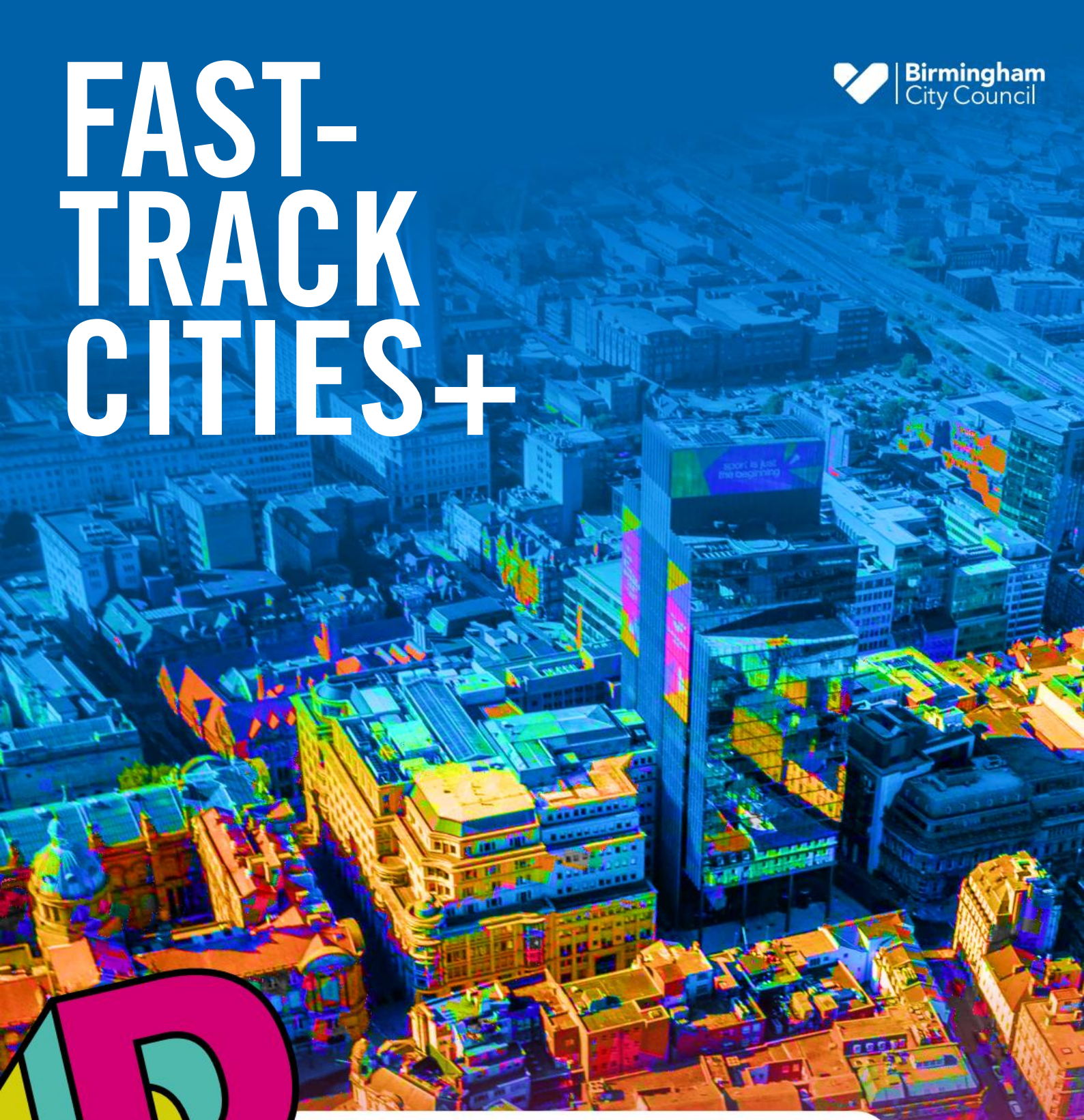
Birmingham City Council

FAST-TRACK CITIES+



ACTION PLAN

FAST-TRACK CITIES+ BIRMINGHAM

A BOLDER HEALTHIER BIRMINGHAM

CONTENTS

FTC+ ACTION PLAN

Project overview

Birmingham has signed up to the Fast-Track Cities+ (FTC+) Initiative. FTC+ aims to strengthen existing programmes and focus resources to accelerate locally coordinated, city-wide responses to end blood-borne viruses (BBVs) including HIV and viral hepatitis (Hepatitis B and C), as well as Tuberculosis (TB), as major public health threats by 2030 and 2035 respectively. The initiative also aims to strengthen communities and ensure timely provision of services that support the population living with these conditions, without prejudice and stigma.

