or to the area of the country in which they were based; or if something needed to be innovative to the extent that it had never been tried before.

> *"Sometimes it's really difficult to understand what 'innovation' means [in the context of applying to the Fund]."*

> – Sexual Health Facilitator

> *"Sometimes it's quite hard to distinguish the innovation from the other components [of the project]. Pure innovation would be problematic because you wouldn't have anything to base it on... We were innovating around something that existed, which meant that they would only fund the part of it that they saw as innovation – the other part, which was doing some training, had to be funded by the local authority."*

> – Project Lead (Cohort 6)

> *"When marking bids, it can be difficult to find something truly innovative. Bids are often quite similar – what is innovative to one organisation isn't new to another."*

> – Sexual Health Facilitator

This feedback suggests that although some organisations would like a longer application form, the application process appears to be working well for many as long as it provides OHID with the information required to shortlist projects.

Perceptions of the Fund were that it was better geared towards larger organisations that had more experience submitting funding bids, and greater capacity to do so. OHID did however provide additional support to smaller charities that may have less experience or capacity to produce comprehensive and high-quality bids, and feedback suggests the team should continue to do this.

5.3.2 Annual themes

Since Cohort 3 (2017-18), the Fund's design has included a particular focus or theme for each year of funding. For example, Cohort 4 (2018-19) had a particular focus on PrEP, whilst Cohort 6 (2020-21) looked to support projects that focused specifically on ethnic minority communities.

There were mixed views on the inclusion of themes for each iteration of the Fund. Participants felt that, although a theme could be helpful in directing funds to projects that aimed to address specific needs or communities, it may also mean that quality innovations that fall outside the year's theme are unable to apply (or unlikely to secure funding).

> *"I know the Fund can only be stretched so far… Having a theme each year creates some challenges because that might not be your priority that year, or at that time – but there could be another area of real innovation that the Fund would absolutely be able to support... It's often quite a quick turnaround, so the criteria will come out, and we'll be running around with the providers - 'Is this an issue for us? Is this a gap for us?' and sometimes trying to make it a priority if it's not already. If there's the ability to have some broad themes, where [a project] 'must address one or more of these' but it is wider and allows us to plan towards it, if we've got something we'd like to try as an innovation we can consider that. At the minute, the way the Fund operates means we can't do that because the themes change year to year."*

> – Local Authority commissioner

The benefit of themed funding rounds is the greater chance of showing collective impact on a particular topic such as was seen for Cohort 4 on the issue of PrEP. OHID may therefore wish to consider if there is a way to continue with themed funding rounds that does not exclude particularly innovative ideas.

5.3.3 The interview process pre-COVID-19

Some project leads found the in-person interview process (in place prior to the COVID-19 pandemic) restrictive because interviews for shortlisted bidders were limited to only two dates, and if neither was suitable, the application could not continue. For non-London bidders, the in-person interview process also meant a whole day out of their day job, which was a struggle for some – particularly those from rural areas, and from smaller organisations that found it difficult to justify the costs incurred as a result.

Presenting a bid was easier and more comfortable for some than others; those who were used to public speaking in their day-to-day role tended to report more positive experiences. Some bidders found the interview process quite difficult, mentioning that the room was crowded; there were too many interviewers; and that it was hard to interact with the people who were making the assessment. The knowledge that the people making the assessment were very senior was also reported to be intimidating.

"You basically have 15 minutes, and a seven-minute presentation, with a stop-watch at the back of the room. So, you're doing the presentation looking at this clock counting down."

– Project Lead (Cohort 5)

At least one project lead mentioned that early decision-making panels had lacked diversity in gender and ethnicity and suggested that future panels be more representative – in particular, including representation of communities likely to benefit from the projects being funded. (They did also mention that, in a subsequent interview during a different year/cohort, the panel was recognisably more diverse, which they were happy to see.)

"The interview was a bit intimidating… It was generally cisgendered, white men and women that were not necessarily the key demographics we were presenting to. My advice to them would be try and get more representation from the communities that are being affected the most, within their panels."

