



Birmingham and Solihull Sexual Health

# Annual Report 2019-20





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# Executive summary

# Executive summary

## 1 Background

In August 2015, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) commissioned Umbrella to provide a new, unique, outcomes-based sexual health service that would enable greater access to sexual health services for all Birmingham and Solihull residents.

Umbrella seeks to achieve this greater access through an innovative combination of training, education, health promotion and partnership working, building the most integrated sexual health service for all of its service users.

The Umbrella model completely redesigned the traditional sexual health service. Prior to Umbrella, sexual health service models had been fragmented, treatment-based and predominantly delivered in specialist clinical centres. Umbrella transformed the model into a prevention-based, community-focused service with education, empowerment and self-care at its core.

The success of the Umbrella service is measured in terms of its performance in supporting 10 sexual health priority outcomes:

- 1 Reducing under-18 conceptions
- 2 Increasing chlamydia diagnoses in the 15–24 age group
- 3 Reducing the late diagnosis of HIV
- 4 Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- 5 Providing better access to services for high risk communities
- 6 Ensuring prompt access for earlier diagnosis and treatment
- 7 Increasing the use of effective good quality contraception
- 8 Reducing the number of people repeatedly treated for STIs
- 9 Reducing the number of abortions; repeat abortions under the age of 25
- 10 Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

## 2 Wider context

### 2.1. Healthcare economy

Umbrella aims to deliver these priority outcomes in a geographical footprint that faces significant health, social and wellbeing challenges.

- Birmingham is the youngest core city in Europe, with 46% of the population under 30, whilst Solihull has an ageing population, with 21% of the population over 65 (source NOMIS: [www.nomisweb.co.uk](http://www.nomisweb.co.uk))
- Birmingham is a culturally and ethnically diverse city, with 40.3% of residents identifying as being from an ethnic group other than white. Solihull also has an increasingly diverse population, with 8.6% of the population identifying as Black,



Asian or Mixed Ethnic Minority (source: PHE Fingertips: [fingertips.phe.org.uk](https://fingertips.phe.org.uk))

- Birmingham is a growing city, linked in part to migration, with a 13.4% increase since 2004 (source NOMIS: [www.nomisweb.co.uk](https://www.nomisweb.co.uk))
- Birmingham has a homelessness level more than three times the England average (8.3 households per 1,000 compared to 2.5 households nationally and 3.5 households in the West Midlands) (source: PHE Fingertips: [fingertips.phe.org.uk](https://fingertips.phe.org.uk))

### 3 Umbrella – its fifth year

This annual report covers the period of 1 August 2019 to 31 July 2020. As the final year in the five-year contract and the year in which the country faced the Covid-19 pandemic, this report aims to summarise the achievements realised during the past year, specifically, up to March 2020 prior to the impact of the pandemic. The months from March to July 2020 saw a significant impact on how Umbrella sought to deliver sexual health services within the constraints of national and local guidelines. The changes to the service during those months were implemented to maintain support for high risk groups and vulnerable patients in the light of the pandemic.

In 2019–20 Umbrella employed around 300 staff and provided services from:

- 9 clinics
- 169 pharmacies (across Birmingham only)
- A range of public and third sector organisations that have a formalised partnership with Umbrella

Prior to the Covid-19 pandemic in March 2020, Umbrella continued to see increases in activity.

During the year, from 1 August to 31 July 2020, Umbrella issued a total of 58,778 STI kits, which is an average of 4,898 a month and received back a total of 37,957, an average of 3,163 per month which equates to a return rate of 65%. This represents an increase of 13% on last year, which saw 52,191 kits issued and 30,544 returned: an average of 4,349 issued and 2,545 kits returned per month.

The increased use of self-screening kits is significant, as it represents the most cost-effective approach to detecting STIs and it also provides the most accessible pathway for service users. So this growth is positive, both for the service and for the residents of Birmingham and Solihull.

There was also a significant increase in the use of chlamydia screening kits in Year 5 when 30,367 kits were given out representing a 54% increase from the previous year.

Umbrella pharmacies have continued to grow with an 8% increase compared to the previous year in the uptake of Combined Oral Contraception (COC) and Progesterone-only Pill (POP).

The successful pharmacy tender round that took place in December 2019 will see a further expansion of Tier 2 treatments provided by Umbrella's network of pharmacies.

The advanced provision of treatments will be extended to 101 pharmacy locations. These 101 will join the existing 63 Tier 2 providers from 1 September 2020. Going forward, Umbrella will have 164 pharmacies in Birmingham providing all of enhanced services. This development is aligned to Umbrella's strategic objectives to reduce activity in the Umbrella operated clinics and move relevant activity in the community pharmacy and GP settings.

#### Tier 2 pharmacies enhanced services

- Initiate STI testing
- Hepatitis B vaccinations
- Initiate Combined Oral Contraception (COC) and Progesterone Only Pill (POP)
- Dispense and administer on-going contraceptive injections and dispense treatment for chlamydia

### 3.1. Delivery partners and community partners

In 2019-20 Umbrella signed up 12 additional community partner organisations to deliver, expand and support our service and will continue to add more partners to our network.

- A total of 2,067 one-to-one interventions and 757 group interventions were made between August 2019 and July 2020 by our BME partner KIKIT. From April to July 2020 KIKIT delivered 696 one-to-one interventions and 261 group interventions remotely. SIFA Fireside, our other BME partner, delivered 653 interventions between August 2019 and July 2020. One-to-one interventions were reintroduced in June 2020 after being suspended between April and May due to Covid-19 restrictions
- Rape and Sexual Violence Project (RSVP) Independent Sexual Violence Advisors (ISVAs) delivered support at Abuse Survivors Clinics (ASC) at Whittall Street and in Solihull and Chelmsley Wood clinics. RSVP delivered 1,213 one-to-one interventions between July 2019 and March 2020 and delivered 75 interventions within a clinic setting between July 2019 and June 2020. In addition, the RSVP ISVAs delivered 240 one-to-one interventions in April to July 2020, including remotely by email and telephone. At these clinics, clients affected by sexual violence, abuse, coercion and exploitation aged 13 years old and upwards receive sensitive sexual health support. Umbrella staff will also contact RSVP ISVAs for information and advice when they are supporting a survivor of sexual abuse who has attended the general clinics
- Birmingham Women's Aid have been an Umbrella partner since April 2019 and provide clients with telephone and face-to-face support. 1,392 contacts have been made between April 2019 and July 2020. The IDVA has supported women with safety plans, civil and criminal law advice, housing advice, family law advice and domestic violence awareness
- Loudmouth, our 'education through drama' partner, during the period from July 2019 to March 2020 delivered 111 sessions to 12,477 young people. Themes of interventions delivered include Trust Me sessions on sexual health, Safe and Sound sessions on teenage partner abuse and Working for Marcus sessions on child

sexual exploitation. Due to Covid-19 restrictions Loudmouth were unable to deliver any sessions from April to June 2020 but have adapted the scripts of their live performances used in Umbrella sessions to accommodate lockdown restrictions, to be delivered remotely from October 2020

- The Young Person's Health Advisor team and Children in Care nurses at Birmingham Community Healthcare Trust have reached 548 young people between July 2019 and March 2020. All young people are seen on a one-to-one basis and receive puberty, sexual health and contraceptive and relationship advice as appropriate. Kits and condoms are offered if appropriate
- From July 2019 to March 2020 Birmingham LGBT held 6,998 one-to-one interventions and 230 group interventions. Due to Covid-19 restrictions, from April to June 2020, Birmingham LGBT delivered 1,403 one-to-one interventions, via telephone, video call and online
- BCC Careers Service (BCC CS) has continued to develop access to sexual health services amongst their NEET (Not in Education, Employment or Training) and young parent workers' client groups. The service delivered 17,255 interventions and distributed 497 STI kits from July 2019 to March 2020
- BCC Youth Services have been working through 18 youth centres across Birmingham. They also host and run a service user consultation group and nominate Umbrella champions, which has assisted in Umbrella service user engagement with young people. BCC Youth Services provided 6,389 one-to-one interventions and 114 group interventions between July 2019 and March 2020. The Youth Service delivered 415 one-to-one interventions from April to June 2020. The summer period saw the Youth Service delivering workshops virtually and also in Aston Park and the restarting of their drop-in sessions within colleges

A summary of Umbrella partners can be found in Appendix D.

## **4 Umbrella strategy**

Year 5 saw Umbrella build on the foundations that support the strategic direction of the service. The completion of the Pharmacy T2 procurement which will extend the provision of Umbrella services within pharmacies, alongside the continued engagement of Umbrella GPs, are key factors in transferring sexual health services within community settings.

In March 2020 health services across the country faced the impact of the Covid-19 pandemic. Alongside all specialities within UHB, Umbrella moved swiftly to establish new processes and respond creatively and safely to the challenges imposed. Whilst the pandemic has had an impact on the way in which services are delivered, it has also encouraged digital innovative through the use of Telemedicine and how we interact with patients, delivery partners and staff.

In Year 6 Umbrella will consolidate its strategic goals towards a fully integrated sexual health system that delivers on its key objectives. We will build on learning gained over the past year and continue to creatively deliver our service principles should the on-going constraints of the Covid-19 pandemic continue. We will also work within the key aims of the new Sexual and Reproductive Health Strategy 2021 with a focus on a

reduction in the prevalence of HIV and the transmission of STIs, including enhanced access to contraception advice and support through the provision of extended treatments with our pharmacy and GP partners.

To achieve our aims we will:

- Increase health promotion across the city to tackle late diagnosis of STIs and address the stigma of STIs and HIV
- Embed the provision of PrEP (Pre-Exposure Prophylaxis) into our mainstream service provision
- Collaborate with “Fast Track Birmingham” partners to eradicate the transmission of HIV
- Work with key GP and pharmacy partners to deliver the broad range of enhanced sexual health treatments within communities, in particular with hard-to-reach groups
- Increase our referral pathways from clinic to GP practices for women requiring LARC services
- Build on the most successful partnerships to ensure ongoing and increased access to vital services for the most vulnerable groups, notably under 18 year-olds, and looked after children
- Provide an integrated, multidisciplinary model of care for women affected by sexual and domestic abuse in-line with NICE and Public Health guidelines. Published: 26 February 2014 ([www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50))
- Continue to meet and engage with prospective third sector organisations to build on the BAME network across Birmingham and Solihull
- Build on the dedicated Umbrella training programmes to continue to support the consistent, high quality service provision across the Umbrella network
- Expand our digital footprint beyond 2021 in the light of learning from the changes introduced due to the Covid-19 pandemic

The above strategic goals support Umbrella’s five key outcome measures set by our commissioners for the next two years.

#### **Umbrella’s 5 Key Outcome Measures: From 2020–2022**

1. Increasing the use of good quality contraception to reduce under-18 conceptions and abortions for all ages
2. Reducing the late diagnosis of HIV and transmission of Sexually Transmitted Infections and Blood Borne Viruses to prevent reinfection by ensuring prompt access for earlier diagnosis and treatment
3. Providing better access to services for high risk priority groups

4. Improved support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
5. Increasing the chlamydia screened diagnostic rate in the 15–24 age group

## 5 Summary of key actions/next steps towards meeting our aims and objectives

Umbrella alongside all healthcare services faced significant operational challenges in its fifth year due to the Covid-19 pandemic in March 2020.

Notwithstanding the challenges, Umbrella was able to deliver a service that met the needs of patients for whom face-to-face interaction was a clinical priority. This was achieved by reviewing clinical protocols to support our GP and pharmacy partners in the first wave of the pandemic, enhancing the use of digital healthcare through Telemedicine with video and telephone consultations, supporting safe interaction with staff and delivery partners through webinar platforms and sharing communication via social media platforms and the Umbrella website. Umbrella will take forward all the learnings gained during this period into 2021.

Following the successful completion of Umbrella's participation of the PrEP National Impact Trial in 2020, PrEP will be provided within Umbrella as part of our mainstream service delivery.

Umbrella will continue to focus on providing access to sexual health services in the safest and most accessible way possible for our population. We will expand on the strategies that worked well throughout the pandemic, reinstate engagement with our community and delivery partners who have been unable to operate fully from March 2020, optimise our digital and technological footprint, work collaboratively with "Fast Track Birmingham" partners to eradicate the transmission of HIV, apply learning gained from our research projects into our service delivery plans, and refocus our approach and energy on increasing the uptake of chlamydia screening for 15–24 year-olds.

In addition to the above, we will work with two of our key partners, The Rape and Sexual Violence Project (RSVP) and Birmingham and Solihull Women's AID (BWAID) to deliver an integrated model of care to support women affected by sexual and domestic abuse in-line with the recommendations outlined within the NICE and Public Health guidelines: Published: 26 February 2014 ([www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50): Domestic violence and abuse).

- Apply learning and recommendations from the Umbrella research team to service delivery
- Refocus our approach and energy on increasing the uptake of chlamydia screening for 15–24 year-olds across Birmingham and Solihull
- Continue to extend the Umbrella brand with innovative and creative communication messaging and campaigns

**Table 1: This table benchmarks the Birmingham and Solihull performance (reflecting Umbrella's performance) against the West Midlands and England for a number of outcomes (PHOF: Public Health Outcomes Framework)**

Indicator	Period	England	West Midlands	Birmingham	Solihull
Syphilis diagnostic rate/100,000	2019	13.8	7.6	9.4	2.8
Gonorrhoea diagnostic rate/100,000	2019	123	99	189	81
Chlamydia detection rate/100,000 aged 15–24 (PHOF indicator 3.02) <div> <div>&lt;1,900</div> <div>1,900-2,300</div> <div>≥2,300</div> </div>	2019	2043	1698	1827	1638
Chlamydia proportion aged 15–24 screened	2019	20.4	15.3	17.1	17.6
New STI diagnoses (exc chlamydia aged <25)/100,00	2019	900	701	1058	644
HIV testing coverage, total (%)	2019	64.8	64.9	70.4	71.9
HIV late diagnosis rate (%) (PHOF indicator 3.04) <div> <div>&lt;25%</div> <div>25%-50%</div> <div>&gt;50%</div> </div>	2017–19	43.1	45.3	41.2	38.5
New HIV diagnosis rate/100,000 aged 15+	2019	8.1	6.0	11.7	4.0
HIV diagnosed prevalence rate/1,000 aged 15–59 <div> <div>&lt;2</div> <div>2 to 5</div> <div>5</div> </div>	2019	2.39	1.89	2.78	0.88
Population vaccination coverage – HPV vaccination coverage for one dose (females 12–13 years old) (PHOF indicator 3.03xii) <div> <div>&lt;80%</div> <div>80% to 90%</div> <div>≥90%</div> </div>	2018/19	88.0	88.6	82.4	93.5
Under 25s repeat abortions (%)	2019	27.7	30.4	31.1	36.3
Abortions under 10 weeks (%)	2019	82.5	79.8	79.1	81.9
Total prescribed LARC excluding injections rate/1,000	2018	49.5	43.2	44.4	15.2
Under 18s conception rate/1,000 (PHOF indicator 2.04)	2018	16.7	19.1	19.2	17.1
Under 18s conceptions leading to abortion (%)	2018	53.0	48.9	46.0	62.3
Sexual offences rate/1,000 (PHOF indicator 1.12iii)	2018/19	2.6	2.5	2.8	1.8

# Annual Report

## 2019-20



# Annual Report 2019–20

## 1 Introduction

In 2014, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) reshaped the model of sexual health services by procuring a new 'integrated system' approach for the whole population of Birmingham and Solihull. (Please refer to Appendix A for glossary of terms).

BCC and SMBC commissioned Umbrella to provide an integrated sexual health service provision under a single contract led by UHB.

The five-year contract came to an end in August 2020. The preceding months were spent maintaining the delivery of the service against all 10 outcomes whilst working with commissioners, internal staff and delivery partners to deliver on the 10% savings required as part of the 5+2 year contract extension. This involved decisions around which services Umbrella planned to reduce and which to reconfigure into new ways of working. It also meant reducing the number of delivery partners we work with and reducing the contract awards that were retained.

In addition to these challenges, in March 2020, the UK went into a national lockdown due to the Covid-19 pandemic. Umbrella was unable to provide open access for patients previously seen via a walk-in system as well as an appointment-based system. In response to the pandemic, the operational and clinical teams moved swiftly towards reconfiguring the service provision with new protocols and processes to ensure face-to-face consultations for patients for whom it was essential.

Daily meetings were held throughout the pandemic with Umbrella's clinical, training, communication and operation teams to review and refine our systems and processes whilst seeking to work as safely and creatively as possible.

This report describes the performance against Umbrella's 10 outcomes from August 2019 to July 2020, and includes the period from March to the end of July 2020 when the service was significantly impacted by the Covid-19 pandemic.

## 2 Our commissioners and associates

Lead Commissioner: Birmingham City Council (BCC)

Associate Commissioner: Solihull Metropolitan Borough Council (SMBC)

## 3 Our commissioners' intentions

As a result of the Health and Social Care Act (2012) local authorities became responsible for the provision of comprehensive, open access sexual health services from April 2013. These services are mandated and must provide access to testing and treatment for STIs, testing for HIV and all forms of contraception.



These services must be available to all individuals over the age of 13, regardless of residence or status.

The Sexual Health Commissioning Strategy for Birmingham intended to ensure that future spending on sexual health achieved the following:

- Services that meet defined needs
- Services that meet current and future demand
- Services that are best value (cost and quality)
- Prioritisation of the types of services that are required to make a difference for the area's residents, especially the most vulnerable

## 4 Umbrella's mission, vision and objectives

### 4.1. Mission

The Umbrella mission is to encourage sexual health and wellness across the population of Birmingham and Solihull by providing training, support, education and easy community access for all their sexual health needs.

### 4.2. Vision

## To create the most integrated sexual health service

A new approach that gets all partners working together.  
This advances access, attitudes and the actions of our audience, through innovative integration and services, which improve the health of the region, and sets a new standard.

The Umbrella vision is based upon five guiding principles:

- PARTNERSHIP – Working together for the delivery of a step change in sexual health outcomes, providing a seamless and high quality service
- PREVENTION – Access to timely and effective treatment and preventing ill health
- PROMOTION – Health promotion advisers to be aware of all treatment options and clinical services available to their contacts
- PROXIMITY – Interventions, both clinical and health promotion, delivered better and closer to home
- PROTECTION – Umbrella ensuring that partners can identify and support victims of sexual coercion, exploitation and violence

### 4.3. Objectives

The Umbrella objectives for 2019–2020 are to deliver against 10 sexual health priority outcomes.

- 1 Reducing under-18 conceptions
- 2 Increasing chlamydia diagnoses in the 15–24 age group
- 3 Reducing the late diagnosis of HIV
- 4 Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- 5 Providing better access to services for high risk communities
- 6 Ensuring prompt access for earlier diagnosis and treatment
- 7 Increasing the use of effective good quality contraception
- 8 Reducing the number of people repeatedly treated for STIs
- 9 Reducing the number of abortions, in particular repeat abortions under the age of 25
- 10 Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

## 5 The Umbrella Team

The Umbrella service is delivered by a multidisciplinary team of Consultants, Junior Doctors and nursing staff with expertise in reproductive sexual health and genitourinary medicine.

The service is also supported by our team of Health Advisors with experience in supporting vulnerable adults, safeguarding and contract tracing.

In addition to the above, research staff, operational managers, training and communication specialists all contribute to the professionalism and brand that is unique to Umbrella.

Faced with the challenge of delivering sexual health services during a pandemic, Umbrella staff demonstrated a high degree of professionalism and resilience in ensuring the safety of patients and staff alike. The commitment shown by Umbrella staff was commended by Birmingham City's Director of Public Health.

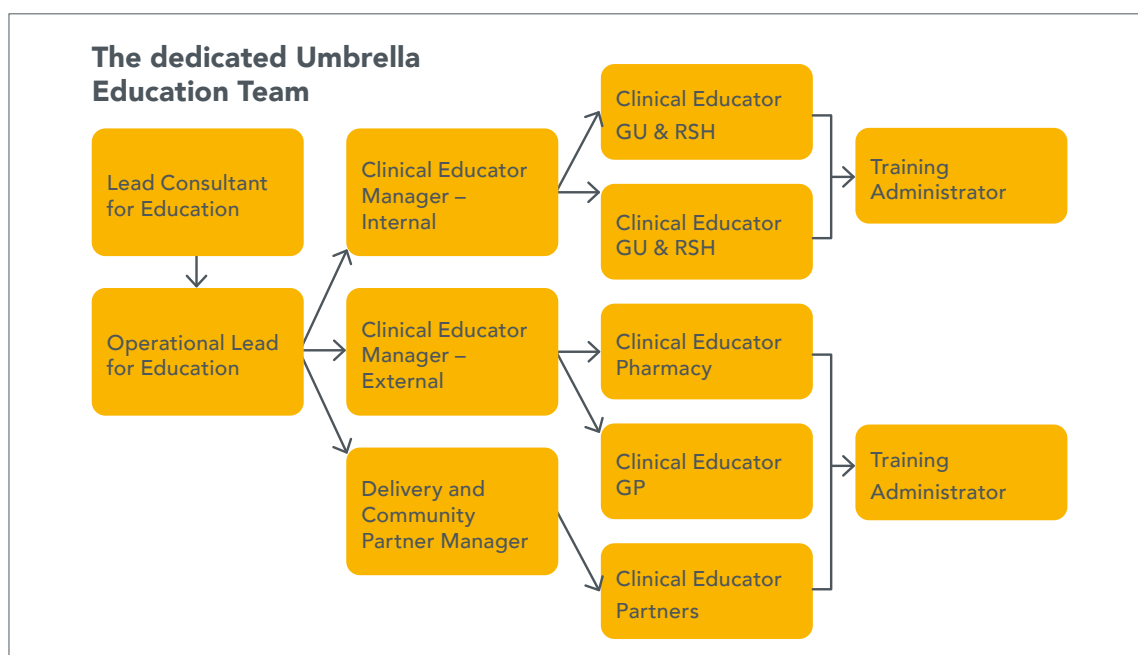
### 5.1. Education and training

#### Year 5 Education and training

Over the last year, the Umbrella education team has remained committed to providing access to substantive education and training focussed on achieving the Public Health outcomes to all those involved in the Umbrella partnership within the limitations that the last 12 months has brought. The team has continued to improve and develop the training provided through a varied and comprehensive educational programme, notably through the transition to online and virtual delivery.

The Umbrella education team consists of clinical and non-clinical staff, responsible for the development, delivery and review of the educational programme. They work closely with partnership organisations to facilitate the delivery of training around the priority groups. The programme and team are split into the following:

Internal – UHB sexual health service; External – General Practice (GP) and Community Pharmacy (CP); External – delivery and community partners.



This has been a challenging time for the Clinical Education (CE) team with service closures, from March 2020 due to the Covid-19 pandemic.

The role of the CE team in supporting and enabling the changes necessary has been pivotal. The team have embraced new ways of working with revised protocols, processes and new technologies, with a high degree of professionalism and resilience whilst being under restrictions.

Over the last 12 months the specific achievements are as follows;

#### Internal – UHB sexual health service

Over the last 12 months the team have focused on the following deliverables;

- 95% of nursing staff to be integrated (sexual health service Patient Group Directions (PGDs) signed) within 12 months of Umbrella employment, and 95% of nursing staff to hold and maintain dual accredited qualifications (STIF Intermediate and Diploma or approved alternative) within 18 months employment)
  - ▶ Current integrated trained (can see both GU and RSH patients using PGDs) – 100% (target 95%)
  - ▶ Hold both STIF and DFSRH (classed as an Integrated Nurse) – 90% (target 95%)
- All role specific staff, identified by operational management, hold Letter of Competence (LoC), Sub-dermal Implant (SDI) and/or Intrauterine Techniques (IUT)
  - ▶ Medical staff with LoC IUT – 12
  - ▶ Medical staff with LoC SDI – 14
  - ▶ Band 7 nurses with LoC SDI: eight (100%)
  - ▶ Band 7 nurses with LoC IUT: six (75%)
  - ▶ Band 6 eligible nurses with LoC SDI: 14 (48%)

- Actively seek income generation
  - ▶ Income is now being generated through use of paid for external requests for education and training qualifications
  - ▶ Paused since March 2020 owing to Covid-19 restrictions
- Directly contribute towards future workforce recruitment (Nurse Associates, student development, pre and post registration, newly qualified and banding progression) and staff retention (through continuous professional CPD development and learning beyond registration)
  - ▶ January 2020 – launch of Band 5 and 6 trainee nurse programme. Six new starters joined the service on an 18-month programme to train them as Integrated Nurses
  - ▶ Two Trainee Nurse Associates started as Health Care Advisors (HCA's) to enable them to work autonomously with patients
- Ongoing weekly staff training – all staff training was delivered via a blended approach virtually using online platforms and face-to-face training where appropriate

#### External – GP

- 38 staff from GP practices (predominantly Practice Nurses) attended training on one or more of the following sessions of the SHAPE programme for all GPs in Birmingham and Solihull;
  - ▶ Sexual Health Skills for Practice
  - ▶ Contraception 'Ask the experts'
  - ▶ SRH essentials
    - ▶ From March 2020 the face-to-face sessions stopped and will resume virtually in 2021
- 52 staff from seven different practices or from groups of practices attended the chlamydia screening programme for general practice training
  - ▶ From March 2020 the face-to-face sessions were paused and will resume virtually in 2021
- 111 GPs, Practice Nurses and Practice Managers have attended one or more of three GP Forum events around the following topics:
  - ▶ HIV testing
  - ▶ Erectile dysfunction in young men
  - ▶ Pelvic Inflammatory Disease (PID)
  - ▶ Remote contraception prescribing
  - ▶ Long Acting Reversible Contraception (LARC) services
  - ▶ The Third Forum was held virtually

## External – Community Pharmacy

- New learning pathways were developed with the aim that all pharmacies receive Tier 2 training from 1 September 2020
- From March 2020 all training for the year was moved online due to Covid-19. Information was sent to Pharmacists via PharmOutcomes, Contract Holders and LPC (Local Pharmaceutical Committee) informing them of the change to online training
- Core Services training was accessed and completed online for pharmacists to access at their convenience. The number of pharmacists who completed Core Services training is outlined below:
  - ▶ February–April 2020      10
  - ▶ May–July 2020              2
- All Services training enables pharmacists to deliver the full Umbrella pharmacy service. In light of Covid-19, this training is now online (going live in September 2020) with a written knowledge assessment to be completed. This is followed by a face-to-face assessment six months after completing the online phase of training. The face-to-face assessment is in development
  - ▶ February–April 2020      14 (face-to-face)
  - ▶ May–July 2020              0
- Umbrella Update must be accessed within 12 months of completing the All Services online training and completed annually thereafter
  - ▶ February–April 2020      15 (face-to-face)
  - ▶ May–July 2020              0
- Pharmacy Staff Training (PST) is applicable for non-registered staff working within pharmacy. The training is delivered ad-hoc on the request of the pharmacies. This stopped in March 2020 due to Covid-19. There are plans to reinstate PST in 2021

## External – Delivery and Community Partners

- Attendance of 56 participants over eight training sessions covering:
  - ▶ Umbrella Scheme
  - ▶ Contraception Awareness
  - ▶ STI Awareness
  - ▶ Child Sexual Exploitation (CSE) and Practical Skills
- A quarterly partner event covering 'Abuse Survivors' was attended by 54 participants from 25 different Birmingham and Solihull based organisations
  - ▶ From March 2020 the face-to-face sessions were paused and will resume virtually in 2021

## External – Young People’s Health Advisers

The team worked with a total of 2,559 young people across Birmingham and Solihull, of which 1,808 were aged under 16 years-old.