Project objectives and targets

The main objectives of the programme are to:

- Strengthen existing programmes and accelerate locally coordinated responses to end blood-borne viruses including HIV/AIDS and viral hepatitis (Hepatitis B and C), as well as Tuberculosis (TB), as major public health threats by 2030.
- Strengthen communities and ensure timely provision of services that support the population living with these conditions, without prejudice and stigma.

The project aims to target the following groups:

- Young People aged 13 to 25
- Women of reproductive age
- BAME Communities (particularly individuals from African, Caribbean and South Asian ethnic backgrounds)
- Older people aged 50+ years
- LGBT Communities
- Men who have Sex with Men (MSM)
- People Who Inject Drugs (PWID)
- Sex workers (both male and female)
- Homeless people, including rough sleepers and those living in temporary accommodation
- Refugees and asylum seekers

Encompassing a whole-city approach, the initiative offers a more joined-up effort to eliminate and eradicate new transmissions of BBVs and TB.

DISEASE SPECIFIC TARGETS

HIV

- 95% of people living with HIV (PLHIV) knowing their status
- 95% of people who know their HIV-positive status on HIV treatment
- 95% of PLHIV on HIV treatment being virally suppressed
- Zero stigma and discrimination

Hepatitis B

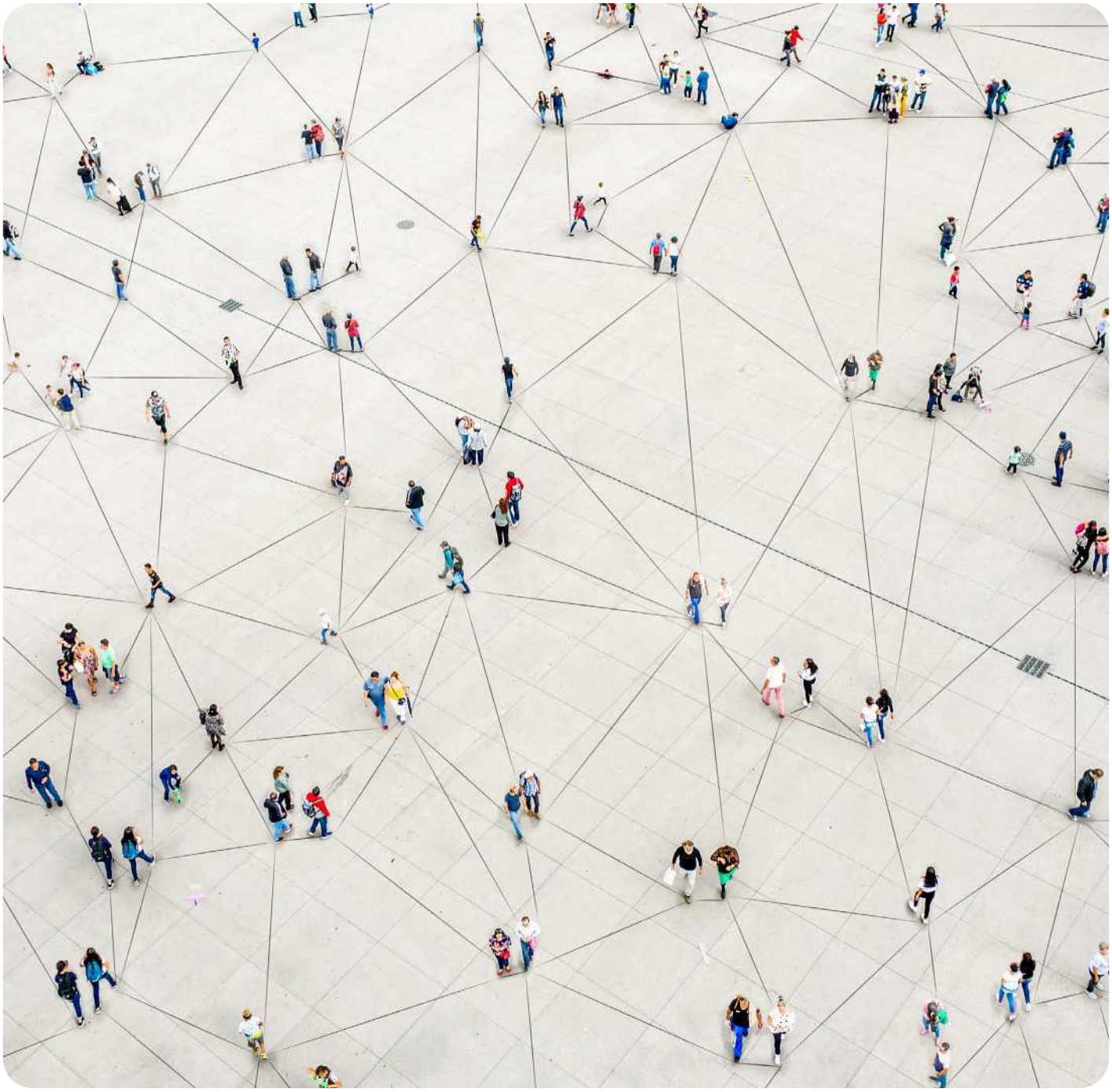
- 90% reduction in new cases of chronic Hep B infections by 2030 (compared to 2015)
- 65% reduction in deaths from Hep B by 2030 (compared to 2015)
- 90% childhood Hep B virus vaccination coverage (3rd dose coverage)
- 100% Hep B virus birth-dose vaccination coverage or other approach to prevent mother-to-child transmission
- 90% coverage of vaccination in prisoners, eligible sexual health clinic clients, homeless individuals, sex workers, contacts of Hep B infected cases, asylum seekers, new migrants and people who inject drugs (PWID)