– Project Lead (Cohort 5)

5.3.4 The interview process since the COVID-19 pandemic began

Some project leads who had experience of both the in-person and online processes reported that the shift to online bid presentations, necessitated by the COVID-19 pandemic, was a positive, particularly for those who found the in-person interview/bidding process difficult. As explained above, some project leads reported having felt intimidated and overwhelmed by the crowded meeting room and the short time allocated for them to present their idea; the online format also presents less of an opportunity cost to bidders than a face-to-face meeting because it does not require travel or as much time out from their regular work. Some adjustments may be needed to ensure that an online assessment process does not exclude potential applicants, but for the majority of bidders the online meeting would be preferable for future rounds even if it is safe to meet in person.

Project leads said that the feedback they received from OHID regarding unsuccessful bids was useful, and that they were given clear reasons for the decision.

5.3.5 Launch event

With the exception of Cohort 6 due to the COVID-19 pandemic, each Cohort has been convened at the start of their funding period at a launch event. Project leads generally reported that they found the launch event very positive, and that it was useful for networking. They also gave positive feedback about the experience of presenting their project to fellow successful bidders, saying that this was a good way of sharing information and ideas at the outset of the funding period. Being asked questions by other project leads, about their project, was an opportunity to reflect on points that they might not have considered. This suggests that the launch events are welcomed and should continue.

"The opening session where all the projects met, that was really helpful to find out what other people were doing in that space. We made some contacts there... Having those connections with other funded organisations was very useful."

– Project Lead (Cohort 5)

5.3.6 Project support

Project leads were positive about their experiences of project support. They reported that, once funding was allocated, OHID allowed flexibility in timings for providing reports, and for different stages of

the funded project that needed to adapt to changing circumstances. This was seen as a real positive and greatly appreciated.

Interaction with, and support from, the OHID team was described positively. Some project leads talked about feeling welcome to contact the OHID team during the period of funding – for example, if they had a question about the requirements of evaluation.

> *"[The OHID team was] very supportive, responsive, helpful."*

> – Project Lead (Cohort 5)

Several mentioned that OHID had been particularly supportive and helpful in the early stages of the COVID-19 pandemic, actively contacting project leads to understand how restrictions would impact the projects and offering advice and flexibility with reworking projects' designs if required. The OHID team's quick response to the COVID-19 pandemic meant that projects felt supported in a particularly challenging period.

> *"[The OHID team gave us support] generally, [and] reassurance when things weren't going as planned."*

> – Project Lead (Cohort 6)

Some project leads said that the required quarterly reporting was not onerous, and that they found the reporting process helpful as it offered them an opportunity to take stock of their project at those intervals.

However, the evaluation and monitoring processes were an area in which some projects felt less supported. There was some feedback that evaluations could be very difficult, and that this was especially the case in smaller organisations that tended not to have professional experience of conducting this sort of work. This opinion was shared by sexual health facilitators. There were a few suggestions that a training session for funded projects, early in the funding period, could help avoid a too-late discovery that organisations did not have the necessary data, records, or skills to carry out an evaluation to the required standard.

> *"The monitoring was full on for a small organisation like us. But we were given clear feedback on what we sent back."*

> – Project Lead (Cohort 5)

> *"Evaluation is time-consuming and open-ended - you could write reams and reams."*

> – Sexual Health Facilitator

5.3.7 Sharing of learning and resources

Participants generally felt that the Fund's design was good, but that its practical delivery was limited. This was largely due to the lack of resource- and knowledge-sharing offered as part of the package. A strong theme across the interviews (both in this overall evaluation and in previous years) was that project leads, local authority commissioners and sexual health facilitators felt they would all benefit from greater sharing of knowledge and resources gained from funded innovations. There were repeated suggestions of an event, such as a webinar or conference, for reporting back, receiving feedback, and sharing learning. As discussed in Chapter 4 on impact of the Fund, participants reflected

that this lack of mechanism to share this information meant that the impact of the Fund was less than it could be otherwise.

"I would have liked to have seen more engagement and more networking opportunities than we were able to see."

– Project Lead (Cohort 6)

"[We] need to know if they work [but] we don't get to see it. A huge miss, in the opportunity to share that learning."

– Local Authority commissioner

"Information about who was successful isn't shared – knowing about this would be interesting and useful, to see what other organisations are doing and how to contact them about ideas or collaborating."

– Sexual Health Facilitator

6 Conclusions and recommendations

This chapter summarises the evaluation findings into concise conclusions and recommendations for the future.