- The core sessions delivered were:
  - Consent
  - Healthy relationships
  - Contraception including condoms
  - Sexually Transmitted Infections (STIs)
  - Child Sexual Exploitation (CES)

All sessions include signposting to Umbrella sexual health services, as well as other local and national support services.

- The team delivered 613 sessions across the year; the most popular sessions requested were:
  - Consent n=42
  - Contraception n=69
  - STIs n=67
    - From March 2020 the face-to-face sessions were paused and will resume virtually in 2021

Our Young People’s Health Advisors (YPHAs) are developing the Reproductive Sexual Education (RSE) 2020 Train the Trainer virtual training. It will be offered to all school staff across Birmingham and Solihull.

### 5.2. Clinical

The clinical team consists of a wide range of professionals, to ensure holistic sexual health care is offered to clients at any stage of access to the service. Consultants, medical staff, Nurses, Clinical Educators, Health Advisors, Psychotherapists and Counsellors are present or can be referred to, from all clinical sites, partners and primary care settings. Drug and alcohol support services, via an Umbrella partner, are also offered within clinics.

### 5.3. Outreach

- The number of sites visited for Umbrella Sexual Health services (condoms, STI kits, chlamydia screening kits, signposting, leaflets and information on the service) is outlined below:
  - 18 schools, colleges and universities
  - Four hospitals
  - 11 community residential and hubs
  - 31 barber shops and MBE Businesses

Community outreach work was held off in March 2020 due to Covid-19 precautions.

Sites could order and request promotional material, chlamydia screening kits and condoms if required.

#### 5.4. Health promotion and education

The Trust Communications team leads on the Umbrella health awareness and promotion campaigns, material and shared information. Effective communication between provider and service user is essential to embed the vision of the service. The educational element includes organisations who are delivering health promotion, education and advice to increase awareness for young people. These include schools, colleges and pupil referral units.

#### 5.5. Pharmacy (for the purpose of this report, where activities are delivered within a pharmacy setting, this refers to Birmingham only)

Pharmacy activity has averaged 4,264 interventions per month for the period of August 2019 to July 2020, with total interventions at 51,173.

N.B. Activity for August 2019 to July 20 is 4,043 interventions fewer than activity for August 18 to July 19 or 7%. Average activity for August 2018 to 2019 was 4,601 interventions per month, with the monthly average activity for August 2019 to July 2020 at 4,264 interventions.

Covid-19 has reduced the overall number of interventions delivered in pharmacies to 15,588 for March 2020 to July 2020 compared to 24,300 for March 2019 to July 2019.

Activity has particularly affected STI kit initiations due to the need for social distancing. Activity for EHC has recovered to just below pre-Covid-19 levels, with activity for Q2 20/21 only 3% lower than Q2 19/20. Chlamydia treatment and chlamydia screening kits activity is 29% and 57% lower for Q2 20/21 compared to 19/20.

#### Summary of overall achievements over 5 years (August 2015 – March 2020)

The pharmacy service has increased interventions delivered for the financial year 2017/18 to 2018/19 by 26,710, or 118% and from 18/19 to 19/20 has increased interventions by 8,388 or 17%. The number of pharmacies delivering Umbrella services has increased from 98 in 2016 to 164 from August 2020. The number of STI kits, POP and chlamydia treatment issued for 2018/19 were over three times as many as in 2017/18. Chlamydia treatment rose by 93% for the period between 2018/19 to 2019/20; with COC and POP treatment having also increased by 32% and 34%.

#### 5.6. Safeguarding

Within Umbrella, the aim of the Safeguarding Team is to ensure that there is a robust policy, with supporting procedural documents, that allows a consistent approach to the delivery of the safeguarding principles across Umbrella. The policy provides a framework that can be followed, encourages the challenge of practice where appropriate and is reinforced by training and support. It enables all staff to recognise and report incidents where children, young people and adults are at risk. This will ensure that users get the most appropriate and effective support necessary.

#### 5.7. General Practitioners (for the purpose of this report, where activities are delivered within a general practice setting, this refers to Birmingham only)

Umbrella contracts with 129 GPs, including seven different GP consortiums.

A total of 2,924 Intrauterine Contraceptives (IUCs) were fitted by Umbrella GP practices in 2019/20. For the period of August 2019 to March 2020, the number of IUC fittings was 9% higher than the same period of the previous year. The Covid-19 pandemic impacted service delivery from April 2020, with the number of fittings conducted during April to June of 2020 significantly reduced. As a result of the outbreak, for the period of August 2019 to July 2020, 546 less IUC fittings were conducted, a 16% reduction when compared with the same period last year.

A total of 2,155 Sub-dermal Contraceptive Implants (SDIs) were fitted by Umbrella GP practices in 2019/20. For the period of August 2019 to March 2020 SDI fittings were 4% lower than the same period of the previous year. Similarly, as with IUCs, due to reduced capacity for practices to conduct fittings during the beginning of the Covid-19 pandemic, SDI activity has been impacted, with 784 (27%) less SDIs conducted than last year.

From August 2019 to July 2020, out of a total of 1,586 chlamydia screening kits were processed by the UHB laboratories, 123 positive chlamydia screens were detected (this is equivalent to a positivity rate of 7.8%). Of the 1,025 chlamydia screening kits from patients aged 15 to 24 processed by the UHB laboratories, a total of 105 positive screens were detected (providing a positivity rate of 10.2%).

An appointed Umbrella GP Advisor supports the Umbrella team, helping to provide guidance on raising the profile of sexual health amongst GPs. Three Primary Care Forums have also taken place during 2019/20, with various speakers presenting on a variety of Sexual Health topics and training being delivered.

## 5.8. Partners

Umbrella has partnership contracts in place across pharmacies, GPs, and community groups, with work spanning all 17 locally identified priority groups, helping to ensure equity of access to integrated sexual health services and related support services for all. A full list of all partners is detailed in Appendix D.

## 5.9. Research and Development

In 2019-20 Umbrella's Research and Development (R&D) programme has continued to remain focused on service development and evaluation to inform service delivery, improving the patient experience, and ensuring cost-effective delivery of services. This has included:

- Identifying the key economic information required by those commissioning sexual health services (this work was awarded a prize at the British Association for Sexual Health and HIV conference 2020)
- Evaluating pharmacy delivered sexual health services from a user and provider perspective, including how to optimise the use of 'mystery shoppers' to improve the service
- Developing validated measures of patient satisfaction and experience
- Exploring the specific challenges faced by young people who have experienced sexual assault and identifying how the service can best support them



The Covid-19 pandemic led to a significant reduction in R&D activity between March and July 2020 with a gradual resumption of research over the subsequent few months. This delayed some projects but also highlighted the need to formally evaluate new ways of working introduced as a result of Covid-19 and to identify best practice for the future, including remote consultations and postal delivery of medication. This work is on-going in collaboration with partners at University of Birmingham and University of Wolverhampton.

Over the past five years the Umbrella partnership has developed a world class R&D programme which has evaluated sexual health services with clear pathways for improving patient care. The resulting evidence base has been used to develop new services (e.g. dedicated clinic for survivors of sexual abuse), refine the delivery of services (e.g. increasing STI testing in pharmacies after dispensing emergency contraception), improve patient feedback (e.g. use of a validated patient reported outcomes survey), reduce inequality (e.g. by identifying barriers to engagement and how these can be overcome), and ensure the cost-effective use of resources (e.g. through a health economics analysis comparing different modes of service delivery).

## **6 Umbrella's Objectives**

### **6.1. Outcome 1: Reducing under-18 conceptions**

#### **6.1.1. Why is this outcome important?**

It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. There is also a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage motherhood.

Ensuring that under-18-year-olds are aware of Umbrella services and are provided with access to services is an essential aim for Umbrella. Throughout the Covid-19 pandemic under-18s were high on Umbrella's criteria as one of the key groups that were provided with telephone consultations and face-to-face support where necessary.

Reducing under-18 conceptions is also a key driver behind one of Public Health England's (PHE) seven national priorities: 'ensuring every child has the best start in life'.

#### **6.1.2. How is the outcome measured?**

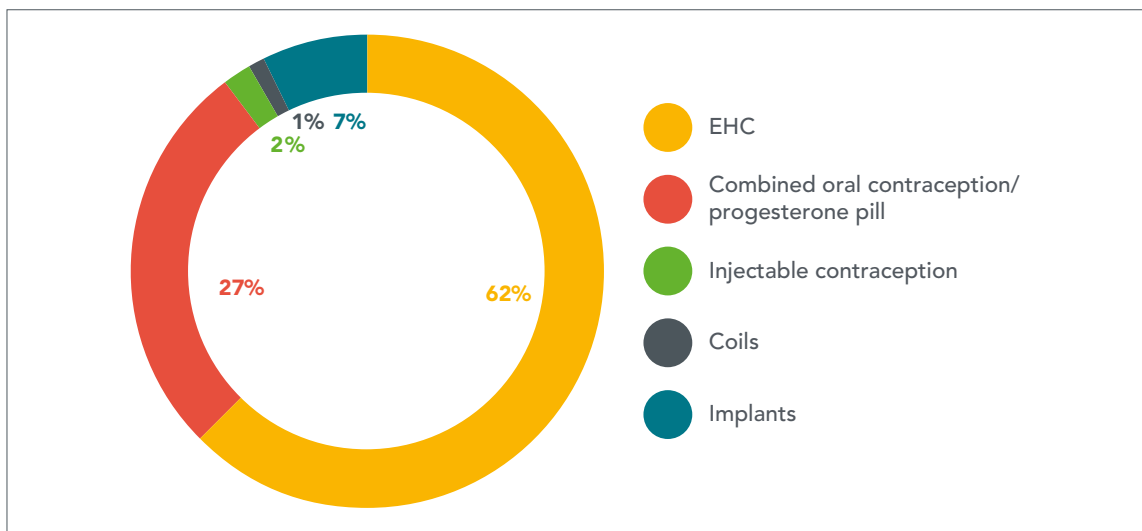
A data set is produced by the Office of National Statistics from national data on teenage pregnancy and local authority IMD scores. Annual data on under-18 conception rates and the proportion of under-18 conceptions leading to abortion can be obtained from the ONS website ([www.ons.gov.uk](http://www.ons.gov.uk)) for all local authorities in England. The Public Health Outcomes Framework (PHOF) 2018 also identifies 'under-18 teenage conception rate' as one of three sexual health indicators.

Figure 1 identifies that emergency hormonal contraception (EHC) is the most frequently used form of contraception in Birmingham at 62% (an increase from 59% in Year 4).

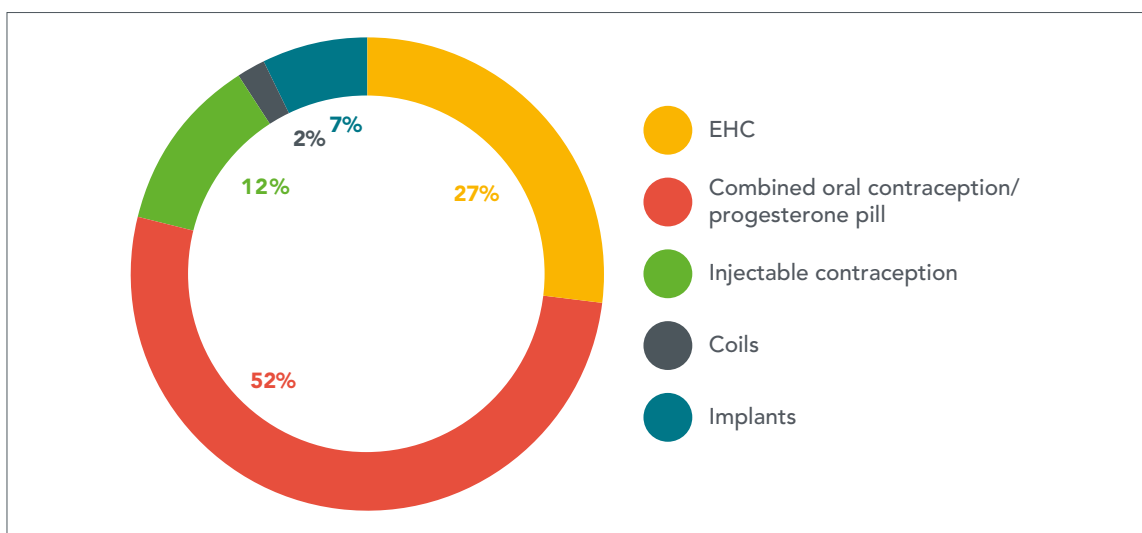
This is an encouraging trajectory and shows a year on year growth in under-18 years accessing EHC in Birmingham.

Figure 2 shows that in Solihull the most widely used contraception is the Progesterone only pill (POP)/Combined Oral Contraception (COC) at 56% of the total (51% in Year 4) with the rate of uptake or EHC significantly lower than Birmingham at 27%.

■ Figure 1: Contraception to Birmingham residents by Umbrella – under-18s



■ Figure 2: Contraception to Solihull residents by Umbrella – under-18s



### 6.1.3. Umbrella's strategy – Year 5 and beyond

The following will be part of our campaign calendar:

- Work to increase the use of reliable forms of contraception, including LARCs and oral contraception, in both Birmingham and Solihull during the two-year extension period will be a key Umbrella priority. This will be by a combination of health promotion campaigns and increased activity through clinics pharmacies and GPs. The extension of Tier 2 services within Umbrella pharmacies will support the aim to increased uptake of contraception for under 18 year-olds.

#### ▶ Clinics

A comprehensive training drive will help to increase the number of qualified

- fitters in the clinics
- ▶ **Pharmacies**  
Umbrella successfully moved from Tier 1 provision into Tier 2 provision.
- ▶ There are now 163 pharmacies providing a full range of Tier 2 services. This will provide a significant increase in capacity to provide oral and injectable contraception in Birmingham
- ▶ **GPs**  
Umbrella will continue to build strong relationships with our GP partners and establish clear referral pathways from clinic to GP for women wanting non-complex LARC services. Our communications team will work closely with our GP partners to ensure that we are promoting the service widely and raising awareness
- ▶ **Health promotion**  
The communications team will continue to develop innovative marketing campaigns to raise awareness of the services that are available across the whole Umbrella network

## 6.2. Outcome 2: Increasing chlamydia diagnoses in the 15–24 age group

### 6.2.1. Why is this outcome important?

The prevalence of chlamydia infection is highest in young sexually active adults (15–24 year-olds). The aim is to reduce the infection rate across Birmingham and Solihull through early detection and treatment, particularly of asymptomatic patients, in order to prevent further transmission of the infection.

### 6.2.2. How is this outcome measured?

Chlamydia activity data is collected by Public Health England (PHE) from NHS laboratories, local authorities and NHS commissioned laboratories, to measure screening activity. Chlamydia 'activity' data reported by PHE is based on primary care and community service chlamydia data from the Chlamydia Testing Activity Dataset (CTAD), and chlamydia data from GUMCADv2.

Umbrella reports quarterly to the commissioner, against a number of national and local KPIs (Key Performance Indicators). These include:

- ▶ Rate of chlamydia diagnoses per 100,000 15–24 year-olds: nationally reported one year in arrears
- ▶ Proportion of population aged 15–24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile: nationally reported one year in arrears
- ▶ Percentage contribution to chlamydia screening by 'Core Services': i) CSP, ii) Clinic (Integrated Service), iii) GP, iv) Pharmacy (Pharmacy Initiated STI Screening), and v) Self Sampling Kit (Excluding CSP and Pharmacy)

### 6.2.3. Year 5 performance and analysis

The national target is to deliver 2,300 positive screens per 100,000 population. The population of 15–24 year-olds in Birmingham is 184,740.

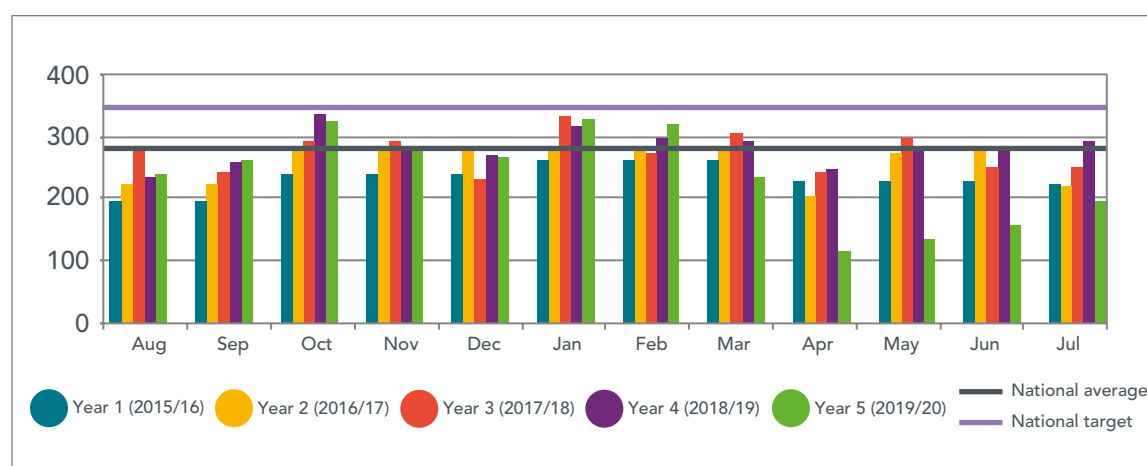
Therefore:

- To achieve the national target, 4,200 positive tests per year need to be identified across Birmingham
- To exceed the current England average performance, 3,444 positive tests per year need to be identified across Birmingham

Year 5 saw 525 less positive diagnoses in the 15–24 year-old population than were identified in Year 4. This equates to a 15% decrease in diagnoses. This decrease can be attributed to the impact of Covid-19 from March 2020.

Overall, the service was 16% lower than the diagnoses required to meet the national average and was 32% short of the number needed to achieve the national target.

■ Figure 3: Chlamydia diagnosis (15–24 year-olds) – Birmingham



In Year 5, Umbrella contributed to identifying 85% of the positive chlamydia diagnoses in Birmingham. This was previously 80% in Year 3 and 86% in Year 4.

65% of the chlamydia screens were completed via our on-line STI self-sampling kits (up from 52% in Year 4). This is an excellent example of increased efficiency (on-line STI kits are the most cost-effective way for the service to screen for STIs) and improved access to services, as users can request a kit 24 hours a day, 365 days a year.

The current positivity rate within Umbrella (Birmingham) is 11%, which exceeds the national average of 10%.

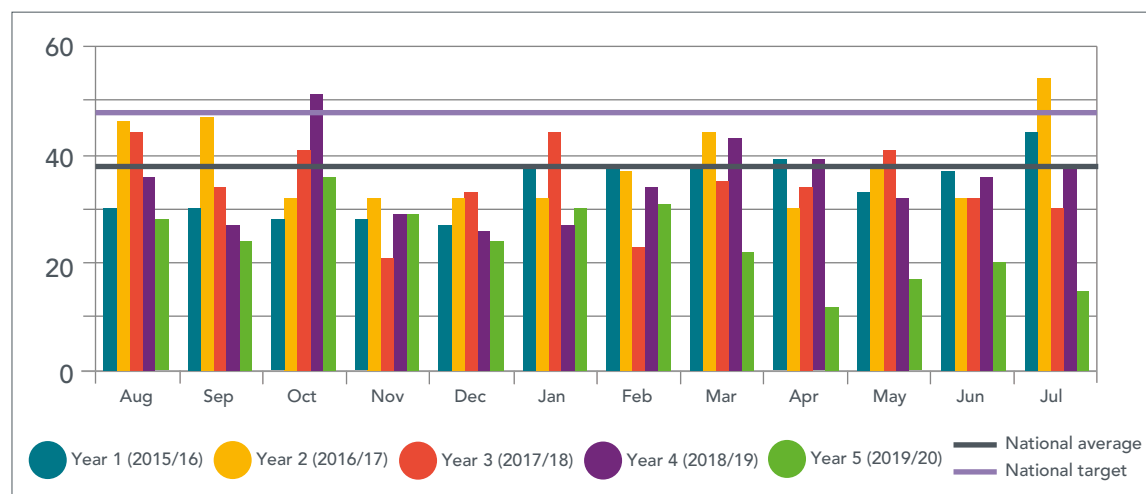
The population of 15–24 year-olds in Solihull is 23,034.

Therefore:

- To achieve the national target, 564 positive tests per year need to be identified across Solihull
- To exceed the current England average performance, 456 positive tests per year need to be identified across Solihull

The Year 5 diagnoses rate is 31% lower than the previous year due to the impact of Covid-19. The service was 37% short of the number of diagnoses required to meet the national average and 49% short of the number of diagnoses required to meet the national target.

**Figure 4: Chlamydia diagnosis (15–24 year-olds) – Solihull**



Umbrella was responsible for 77% of the chlamydia screening in Solihull.

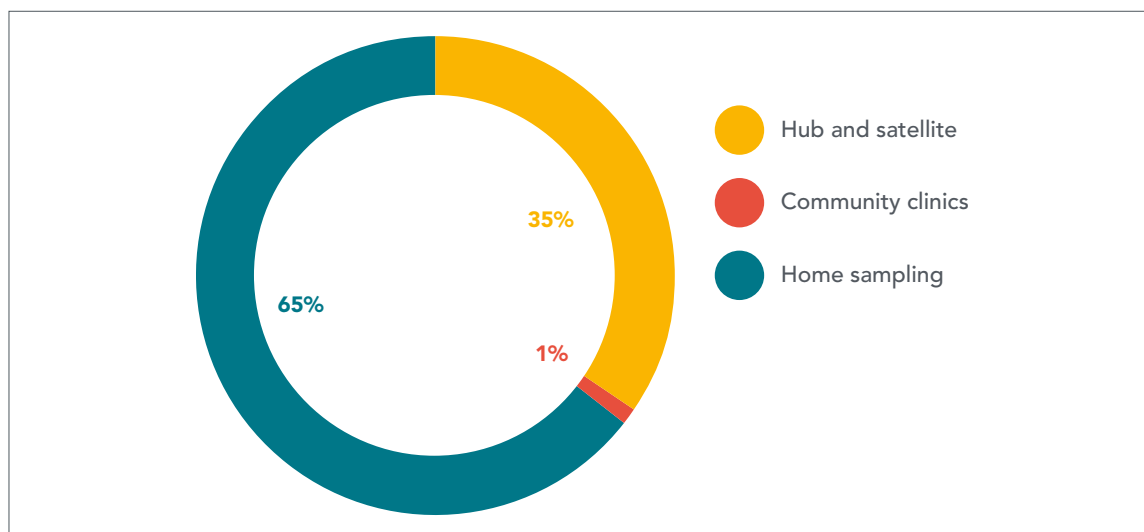
60% of all chlamydia screens in Solihull were completed using the online STI screening kits. This is an increase in the proportion screened using online kits in Year 4, with 44% of screens carried out through use of this channel.

The current positivity rate within Umbrella (Solihull) is 9%, which is slightly below the national average.

