

Birmingham City Council

Report to Cabinet

15th December 2020



Subject: FAST TRACK CITIES+ NHS ENGLAND AND NHS IMPROVEMENT (NHSE&I) FUNDING

Report of: Dr Justin Varney
Director of Public Health

Relevant Cabinet Member: Cllr Paulette Hamilton - Health & Social Care
Cllr Tristan Chatfield - Finance and Resources

Relevant O & S Chair(s): Cllr Rob Pocock - Health & Social Care
Cllr Sir Albert Bore - Resources

Report author: Bhavna Taank
Public Health Service Lead (Adults and Older People)
Public Health Division
Tel: 07864933752
Email: bhavna.taank@birmingham.gov.uk

Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference: 08238/2020		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, provide exempt information paragraph number or reason if confidential:		

1 Executive Summary

- 1.1 The purpose of the report is two-fold: The first is to inform Cabinet of a funding allocation from NHS England and NHS Improvement (NHSE&I) for £250,000 available from 21st October 2020 towards the Fast Track Cities+ Initiative to employ appropriate infrastructure to deliver the project and commission engagement with community partners.

- 1.2 Secondly, to receive a second payment of £1,000,000 to commission via competitive tendering, appropriate initiatives (including testing provision) to remove stigma and reduce infection and transmission of HIV, Hepatitis B and Hepatitis C. This funding will be received by 31st March 2021.

2 Recommendations

2.1 That Cabinet

- 2.1.1 Notes and retrospectively approves the initial funding and commitments from NHSE&I, to employ appropriate project delivery infrastructure and commissioning appropriate community organisations to engage with the community.
- 2.1.2 On delivery of the findings to NHSE&I, delegates the Director of Public Health in consultation with the Chief Finance Officer and the City Solicitor (or their nominees) to consider whether any grant conditions require further approvals, and, if not, to accept the funding and enter into a Funding Agreement with NHSE&I.
- 2.1.3 Authorises the Director of Public Health to commission and competitively tender existing and new organisations to deliver the agreed activity and outcomes within the available financial envelope and funding timescales.
- 2.1.4 Authorises retrospectively, the Director of Public Health to recruit appropriate infrastructure to deliver this initiative within the tight timescales provided by NHSE&I.
- 2.1.5 Authorises the City Solicitor to negotiate and execute any documents to give effect to the above recommendation.

3 Background

- 3.1 Birmingham is one of 10 local authorities in the UK and one of 300+ international cities taking part in the Fast Track Cities+ initiative. Birmingham City Council already has Fast Track Cities+ status provided by the HIV Commission as we have committed to become 90-90-90 by 2030. The aim of the initiative is to achieve 90-90-90 by 2030, with 90-90-90 meaning 90% of people living with HIV, Hep B and Hep C knowing they have the infection, 90% in treatment and 90% where Viral Load is reduced. This initiative will allow Birmingham City Council Public Health to identify people and areas of need and allow for increased testing in the community and with existing providers. It will also allow for a communications and marketing campaign to be undertaken in order to reduce the stigma of these blood borne viruses to 0% by 2030 thus making them more acceptable within the community.
- 3.2 The funding is one-off and non-recurrent, with the aim of the funding being an upstream investment by NHSE&I. This allocation to Birmingham City Council of £1.25 million is from NHSE&I, where funding is allocated for interventions and initiatives to improve detection and pathways around primarily HIV. NHSE&I also recognise that linked to HIV, the communities that we will be working with are also

likely to have amongst them Hepatitis B and Hepatitis C, which is also a national priority around increased detection. This funding falls outside of the treatment budget for viral infections held by NHSE&I and is required to be spent by 31st March 2021.