6.1 Conclusions

Views of the Fund were extremely positive, citing it as an enabler of piloting innovative ideas, which was seen as essential to drive forward change (e.g., to help meet the target of ending new HIV infections by 2030). It received unanimous support to continue.

There were many examples of where projects or innovations had sustained beyond the funding period (roughly 90% of projects within the sample), although this was not the case for all. The biggest barrier to continuation was not securing further funding to resource continuation. However, projects and innovations demonstrated that they could continue having impact without external funding if, once the Fund has enabled set up and piloting, they become part of organisations' business as usual services, rely on support from volunteers, develop and continue to use resources, or are self-sustaining.

There were also examples of how the Fund has been impactful – particularly at the level of project beneficiaries and funded organisations. For example, across Cohorts 1-6, more than 27,300 individuals were referred to a health service and over 6,300 HIV tests were conducted or ordered. In addition, a number of projects were able to evidence improved awareness and knowledge of HIV by project beneficiaries or local professionals. A smaller number could demonstrate a decrease in high-risk behaviour or an increase in willingness to use PrEP as a result of the programme.

There is evidence to suggest the Fund is supporting a number of key policy outcomes. Most notably that it is contributing to the target to end new HIV transmissions by 2030 through a strong focus on raising knowledge about HIV, increasing testing, and funding innovation (seen as a prerequisite to achieving the target). The fund is also thought to be increasing effective partnership working. Indeed, this was seen by participants as one of the key impacts of the Fund on funded organisations and the sector as a whole. It has been more challenging for projects to evidence that they have led to a reduction in STIs and/or improved sexual health outcomes for disproportionally affected communities, though there is evidence to indicate progress towards these policy outcomes (such as increased HIV testing, use of PReP, and a reduction in high-risk behaviours such as drug use among key populations such as Black people and MSM).

6.2 Recommendations

There are ways the impact of the Fund could be maximised further:

At the application stage

- Allow longer lead-in times before bid submission to support greater involvement of LACs and SHF to strengthen bids. If this is not feasible, notify LACs and SHF as early as possible about likely funding.

- Fund innovative concepts that already have a supporting evidence base to enable organisations to develop them further.

▪ Provide more clarity on what is considered to be innovation and publicise what did / did not receive funding in the past so organisations know what not to propose again

▪ Continue to offer additional support smaller organisations that may have less experience of developing bids.

▪ Consider focusing the Fund on a smaller number of target audiences or subject matters to generate stronger evidence about what works, does not work and lessons for the future. Whilst there are great benefits to funding a diverse array of projects working with different target audiences, this dilutes the achieved impact that can be evidenced.

▪ Encourage a focus on sustainability of innovation at the application stage and provide guidance or examples of the different types of sustainability (as this varies depending on the nature of the project or innovation).

▪ Be more prescriptive about the expected standard of evaluation reporting and supporting evidence. This could be through an evaluation guidance document and / or a workshop either at the bidding stage or at project set-up to support projects to consider this from the start.

▪ Consider retaining the remote interview panel process to support the geographical spread of applicants and reduce travel costs for projects.

▪ Look for evidence of the following facilitators of successful implementation when reviewing projects' application forms or at the point of interview:

  − Project management skills – it is important that teams are able to keep projects on course and have the right staff in place for delivery.

  − Adaptability – unanticipated occurrences, such as the COVID-19 pandemic, can arise that may pose challenges for projects to strategically navigate. Securing examples of organisations' adaptability may assist in understanding how well they will fare if modifications to their planned activities are required.

  − Key members of staff in place – there is a greater risk of delays for projects that must recruit externally for specific roles to deliver and thus a shortening of the timeframes available for delivery.

  − Existing partnerships – having strong existing networks appear to support project implementation.

  − Diverse steering groups – projects with steering groups (particularly those with representatives from multiple organisations, including local commissioners) appear to benefit from such oversight.

  − Community representation – involvement of members from the target community are repeatedly shown throughout cohorts to be of benefit to projects' delivery.

During project delivery

▪ Continue to offer cohorts a launch event. Share contact details for projects within each cohort, and with relevant LACs and SHFs to enable greater support from peers, specialists and the sector and

to facilitate links across the sector. Consider specific matchmaking for linked projects (e.g., link together all projects working on PrEP). This could be across cohorts as well as within a cohort.