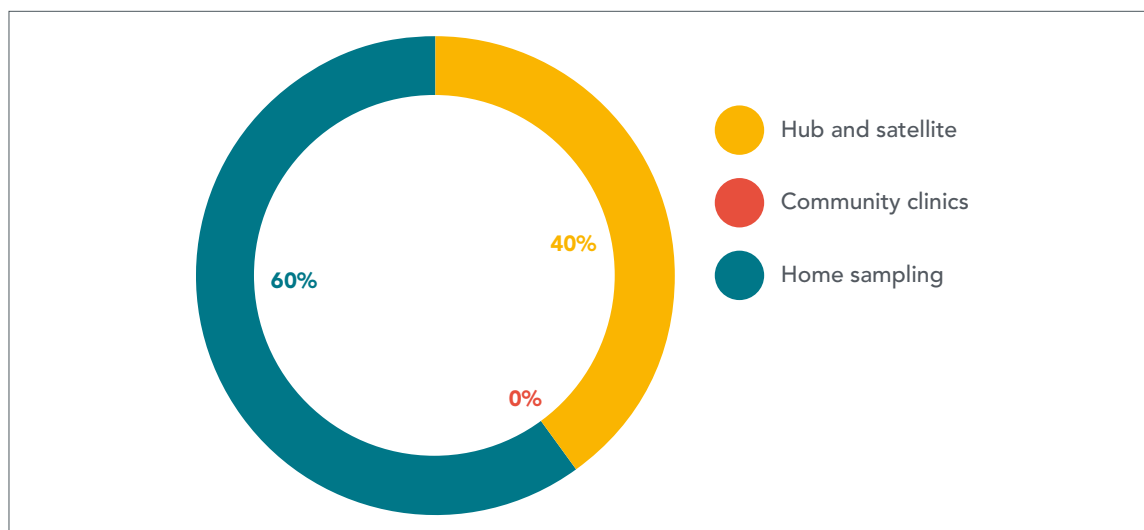
**Table 1: Proportion of population aged 15–24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile**

Period	Birmingham	Solihull
Jan–Dec 2015	GUM: 47% NON-GUM: 53%	GUM: 42% NON-GUM: 58%
Jan–Dec 2016	GUM: 76% NON-GUM: 24%	GUM: 79% NON-GUM: 21%
Jan–Dec 2017	GUM: 80% NON-GUM: 20%	GUM: 81% NON-GUM: 19%
Jan–Dec 2018	GUM: 86% NON-GUM: 14%	GUM: 84% NON-GUM: 16%
Jan–Dec 2019	GUM: 89% NON-GUM: 11%	GUM: 84% NON-GUM: 16%

■ Figure 5: Birmingham chlamydia screening 15–24 year-olds



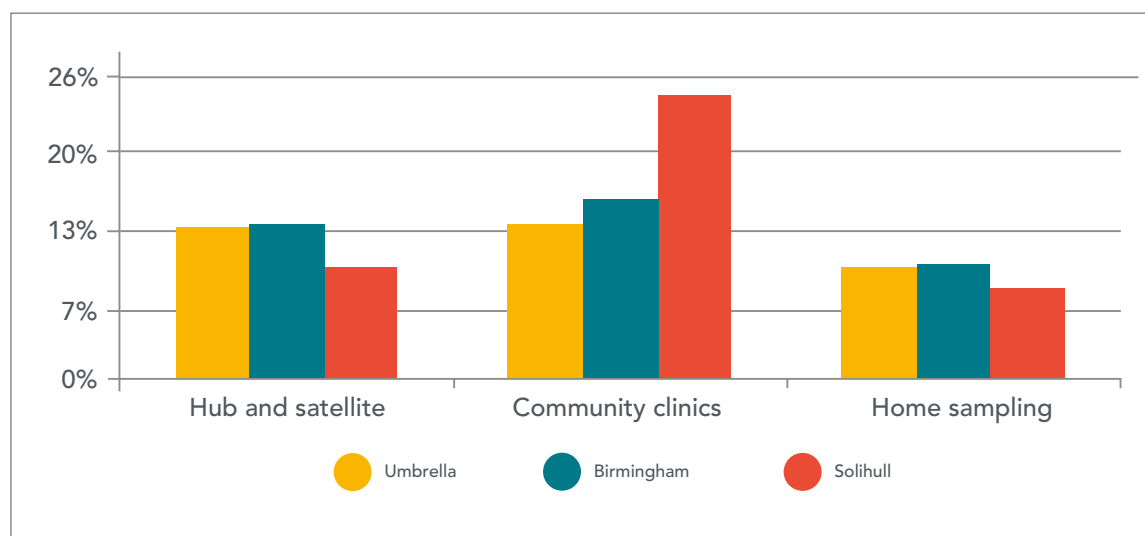
■ Figure 6: Solihull chlamydia screening 15–24 year-olds



## Umbrella tests

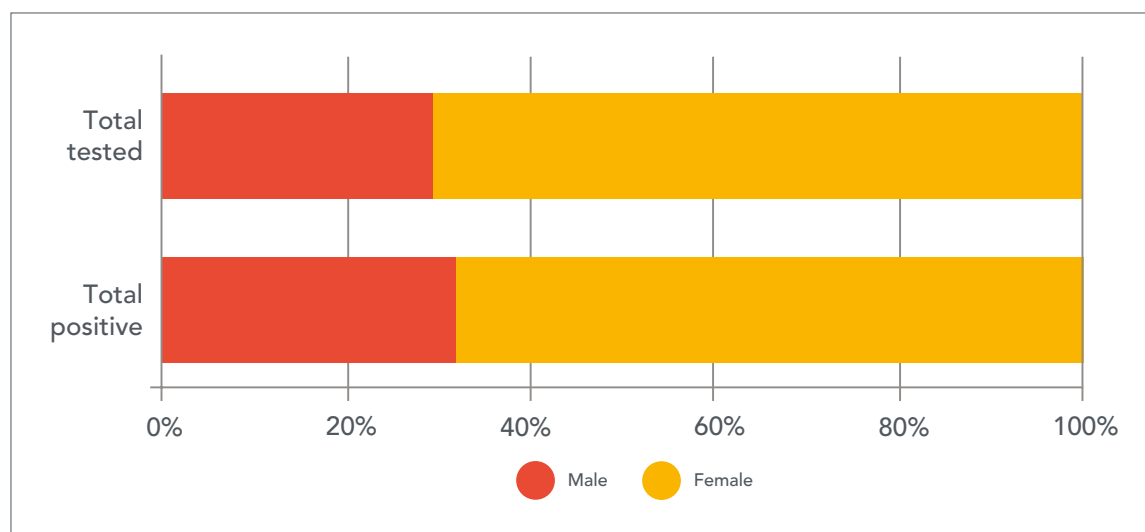
Figure 7 shows the positivity rates for all Umbrella activity, Umbrella Birmingham and Umbrella Solihull, based on where the test was initiated. In our clinics, we achieved a 16% positivity rate for Birmingham and a 25% positivity rate for Solihull. In our STI self-sampling kits, we saw a 10% positivity rate, which is almost double the rate that would be expected for opportunistic screening. This high level of positivity indicates that our health promotion campaigns are targeting the right people and encouraging those with the highest need to get tested.

**Figure 7: Umbrella tests and positivity by setting**

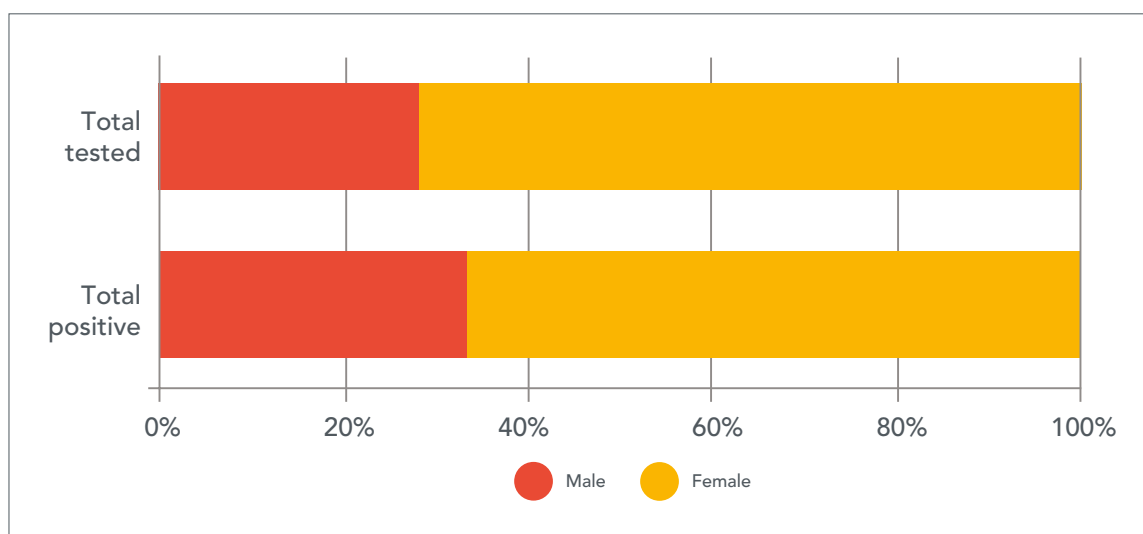


The graphs below show that both Birmingham and Solihull continue to show around two thirds female, one third male split for testing.

**Figure 8: Chlamydia – Birmingham tests and positivity**



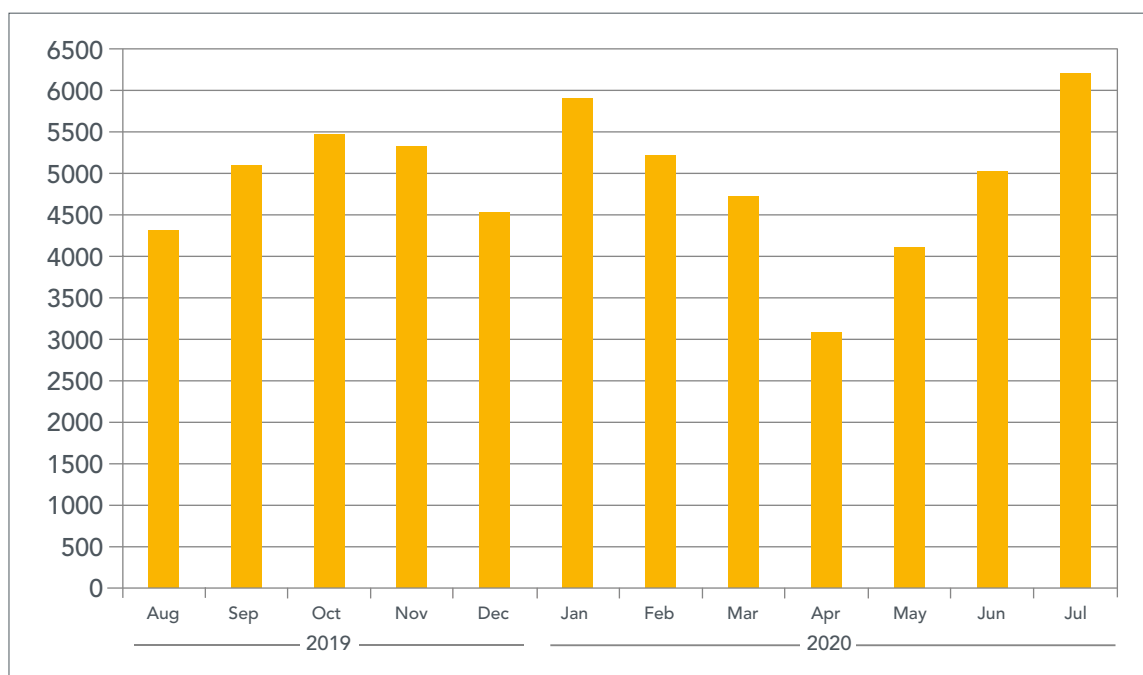
■ *Figure 9: Chlamydia – Solihull tests and positivity*



### Umbrella website

The Umbrella website is a crucial aspect of the Umbrella model of care, providing an accessible and convenient entry point for clients. In Year 5, there were 58,778 STI kits ordered through the Umbrella website, up from 56,209 in Year 4, representing a 5% increase. The overall return rate has remained at 59%.

■ *Figure 10: Number of STI kits ordered via the Umbrella website – Year 5 (2019–20)*



The website is also a vital source of information for service users. Between August 2019 and July 2020 the website received more than 498,000 hits from more than 340,312 users, with more than 1.5 million page views during the year.

It is estimated that around 23% of visits were made by users under 25 years of age and around 47% by users under 35 years of age. The split of visitors by gender was estimated



to be 58% female to 42% male (the reporting software used does not currently report other gender identities). Please note: this data is based on Google estimates.

Our work in research and development is looking at different aspects of STI screening and will provide evidenced-based practices to be incorporated into the service, to improve delivery. The R&D work currently underway includes an evaluation of Screening and Testing Preferences in Sexual Health – Understanding Young People's Preferences in the UK (the STEPS study) which will aim to identify the factors that influence the choices of young people about participating in screening. This should provide a valuable insight into how we can increase screening rates amongst young people in Birmingham and Solihull, which will assist us with achieving our outcome.

#### 6.2.4. Umbrella's strategy for the future

Through targeted screening, Umbrella has received an increased rate of positive chlamydia tests returned to a figure that is higher than the national average. This means that our approach is extremely efficient and it is important to continue with this targeted approach.

The impact of the Covid -19 pandemic has contributed to an observed decline in testing from March to the end of July 2020. These risks have been mitigated by addressing this consistently with our recovery plans.

Umbrella has supported young people-oriented delivery partners to set up virtual training packages. Targeted work with young people and vulnerable sections continued on diverse virtual platforms throughout the pandemic. Measures were put in place for people with difficulty in accessing testing.

#### Umbrella leadership team

Delivery of the programme goals has been reviewed over the past few years. The team intends to bring in medical, managerial and training leadership commitments to boost chlamydia screening outcomes regionally. By bringing together teams from the core services of the programme, the aim is to achieve a fully integrated model of delivery.

#### General practice

GP partner numbers have consistently grown over the past five years and currently 129 GPs work in partnership with Umbrella. These services have received targeted training to deliver chlamydia screening and offer treatment. This included training to reception staff on signposting to test availability, and to nurses and healthcare assistants to initiate a conversation around testing. The incentivising system for GPs training will be reviewed.

#### Pharmacy

During Year 5, expansion of pharmacy services led to all 164 pharmacies now offering chlamydia screening. Training to pharmacists is being delivered albeit slowly due to the Covid-19 pandemic. The pharmacy network will be expanded and the Tier 1 service provision will be upgraded to Tier 2. This will increase access to chlamydia screening and chlamydia treatment, helping to reduce onward infection.

## Partnership working

Our delivery partners are committed to offering chlamydia screening via direct interactions with clients on their website portals. They also facilitate self-testing by signposting clients to the Umbrella website. They work closely with Umbrella leadership teams to deliver collaborative strategies that are likely to work productively in an urban environment. Our wide network of community based partners continues to offer chlamydia screening kits on our behalf. We will continue to grow this network by engaging with new partners and by supporting existing partners to offer more screening.

### 6.3. Outcome 3: Reducing the late diagnosis of HIV

#### 6.3.1. Why is this outcome important?

A 'late' diagnosis is made at a point in time after which HIV treatment should have been started. Reducing late diagnosis is important, because not taking treatment until the immune system is severely weakened increases the chances of developing serious, life-threatening illnesses.

HIV treatments have seen significant improvements over the past few years and one of the key messages that Umbrella is seeking to communicate is that HIV is now a chronic disease that can be managed and that the medication now available, if accessed early enough, can enable an infected individual to achieve a near-normal life expectancy.

HIV testing and treatment can help reduce transmission of the virus. Anti-retroviral drugs suppress the virus to the extent that it cannot be transmitted to others meaning, in effect, that the virus could be completely eliminated if every infected person were to start taking the anti-retroviral medication. This is why testing for HIV is so important.

As well as treating those already infected, there have been major breakthroughs in prevention of HIV. Umbrella took part in the successful NHS Pre-Exposure Prophylaxis (PrEP) National Impact Trial in October 2017.

Umbrella is committed to providing a seamless transition of access to PrEP from trial to routine access as part of mainstream delivery.

According to the latest PHE figures, there were 4,453 new HIV diagnoses in the UK in 2018. Of these, 51% of diagnoses were among gay/bisexual men; 19% and 25% were among men and women respectively who reported heterosexual sex as their probable route of infection and 2.5% were among people who inject drugs.

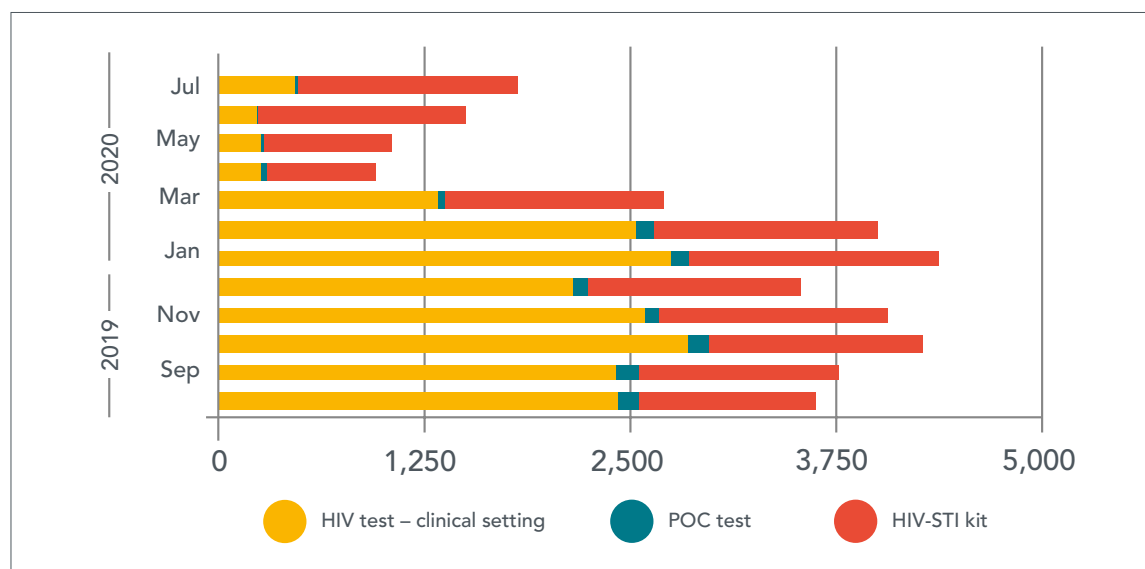
#### 6.3.2. Year 5 performance and analysis

In Year 5 Umbrella carried out 44,332 HIV tests (61,000 in Year 4) in our clinics, in outreach settings and through our self-sampling STI kits. 52 confirmed new cases of HIV were identified (compared with 88 in Year 4), equating to a 0.12% positivity rate (0.14% in Year 4). The number of tests carried out reduced by 27% in year due to the impact the Covid-19 pandemic had on clinic attendances from March to the end of July 2020.

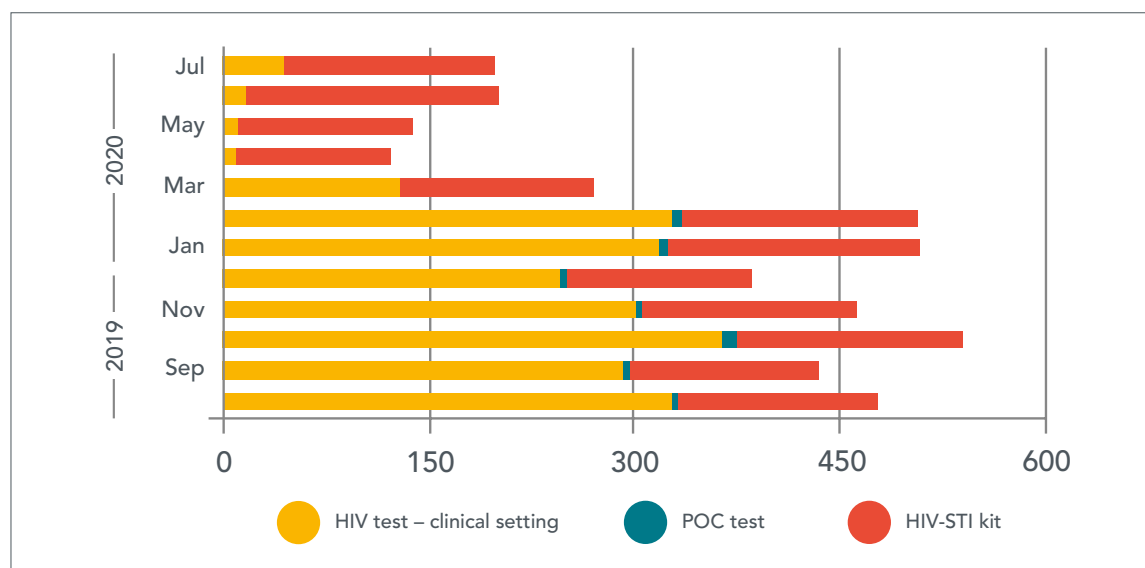
Over 35,000 HIV tests were carried out in Birmingham (48,000 in Year 4) and over 4,000 (5,600 in Year 3) were completed in Solihull.

The figures below show the make-up of the tests in Birmingham and Solihull. The majority are still happening in Umbrella clinics but a significant proportion is now being done through self-sampling STI kits. Point of Care Testing (POCT) is carried out in a small number of high-risk outreach settings and provides an immediate result, rather than the sample needing to be sent back to the laboratories. This form of testing only constitutes a small section of the total number of tests carried out.

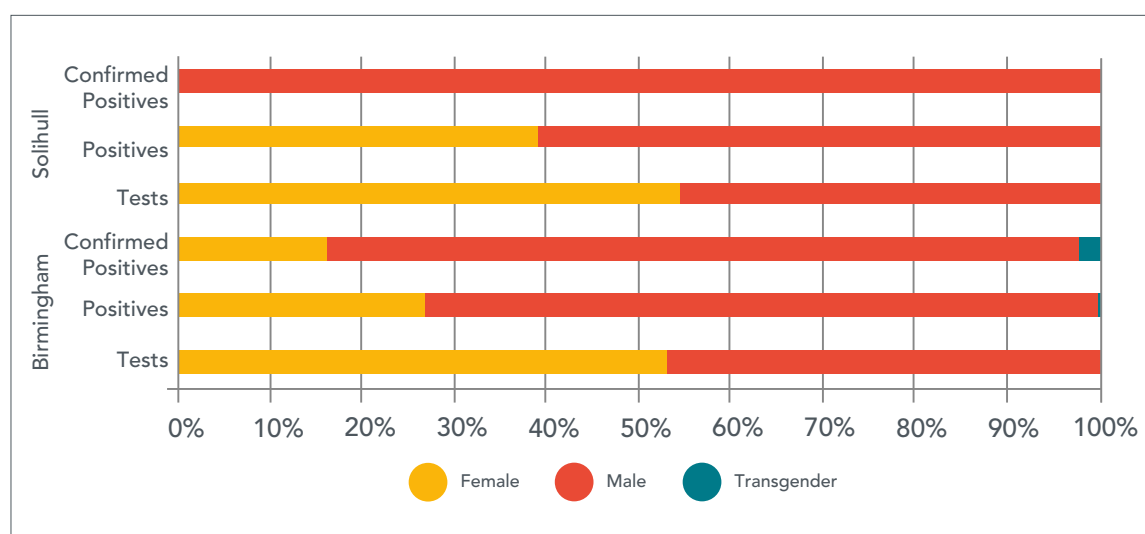
**Figure 11: Birmingham HIV test carried out by type**



**Figure 12: Solihull HIV test carried out by type**



**Figure 13: Proportion of tests and positives split by gender\***



\*The above positives include false positives

### 6.3.3. Umbrella's Strategy – Year 5 and beyond

Birmingham is classified as a high prevalence HIV area, with 2.74 cases per 100,000 of the population.

In 2016 clinical guidance was issued that stated that all patients attending hospital, including the Emergency Department (ED), in high prevalence areas should be routinely screened for HIV. Umbrella remains committed to working as part of UHB to put these measures in place with the ambition to introduce opt-out rules when any patient comes through the Emergency Department at any of the Trust's hospital sites.

HIV screening is taking place within the Acute Medical Unit (AMU) at the Queen Elizabeth Hospital site as part of routine blood screening through an opt out approach.

GPs in high prevalence areas should be routinely testing for HIV in all new registrants and Umbrella will be looking for ways to support GPs to do this, in liaison with the Local Authority, PHE and the local Clinical Commissioning Groups (CCGs).

Birmingham, as a city, has ambitions to become a 'Fast Track City', with a commitment to achieving 90:90:90 targets to help eliminate HIV. This means that 90% of people living with HIV knowing their status, 90% of people who know their status are on treatment and 90% of people on treatment have suppressed viral loads. Reaching this target will be the starting point on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths. Umbrella has begun working with the Local Authority to support this achievement.

Our health promotion campaigns will continue with the strapline: 'HIV Doesn't Discriminate. Neither Do We' to help break down the barriers that discriminate and prevent people from getting tested in this high prevalence area.

The Training Team will also continue to roll out training to partner organisations, including an emphasis on GP training, to help practices identify HIV indicators in patients and promote early HIV testing.

#### 6.3.4. Activity with Public Health England – West Midlands

Umbrella is part of the 'Fast Track City' work taking place with other key LAs and PHE towards the elimination of HIV by 2030.

### 6.4. Outcome 4: Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation

#### 6.4.1. Why is this outcome important?

Sexual violence covers a wide range of abusive acts directed towards an individual's sexuality, including sexual assault, rape, sexual coercion, honour-based marriage, human trafficking and female genital mutilation.

The scale and extent of sexual violence perpetrated in this country is increasingly being recognised. There are huge increases in sexual offences recorded by the police with the reporting of sexual offences in the United Kingdom at its highest level since the introduction of the National Crime Recording Standard in 2002.

In February 2017, the Ministry of Justice, Office for National Statistics and Home Office released its Official Statistics bulletin on sexual violence, entitled 'An Overview of Sexual Offending in England and Wales'. This showed a further year-on-year increase in the police recording of sexual offences. The highest ever recording of rape was made (increase of 15%), also with notable rises in the sexual assault on a female aged 13 and over (20% increase to 27,852).<sup>1,2</sup> These rises are thought to be because more people feel able to report and because of improvements in police recording of the crime.

An earlier publication described one in 20 women (aged 16–59) had experienced a most serious sexual offence since age 16 and that more than one third (38%) of all rapes recorded by the police in England and Wales in 2010–11 were committed against children under 16 years of age.

A group found to have experienced particularly high rates of sexual assault compared to other demographic groups was younger women (9% of women aged 16–19 were victims of sexual assault). The age profiling of rape victims show that victims were most likely to be 15–19 year-olds, accounting for nearly a quarter of rape offences recorded by the police.<sup>3</sup> This age group makes up a significant proportion of Umbrella attendees.

NHS England has published strategic direction for sexual assault and abuse services, which sets out what is needed to improve services and consequently patient experience for those who have experienced sexual assault and abuse.

One of the settings in which the first disclosure of rape or sexual assault occurs is often an NHS sexual health clinic. Within GU clinics one study has shown 17% of the 164 women surveyed responded 'yes' to having ever experiencing sexual violence, with 13% describing the sexual violence as rape.<sup>4</sup>

Domestic abuse is strongly linked to rape. In addition, we know much higher rates of domestic abuse have been shown in female attendees of a sexual health clinic setting, with one anonymous prevalence study giving a lifetime prevalence of 46.6%.<sup>5</sup> NICE guidelines now recommend Sexual Health Services routinely enquire about experiences of domestic abuse to aid with disclosure and enable support to be offered.<sup>6</sup> Umbrella now use this routine enquiry for all patients aged 16 years and over, when safe to do so,

in order to identify domestic abuse and offer appropriate support.

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4. White J.; Biros N.; Holland D. Prevalence and correlates of sexual violence in female attendees at genitourinary medicine clinics. *Sexually Transmitted Infections*, June 2012, vol./is. 88/, 1368–4973
5. Loke WC, Torres C, Bacchus L, Fox E. Domestic violence in a genitourinary medicine setting – an anonymous prevalence study in women. *International journal of STD and AIDS*, Nov 2008 vol19 no11 p747-751 Nov 2008
6. Domestic violence and abuse: multi-agency working. NICE February 2014. [www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50)  
Last accessed 19 Aug 2017

### 6.4.2. How is this outcome measured?

Umbrella reports quarterly to the Commissioner, against a number of national and local KPIs (Key Performance Indicators). These include:

- Rate of sexual offences per 1,000 population: reported nationally two years in arrears
- Number and percentage of clients where a i) sexual coercion, ii) sexual violence or iii) sexual exploitation risk or concern has been identified: by age, gender and service setting
- Number and percentage of UHB and sub-contracted staff trained with regards to: sexual violence, sexual coercion and sexual exploitation reported by service area/ setting
- Number and percentage of clients who have i) disclosed domestic abuse, ii) been referred to the IDVA, iii) type of IDVA support offered (MARAC, information and advice etc.)

The KPIs aim to ensure:

- Victims and their children are identified by Umbrella
- Victims and their children are safer and better resourced to remain safe
- Victims have increased access to justice
- Victims report improved health, wellbeing and resilience
- Children at risk are identified and referred appropriately

### 6.4.3. Year 5 performance and analysis

All patients attending Umbrella clinics are routinely asked during a self-assessment about experiences of sexual violence and abuse, as well as domestic abuse, and whether they would like to access support on the day that they are attending.