- 3.3 This funding is non-recurrent and the initial spend of £250,000 will be administered in 20/21. The further £1,000,000 will be activated in March 2021 with services being implemented in July 2021 to August 2021 for a period of up to 1 year. A key requirement of the funding is that Birmingham City Council go live with a Tender in March 2021. Once the funding has been utilised the Partnership Board which has been established for this initiative will work together to look at how to sustain and mainstream some of the activity, which will be required at a much smaller scale.
- 3.4 A recent review of the available data shows that groups such as Older people and those from BAME communities do not openly access these services to get tested for HIV. Also, where Hepatitis B and C is concerned, the groups that have been highlighted with a higher testing need are individuals accessing Drug and Alcohol Services, Migrant Communities, as well as youths from secured and detained settings. Other groups identified are rough sleepers, homeless communities and those who reside in a demographically disadvantaged area. Further local engagement will need to take place to confirm the specific requirements for Birmingham, which will be funded from the initial £250,000.
- 3.5 The spend of the funding has been and will be developed with multi agency collaboration to ensure it complements and enhances the utilisation of existing service provision, is strengths based and maximises the opportunity for helping the above identified communities.
- 3.6 This funding will enable the implementation of increased testing with existing providers (such as Drug and Alcohol Services), testing outreach in disadvantaged communities, the development of a local policy/strategy around Fast Track Cities+ and removal of stigmatisation by way of an effective communications plan and campaign.

4 Options Considered and Recommended Proposal

- 4.1 Birmingham being part of the international Fast Track Cities+ initiative and the largest local authority in UK, housing the appropriate demography, have been offered this funding to deliver this initiative at scale.
- 4.2 This funding has been available via offer rather than it being via an application, with the key terms being an initial investment of £250,000 to determine the need and set up the infrastructure and the remaining £1,000,000 to commission and competitively tender appropriate service provision for up to 12 months. The funding is time limited with short timescales and the tender process is to start by 31st March 2020.
- 4.3 Several factors influenced the decision to submit a bid within a short timeframe:
 - 4.3.1 NHSE&I have provided short timelines for the spend as it needs to occur or have started prior to 31st March 2021.

- 4.3.2 Birmingham City Council is already a sponsor and participant in the Fast Track Cities+ international initiative. Due to this a Partnership Group is already in place where discussion about implementation of Fast Track Cities+ has been ongoing however this was stalled slightly due to COVID-19.
- 4.3.3 To deliver sustained reductions transmission of HIV, Hepatitis B and Hepatitis C across Birmingham, a growing body of evidence indicates that testing people and ensuring individual are fast tracked into treatment in a timely manner will reduce infection rates across Birmingham.
- 4.3.4 The one-off funding provides an opportunity to secure additional resources to the value of initially £250,000 in November 2021 and then a further £1,000,000 in March 2021 to provide the level of support and intervention needed.
- 4.3.5 Although the funding is primarily from the HIV funding stream from NHSE&I, co-occurring viruses such as Hepatitis B and Hepatitis C are often linked to these communities and the remit has been expanded to cover these viruses. Evidence demonstrates that addressing these viruses and ensuring individuals are in effective treatment can suppress the virus and reduce infection and transmission significantly. Individuals infected with these viruses can find it challenging to engage with and/or experience other barriers to accessing health services.
- 4.3.6 All service currently providing testing have limited capacity to be able to deal with the surge of individuals that require tests locally, and therefore will require additional investment to fund additional testing capacity. Some of the communities that this initiative will work with are quite challenging to engage with and will requires specialised services to engage effectively with these communities to enhance testing.
- 4.3.7 All initiatives that will be commissioned will be required to work across Birmingham, however they will focus efforts where a need has been identified from the community and partner engagement that is commissioned from the original £250,000 funding from NHSE&I.
- 4.3.8 The new initiatives will engage with Drug and Alcohol Services, Secondary Care, Existing Sexual Health Services, Primary Care, Homeless, Rough Sleeper Organisations and other communities of interest across a much wider geographic area and ensure that at least 90% on individuals that need testing are tested. This approach will ensure individuals are entering treatment to manage their viral loads at the right time and effectively.
- 4.3.9 If approved by Cabinet, the funding will enable the implementation of several additional testing initiatives across Birmingham, a campaign to remove stigmatisation of such viruses and increase access into treatment in a timely manner. It will also fund potential new outreach services as well as increased funding provision to existing services. Anyone detected with the viruses

through these interventions across the city will be supported to access services through existing treatment pathways.