- Allow projects a longer timeframe for delivery to enable more time for set-up, delivery and evidence gathering to support future commissioning decisions. If an extension of the funding period is not possible, consider an additional source of funds for continuation to be allocated to projects that demonstrate the most evidence of potential impact.

Through sharing findings

- Facilitate sharing of findings from projects between cohorts, LACs, SHFs, and the wider sector.

- Facilitate sharing of resources from projects or innovations (and, ideally, collating in a central location for ease of access e.g., resource repository). An online repository has now been established using the Knowledge Hub (KHub) platform, and can be found at the following link: https://khub.net/group/sexual-health-reproductive-health-and-hiv-hub/group-library.

Appendices

Appendix A: Summary of funded projects

Summary of all funded projects with brief description of activities and summary of continuation/progress (where known)

	Project name	Lead organisation	Cohort	Intervention	Target audience	Location
1	HIV Testing in the Workplace	Well for Living Partnership	1	Workplace health events including HIV testing and text message follow-up	Black African, low waged, shift workers	East Midlands to South East – along the M1
2	Interactive Digital Contact Slip	SXT Health CIC	1	Interactive, digital contact slip for partner notification of HIV and STIs	MSM and BME communities	Online
3	Let's Stop HIV	NAZ	1	HIV awareness raising and testing events with Latin American communities	Latin American communities	Lambeth, Southwark, Haringey, Kensington and Chelsea, Brent
4	My HIV Prevention Strategy Tool	GMFA / SIGMA Research (now under the umbrella of LGBT HERO)	1	Online decision-making tool to assist in choosing HIV prevention strategies	MSM	Online
5	Sauna Online Assessment Project	Trade Sexual Health	1	Online assessment tool and training for 'excellence certification' with saunas	Sauna owners and staff	Leicester
6	Talk and Test	LGBT Foundation/BHA for Equality	1	POCT and wellbeing assessments in community settings	MSM and Black African communities	Manchester and Salford
7	Testing Faith	NAZ partnership	1	Engagement and training of faith leaders for them to create sexual health plans and HIV engagement and testing events for their congregations	Faith leaders and Black African communities	London, Luton, Bradford, Wakefield

8	Chemsex Open Access Support Team (COAST)	Addaction	2	Short and long-term support for men taking part in chemsex, and training sessions for practitioners	MSM/ Men who partake in chemsex	Liverpool
9	Community Conversations	NAZ	2	Production of a feature film ('FACES')	Black and African Community	London
10	Digital Vending Technology and HIV Self-Testing	The Martin Fisher Foundation	2	Digital vending machine to distribute HIV self-testing kits in a MSM sex-on premises location	MSM	Brighton
11	Friday/Monday	Terrence Higgins Trust	2	Online group work sessions and online counselling for MSM and those who may engage in chemsex	MSM	Online
12	HIV Prevention for Deaf People	SignHealth	2	Educational workshops in schools, in the community, and training for health care professionals	Deaf community	Wandsworth (London)
13	In the Community	OutREACH Cumbria	2	HIV testing in pharmacies	All	Cumbria
14	LOL@Stigma	KwaAfrica	2	Comedy-centred event with motivational speakers to reduce stigma, raise awareness and promote testing	Ethnic minority groups (Black African in particular)	Hammersmith and Fulham (London)
15	Positive Faith	CAPS	2	Development of an online support resource around HIV from a Christian perspective	Christians with HIV, faith groups, schools, health and social care professionals	Online
16	Reaching Out	Lifeline Project	2	Delivering HIV awareness events, information, advice and rapid testing to MSM engaged in drug and alcohol treatment.	MSM	Stoke-on-Trent