If patients choose to disclose previous experience of violence, or are attending the service because of rape, staff are trained on how to respond and how to offer support.

The numbers of patients choosing to disclose and seeking support has remained at a high level. More than one child per week and more than one adult per day attend Umbrella services to seek support after rape. Table 2 shows the numbers of individuals attending Umbrella clinical services who have reported an incident through a routine enquiry.

Episode dates: 1 August 2019–31 July 2020

Criteria: based on the kiosk self-assessment questions from all Umbrella clinics

- How many individuals have said they are attending today because of rape or sexual assault (male/female/<18/18-25, >25)
- How many individuals have said they have experienced violence in the past
- How many individuals total indicated they wanted support

■ *Table 2: Number of women who accepted Umbrella support following disclosure*

Gender	Age	Rape/sexual assault	Violence	Support
F	<18	36	151	24
F	18–25	131	925	164
F	>25	85	950	126
M	<18	2	9	4
M	18–25	17	147	23
M	>25	33	293	51
Trans	<18	0	0	0
Trans	18–25	1	8	2
Trans	>25	0	5	1
Total		305	2,488	395

The following table shows figures for the period following lockdown, with reduced clinic footfall. All patients reporting sexual assault were offered a face-to-face appointment. Telephone or video conference call consultation still included questions about sexual violence and domestic abuse when it was safe to do so.

■ Table 3: Figures for the period following lockdown with reduced clinic footfall

Gender	Age	Rape/sexual assault	Violence	Support
F	<18	9	22	5
F	18–25	17	62	16
F	>25	21	84	21
M	<18	1	1	1
M	18–25	3	12	4
M	>25	2	28	4
Trans	18–25	0	0	0
Trans	>25	0	1	0
Total		53	210	51

### Training

Alongside setting up systems to report and record sexual assault, Umbrella is delivering training across the partnership.

All Umbrella staff are required to be compliant with the Trust mandatory standards with regards to Level 2 Safeguarding for adults and children. This is monitored on a monthly basis and the Umbrella team liaise directly with Trust Safeguarding teams to ensure compliance.

In addition, Umbrella clinical staff are required to complete Level 3 Safeguarding training, which covers Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse, Right Help, Right Time (Early Help) and Prevent training.

Robust pathways exist between Umbrella and other agencies to ensure that vulnerable children and adults are referred appropriately.

### Referrals

The Safeguarding Team reviews all under-18 -year-olds who attend clinic, on a daily basis. The referrals in relation to each are examined to ensure that referrals made are appropriate or that signposting, as necessary, has taken place. The team ensures that, where appropriate, social workers for these children are informed and, where necessary, school nurses. The table below indicates the number of referrals during the period shown to the Children's Advice and Support Service (CASS).

Number of referrals made to the Children's Advice and Support Service (CASS) August 2019–end July 2020	137
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Adults can also be referred to safeguarding as necessary. However, unlike children, where adults have capacity, it is their choice as to whether they accept a referral. Many adults have received support and signposting to other agencies as well as those who has safeguarding referrals made to the Adult Communities Access Point (ACAP).



Number of referrals made to the Adults Community Access Point August 2019–end July 2020	22
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### Partnership working

Umbrella, in partnership with RSVP, (and with Birmingham LGBT for the community and trans clinics), has developed improved support for survivors of sexual violence with the formation of the following services:

- Abuse Survivors Clinic (ASC) established October 2015, occurs twice a month in Whittall Street Clinic. Appointment dates: 1 August 2019–31 March 2020
  - ▶ The ASC was put on hold during lockdown as staff were re-deployed

Clinic	Booked	Attended	Did not attend
ASC ISVA (Chelmsley Wood)	4	1	3
ASC ISVA (Solihull)	5	3	2
ASC Whittall Street Clinic	108	48	60
Total	117	52	65

- SAFE project with ISVA support from RSVP on outreach evenings (fortnightly)
- Trans clinic with specialist ISVA support from RSVP, at LGBT centre
- ASC Solihull and ASC Chelmsley Wood – ISVA-led clinics

RSVP's ISVAs are working across the Umbrella partnership, including supporting the ASC (Abuse Survivors Clinic) at Whittall Street Clinic, the SAFE sex worker clinic that takes place at Ladywood and the LGBT clinic that takes place at their locations. This allows the ISVAs to become recognised by service users and enables seamless referrals into their services.

RSVP has also provided training to a range of UHB staff and partners around various aspects of sexual violence, coercion and exploitation, including CSE, disclosure of sexual assault, and sexual intimacy after trauma.

In a research project that was completed in-year, it was identified that service-user experiences provide vital insights into the type of care they want and this should inform the future development of clinical services. The results have national relevance as they emphasise the most important elements of the consultation from a patient perspective, which include ensuring the service user is in control of the consultation, there are no or reduced risks of re-traumatisation and the importance of receiving relevant and accurate information that is provided in a manageable volume and format.

### Key messages

- Care for survivors of sexual violence is made more challenging for healthcare providers because of the societal judgment and stigma that is still associated with being a victim of this crime
- Establishing a trusting and compassionate interaction with the healthcare

professional during a consultation can be of itself therapeutic

- An integrated approach that provides both medical and specialised third sector support for survivors can ensure that a wide range of relevant services are available but needs to be mindful not to overwhelm those who attend

Umbrella has commissioned an Independent Domestic Violence Advocate (IDVA) in partnership with BSWAID to be based within Umbrella clinics and support victims after disclosure of Domestic Abuse (DA), identified while attending Umbrella. The aim is to ensure Umbrella has a joined-up, city-wide response to DA, with effective partnership working and pathways to other organisations involved in the response to DA. The service offers each victim a risk and needs led response, delivered in partnership with other agencies where necessary, that proactively addresses risk and safety, supports a victim's practical needs, empowers them and provides effective referral pathways where appropriate. The IDVA has provided valuable support with more than 80 referrals received from Health Advisors, Doctors and Nurses.

### Safeguarding: achievements and service development

- Sexual health staff have received level 3 training on Female Genital Mutilation (FGM) and level 3 training on Domestic Abuse, Right Help Right Time/ Early Help and Prevent training in face-to-face training sessions from the Safeguarding team
- Group supervision continues to be delivered to sexual health clinic staff with one-to-one supervision always available for those staff who request it or who are identified as requiring it by line managers. A robust plan is in place for this to continue and to ensure that Health Advisors have specialist safeguarding children supervision
- Strong links have been formed with Birmingham Child Sexual Exploitation (CSE) nurses to ensure individuals are supported appropriately
- All staff are receiving level 3 adults and children's safeguarding training via the essentials annual training day. (Level 3 adults training is a new requirement from April 2019). This includes mental capacity training to include teenagers and young adults (from 16 years old plus)
- The Safeguarding team have attended the GP forum to deliver Right Help Right Time training
- There has been a review of the existing contract for pharmacies providing Umbrella sexual health services and there are plans to strengthen the safeguarding elements of the contract when it is reviewed in 2020
- Additional safeguarding learning events are planned

### Risk register

A robust risk register is in place which identifies safeguarding issues that need to be addressed and actioned.

The Safeguarding team's role within this objective relates to the training of staff to ensure early identification and intervention with regard to abuse, the processes and

procedures to be followed and the agencies that provide support.

The Research & Development programme is also supporting the work that Umbrella is doing with survivors of sexual violence, including a systematic review measuring patient experience and outcomes in health care settings on receiving care after sexual violence; an evaluation of the ASC Umbrella service, in measuring patient satisfaction after attendance; a multidisciplinary evaluation of Sexual Assault Referral Centres (SARCs) for better health (MESARCH); exploring the impact of health interventions in survivors of sexual violence and a study into teens' experiences of sexual assault, including their interaction with medical services.

#### 6.4.4. Umbrella's strategy – Years 6 and 7

Umbrella will utilise its network of partners and growing knowledge base to develop targeted services. Examining the population structure of Birmingham and Solihull is essential in order to understand the scale and distribution of sexual violence and identify high-risk groups. Certain service users are known to find it harder to access services. These include young people, sex workers, disabled people and lesbian, gay, bisexual and trans people, so ensuring these groups are targeted will be important.

Prior to Covid-19, the SAFE Project offered sexual health services and support to sex workers living or working in the Birmingham and Solihull area. The project supports sex workers from all platforms including indoor venues, independent online workers and street-based sex workers.

The SAFE team work closely with partner agencies offering pop up clinics in work venues, joint clinics with partner agencies carrying out street outreach and offering walk-in appointments from numerous clinical settings around Birmingham

The changes and restrictions put in place during the pandemic has meant that face-to-face consultations have been significantly reduced and new ways of reaching this vulnerable group needed to be adopted. During the pandemic, our aim was to reach this group virtually and make sure that they are aware that support and testing is still available.

Specific examples of projects include:

- Development of a wellbeing database, contacting all clients that we have had contact with in the three to four months prior to lockdown, in an attempt to establish who was continuing to work so we could tailor support to those in greatest need
- Promoted online self-sampling kits, supporting our most vulnerable street workers that are unable to access online services to order kits
- Following up results from self-sampling kits – allowing for quick treatment of positive results
- Carrying out video and telephone consultations
- Signposting to partner agencies i.e. housing support, ISVA and IDVA support and substance misuse

- Posting out treatments when appropriate, for example, treatments for chlamydia and trichomonas including contacts. Oral contraception is also available following a telephone consultation
- Provision for face-to-face consultations (following an initial telephone consultation) when needed
- Offering treatment and self-sampling kits to regular sexual partners
- Telephone contraception consultations, posting out contraception and booked appointments for LARCS
- Targeting services that sex workers currently engage with i.e. hostels, hotels partner agencies with revised posters and flyers with contact numbers etc.
- Increase in social media activity promoting contact numbers and services for SAFE and other partner agencies and sex workers specific support
- Linking in with local food bank and distributing codes so that clients have access to food parcels
- Distributions of day bus passes so that clinics are accessible for treatment or urgent care

In addition to the above the following Umbrella will ensure

- Continuation of safeguarding training, with the aim of improving the knowledge, skills and confidence across the whole partnership
- Delivery by the Safeguarding Team of Teenagers and Young Adults and Mental Capacity training to all sexual health staff and partner agencies on request
- Evaluation of the impact of completing the dedicated 'Young People' proforma for 16–17 year-olds, in addition to under-16s, looking at the number of safeguarding referrals made and their outcomes in this age band
- Strengthening links with partner agencies to ensure better joined-up working for very vulnerable groups e.g. link between SAFE and Change Green Live (CGL)

### **Umbrella Psychosexual Medicine and Therapy (PST)**

The Umbrella Psychosexual Medicine and Therapy (PST) service saw and treated 166 individuals between 1 August 2019 and 31 July 2020. This is a significant reduction from the previous year as the service was cancelled between March and June 2020 due to the first wave of the Covid-19 Pandemic.

#### **Demographics**

Almost one third (30%) of patients seen were under 25 years old. We saw slightly more females (60%) than males. Over half (55%) of attendees where ethnicity was recorded were of white British/Irish/other, 17% were of Asian, 12% were of Black Caribbean and 2% were of Black African ethnic background. 32% did not have ethnicity recorded.

■ Table 4: Psychosexual presentations

Sexual dysfunction	%
Erectile dysfunction	19
Vaginismus or dyspareunia (sexual pain)	31
Lack/loss of desire	11
Premature ejaculation	7
Orgasmic dysfunction	16
Unspecified sexual dysfunction	1
Reduced sexual enjoyment or sexual aversion	8
Excessive desire	0
Retarded ejaculation	0
No diagnosis recorded	23
<i>Some have &gt;1 diagnosis</i>	

## Outcomes

Outcomes are based on a patient completed assessment questionnaire combined with the therapist assessment. Of 127 patients where outcomes were reported; 58% had improved, 18% had no improvement, 1% were unsuitable for PST and 4% were referred elsewhere. 24% patients had no outcome recorded. On average between practitioners, individuals were seen for a total of four sessions.

## Training

The service supported a second student with the practical aspect of their psychosexual therapy training until Covid-19 disrupted service provision.

## Staff

The service runs with a part-time team of three doctors trained in psychosexual medicine and two therapists. The practitioners utilise a mixture of techniques including; brief psychoanalytic therapy, counselling, cognitive behavioural therapy, Eye Movement Desensitisation and Reprocessing (EMDR). The capacity of the service was affected by maternity leave and long-term sickness between August 2019 and March 2020.

## Data and reporting

Umbrella is currently undertaking an upgrade of the Electronic Patient Record system which will improve accuracy of patient data.

## Service changes

The PST service was resumed in July through the use of both telephone and video counselling, due to the ongoing Covid-19 restrictions. Whilst, anecdotally, this has been successful in many instances and will continue, face-to-face counselling still has value, particularly when physical examination forms a necessary part of the assessment and will continue in Year 6.

## Umbrella Counselling and Psychotherapy Service

The Umbrella Adult Counselling element of the Psychotherapy Service saw and treated 140 individuals between 1 August 2019 and 31 July 2020. There was a significantly reduced service provision due to Covid-19 restrictions which meant that Associate Therapists were not able to work during the first wave of the pandemic.

### Demographics

The majority of clients are from one or more of the following demographics groups (97%):

Substance misuse (Chem Sex only specified in this group), LGBT, homeless, offenders, people with mental health issues, people with learning difficulties, sex workers, gypsies and travellers, trafficked people, new arrivals from abroad, children in need and care leavers.

### Outcomes

Using CORE PC our clinical outcomes measure showed a 73% 'reliable improvement' or 'recovery', 22% 'no significant change' and 5% deterioration (these patients were referred either back to their GP or onto other mental health support services) after therapy across the service.

### Training

The service supported 14 students with the practical aspect of their psychotherapy and counselling training last year however, due to Covid-19, had to significantly reduce this service provision to seven students from March to June. It is hoped that this provision will fully return once restrictions are reduced.

### Staff

There is one full-time psychotherapist/clinical supervisor and seven associates (student therapists that are undertaking level five to level eight qualifications).

### Service changes

Telephone therapy has been offered to service users throughout the Covid-19 pandemic. A reduced face-to-face appointment service is offered to service users with specific needs including with physical hearing impairment issues or who are at risk of domestic violence in addition to their sexual health related issues.

## The Umbrella Young Person Counselling Service

Those people that use this service have specific needs that relate to their sexual health and psychological wellbeing and are aged 13 to 25 years-old.

All young person counselling sessions continue to be carried out at our Young Persons clinic in Boots in Birmingham city centre.

Between 1 August 2019 to 31 July 2020, the Umbrella Young Persons counselling service provided 616 individual sessions, with an average attendance of 12 sessions per service user, for the following sexual health presentations:

- Sexual assault
- Pregnancy/termination
- Anxiety and depression
- Low self-esteem and body image
- Gender and or sexuality concerns
- Risky sexual behaviour
- Domestic violence
- Historical childhood sexual abuse (CSA)
- Recent diagnosis of STI/ BBV and disclosure issues support
- Sexual Health Anxiety
- Child sexual exploitation/grooming
- Other sexual health-related issues

### Demographics

The average age of our service user was 20 years-old with 74.42% female, 22.09% male and 3.49% identified as transgender. 33.72% of our service users identified as White British, followed by Mixed White/Black Caribbean, Black African and Asian Pakistani. Each had 8.1% attendance. 6.97% were Asian Indian and fewer than 6% identified themselves as Black Caribbean. The ethnicity was not available for 27.89%.

### Priority groups

93% of service users had pre-existing mental health issues; this is significant as it highlights a clear link between sexual health and mental health. 7% of service users identified as being from the LGBT community.

### Make Every Contact Count (MECC)

67% of service users received a MECC intervention, indicating our service users receive therapeutic interventions which encourage and promote prevention and health improvement.

## Presentations

- 46.85% were for other sexual health-related issues
- 29.73% attended with a history of rape and CSA
- 15.31% attended with gender and/or sexuality concerns
- 7.2% attended with compulsive sexual behaviour and behaviour as a result of abuse and or neglect in childhood
- Less than 1% attended for psychological support for pregnancy or termination of pregnancy issues

## Training

Young Persons counsellors have all completed the British Association of Counselling and Psychotherapy (BACP) and Open University (OU) course 'How to do counselling online: a coronavirus primer for working online'. The counsellors have also received local practical training for using our Trust approved online platform.

### 6.5. Outcome 5: Providing better access to services for high risk communities

#### 6.5.1. Why is this outcome important?

This outcome will help to reduce the stigma associated with STIs by 'normalising' testing among sexually active people. To do this, services need to be easily accessible. Umbrella sees this outcome as central to increasing the rate of testing and reducing the risk of cross-infection.

It is well documented that increased rates of infection persist in key high risk communities, such as MSM (men who have sex with men), the Black And Mixed Ethnic (BAME) communities and young adults.

Umbrella has targeted these groups to ensure better access to sexual health services by forging partnerships with organisations that are already closely connected to these high risk communities. A primary example is Umbrella's partnership with the Birmingham Lesbian, Gay, Bisexual and Transgender (Birmingham LGBT) communities.

Umbrella's vision in providing services closer to home for high risk communities with its 'hub and spoke' model of integrated sexual and reproductive services is integral to achieving better access for high risk communities and reducing the stigma associated with sexually transmitted diseases.

#### 6.5.2. Year 5 performance and analysis

The map on the following page illustrates the on-going success of Umbrella, with improved access to services within communities. As the Umbrella partnerships expand, so do the means of accessing the service.



Figure 14: Map showing locations of clinics (satellite and clinic), pharmacies (Tier 1 and 2), GPs, delivery partners and community partners

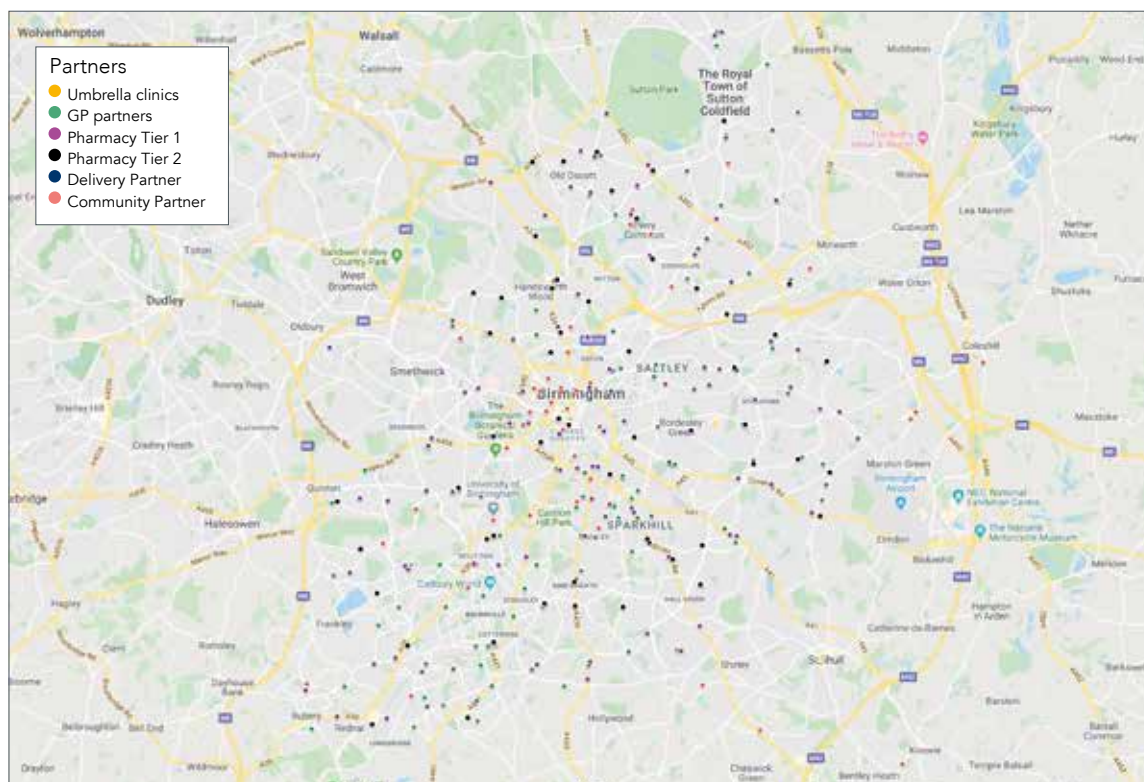


Figure 15: Overall Umbrella activity

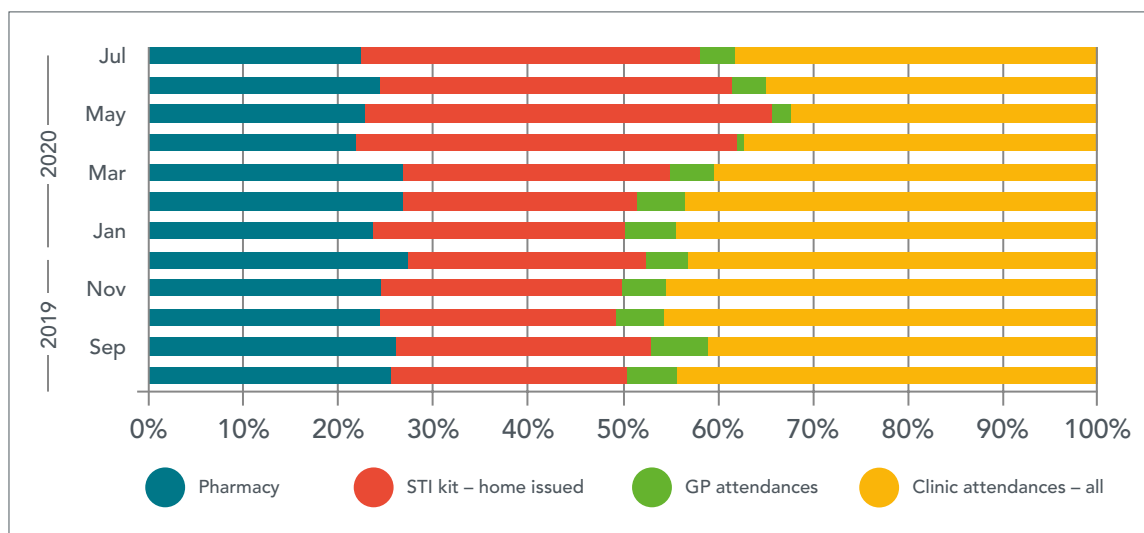
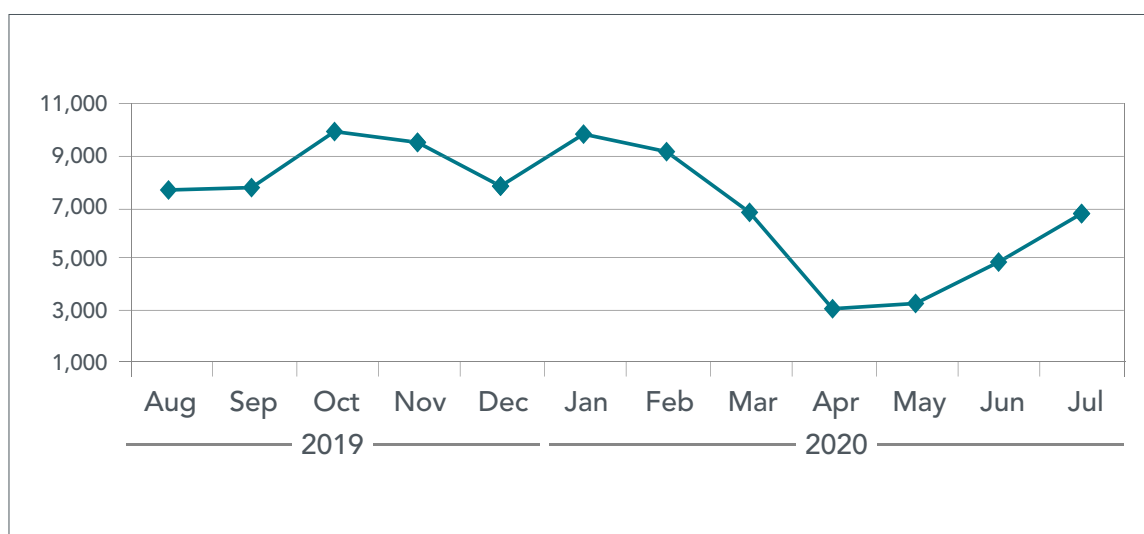
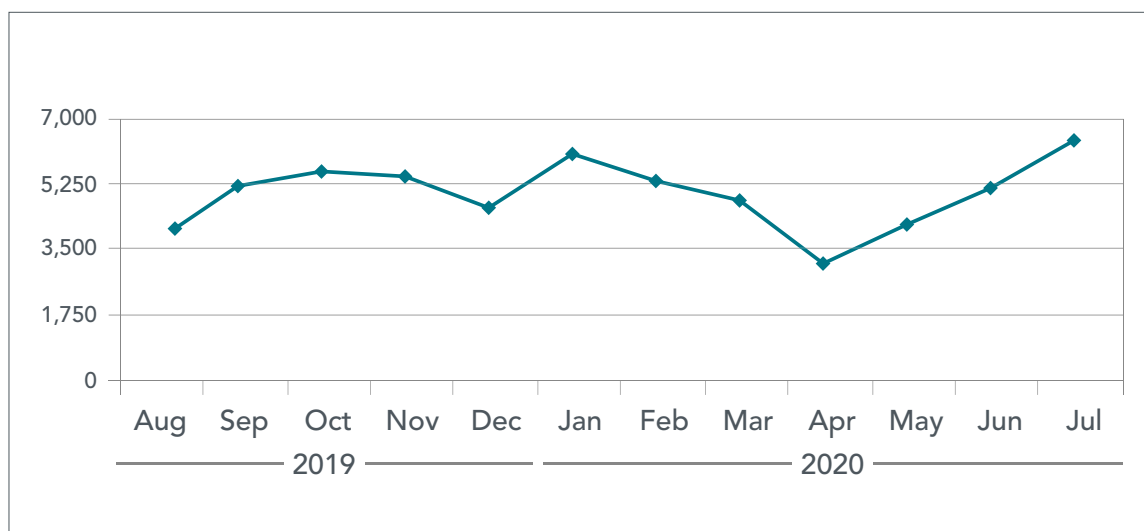


Figure 15 shows the total Umbrella activity in Year 5 broken down by the various access points. The Umbrella clinics continue to see the highest level of activity, with 85,777 attendances for Year 5, which is 15% less than last year. The future focus will be on moving away from clinics to community-based settings and self-care which represents a positive move due to providing service efficiency and in terms of accessibility for service users.