4.3.10 These initiative and interventions will support Birmingham City Council becoming a Fast Track City by 2030, in turn benefiting the citizens of Birmingham.

5 Consultation

5.1 The funding and proposed interventions have been developed with direct input from;

5.1.1 NHS Birmingham and Solihull CCG

5.1.2 Umbrella Sexual Health Services

5.1.3 NHS England and NHS Improvement

5.1.4 University Hospital Birmingham

5.1.5 Public Health England (West and East Midlands Team)

5.2 The initial proposal of interventions has been developed with direct input from Public Health.

5.3 Cllr John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities has been consulted about the submission of the bid. Cllr Rob Pocock, Chair of Health and Social Care Overview and Scrutiny Committee has also been briefed.

6 Risk Management

6.1 There is an identified risk that if the Birmingham City Council Cabinet Members do not agree to receiving this funding then the new proposed initiatives to engage communities leading to the delivery of increased testing will not be implemented. This means that the service will continue to test at existing levels and the goodwill of partners will be required to obtain any form of investment to increased testing. This will also impede in Birmingham becoming a Fast Track City.

7 Compliance Issues:

7.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

7.1.1 The approval of the bid and acceptance of the funding for the delivery of the project will be a significant asset to the delivery of the Council's outcomes, priorities and plan for 2018-22. As well as bringing additional funding into the Council and the city, the communities that this funding will work with will also have a specific impact on the following outcomes and priorities:

7.1.2 **Birmingham is a great city to live in:** We will work with partners to tackle HIV, Hep B and Hep C transmission. This is a particularly strong focus for the

funding and will provide the opportunity to make a significant difference to helping individual access treatment pathways efficiently.

7.2 Legal Implications

- 7.2.1 Section 6C of the National Service Act 2006 as amended by the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provide for the discharge of public health functions by Local Authorities.
- 7.2.2 Sec 111 Local Government Act 1972 confers power on the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions

7.3 Financial Implications

- 7.3.1 The acceptance of this funding does not commit the Council to expenditure.
- 7.3.2 Finance have advised that the funding has no net impact on the Council's budget. If successful, the funding that will be awarded will be used to deliver these initiatives through a competitive tender process with the existing and new providers.

7.4 Procurement Implications (if required)

- 7.4.1 The funding will result in a competitive tender process via a defined and partnership agreed service specification based on need and will be facilitated with new contracts or additional contracts to existing providers for a period of 1 year from implementation date (July/August 2021).
- 7.4.2 All procurements arising as a result of this Funding shall be undertaken in accordance with Council's Procurement Governance Arrangements.
- 7.4.3 The requirement from NHSE&I is that any commissioning activity will start by 31st March 2021, with recognition that services are not likely to be implemented until July/August 2021.
- 7.4.4 The funding offer was made to Birmingham City Council Public Health on 21st October 2020.
- 7.4.5 In order to develop a model at pace with key BCC and external partners, Umbrellas/UHB as the existing key service provider for HIV, Hep B and Hep C treatment have had to be involved in the process in order to meet the funding requirements.

7.5 Human Resources Implications (if required)

- 7.5.1 This funding would not create any Human Resource implications.

7.6 Public Sector Equality Duty

- 7.6.1 An equality impact assessment has not been conducted due to the limited timescales to respond to the funding requirements. However, it is intended to conduct an equality impact assessment as part of the initial community engagement that will be carried during mid Dec 2020 and Jan 2021.

8 Appendices

8.1 Appendix 1: Funding and Initiative Timeline