17	Sex Week on National Prison Radio	Prison Radio Association	2	Week-long schedule of radio programming regarding sex, sexual health and HIV to reduce stigma and promote testing	People in prison	Prisons across England and Wales
18	Trans:Mission	cliniQ	2	HIV testing and support in sex-on-premises venues	Trans community	Soho (London)
19	Web-chat Remote Access	Positive Action	2	Developed an online text-based chat tool for people to access support and advice on sexual health services/HIV	All	Online
20	Welcome Hear	Yorkshire MESMAC	2	HIV information/awareness sessions and testing delivered in 4 languages	Refugees / asylum seekers	Wakefield
21	Digital platforms to reduce HIV stigma and discrimination	Martin Fisher Foundation	3	Awareness raising and anti-stigma campaign	All	Brighton and Hove
22	I am because we are	BHA for Equality/Contact	3	Production of a play to raise awareness of HIV and reduce stigma	Black African Communities	Greater Manchester
23	MAP (Tyne and Wear)	Changing Lives	3	Outreach to men selling or exchanging sex	Men selling or exchanging sex	Gateshead, North Tyneside, Sunderland
24	MIND the Gap	HertsAID	3	Training programme to staff working in mental health services	Mental health staff and service users	Hertfordshire and Bedfordshire
25	Morning After Project (MAP)	Summit House Support	3	Support to men who have sex with men (MSM) who are engaging in Chemsex	MSM	Black Country
26	PrEP Champions	GMI Partnership (METRO, Positive East and Spectra)	3	Training PrEP Champions to provide peer-led education of PrEP	MSM, Trans women, people from black and minority ethnic groups	London

27	PrEP Online Assessment Tool	Terrence Higgins Trust	3	Tool to provide information, and support decision making around PrEP	Heterosexuals, Trans people and black and minority ethnic MSM	Piloted in Bristol, North Somerset and South Gloucestershire, with additional online rollout across England
28	Prepping for PrEP	Positive East	3	Community outreach and insight work, promotion of PrEP and creation of video	Black and minority ethnic communities	East England and Hertfordshire
29	PROMOTE	Bristol Drugs Project	3	Engaging with male/trans sex workers	Male/Trans sex workers	Bristol
30	Self-testing Pilot	Terrence Higgins Trust	3	Online HIV self-testing kits, including the option of click-and-collect	Black African community	National
31	Sex Talk on National Prison Radio	Prison Radio Association	3	24 radio episodes of Sex Talk and 3 animations focussing discussions on HIV	People in prison and general public	Prisons across England and Wales
32	Sholay Love	NAZ	3	Campaign to raise awareness of HIV	South Asian MSM	Brent, Bradford, Leeds
33	Catwalk for Power	Positively UK	4	A series of workshops with women living with HIV to confront HIV stigma; holding catwalk performances where women living with HIV (WLHIV) performed	Women living with HIV	London, Brighton, Manchester
34	Development of community testing toolkits	National AIDS Trust	4	Developing two toolkits for providers and commissioners outlining what makes an effective community-based HIV testing intervention, and how to evaluate an intervention	Providers and commissioners of community-based HIV testing services	National
35	Echoes	Prison Radio Association	4	Developing and delivering a drama based on real-life experiences of people with HIV	People in prison	National

36	e-PrEP Programme	METRO	4	Production of videos about PrEP for METRO's website, YouTube and social media; community engagement face-to-face and online	Latin American Community	Online
37	Guys into Guys Online Chatroom	METRO	4	Establishing a 'virtual youth centre', via an online chatroom, for young guys into guys, to discuss HIV	Young men and boys aged 11-19	Kent and Medway
38	Mindfulness-Based Chemsex Recovery	Spectra	4	Mindfulness-based training sessions with groups of men who have sex with men (MSM) conducted face-to-face, followed up by refresher sessions and one-to-one aftercare sessions	MSM	London
39	MobPrESH	PrEPster	4	Establishing volunteer peer community mobilisers to raise awareness of PrEP	Women in Black African communities	London, Bristol, Yorkshire
40	PrEPared	BHA Leeds Skyline	4	Training peer champions in African communities to disseminate positive messages and HIV information (specifically the availability of PrEP)	People in Black African communities	Leeds
41	PrEP & Prejudice	Africa Advocacy Foundation	4	A campaign promoting PrEP through the use of African messaging; training PrEP champions to share campaign messages in the community; producing resources to guide clinicians on working with BACs.	Black African Heterosexuals and MSM	England
42	Preventing HIV in women affected by female genital mutilation (FGM)	Thames Valley Positive Support (TVPS)	4	Training relevant organisations and volunteers on HIV; offering HIV testing at venues other than sexual health clinics; developing a care pathway with FGM organisations to integrate HIV prevention; signposting women from ethnic minorities to the PrEP trial	Women in Black and ethnic minority communities and women affected by FGM	Berkshire
43	Raising Awareness of HIV in the over 50s	Age UK Wiltshire	4	Upskilling the workforce to discuss HIV among the over 50s; a media campaign targeted at the over 50s	People over 50	Wiltshire, Bath & North East Somerset