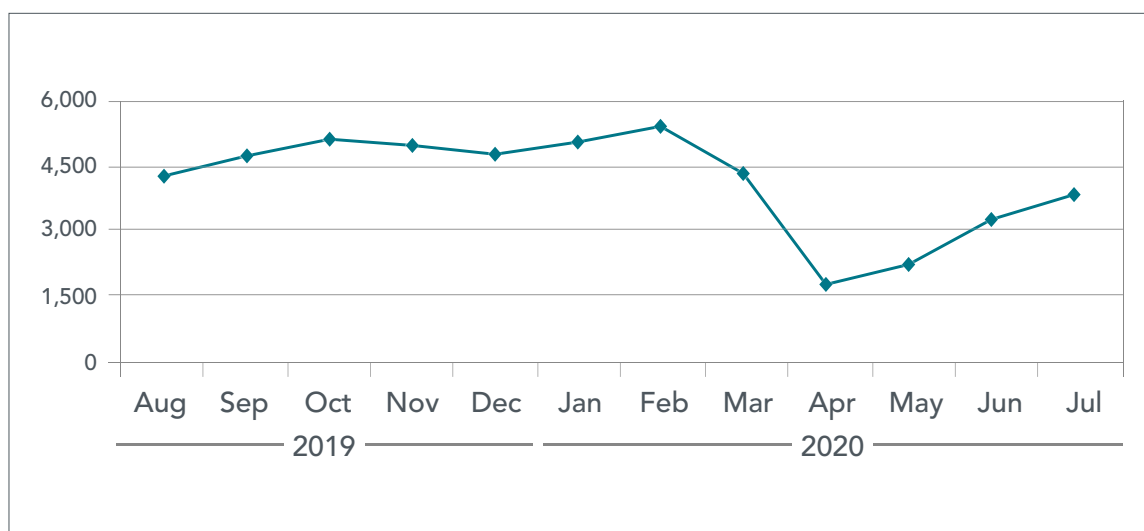
■ *Figure 16: Umbrella clinic activity for Year 5*



■ *Figure 17: STI kits ordered through website in Year 5*



■ *Figure 18: Umbrella pharmacy activity in Year 5*

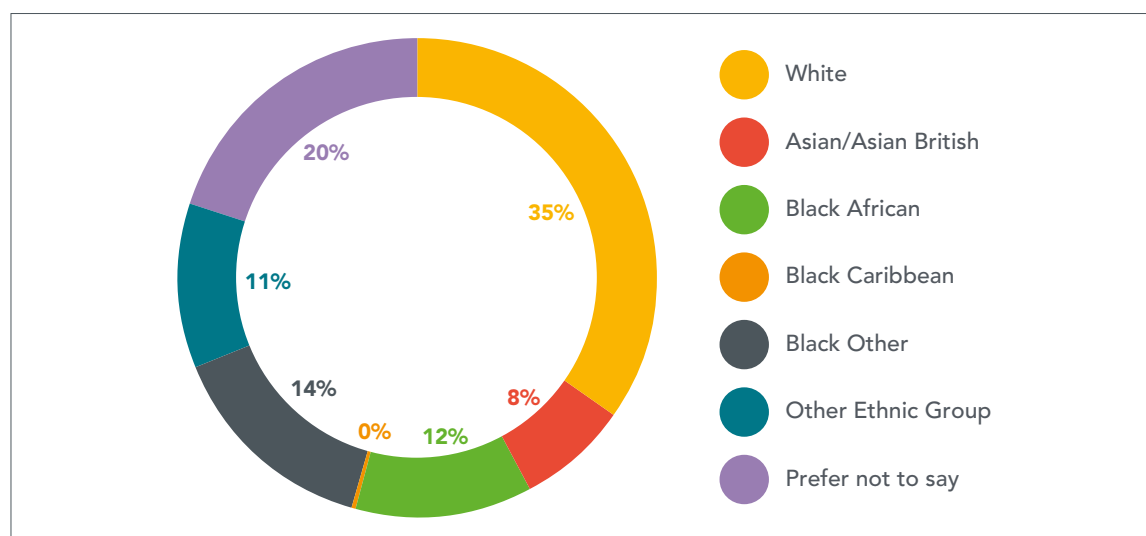


Umbrella serves an ethnically diverse population and recognises the need to ensure that all groups within our community feel that Umbrella is a service that is there for them.

Attendance in clinic is monitored to help understand which population groups are accessing services and to evaluate which communication messages are working with which groups, and target campaigns more effectively.

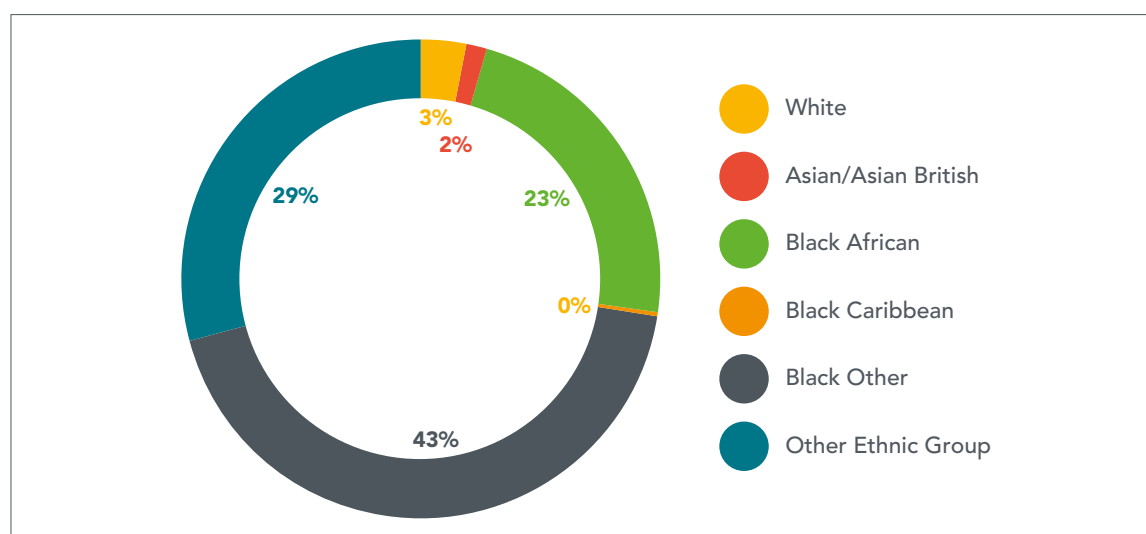
In Year 5 Umbrella had over 205,000 contacts with patients across the service. Of the individuals seen in clinics across Birmingham, 43% identified as White, 15% as Black African, 18% as Black 'Other', 9% as Asian/British Asian and 14% as 'Other Ethnic Group'.

■ *Figure 19: Attendances in Birmingham Umbrella clinics by ethnicity*



When reviewing the ethnicity data in terms of numbers seen per 100,000 of the population (a more representative perspective of the ethnic split) the percentages shift dramatically, with 3% of attendees identifying as White, 23% identifying as Black African, 43% identifying as Black 'Other', 0% as Black Caribbean, 1% as Asian/British Asian and 29% as 'Other Ethnic Group'.

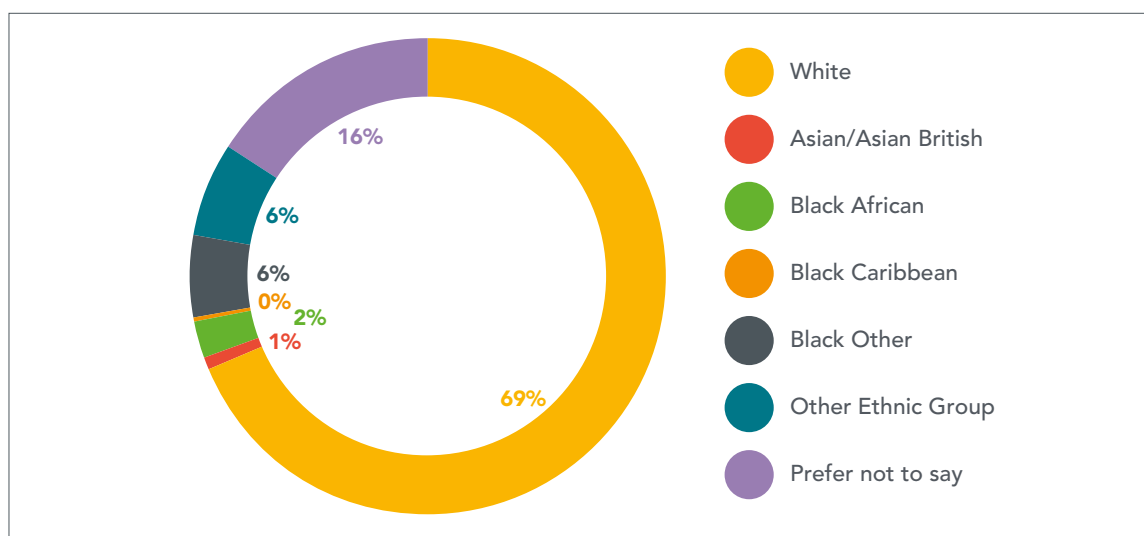
■ *Figure 20: Attendances at clinic by ethnicity – per 100,000 of the population (Birmingham)*



Of the individuals seen in clinics across Solihull, 82% identified as White, 3% as Black

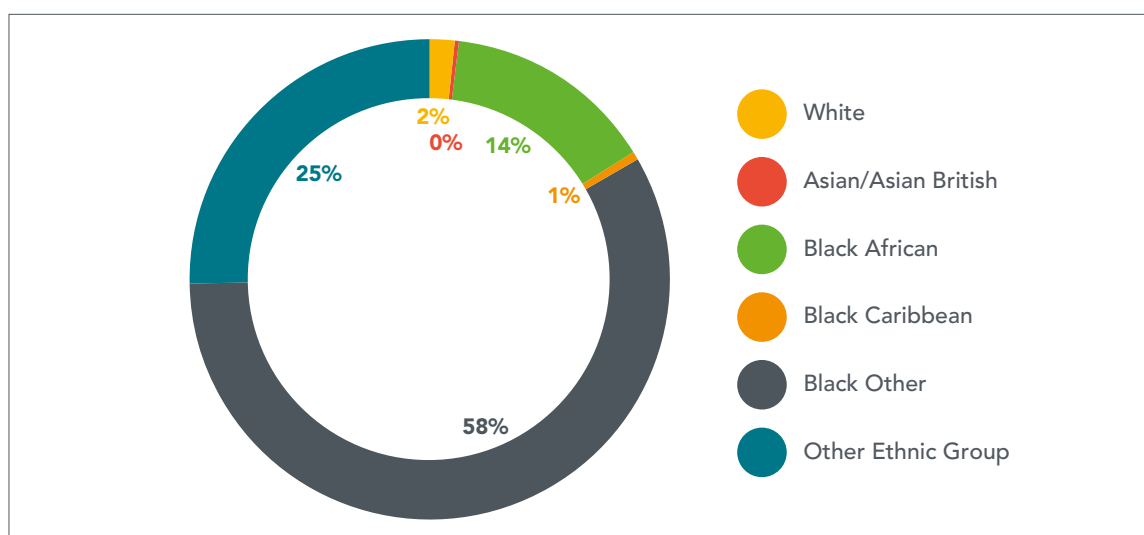
African, 7% as Black 'Other', 0% as Black Caribbean, 1% as Asian/British Asian and 8% as 'Other Ethnic Group'.

**Figure 21: Attendances in Solihull Umbrella clinics by ethnicity**



Again, when reviewing the ethnicity data in terms of numbers seen per 100,000 of the population to provide the more representative perspective of the ethnic split, the percentages change, with 2% of attendees identifying as White, 14% identifying as Black African, 58% identifying as Black 'Other', 1% as Black Caribbean, 0% as Asian/British Asian and 25% as 'Other Ethnic Group'.

**Figure 22: Attendances at clinic by ethnicity – per 100,000 of the population (Solihull)**



Figures 19–22 illustrate that Umbrella is successfully engaging with and providing access to services for high risk communities, including BME communities.

Umbrella will continue to work to reach out to BAME communities, to ensure that they recognise Umbrella as a service for all Birmingham and Solihull residents.

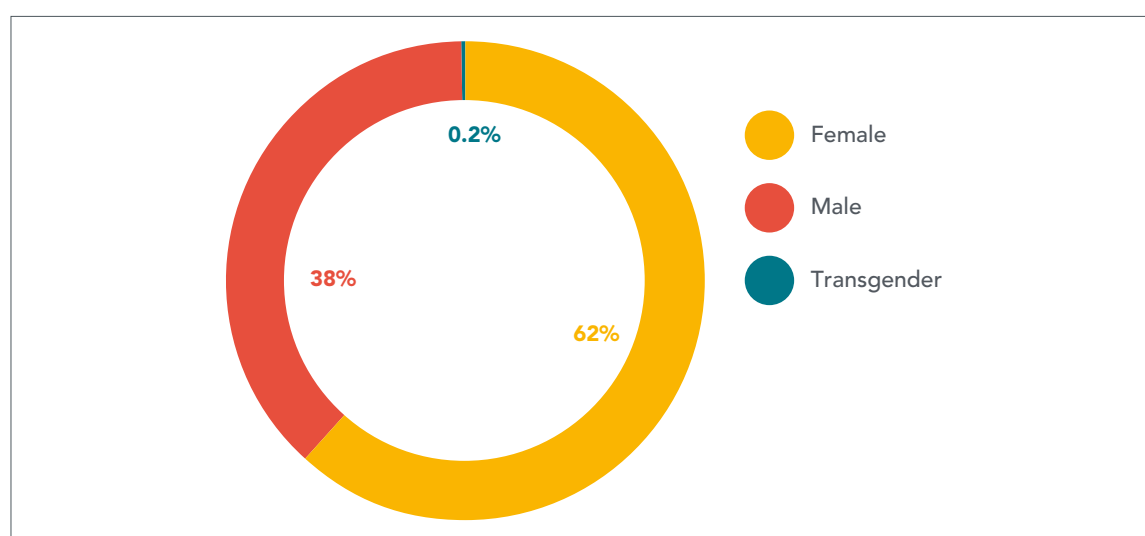
To help us to engage more effectively with these groups, the service commissioned an academically robust research project to identify the best ways to reach out to the demographic groups at highest risk of STIs.

The principle findings indicate the main factors of importance in seeking sexual health care were:

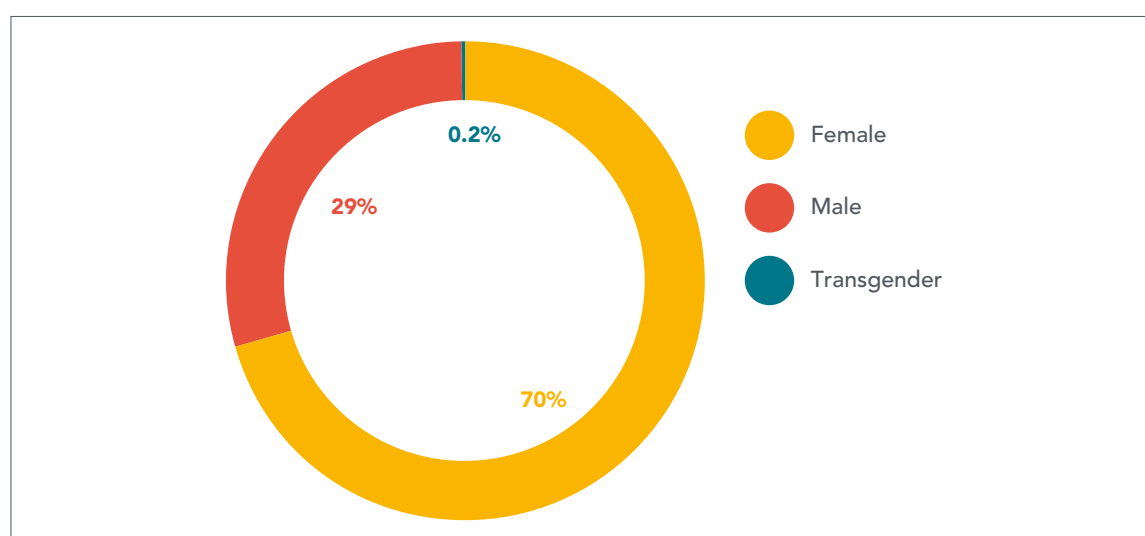
- Availability of comprehensive testing for all relevant STIs
- Perception of a 'non-judgmental' attitude from the staff
- Preference for care delivered via online screening, specialist clinics and pharmacies

The above findings demonstrate coherence with Umbrella's key principles and delivery model. The preference for online screening, specialist clinics and extended access to Umbrella pharmacies reflects the strategic direction for moving services into community settings and enhancing the use of digital options.

■ *Figure 23: Attendance in clinic by gender – Birmingham*



■ *Figure 24: Attendance in clinic by gender – Solihull*



Both Birmingham and Solihull have seen a roughly two thirds female, one third male split in clinic attendance, with 0.2% service users in Birmingham and 0.06% in Solihull identifying as transgender.

To engage with the trans community, Umbrella has set up a Trans Clinic, which runs once a week out of the BLGBT premises. This is the first commissioned trans service in the country.

### Website and self-sampling kits

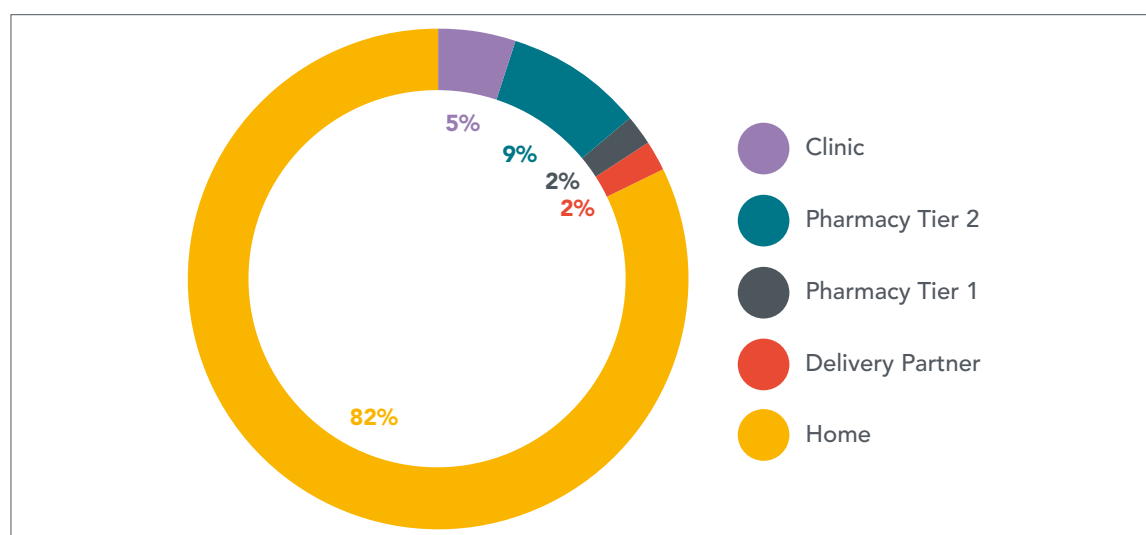
Umbrella offers free STI self-sampling kits as an alternative to attending a clinic. These kits are accessible via the Umbrella website or through partner organisations.

Service users are taken through a step-by-step triage process to ensure that they are suitable for this option, which is available only to people aged 16 or over. They are then issued with a self-sampling kit which is returned to the laboratory by post for analysis, and results are sent back to the service user by text (if negative) or by telephone call (if reactive).

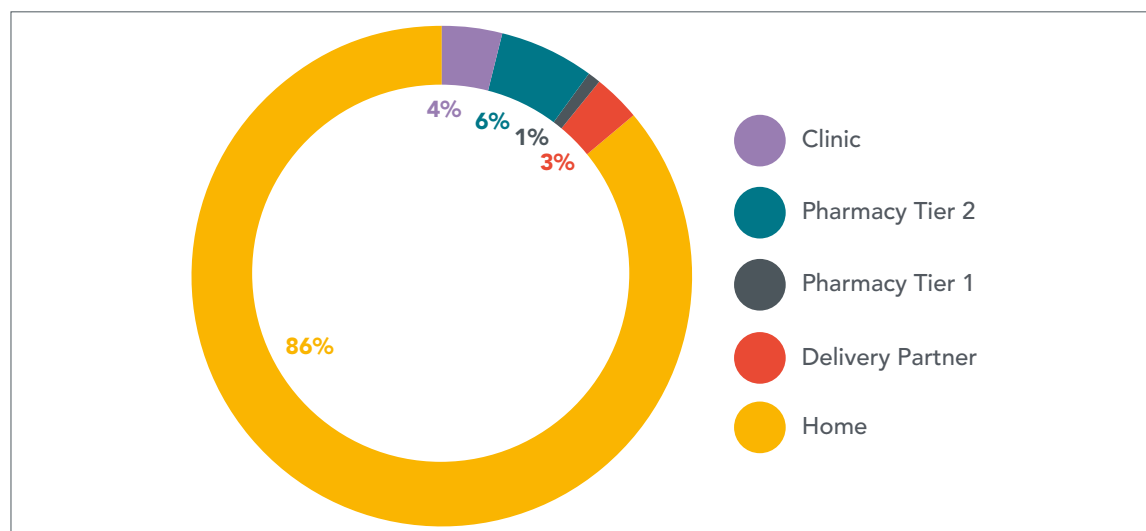
Kits can also be posted to the client's home or a designated address, or collected from an Umbrella pharmacy or other venue.

STI self-sampling kits can also be issued directly by Tier 2 pharmacies and by some partner organisations, following training in how to competently triage a service user.

■ *Figure 25: Kits issued by type of location 1 August 2019– 31 July 2020*



■ *Figure 26: Kits received from location 1 August 2019– 31 July 2020*



The rate of return for kits ordered to home addresses was 61%, which is consistent with the previous year. The average number of kits returned each month over the year was 2,868, an increase on last year's average of 1,913. The overall return rate for the service was 59%, an increase from last year's overall return rate of 52%.

### Umbrella General Practice activity

During Year 5, GP practices in Birmingham offered a LARC service to both registered and unregistered residents in Birmingham under the Umbrella service. As of 1 April 2018, Umbrella has been contracting directly with GP practices.

### Our delivery partners

Delivery partners are subcontracted to provide specific elements of service and work across the Umbrella partnership, providing specialist expertise in their topic area through service delivery, training and capacity building.

■ *Table 5: Delivery partners commissioned by Umbrella in Year 5*

Partner organisation	Posts/work commissioned by Umbrella
BCC Careers Service	<ul style="list-style-type: none"> <li>One WTE NEET Worker</li> <li>Two WTE Teenage Parent Advisors</li> </ul>
BCC Youth Service	<ul style="list-style-type: none"> <li>Two WTE Youth Workers working out of 16 Youth Centres across Birmingham</li> </ul>
RSVP (Rape and Sexual Violence Project)	<ul style="list-style-type: none"> <li>Four WTE ISVAs General (Independent Sexual Violence Advocate)</li> <li>One WTE Young Person ISVA</li> <li>One WTE LGBT ISVA</li> <li>0.5 WTE Training post</li> </ul>
Birmingham LGBT	<ul style="list-style-type: none"> <li>Six WTE Sexual Health Promotion Officers</li> </ul>
BCHC (LAC, LD and YP in schools) – Birmingham Community Healthcare Trust	<ul style="list-style-type: none"> <li>0.8 WTE Children in Care Nurses</li> <li>1.72 WTE Learning Disabilities Nurses</li> </ul>
Loudmouth	<ul style="list-style-type: none"> <li>Commissioned to provide Theatre in Education programmes – delivery programmes across schools and colleges throughout Birmingham</li> </ul>
Trident Reach	<ul style="list-style-type: none"> <li>One WTE Project Worker</li> </ul>
KIKIT	<ul style="list-style-type: none"> <li>Commissioned to provide interventions (one-to-one and group) to the BME community</li> </ul>
SIFA Fireside	<ul style="list-style-type: none"> <li>Commissioned to provide interventions (one-to-one and group) to the BME community</li> </ul>
Birmingham and Solihull Women's Aid	<ul style="list-style-type: none"> <li>Commissioned to provide support for survivors of domestic abuse</li> </ul>

### 6.5.3. Umbrella's strategy Year 6 and beyond

Umbrella has continued to build strong partnerships with other organisations to deliver, expand and support the service. Umbrella has trusted relationships and engagement with community organisations who work with individuals and priority groups that are at greater risk of sexual ill health, or have previously had poor access to sexual health services.

Umbrella is working hard to engage with a large and diverse range of partners to address diversity, cultural difference and reach into communities with the greatest need. Examples are: men who have sex with men (MSM), LGBT, sex workers and Young People.

In Year 6 Umbrella will focus on:

- Supporting our patients within the confines of the pandemic to receive high quality safe and accessible sexual health care
- Forging new relationships with partner organisations that will support Umbrella's objectives to deliver sexual health services to hard to reach groups
- Working with the Umbrella pharmacies to ensure that they receive the support they require to provide Tier 2 services across Birmingham
- Continuing to build a strong working relationship with GPs, actively promoting use of the Umbrella services that they offer and continuing to offer training to ensure that sexual health knowledge within primary care remains current
- Understand how to most effectively reach the BAME communities at greatest risk of STI infection
- Campaigns and health promotion work to ensure that individuals know where to go for Umbrella services and can access those services by their preferred routes

## 6.6. Outcome 6: Ensuring prompt access for earlier diagnosis and treatment

### 6.6.1. Why is this outcome important?

Rapid diagnosis and treatment of sexually transmitted infections reduces the chance of transmitting the infection on to other people, thus helping to limit the spread of infection within the community. Rapid diagnosis also allows for faster initiation of partner notification, which will allow additional persons at risk to be put into contact with services for testing and treatment. This will lead to a 'multiplier effect' with beneficial outcomes.

Rapid treatment reduces the chance of the person developing a complication of the infection e.g. a woman with uncomplicated chlamydial infection might develop pelvic inflammatory disease which carries the risk of long-term morbidity.

### 6.6.2. How is it measured?

Umbrella reports quarterly to the commissioner, against a number of national and local KPIs (Key Performance Indicators). These include:

- Percentage of appointments offered within 48 hours from contacting the integrated sexual health service

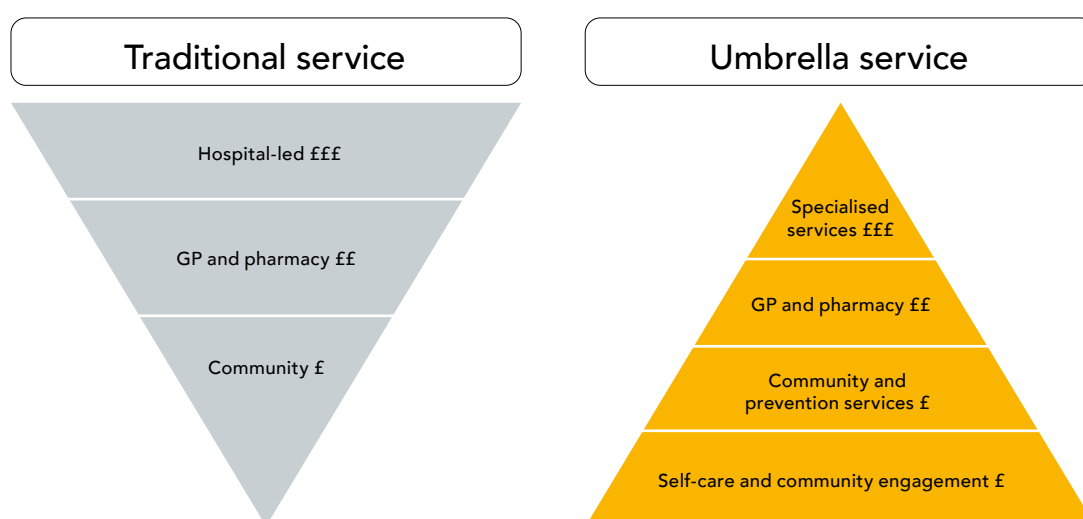


- Percentage of patients seen within 48 hours from contacting the integrated sexual health service

The above measures did not apply from March 2020 to August 2020 during the Covid-19 pandemic.

### 6.6.3. Year 5 performance and analysis

Umbrella's performance meets the vision and strategy Umbrella intended, by offering service users who previously accessed treatment via hospital-led clinics alternative options, such as access to services in the community and primary care. The triangles below show that Umbrella is providing better access within community and primary care settings, leaving capacity within clinics for those more complex cases.



**Table 6: Umbrella Year 5 appointments offered and patients seen within 48 hours in hub, satellite and clinics**

Period	Percentage and actual number of patients seen within 48 hours from contacting the integrated sexual health service		
	Umbrella	Birmingham	Solihull
Q3 2019	22,746/25,933 87.7%	11,435/17,994 63.5%	1,169/1,361 85.8%
Q4 2019	21,241/24,111 88.1%	14,170/16,459 86.1%	1,621/1,843 88.0%
Q1 2020	Currently not reporting due to change in appointment process during COVID-19 pandemic		
Q2 2020	Currently not reporting due to change in appointment process during COVID-19 pandemic		

The above demonstrates how Umbrella is increasing access for service users by providing options which give individuals immediate easy access whilst also reducing the pressure on hospital-led services.

#### 6.6.4. Umbrella's strategy Year 6 and beyond

Umbrella aims to further improve access by:

- Releasing capacity in clinics by continuing to promote use of the online STI self-sampling kits
- Releasing capacity in clinics by promoting local pharmacies who can now offer Tier 2 services. STI self-sampling, contraception (including injectable contraception), hepatitis B vaccination and treatment of chlamydia
- Continuing to expand the investment in general practice through promoting the LARC service and chlamydia screening available via GPs
- Providing health promotion to ensure that individuals know where to go and that they can access services by their preferred routes

### 6.7. Outcome 7: Increasing the use of effective good quality contraception

#### 6.7.1. Why is this outcome important?

Contraception plays a key role in sexual and reproductive health. When considering all modern healthcare interventions, effective contraception has had the most profound and positive effect on the health of women. Improved access to abortion and contraception has revolutionised women's lives by supporting them to take control of their reproductive health and the future of their family.

It is estimated that one in three pregnancies are unplanned (source: [www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning#the-importance-of-reproductivehealth](https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning#the-importance-of-reproductivehealth)). The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance.

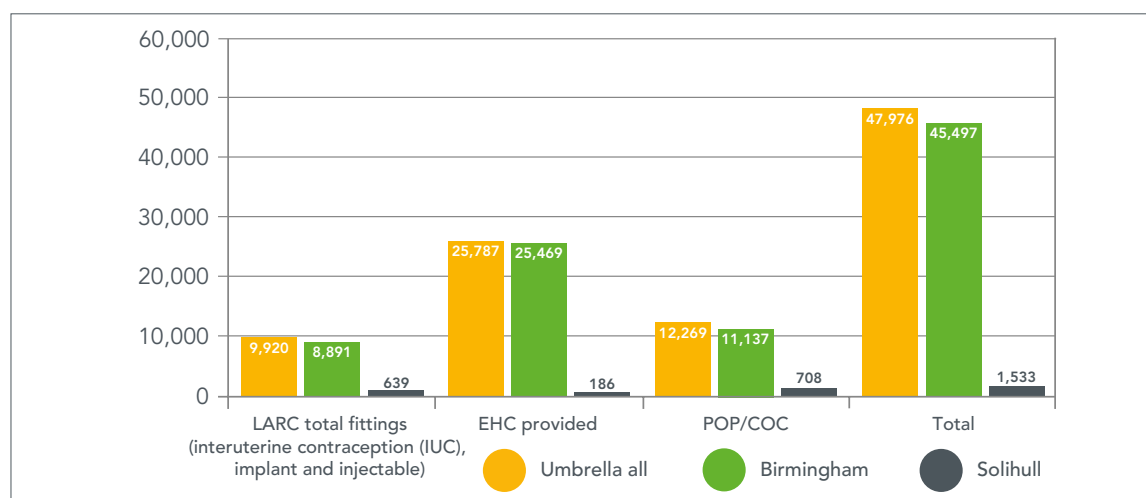
#### 6.7.2. How is this outcome measured?

Umbrella reports quarterly to the commissioner, against a number of KPIs (Key Performance Indicators). These include:

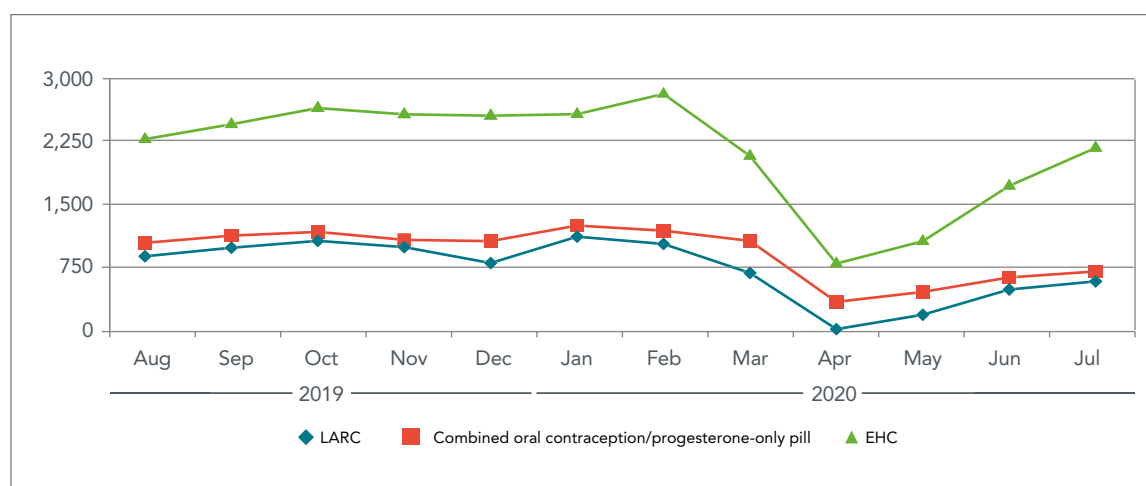
- Rate of GP prescribed LARC/1,000 registered female population 15–44: reported nationally two years in arrears
- Percentage of LARC as a proportion of all prescribed contraception (females aged under 18 years) in all settings within the Umbrella service
- Number of females aged 13–17 and 18+ years of age receiving EHC in clinical/ outreach, pharmacy, general practice and other supply chain settings

### 6.7.3. Year 5 performance and analysis

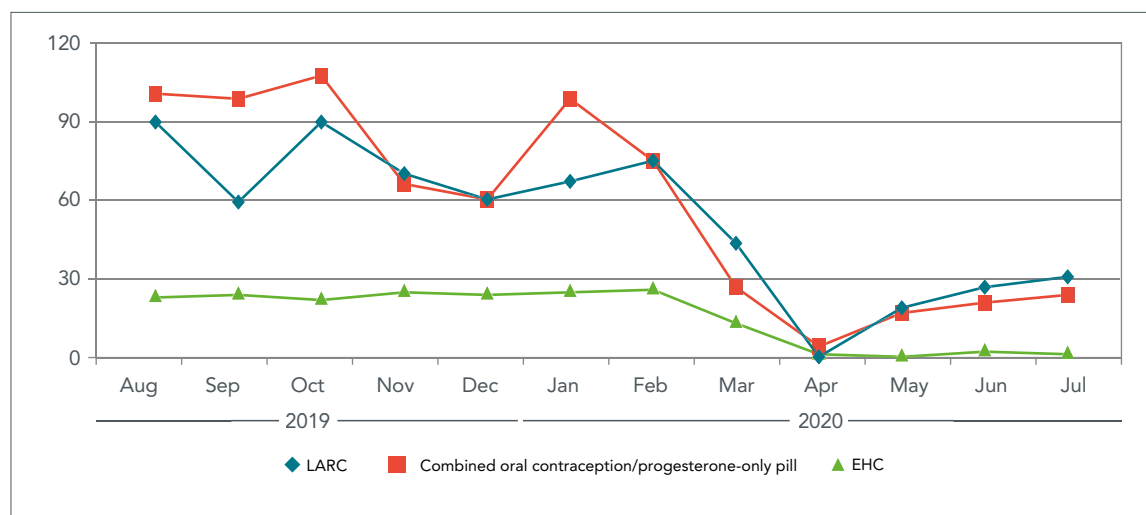
**Figure 27: Contraception issued by Umbrella overall, in Birmingham and in Solihull, by type for year 5**



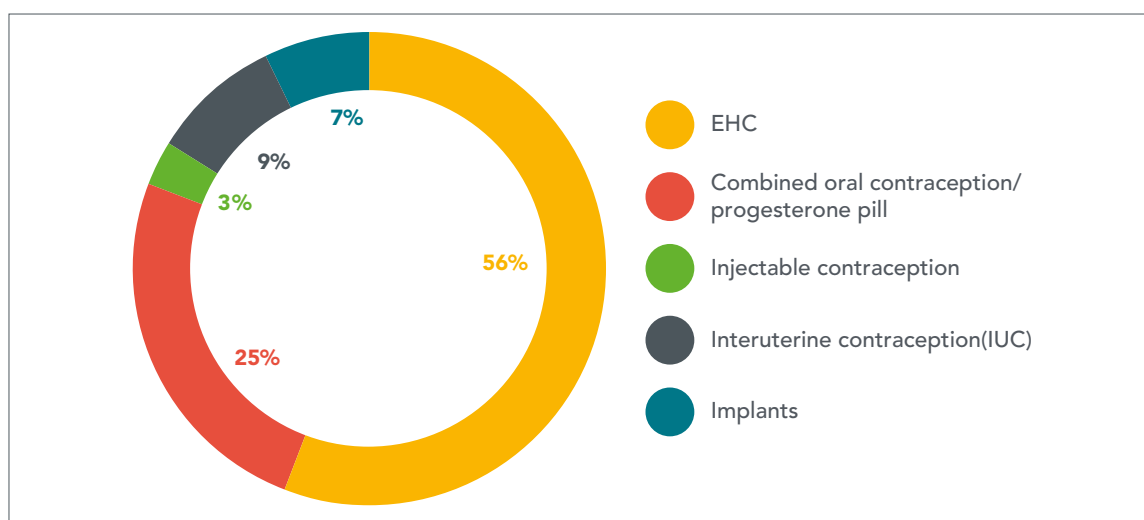
**Figure 28: Uptake of contraception by type per month (Birmingham)**



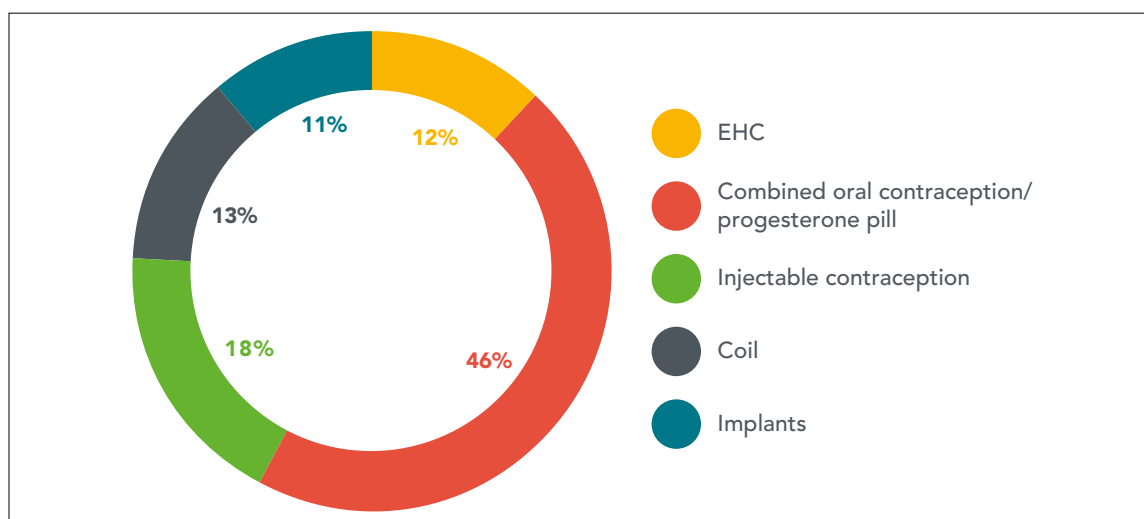
**Figure 29: Uptake of contraception by type per month (Solihull)**



■ Figure 30: Contraception by type (Birmingham) all ages



■ Figure 31: Contraception by type (Solihull) all ages



#### 6.7.4. Umbrella's strategy – years 6 and 7

Over the next few years Umbrella will:

- Ensure that the Umbrella pharmacy network is able to provide the full Tier 2 range of services, including access to oral and injectable contraception
- Actively promote the network of GPs providing LARC services
- Support patients to access safe sexual health services within the constraints of the Covid-19 pandemic
- Increase telephone consultations and access to Emergency Hormonal Contraception (EHC) through clinic and postal prescriptions and referrals to GPs within the patient's locale

## 6.8. Outcome 8: Reducing the number of people repeatedly treated for STIs

### 6.8.1. Why is this outcome important?

One of Umbrella's overarching aims is to reduce the number of people who are repeatedly treated for STIs, thereby preventing further infections. Umbrella's aim is to promote key messages, through targeted communication, that informs of the risk of reinfection and encourages behaviours promoting good sexual health.

Whilst earlier diagnoses to help reduce further transmission of infection are essential, Umbrella seeks to integrate prevention within its core treatment to reduce repeat presentations, particularly in high risk groups.

People who attend for treatment represent a core group of high-risk individuals who are contributing disproportionately to the spread of disease and, as such, merit particular attention. Umbrella's aim is to reduce the number of such people and contribute to the reduction in the transmission of infections within the population as a whole.

### 6.8.2. How is it measured?

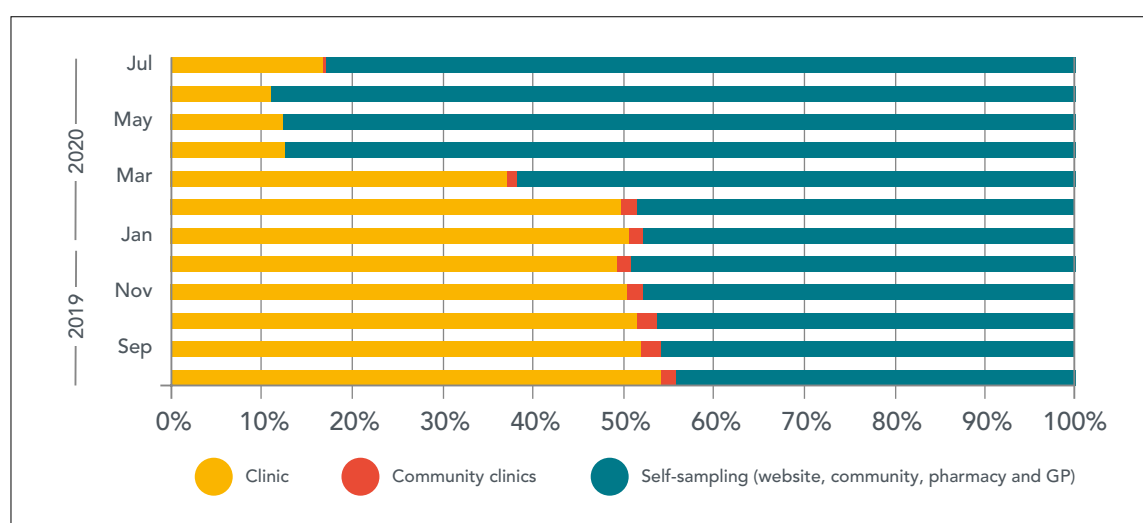
Umbrella reports quarterly to the commissioner, against a number of national and local Key Performance Indicators (KPIs). This includes:

- Number and proportion of total attendances which are repeat attendances, symptomatic/asymptomatic

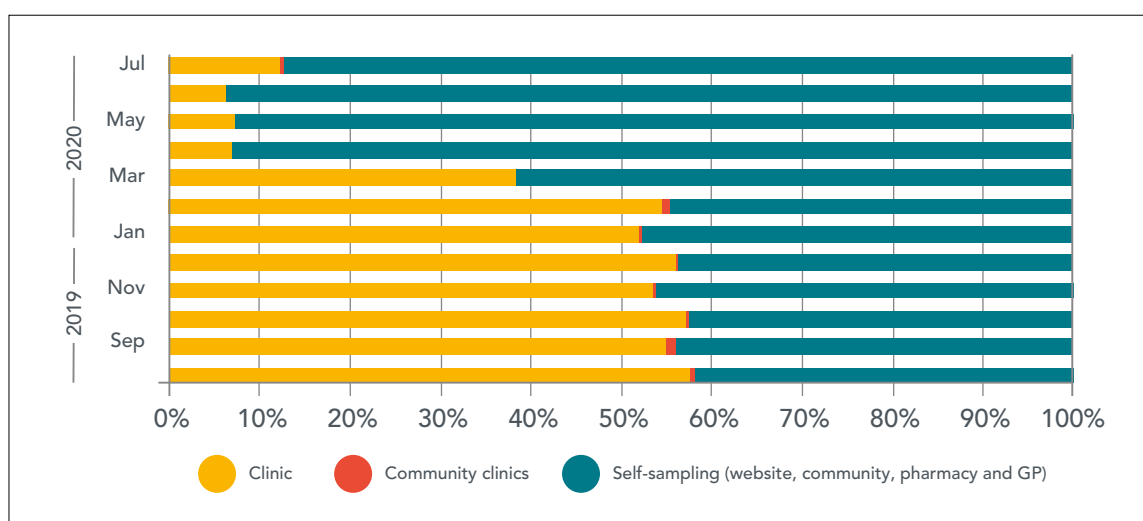
### 6.8.3. Current performance

The main routes for STI testing in Umbrella are clinics (hub, satellite and community settings), self-sampling (through websites, community settings and pharmacies), and up until 31 October 2016 ASH services through GP practices.

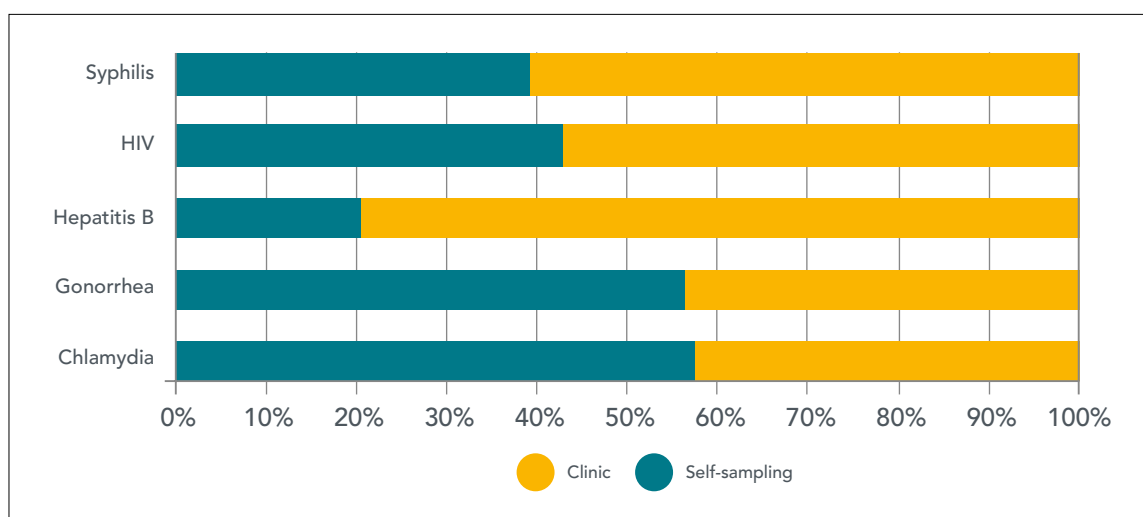
**Figure 32: STI testing route Birmingham**



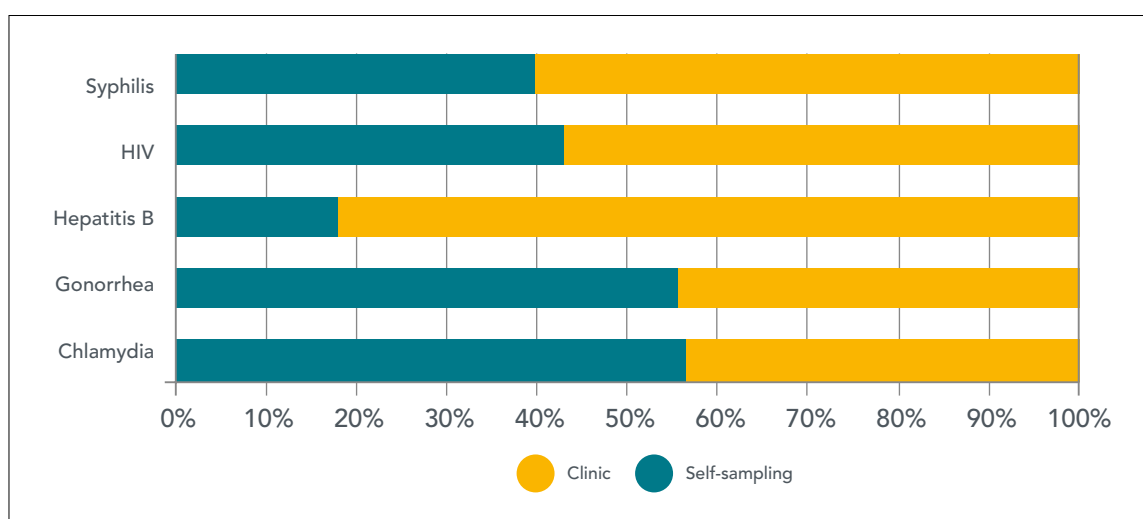
**Figure 33: STI testing route Solihull**



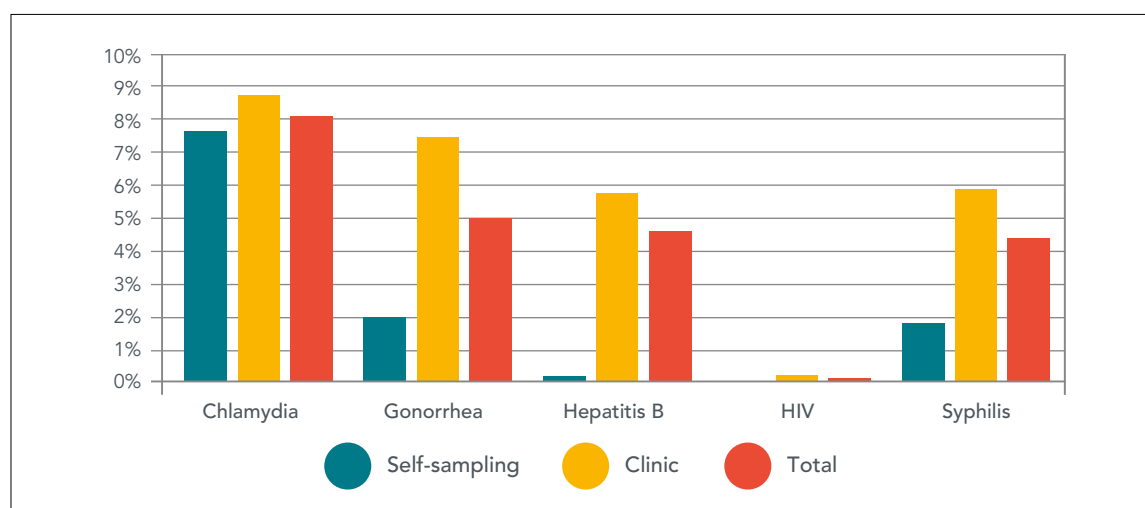
**Figure 34: Birmingham Umbrella – type of STI test carried out (1 August 2019–31 July 2020)**



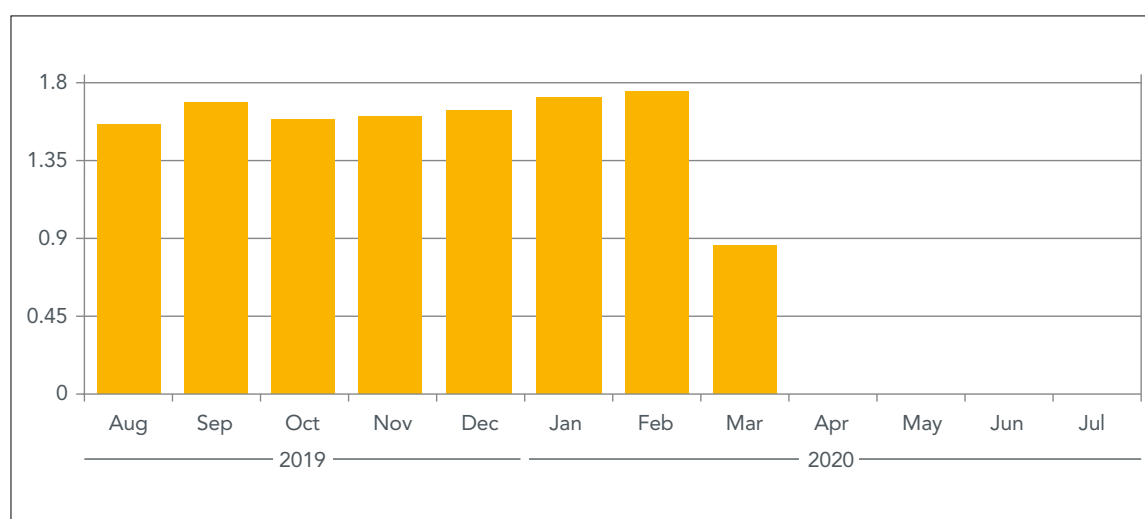
**Figure 35: Solihull Umbrella – type of STI test carried out (1 August 2019–31 July 2020)**



■ **Figure 36: STI Positivity rates Umbrella (1 August 2019–31 July 2020)**



■ **Figure 37: Ratio of New to Follow-up (where FU is 1)**



#### 6.8.4. Umbrella's strategy – years 6, 7 and beyond

Umbrella's strategy will be to continue to provide a co-ordinated and sustained approach to STI testing in areas where there is the highest risk of infection and reinfection. In doing so, Umbrella will focus specific attention on understanding the patterns and sexual health behaviours related to people who are presenting with repeated STIs.