44	Soul Sisters	NAZ	4	Training violence against women (VAW) organisations and their service users on the link between violence and HIV.	VAW organisations and their service users	East and South London
45	Talking Together	Positive East	4	Developing spoken word pieces through workshops with Black Africans in mixed status relationships, and showcasing these pieces through a social media campaign and festival performances (alongside HIV testing).	Black African people	London
46	The Grass is Always Grindr (Season 2)	CW+ and 56 Dean Street	4	Producing 10 YouTube episodes of a drama covering themes relating to HIV and sexual health, focusing on issues faced by MSM.	MSM	Online
47	Building trauma-informed responses in supporting sexual and reproductive health: a Community of Practice approach	Research in Practice	5	A national project to improve sexual and reproductive health support to birth parents who have had children removed from their care through public family law proceedings, providing an overview of existing, specialist services and innovations in supporting improved sexual and reproductive health provision in the context of developmental and relational trauma, stigma and complicated grief. It also launched an online Community of Practice and open access resource repository for practitioners in this field.	Birth parents who have had children removed from their care	National
48	Casting the Net: Improving sexual and reproductive health outcomes for women sex working online	Manchester Action on Street Health (MASH)	5	Piloted a Netreach service to support women negotiating sex work online in Greater Manchester using a gender and trauma informed approach.	Online sex workers	Greater Manchester
49	Healthy Relationships and Makaton	Body Positive Cheshire and North Wales	5	Worked with the Makaton Charity to develop and provide contemporary signs and symbols in Makaton for people with learning disabilities and their carers, to be used to provide training and advice in sexual health, reproductive health and HIV.	People with learning disabilities and their carers	National

50	Long Time No Syphilis, Phase II	The Love Tank CIC	5	Phase II development of the first community-developed syphilis program Long Time No Syphilis (LTNS), which was modelled on existing PrEP peer-education. The project aimed to address Syphilis knowledge gaps among populations at risk and frontline staff in the community through targeted interventions and training to frontline workers.	Populations at risk of Syphilis and frontline staff in the community	London
51	Me. Him. Us. - more to safer sex	LGBT HERO	5	A set of online interventions developed in partnership with Black MSM with a combined focus on mental health and wellbeing and increasing awareness of all the available methods to prevent HIV and STIs.	Black MSM	National
52	Outside the Box	National Children's Bureau	5	The project worked with Haringey Council to enhance and expand the reproductive health and sexual health modules of 'Outside the Box', an evidence-based personal development programme designed for targeted, small-group work with young people. The project also launched a digital 'Community of Practice' tool to facilitate peer support for practitioners.	Young people	London
53	PAT	Positive East	5	Development of a sexual health chat bot "Pat" utilising innovative chat bot technology to answer basic reproductive health, sexual health and HIV questions and provide sign posting to services.	General public	London
54	Promoting the sexual and reproductive health of expectant and new parents	Institute of Health Visiting	5	Upskilling the health visitor workforce to provide timely advice on sexual and reproductive health to expectant and new parents. The project co-produced a number of resources for both health visitors and families.	Health visitors	National
55	Real CHEMistry	London Friend	5	A programme of weekend workshops and online resources to support MSM experiencing difficulties with chemsex. The programme aimed to help MSM navigate	MSM engaging in chemsex	London

				chem-free living, relationships, and sober sex, particularly as they move-on option from drug treatment services.		
56	Tell Me About It: HIV Conversations in the Community	NAM	5	A podcast series featuring conversations between HIV experts and everyday people to challenge, in a scientifically accurate way, commonly held assumptions around topics such as fear of transmission, expectations of ill-health, starting a family, disclosing to potential sexual partners, PrEP and U=U.	General public	National
57	Their Story, Your Choice	Terrence Higgins Trust	5	A film bringing together interactive technology and people-led storytelling to explore issues around HIV prevention and stigma with a focus on reaching ethnic minority MSM and non-identifying gay men/MSM of minority ethnic background. THT worked with ethnic minority MSM to create the interactive digital storyline, using actors to portray facts, characters, relationships and lived experiences.	MSM in Black and ethnic minority communities	National
58	Welcome to Brook	Brook	5	Developing a digital tool to triage young people, prioritising the most vulnerable for sexual health and reproductive health care, and encouraging self-care by providing a tailored package of advice and information. The tool aimed to support young people to make contraceptive decisions, increase knowledge, awareness and understanding of STIs, HIV and pregnancy choices – as well as wider lifestyle factors and risk-taking behaviour.	Young people	Manchester, Liverpool, Dudley
59	Bhen Sexplaining (A project for South Asian Women: Sisters Explaining Sex)	Trade Sexual Health	6	Using a steering group of South Asian (SA) women, this project delivered a film based around Saath Nibhana Saathiya (famous over-the-top soap) meets Acorn Antiques, covering a range of SRH topics. Alongside this, the project worked with South Asian women as peer champions for SRH. The champions worked with local South Asian Women's Centres in Leicester, to offer "Kitty" style parties (popular way of meeting other women and discussing topics). In addition to wider distribution, the film was used by the champions at the parties to	South Asian women	Leicester

			introduce and stimulate discussion on SRH. A legacy of sexual health information passed through workshops, discussions, and the film was made available for all generations of South Asian women in Leicester and beyond.		
60	Contraception Choices for Black communities	FSRH	6	This national project aimed to increase knowledge, confidence and satisfaction with contraception decisions via a series of videos (featuring Black men and women of African, Caribbean and mixed heritage and Black clinicians) addressing concerns and barriers experienced by Black people around contraception and accessing contraception.	Black men and women	National
61	Improving Reproductive & Sexual Health Outcomes for Gypsy & Traveller Women in York	Yorkshire MESMAC	6	Yorkshire MESMAC worked closely with the York Traveller Trust to deliver a community-led programme of training, resource development and education to improve knowledge, access and uptake of reproductive and sexual health services amongst Gypsy and Traveller Women within the City and Vale of York. The project aimed to address the inequalities in SRH outcomes faced by this community of women through meaningful collaboration, appropriate educational resources, peer support groups, effective pathways into local clinical services and the implementation of community-based clinical services.	Gypsy & Traveller Women	The City and Vale of York
62	Making Space in Relationships and Sex Education	National Children's Bureau	6	This project worked intensively with a group of teachers in Bristol, who participated in a 'Making space' CPD programme, devising an RSE toolkit for schools nationwide. With input from local community organisations and national expertise, the toolkit included how to use an asset-based approach to including parents. Particular focus was given to including parents from minority ethnic backgrounds to give an affirmative voice to lived experience and cultural values relevant to RSE. The overall aim was to create a practical resource and network of teachers to serve as champions for RSE with a positive narrative around parental engagement,	Schools	Bristol

				pupil voice and inclusive delivery, contributing to more children from ethnic minority backgrounds receiving RSE that meets their needs, at school and at home.		
63	'My Message to You' – Latin American HIV Film Projection and Image Campaign	METRO Centre Ltd	6	This film projection and image-based campaign sought to break stigma and increase engagement in HIV prevention approaches in Latin American communities across London through a short documentary-style film featuring Latin American people living with HIV and other visual media.	Latin American communities	London
64	PEasy (Pee Easy)	The Love Tank CIC	6	This project aimed to increase gonorrhoea testing amongst young Black Caribbean men in London and Hull as a stepping stone to enrolment in more sustainable and comprehensive sexual health services. The project aimed to learn about different approaches to engaging this group of men to improve sexual health knowledge.	Young Black Caribbean men	London, Hull
65	PrEP and Sexual Health Community Pharmacies Project	Terrence Higgins Trust	6	This project worked with community pharmacies in Haringey (London) and Luton to support them (through digital training and resources) to provide culturally appropriate PrEP and sexual health advice to clients from ethnic minority backgrounds accessing Level 1 sexual health services and refer them to access PrEP through local clinics. The project also provided patient information resources in different languages.	Pharmacies and patients	Haringey (London), Luton
66	The Sex Agenda	Decolonising Contraception	6	The Sex Agenda utilised digital tools including a podcast, online seminars, and the creation of a Sexual and Reproductive Health (SRH) anthology for educational institutions to deliver SRH health information to young Black and Brown communities (with a particular focus on the needs of West African and Tamil communities) throughout and beyond the COVID-19 pandemic. The project aimed to increase SRH knowledge amongst users of the resources.	Black and Brown communities (focusing on West African and Tamil communities)	London, Leicester

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