This outcome will be achieved through analysis of the data and identification of the key themes and patterns relating to repeat STI attendances. In addition, Umbrella will provide health awareness, education and promotion to those targeted groups, to reduce the incidence of repeated STIs.

Umbrella recognises that one of the priority groups for repeated STI infections are MSM. However, the strategy moving forward will apply a consistent approach that also includes heterosexual people who report similar sexual health behaviours.

The strategy will ensure a joined-up approach with priority Umbrella partners, such as Birmingham LGBT. In addition, there will be a sustained and focused approach by

Umbrella's Health Promotion and Training teams on communicating messages about the associated risks of reinfection. A review of the website will be undertaken to ensure that these messages are also clearly communicated on the STI kit ordering site.

## 6.9. Outcome 9: Reducing the number of abortions, in particular repeat abortions under the age of 25

### 6.9.1. Why is this outcome important?

Most teenage pregnancies are unplanned and around of these half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And, while for some young women, having a child when young can represent a positive turning point in their lives, for many teenagers, bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.

### 6.9.2. How is it measured?

Nationally, a data set is produced by the Office for National Statistics from routine national data on teenage pregnancy and local authority IMD scores. Annual data on under-18 conception rates and the proportion of under-18 conceptions leading to abortion can be obtained from the ONS website ([www.ons.gov.uk](http://www.ons.gov.uk)) for all local authorities in England. The Public Health Outcomes Framework (PHOF) 2013–2016 also includes 'under-18 teenage conception rate' as one of three sexual health indicators. Umbrella reports quarterly to the Commissioner, against a number of KPIs.

These include:

- Number of females aged 13–17 and 18+ years of age receiving EHC in clinic, outreach, pharmacy, general practice and other supply chain settings.

### 6.9.3. Year 5 performance and analysis

In 2018, in Birmingham and Solihull the under-18 conception rates were 19.2% (21.4% in 2017) and 17.1% (14.6% in 2016), whereas the figures for England and the West Midlands were 16.7% and 19.1% per 1,000 respectively.

In 2017, the abortion rates for under-18s in Birmingham and Solihull were 45.9% (46.4% in 2016) and 63.6% (58.9% in 2016) respectively, which was lower than both the national rate (47.4%) and West Midlands rate (45.9%) but higher than Solihull.

In 2018, there were 207,384 abortions for women residents in England and Wales, the highest number since the Abortion Act was introduced.

In Year 5, Umbrella services provided a range of contraception. LARCs made up 21% of both Birmingham and Solihull's Umbrella contraception provision. LARC uptake was at an all-time high for Year 5 prior to the onset of the Covid-19 pandemic. The Umbrella LARC clinics were stepped down from mid-March 2020 due to the pandemic. However, in May 2020 following a phased reinstatement of some complex contraceptive clinics, recovery of the LARC clinics was fast paced, such that nearly half of the monthly estimates were achieved as early as July 2020. The routine oral contraceptive pills were dispensed from postal clinics to resume essential provision for women who were relying



on this service.

**Table 7: Number of contraception issued, by type and age for Year 5**

Type	Umbrella Actual		Birmingham Actual		Solihull Actual	
	All ages	U18	All ages	U18	All ages	U18
LARC total fittings (Interuterine contraception (IUC), Implant and Injectable)	9,920	384	8,891	111	639	43
EHC provided	25,787	1,915	25,469	1,829	186	57
POP/COC	12,269	939	13,137	784	708	108
Total	47,976	3,238	45,497	2,724	1,533	208

**Table 8: Number of females under 18 and 18+ years of age receiving EHC in clinical in/outreach, pharmacy, general practice, other supply chain settings**

Period	Setting	Birmingham		Solihull		Umbrella	
		13–17yo	18+yo	13–17yo	18+yo	13–17yo	18+yo
Aug 2019 to July 2020	Pharmacy	243	3,3031	–	–	1,698	22,935
	Clinic/ Outreach	160	1,195	83	221	276	1,594

## 6.10. Outcome 10: Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

### 6.10.1. Why is this outcome important?

STI, HIV and BBV (hepatitis B and C viruses) can lead to morbidity and mortality in infected persons. Therefore, measures which can reduce their transmission will result in significant improvements in the health of the affected populations (Birmingham and Solihull).

The two key areas to achieving this outcome are reducing risky sexual behaviours as well as identifying those who have STIs. Umbrella will do this by increasing screening, testing and treatment in the population, as well as through health promotion and education aimed at all service users, particularly those hard-to-reach, at-risk groups.

### 6.10.2. How is the objective measured?

Umbrella reports quarterly to the commissioner, against a number of national and local KPIs. This includes:

- Rate of gonorrhoea diagnoses per 100,000 population
- Rate of syphilis diagnoses per 100,000 population
- Rate of first episode genital warts diagnoses per 100,000 population

➤ Rate of genital herpes diagnoses per 100,000 population

These outcomes are reported nationally two years in arrears. Umbrella also reports on:

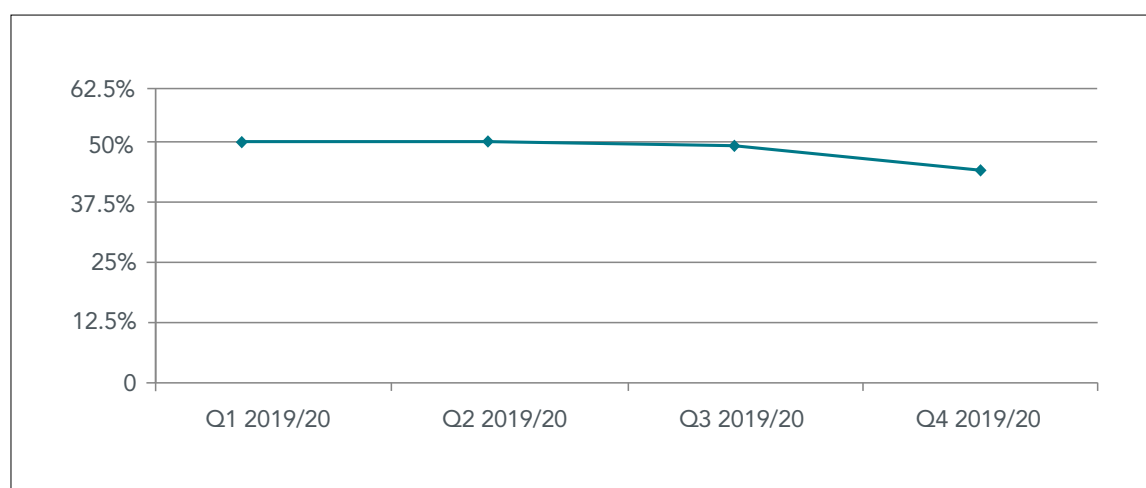
- Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening
- Percentage of at-risk patients offered and take up Hepatitis B vaccination

*Information around chlamydia is covered within Outcome 2 and HIV within Outcome 3*

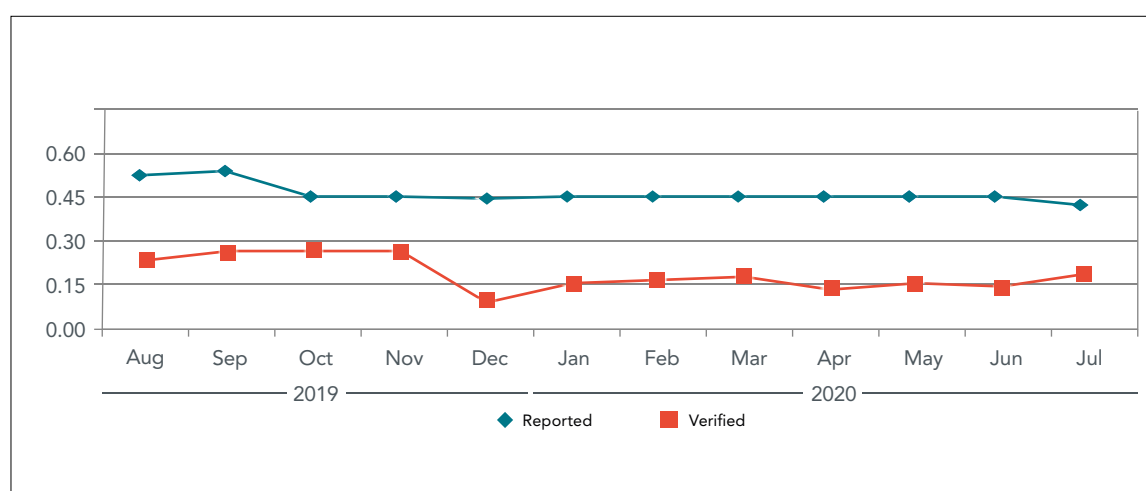
Umbrella utilises the testing services available through clinics, primary care, community and self-sampling via the website to increase the number of STI tests carried out across Birmingham. This includes health promotion and education to reach those groups that have not historically attended clinics or general practice.

### 6.10.3. Year 5 performance and analysis

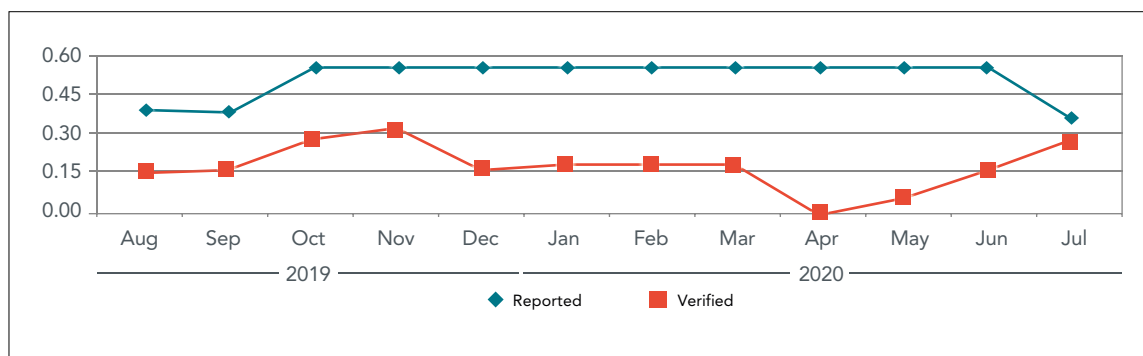
■ *Figure 38: Percentage of Umbrella patients accepted the initial Hepatitis B vaccination*



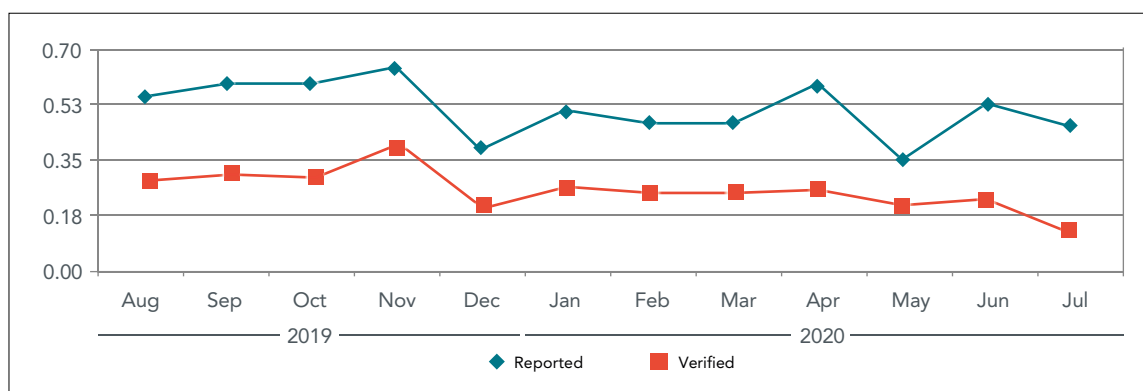
■ *Figure 39: Partner notification for Chlamydia – Birmingham only Umbrella*



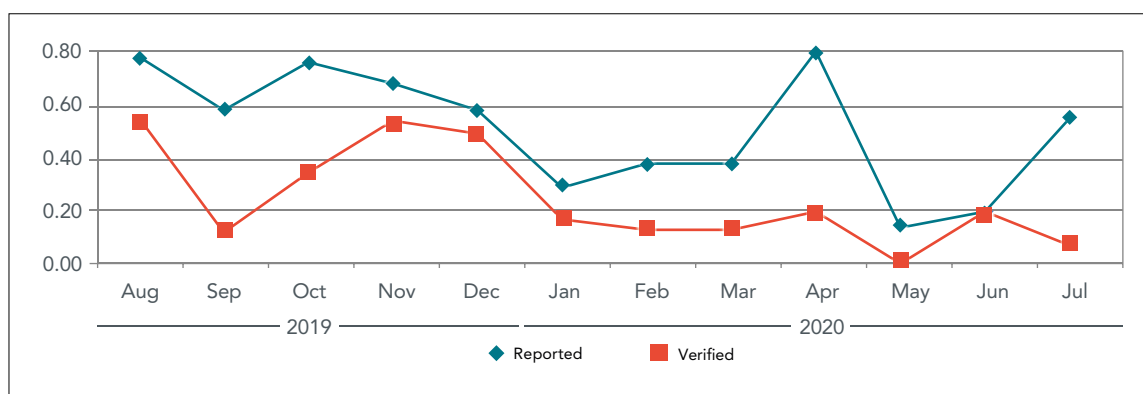
**Figure 40: Partner notification for chlamydia – Solihull only Umbrella**



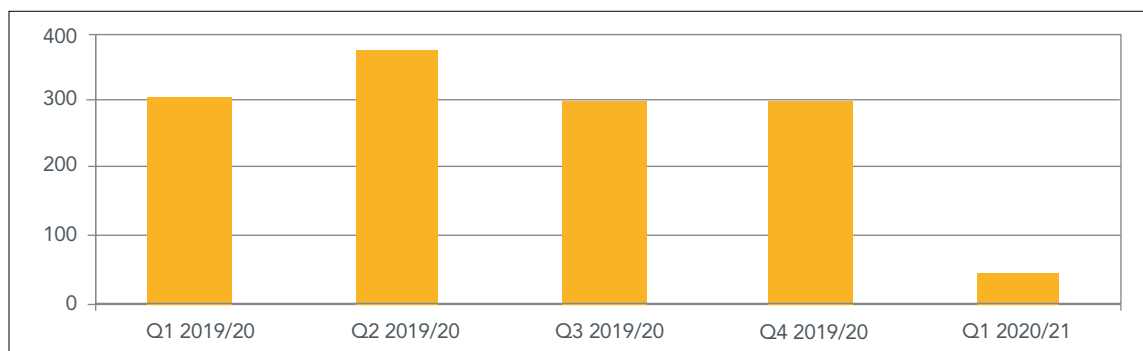
**Figure 41: Partner notification for gonorrhoea – Birmingham only Umbrella**



**Figure 42: Partner notification for gonorrhoea – Solihull only Umbrella**



**Figure 43: Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening**



#### 6.10.4. HIV PRe Exposure Prophylaxis (PrEP)

HIV PrEP involves the taking of combination antiviral pills before risky sexual activity. It has been shown to be highly effective in preventing HIV acquisition if taken appropriately. It is not available on the NHS in England except in the NHS England sponsored Impact study, although many people obtain these pills via the Internet. Although very safe and effective, those taking PrEP need monitoring to make sure it does not affect their kidney function and also need regular STI checking if they are at sufficient risk to require PrEP.

Umbrella began recruiting to the National Impact study in March 2018. On completion of the trial in September 2020 and funding allocated by NHSE, Umbrella has committed to including PrEP clinics as part of mainstream service delivery.

#### 6.10.5. Umbrella's strategy years 6 and 7

- Umbrella's health promotion campaigns have increased and continue to increase awareness of blood borne viruses and promote safer sexual behaviour to reduce transmission
- Umbrella will continue to improve access to testing for STIs (including HIV) through both through use of the self-sampling kits which can be ordered free via the Umbrella website. This aspect of the service has seen an huge increase in popularity with service users, with over 58,000 kits being ordered in Year 5, representing a 4% increase on the previous year
- All people attending Umbrella sexual health clinics are offered testing for STI and HIV
- At registration, all service users are routinely asked about risk factors for HBV and HCV and flags up to the clinician when testing for BBV is indicated
- A safe and effective vaccine exists to protect at-risk persons from acquiring HBV infection. This is offered to attendees at Umbrella clinics at highest risk i.e. MSM (Men who have Sex with Men), IVDU (Intravenous Drug Users), CSW (Commercial Sex Workers) and heterosexuals reporting high numbers of sexual partners
- Prompt and effective treatment of infected persons will prevent onward transmission of infection
- Partner Notification (PN) is routinely carried out for these infections, which helps to identify at-risk persons in the community, thus allowing them to be offered testing and treatment. Successful PN interrupts chains of transmission in the community

This year we have seen an increase in patients attending with multi-complex presentations. During this time 62% of patients belonged to more than one of the above priority groups and had an issue that related directly to their sexual health and wellbeing.

The psychotherapy service has also experienced a significant rise of 47% patients presenting with chemsex related issues since 2017. On-going partnership working with the Birmingham LGBT Chemfidential Service offers a holistic approach to this client group. Further development and understanding especially in drug services is needed to support this growing population of MSM men in Birmingham and Solihull.

The service continues to run with one full-time paid member of staff and a dedicated group of associate counsellors and psychotherapists who work voluntarily for Umbrella during and after undertaking degree or doctoral qualifications. They are all required to receive in-house UKCP registered clinical supervision. This cost-effective model means we are able to offer a wide variety of effective therapeutic modalities which allow for both short and longer-term therapies and support the growth of sexual health knowledge within therapy. All of the therapists are registered with BACP and/or UKCP as either student or fully registered members.

## 7 Health promotion campaigns

### 7.1. Introduction

Health promotion continues to play a vital role in helping to support the reshaping of the sexual health Umbrella model during its fifth year. Greater use of tools like video and a growing confidence in its use has become an essential medium for engaging with the public. The success of its use can be seen through how the HIV boosted Facebook campaign achieved a 258% increase on the previous years' campaign through strategic deployment of video content.

A further channel that proved its effectiveness this year has been Pay Per Click which for this year's Freshers campaign achieved an increase of 698% on the previous year. Interest in the brand and the use of search terms show why organic traffic continues to be the best performing channel overall, reinforcing the importance of health promotion situated in outdoor settings like billboards, adshells and community settings.

Umbrella as a brand has become a familiar sight on our high streets and on social media. For those new to the region, use of targeted geographically positioned health promotion has become one of a number of approaches used to reinforce familiarity with the brand. As Umbrella moves forward, work continues to look for new ways to exploit channels to reinforce recognition of the brand and make Umbrella synonymous with sexual health service provision for Birmingham and Solihull.

### 7.2. Year 5 performance and analysis

#### 1 16 September–13 October 2019 – Freshers and Young People

<b>Audience</b>	Students aged 16–24, including those attending five universities across the city
<b>Aims</b>	<ul style="list-style-type: none"> <li>• Raise awareness of services provided by <a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a>.</li> <li>• Drive visits to <a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a></li> <li>• Increase the number of requests and returns of STI testing kits</li> <li>• Raise awareness of risk of STIs</li> </ul>
<b>Targeting</b>	<ul style="list-style-type: none"> <li>• Students browsing social media</li> <li>• Students actively searching for information on chlamydia and STI testing via google searches (PPC)</li> </ul>

<b>Channels</b>	<ul style="list-style-type: none"> <li>• Digital advertising: Facebook and Instagram</li> <li>• Social media boosting: Facebook and Twitter</li> <li>• Outreach: Freshers' events</li> <li>• Pay Per Click: Google Search</li> <li>• Outdoor: Billboards/animations on Digital 6 sheet screens/Socialite screens in bars/Adshels on bus stops/Interior bus panels</li> <li>• PrintT app reaching students through free printing service promotion</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Distribution of 250,000 condoms at Freshers' events</li> <li>• Extensive distribution of posters and information cards at university sites</li> <li>• Coverage in local media of condom distribution</li> <li>• Pay Per Click saw the number of impressions from the previous year of 8,991 rise to 71,713</li> </ul>

## 2 11 November–8 December 2019 – HIV and BAME

<b>Audience</b>	Residents at higher risk of HIV
<b>Aims</b>	<ul style="list-style-type: none"> <li>• Reduce rates of late HIV diagnosis across Birmingham and Solihull</li> <li>• Educate people around process of free testing and free treatment available through Umbrella</li> <li>• Promote variety of access points to HIV testing (clinics, pharmacies and partners)</li> <li>• Raise awareness of access to HIV testing in community and clinical settings to improve early diagnosis and treatment</li> <li>• Drive visits to HIV landing page at <a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a></li> </ul>
<b>Targeting</b>	<p>Individuals most affected by HIV, with a specific focus on:</p> <ul style="list-style-type: none"> <li>• Black African/African Caribbean</li> <li>• Indian sub-continent – Pakistani, Indian and Bangladeshi in targeted locations</li> <li>• General messaging to reach a wider audience</li> </ul>
<b>Channels</b>	<ul style="list-style-type: none"> <li>• Digital: Facebook and Twitter posts including animation. Instagram and Snapchat advertising</li> <li>• Social media boosting: Facebook, Birmingham Updates Live stream</li> <li>• Pay Per Click: Google Ad Words</li> <li>• Geo-location based on postcodes</li> <li>• Print: posters, cards and leaflets distributed to partners</li> <li>• Outdoor: Billboards/animations on Digital 6 sheet screens/Socialite screens in bars/Adshels on bus stops/Interior bus panels</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• HIV landing page receives 17,176 with an overall increase of 8% for website users compared to the previous year</li> <li>• Boosted posts achieved 36,324 engagements compared to 10,156 the year before. This is thought to be due to this campaign's high proportion of video</li> <li>• Geo locate achieved 282 clicks from 100,579 impressions in targeted postcode areas</li> </ul>

### 3 2–22 December 2019 – Pharmacy Birmingham

<b>Audience</b>	Residents in Birmingham
<b>Aims</b>	<ul style="list-style-type: none"> <li>• Raise awareness of Umbrella services available at pharmacies</li> <li>• Increase service usage at Umbrella pharmacies</li> <li>• Raise awareness of the Umbrella Health brand on the high street</li> <li>• Drive visits to <a href="https://umbrellahealth.co.uk">umbrellahealth.co.uk</a></li> </ul>
<b>Targeting</b>	<ul style="list-style-type: none"> <li>• 16+ year-olds, Birmingham only</li> </ul>
<b>Channels</b>	<ul style="list-style-type: none"> <li>• Digital: Facebook and Twitter posts including animation. Instagram and Snapchat advertising</li> <li>• Social media boosting: Facebook, Birmingham Updates Live stream</li> <li>• Pay Per Click: Google Ad Words</li> <li>• Print: Window and standard posters, cards, leaflets and bespoke promotional materials distributed to pharmacy partners</li> <li>• Outdoor: Billboards/Adshells on bus stops</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• 53 Adshells on bus stops</li> <li>• All 162 pharmacies are provided with tailor made A4 and A5 flyers and A1 window posters</li> <li>• Pharmacy partners help shape the messaging and utilise their own networks to create referrals</li> <li>• 'Service locator' page receives 4,600 visits with 1,300 clicks to the service locator landing page coming from social media</li> </ul>

### 4 13–26 January 2020 – Post Christmas STI Kit Push

<b>Audience</b>	All residents in Birmingham and Solihull
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To refer the target audience to <a href="https://umbrellahealth.co.uk">umbrellahealth.co.uk</a> to order a free STI kit and test themselves at home</li> <li>• Increase awareness of the ease and speed of testing discreetly at home</li> <li>• Focus on high traffic areas for increased visibility of messaging</li> <li>• General brand awareness of Umbrella sexual health services</li> </ul>
<b>Targeting</b>	<ul style="list-style-type: none"> <li>• All residents in Birmingham and Solihull with a focus on younger people</li> </ul>
<b>Channels</b>	<ul style="list-style-type: none"> <li>• Digital: Facebook, Twitter, Instagram advertising</li> <li>• Social media boosting: Facebook</li> <li>• Pay Per Click: Google AdWords</li> <li>• Outdoor: Adshells</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• For Pay Per Click use of Ad groups for focused STI messaging provided insight into user interests</li> <li>• Facebook ads produce 351,879 engagements</li> <li>• 14,542 new users visited the website throughout the two weeks. Of these, 2,589 came from direct traffic potentially due to outdoor media in and close to high footfall and education settings</li> </ul>

## 5 24 February–15 March 2020 – Birmingham and Solihull Chlamydia

Audience	Birmingham and Solihull 16–24 year-olds
Aims	<ul style="list-style-type: none"> <li>• Raise awareness of chlamydia testing among 15–24 year-olds</li> <li>• Focus on high traffic areas for increased visibility of messaging</li> <li>• Increase the number of requests and returns of online STI testing kits</li> <li>• Drive visits to <a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a></li> </ul>
Targeting	<ul style="list-style-type: none"> <li>• 16–24 year-olds in Birmingham and Solihull</li> </ul>
Channels	<ul style="list-style-type: none"> <li>• Digital: Facebook, Twitter, Instagram advertising, mobile advertising</li> <li>• Social media boosting: Facebook</li> <li>• Pay Per Click: Google AdWords</li> <li>• Geo-location based on postcode</li> <li>• Outdoor: Billboards/animations on Digital 6 sheet screens/street talks</li> <li>• Print: Posters and information cards distributed to partners</li> </ul>
Highlights	<ul style="list-style-type: none"> <li>• Website gained 21,636 new users which is an increase of 7,000 more users than the previous campaign attracted</li> <li>• The majority of traffic to the website arrived organically indicating greater brand retention</li> <li>• Geo-locate targeting ten postcodes and outdoor health promotion support the continued success of organic and direct search to the website</li> </ul>

## 6 25 July–16 August 2020 – Contraception

Audience	Birmingham and Solihull residents
Aims	<ul style="list-style-type: none"> <li>• Raise awareness of Umbrella services available at pharmacies and GPs</li> <li>• Increase service usage at Umbrella pharmacies</li> <li>• Raise awareness of the Umbrella Health brand on the high street</li> <li>• Drive visits to <a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a></li> </ul>
Targeting	<ul style="list-style-type: none"> <li>• 16–24 year-olds in Birmingham and Solihull</li> </ul>
Channels	<ul style="list-style-type: none"> <li>• Digital: Facebook, Twitter, Instagram advertising</li> <li>• Social media boosting: Facebook</li> </ul>
Highlights	<ul style="list-style-type: none"> <li>• Boosted Facebook posts achieve a reach of 57,930</li> <li>• Facebook advert generates 292,866 impressions with 1,511 click-throughs to the service locator page</li> </ul>



### 7.3. Examples of health promotion collateral/messages

Figure 44: Examples from Freshers and Young Persons' social media campaign 16 September–13 October 2019 (Billboard, poster and business cards)



Figure 45: Examples of HIV and BAME campaign materials  
11 November–8 December 2019



Figure 46: Examples of Pharmacy in Birmingham campaign materials  
2–22 December 2019



Figure 47: Examples of post-Christmas STI kit campaign push materials  
13–26 January 2020



Figure 48: Examples from the chlamydia campaign 24 February–15 March 2020



■ Figure 49: Examples from the contraception campaign 25 July–16 August 2020



#### 7.4. Social media impacts

■ Table 9: Freshers and Young People, 16 September–13 October 2019

Pay per click (PPC)	71,713 impressions
Facebook/Instagram	161,928 reach
Spend	£2,372.66

■ Table 10: HIV and BAME, 11 November–8 December 2018

Pay per click (PPC)	6,681 impressions
Facebook/Instagram	365,014 impressions
Spend	£2,747

■ Table 11: Pharmacy Birmingham, 2–22 December 2019

Pay per click (PPC)	13,702 impressions
Facebook/Instagram	137,372 reach
Spend	£2,228.92

■ Table 12: Post-Christmas STI Kit Push 13–26 January 2020

Pay per click (PPC)	8,208 impressions
Facebook/Instagram	160,327 reach
Spend	£2,555.09

■ Table 13: Birmingham and Solihull Chlamydia, 24 Feb–15 Mar 2020

Pay per click (PPC)	15,992 impressions
Facebook/Instagram	118,021 reach
Spend	£2,689.38

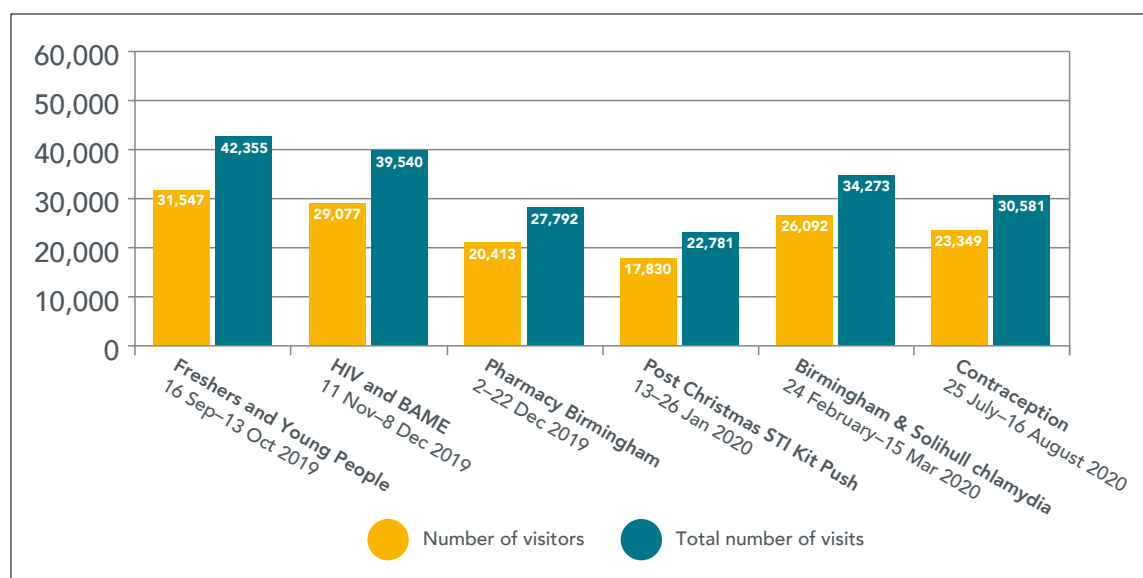
■ Table 14: Contraception campaign, 25 July–16 August 2020

Facebook/Instagram	123,867 impressions
Spend	£1,999.60

Familiarity with the brand continues to grow amongst the residents of Birmingham and Solihull. The recent expansion of the colour pallet has provided additional opportunities for the creation of engaging visual health promotion. Developing expertise in the field of animation is providing further scope for channel development and adoption of promotional materials by delivery partners utilising their own networks.

Greater use of animation and strategic geographic placement of social media advertising has allowed for additional targeting of audiences. Use of geo-location advertising is expanding the scope of audience participation and producing larger organic interest in the brand.

■ Figure 50: Landing page stats for the campaigns listed above



**Figure 51: Web usage**



## 7.5. Umbrella's strategy Year 5 and beyond

2020	
November	University and College Freshers' welcome events
December	Umbrella brand awareness for all ages
2021	
Jan/Feb	Post holiday season chlamydia awareness boost with focus on colleges, sixth forms and universities to students and young people campaign, STI testing and contraception
May	Birmingham Pride
June	Chlamydia Young People's campaign
July	STI testing

## 8 Management and governance of Umbrella

### 8.1. Operational management

Umbrella sexual health services operate within a 'hub' and 'spoke' model of service delivery, in which Whittall Street acts as the central 'hub' of integrated Genito-Urinary Medicine (GUM) and Sexual and Reproductive Health (SRH).

The operational management of Umbrella services cuts across the main 'hub' in Whittall Street to include all eight satellite clinics:

- Whittall Street Clinic



- Boots Birmingham (basement)
- Boots Birmingham Young Person's Clinic
- Hawthorn House Heartlands Hospital
- Erdington Medical Centre
- Northfield Community Partnership (NCP)
- Boots Solihull
- Chelmsley Wood Primary Care Centre

Each satellite clinic works within a triumvirate model in which operational delivery is provided by a Lead Consultant, Senior Nurse and Service/Clinic Manager. The Service/Clinic Managers report to the Operational Manager based at the Whittall Street Clinic who, in turn, reports to the General Manager of the Umbrella Sexual Health Service.

The operational management of Umbrella services is discussed monthly at the Umbrella Speciality meeting attended by the General Manager, Clinical Service Lead, Matron, Operational Managers, Informatics, Finance, Contracts, Umbrella Training and Development and Health Promotion. In addition, the group discusses progress against Umbrella's 10 Key Outcomes. Focused work relating to bespoke and dedicated operational elements of Umbrella such as IT, activity and procurement is fed into the Senior Speciality meeting by designated sub-group leads.

Senior accountability for Umbrella services is provided through UHB's Directorate Board Meeting and Divisional Assurance Group meeting which are held on a monthly basis. The meetings are chaired by the Divisional Director or Director of Operations who, in turn, reports to the Trust Executive Directors and Chief Operating Officer.

## 8.2. Service user engagement

Sexual Health is not considered an area of service provision with strong user engagement; service users seek and are assured of confidentiality. Sexual health is often considered as sensitive, taboo or even carries stigma, episodes of care are usually short, or even one-off, and usage is intermittent or unrepeated.

Umbrella addresses this by using innovative approaches to engage with service users and potential service users through the website, social media, advertising and campaigns. For example, young people assisted in the development of the Umbrella branding. This approach helps Umbrella to make the right choices and improve on our approach.

Umbrella also carries out regular service user surveys on all aspects of service provision across the system. An independent organisation is used for continuous service development and improvement and results are shared with commissioners.

Partners such as Birmingham LGBT, Loudmouth and RSVP are better placed for citizen engagement, particularly with diverse communities and those less represented in mainstream clinical settings, whose voices are less heard.

Umbrella allows for service user feedback via the website and the Umbrella email

address ([umbrella@uhb.nhs.uk](mailto:umbrella@uhb.nhs.uk)), which allows service users the opportunity of direct contact with Umbrella, to discuss any issues, questions, concerns or comments. All emails are acknowledged within 24 hours and responded to in the fastest time possible.

### 8.3. Governance

Whilst it was not possible to undertake the regular governance meetings during the pandemic, Umbrella sought to retain, where possible regular governance meetings.

The quarterly Contract Review Meetings (CRM) continued to take place virtually. Umbrella's data submissions were discussed alongside progress on details related to the contract extension beyond the initial five years (5+2).

Regular operational delivery meetings were instigated with the General Manager and Commissioners throughout the pandemic. The meetings initially took place on a weekly basis, before moving to twice monthly from March to October 2020. The meetings provided assurance on how the service was responding to the challenges faced during the lockdown. Data was also shared on clinic attendances and telephone consultations from the start of the pandemic in March 2020 through to October 2020 where a monthly schedule was introduced.

Throughout this period our commissioners provided support and advice where possible and were kept abreast of the service changes that were made to protect our patient cohorts and staff alike. Updates were regularly provided by commissioners to the Director of Public Health.

Umbrella also has its own internal governance arrangements to oversee delivery and manage the broad and diverse supply chain of subcontracted partners and the achievement of outcomes.

Appendix B shows the Umbrella governance structure.

### 8.4. Corporate governance of the Umbrella system

#### Senate

Umbrella's strategic direction is set by the Senate, an Umbrella body comprising of representatives from throughout the system, including the specialist sexual health services, the Local Pharmaceutical Committee, delivery partners (suppliers), community partners, service users and the local authorities.

The Senate is responsible for:

- Performance, quality and clinical safety of services provided
- Ensuring that partners work to common standards and that activities are
- Co-ordinated
- Evaluating the effectiveness of the system
- Discussing Umbrella strategy and making recommendations to the management team



Formal contracting arrangements with delivery partners, including monitoring of all service outputs, are overseen by UHB's Finance and Contracts Teams, reported via the UHB management structure with ultimate accountability being to the UHB Trust Board.

### 8.5. Safeguarding

Umbrella safeguarding is well established with a very accessible safeguarding team. There is a dedicated advice line and regular safeguarding supervision and training. The Safeguarding team frequently liaise with health, Local Authority, Police and Education colleagues. We have established good links with the Children in Care Nurses in Solihull and Birmingham, the Birmingham Community Healthcare CSE Named Nurses, CSE team in Solihull, professionals in the CSE Operational Group Birmingham and the CSE health link professionals for Birmingham.

The Safeguarding Team share information as appropriate with partners for a number of reasons, the Force Intelligence Bureau (FIB) for any intelligence around locations of CSE, hotels of concern, areas of Birmingham that are concerning or schools with an issue around exploitation or abuse and sometimes persons of interest who could be perpetrating abuse. This intelligence can support the mapping of victims, local policing resources, support criminal investigations and ultimately protect children and vulnerable adults. The Multi-Agency Sexual Exploitation (MASE) meetings are held regularly and often these children are accessing Umbrella. The CSE Operational Group (COG) is West Midlands Police and Children's Trust led, the purpose of which is for disruption of CSE and identification of themes. We also contribute to strategy discussions in MASH or Initial Child Protection Conferences and we have referred patients into MARAC (Multi-Agency Risk Assessment Conference for victims of Domestic Abuse).

All attendees to our sexual health services are asked at checking in about sexual and domestic violence with staff receiving training on both of these subjects. Through multi-agency working with agencies such as RSVP, Women's Aid and Birmingham LGBT, attendees can be signposted to on-going support from both Umbrella and partner agencies.

The safeguarding team is responsive to Umbrella staff advice calls and emails and we are receiving approximately 35 of these a month. These advice calls all go on our database so that if further concerns are identified appropriate safeguarding measures can be made. We respond in a timely manner and support staff with whatever actions are required, empower staff to carry out their safeguarding duties and debrief difficult cases.

The Safeguarding training and Safeguarding supervision is well attended and evaluates well. Safeguarding staff are present in clinic every Tuesday morning and so are accessible to all staff. One-to-one supervision is also offered if staff require it.



# Appendices

## Appendix A

# Glossary of abbreviations

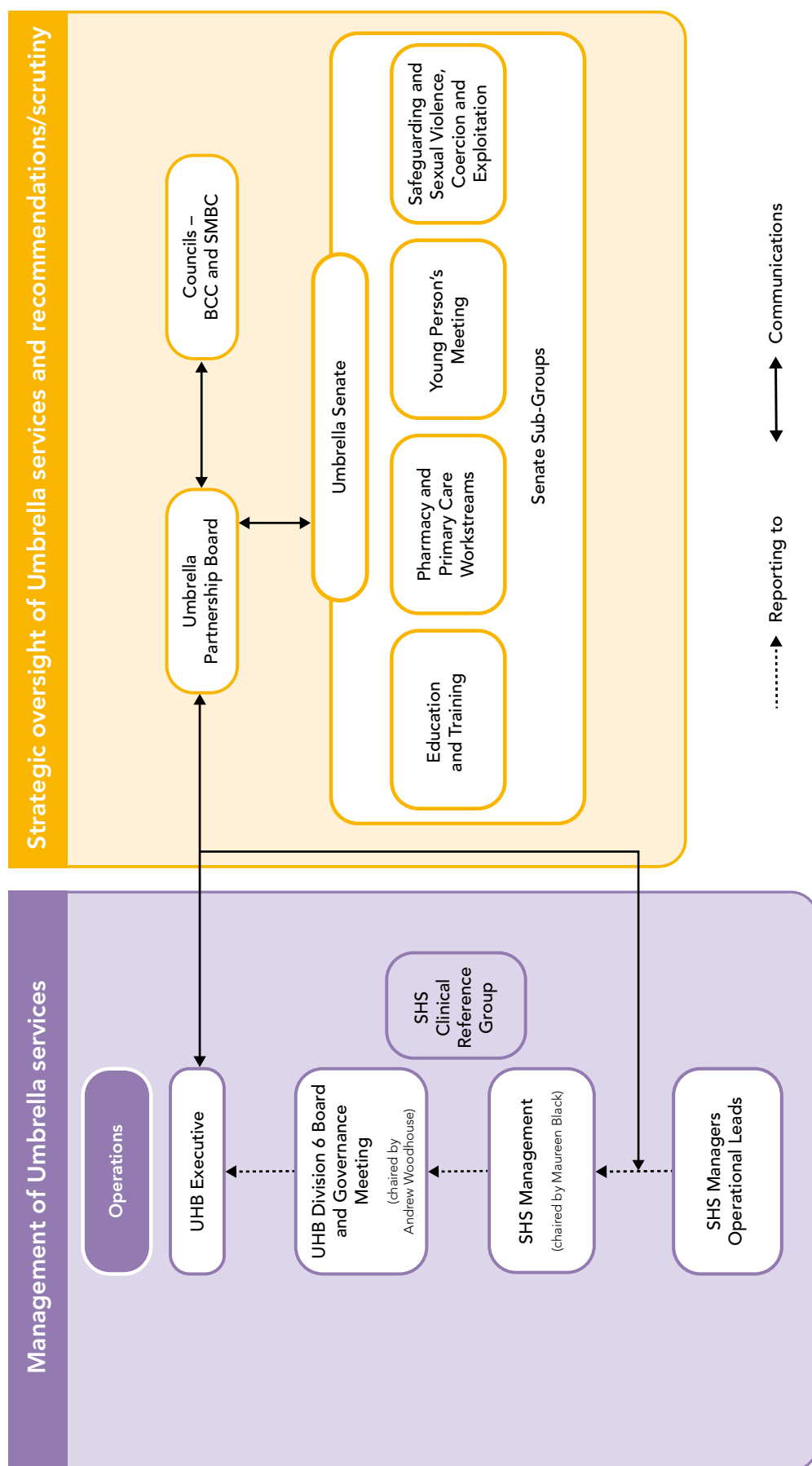
ACAP	Adult Communities Access Point
AIDS	Acquired Immune Deficiency Syndrome
ASC	Abuse Survivors Clinic
ASH	Advanced Sexual Health
BADGER	Birmingham and District General Practitioner Emergency Room
ACM	Afro-Caribbean Millennium (ACM) Centre
BASHH	British Association for Sexual Health and HIV
BBV	Blood Borne Virus
BCC	Birmingham City Council
BCHC	Birmingham Community Healthcare Trust
BHA	Black Health Agency
Birmingham LGBT	Birmingham Lesbian Gay Bisexual and Transgender
BME (BAME)	Black and Minority Ethnic
BPAS	British Pregnancy Advisory Service
BSAB	Birmingham Safeguarding Adults Board
BSMHFT	Birmingham and Solihull Mental Health Foundation Trust
BSWAID	Birmingham and Solihull Women's Aid
CAF	Common Assessment Framework
C-CARD/SCHEME	Free Condom Scheme
CGL	Change Grow Live
CMOG	Child Sexual Exploitation and Missing Operational Group
COC	Combined Oral Contraception
CPPE	Centre for Postgraduate Pharmacy Education
CQC	Care Quality Commission
CRM	Contract Review Meeting
CS	Chlamydia Screening Kits
CSE	Child Sexual Exploitation
CSL	Clinical Service Lead
CSP	Chlamydia Screening Programme
CSW	Commercial Sex Workers
CTAD	Chlamydia Testing Activity Dataset
CYP	Children and Young People
DBS	Disclosure and Barring Service

DNA	Did not Attend
DV	Domestic Violence
EHC	Emergency Hormonal Contraception
FE	Further Education
FGM	Female Genital Mutilation
FRSH	Faculty of Reproductive and Sexual Health
GP	General Practitioner
GUM	Genito-Urinary Medicine
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
HARS	HIV and AIDS Reporting System
HBC	Hepatitis C Virus
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus
IMD	Index of Multiple Deprivation
ISVA	Independent Sexual Violence Advisors
IUC	Intrauterine Contraceptives
IVDU	Intravenous Drug Users
KPI	Key Performance Indicator
LAC	Looked After Children
LARC	Long Acting Reversible Contraception
LD	Learning Disability
LGBT	Lesbian Gay Bisexual and Transgender
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area
MASH	Multi-Agency Safeguarding Hub
MBC	Metropolitan Borough Council
MDT	Multi-Disciplinary Team
MSM	Men who have Sex with Men
NASHDOM	Eastern European and Russian Speaking Communities Coalition
NCP	Northfield Community Partnership
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
NRDF	The National Research and Development Fund
ONS	Office for National Statistics
PALS	Patient Advice and Liaison Service

PDP	Personal Development Plan
PEPSE	Post Exposure Prophylaxis for HIV
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PN	Partner Notification
POC	Point of Care
POP	Progesterone-only Pill
PrEP	Pre Exposure Prophylaxis
PSE	Public Sex Environments
QE	Queen Elizabeth
QEHB	Queen Elizabeth Hospital Birmingham
RSH	Reproductive Sexual Health
RSVP	The Rape and Sexual Violence Project
SAFE	Services for Commercial Sexual Workers
SARC	Sexual Assault Referral Centre
SPG	Service Performance Group
SIFA Fireside	(Supporting Independence from Alcohol) Fireside
SMBC	Solihull Metropolitan Borough Council
SMS	Short Message Service
SRHAD	Sexual and Reproductive Health Activity Dataset
STI	Sexually Transmitted Infection
SV	Sexual Violence
TB	Tuberculosis
THT	Terence Higgins Trust
TNA	Training Needs Analysis
TOP	Termination of Pregnancy
U18	Under-18
UHB	University Hospital Birmingham
UoB	University of Birmingham
WAITS	Women Acting in Today's Society
YMCA	Young Men's Christian Association
YP	Young People

## Appendix B

# Umbrella governance structure



## Appendix C

# Safeguarding information

If you have clear evidence of abuse and need urgent advice or assistance, you should contact the Police – call 101 (non-emergency number) and ask for the Central Referral Unit (CRU) at West Bromwich.

Email: [ppu\\_referrals\\_unit@west-midlands.pnn.police.uk](mailto:ppu_referrals_unit@west-midlands.pnn.police.uk)

Information request: [ppu\\_information@west-midlands.pnn.police.uk](mailto:ppu_information@west-midlands.pnn.police.uk)

### Call UHB Safeguarding Team for advice and support:

**Tel:** 07500 850 633 (Adults)

**Tel:** 07795 044 112 (Children)

### Secure email address from UHB email accounts:

[safeguarding@uhb.nhs.uk](mailto:safeguarding@uhb.nhs.uk)

### Secure email address from NHS.net accounts | Adult:

[qehb.safeguardingadults@nhs.net](mailto:qehb.safeguardingadults@nhs.net)

### Secure email address from NHS.net accounts | Children:

[uhb.safeguardingadults@nhs.net](mailto:uhb.safeguardingadults@nhs.net)

### Birmingham and Solihull Clinical Commissioning Group

**Designated nurse:** Mel Homer: 0121 255 0682

**Email:** [nhsbsolccg.safeguarding@nhs.net](mailto:nhsbsolccg.safeguarding@nhs.net)

**Tel:** 07730 318 300

**Birmingham City Council Children's Advice and Support Service (CASS)**, a single point of access for advice, support and referrals:

**Monday–Friday** 09:00–17:00

**Tel:** 0121 303 1888

**24-hour helpline:** 0121 675 4806

### Secure email address from NHS.net accounts:

[CASS@birminghamchildrenstrust.co.uk](mailto:CASS@birminghamchildrenstrust.co.uk)

### Policies and procedures and referral form:

[www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk)

### Named doctor for child protection (UHB)

**Tel:** 0121 371 2000 Ext. 12651

### Birmingham Women's and Children's

**Email:** [bch-tr.childprotection@nhs.net](mailto:bch-tr.childprotection@nhs.net)

### Solihull contact numbers

**Multi Agency Safeguarding Hub (children):** 0121 788 4300

**Early Help:** 0121 709 7000

**Early Help email:** [engage@solihull.gov.uk](mailto:engage@solihull.gov.uk)

**Adults & Community Access Point:** 0121 704 8007

### West Midlands Children and Young Person's Service:

**Website:** [www.westmidscyps.co.uk](http://www.westmidscyps.co.uk)

**Tel:** 0808 196 2340

### Adult Safeguarding referral:

<http://uhbhome/adult-safeguarding-concern-referral.htm>

### Children's safeguarding referral:

<http://uhbhome/request-for-support.htm>

**Birmingham City Council Safeguarding Adults Team, Adults and Communities Access Point (ACAP)** for advice, support and referrals:

**Monday–Friday** 09:00–17:00

**Tel:** 0121 303 1234

**Out-of-hours:** 0121 675 4806

### Policies and procedures and referral form:

[www.bsab.org](http://www.bsab.org)

### West Midlands SARC (Sexual Assault Referral Centre)

**Walsall:** 01922 646 709 **Castle Vale:** 0121 776 7744

### 24-hour call centre (to speak to a crisis worker):

0808 168 5698

**Manager:** Natalie Lynch

**Email:** [enquiries@horizonsarc.org.uk](mailto:enquiries@horizonsarc.org.uk)

### NSPCC

**24-hour helpline:** 0808 800 5000

**Email:** [help@nspcc.org.uk](mailto:help@nspcc.org.uk) (response within 24 hours)

**Website:** [www.nspcc.org.uk](http://www.nspcc.org.uk)

### The Female Genital Mutilation 24/7 Helpline:

0800 028 3550

**Email:** [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

### Women's Aid

**24-hour helpline:** 0808 200 0247

**Email:** [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)

### Other area Multi Agency Safeguarding Hubs (Children)

**Sandwell:** 0121 569 3100

**Coventry:** 0247 678 8555

**Walsall:** 0300 555 2866

**Worcestershire:** 01905 822 666

**Out-of-hours:** 01905 768 020

### Umbrella Health Advisors

**Tel:** 0121 237 5737

### Young Persons Health Advisors

**Tel:** 07826 917 449

## Appendix D

# Umbrella delivery and community partners

Delivery partners	
BCC Youth Service	KIKIT Pathways to Recovery
BCHC	Loudmouth
Birmingham Careers Service	RSVP
Birmingham LGBT	SIFA Fire Side Centre
BSWAID	Trident Reach
Community partners	
Allies Network	J.A.C.S Specialists
Anawim	Joseph Chamberlain Sixth Form College
Aquarius Birmingham	Kensington Community Care Birmingham
Arden Academy	Meriden Adventure Playground
Aspire Children's Services	National Unplanned Pregnancy Advisory Service (NUPAS) – Stirchley
Aston University Engineering Sixth Form	Nu Skillz Training
Autin Dance Theatre Company	Oscott Academy
Barnardos	People in Partnership
BCC 18+ Care Leavers Service	QA University
BIMM Institute	Red Thread Youth Ltd
BCHC School of Nursing and Family Nurse Partnership	Rodor Housing
Birmingham Children's Trust – Children in Care	Skills Training
Birmingham Children's Trust – Fostering Service	Solihull Integrated Addiction Service (SIAS) Partnership
Birmingham Mind	Solihull LAC
Birmingham Settlement – Aston	Sparkhill Primary Care Centre
Birmingham Women and Children's NHS Foundation Trust	Spurgeons Children's Charity
Birmingham Youth Empowerment	St Basil's
Birmingham Youth Offending Service	Sutton Coldfield YMCA
CYSTRS	Swift ACI
Dudley Lodge	The Big Issue Foundation
Frankley Plus Children's Centre	TITAN Academy Trust – St. Georges Academy
Freedom from Torture	UCB
Gateway Family Services	UoB Students' Guild
GINA	Washwood Heath Children's Centre
Hazel Oak School	Wild Oyster
Holte Secondary School	



## Appendix E

# Umbrella pharmacy services

Service	Tier 1	Tier 2
Emergency Hormonal Contraception	✓	✓
Dispense STI testing kits	✓	✓
Advanced provision of Emergency Hormonal Contraception	✓	✓
Condom distribution	✓	✓
Continuation of Hepatitis B vaccination	✗	✓
Initiate COCP POP and contraceptions injections	✗	✓
Ongoing COCP, POP and contraception injections	✗	✓
Dispense treatment for Chlamydia	✗	✓
Initiate STI testing and provide test kit	✗	✓







Birmingham and Solihull Sexual Health

[umbrellahealth.co.uk](http://umbrellahealth.co.uk)