Hepatitis C

- 90% reduction in new cases of chronic Hep C infections by 2025 (compared to 2015)
- 65% reduction in deaths from Hep C by 2025 (compared to 2015)
- 100% of injecting drug users report adequate needle and syringe provision for their needs
- 90% of those living with Hep C diagnosed
- 90% of eligible persons with current Hep C infection started treatment

Tuberculosis (TB)

- 90% reduction in TB incidence compared to 2015
- 95% reduction in TB deaths compared to 2015
- Achieve 1358 LTBI tests per year in Birmingham
- Achieve 90% treatment completion rates (12-month outcome) by 2026
- 80% BCG vaccination coverage for all children in the Birmingham LA
- 100% of TB cases offered a HIV test



PROJECT BENEFITS

Measure	Impact
Increase in number of people knowing their HIV/ Hep B/Hep C/TB status.	Increase in number of people receiving treatment for each disease area Reduction in rate of transmission.
Reduction in number of new infections of HIV/ Hep B/Hep C/TB.	Increase in quality of life for those affected. Reduction in health inequalities . Reduction in NHS spending in these areas.
Increase in number of people receiving treatment for HIV/ Hep B/Hep C/TB.	Increase in quality of life for those affected. Reduction in health inequalities . Increase in number of people with supressed viral loads (for HIV).
Reduction in number of deaths from HIV/ Hep B/Hep C/TB.	Reduction in health inequalities.
Reduction in number of patients with HIV/ Hep B/Hep C/TB who feel discriminated against, or have their disease stigmatised.	Increase in number of people receiving treatment for each disease area. Reduction in rate of transmission.
Reduction in number of people losing housing due to TB infection.	Increase in quality of life for those affected. Reduction in health inequalities.

PROJECT MANAGEMENT

Project manager: Juliet Grainger/Dharini Roula

Project sponsor: Becky Pollard

The project will be managed within the Public Health Adults Team. It will be led by the Service Lead, managed by a Senior Officer and supported by a Programme Officer. Support will be obtained from the Service Lead for Health Protection, Commissioning Manager and Commissioning Senior Officer, throughout the Commissioning and Performance Management processes. Furthermore, a Steering Group and Project Board have been established to ensure crucial stakeholders are involved at every stage of the project. Full membership can be found in the Appendix 1 and 2 and includes individuals from the NHS and BCC involved in the delivery and commissioning of BBV and TB services, UKHSA, community pharmacy, pharmaceutical company representatives and community organisations.

Action plan

The actions are based on the recommendations produced by the Community Engagement and Needs Assessment. A RAG rating system will be used to monitor how the actions are being progressed with red meaning it has not begun, amber in progress and green complete.

An overarching action is to create a 'Community of Interest' group for FTC+ Birmingham, which will sit alongside the FTC+ Steering Group and the FTC+ Project Board to inform the delivery of the Action Plan. The 'Community of Interest' group will be formed through contacting relevant groups already set up in Birmingham, such as Positive Peers.

The action plan is divided into five themes, each of which set out a number of ambitions, including:
1. New ways of working and structural approach
2. Prevention
3. Testing and diagnosis
4. Treatment
5. Support services

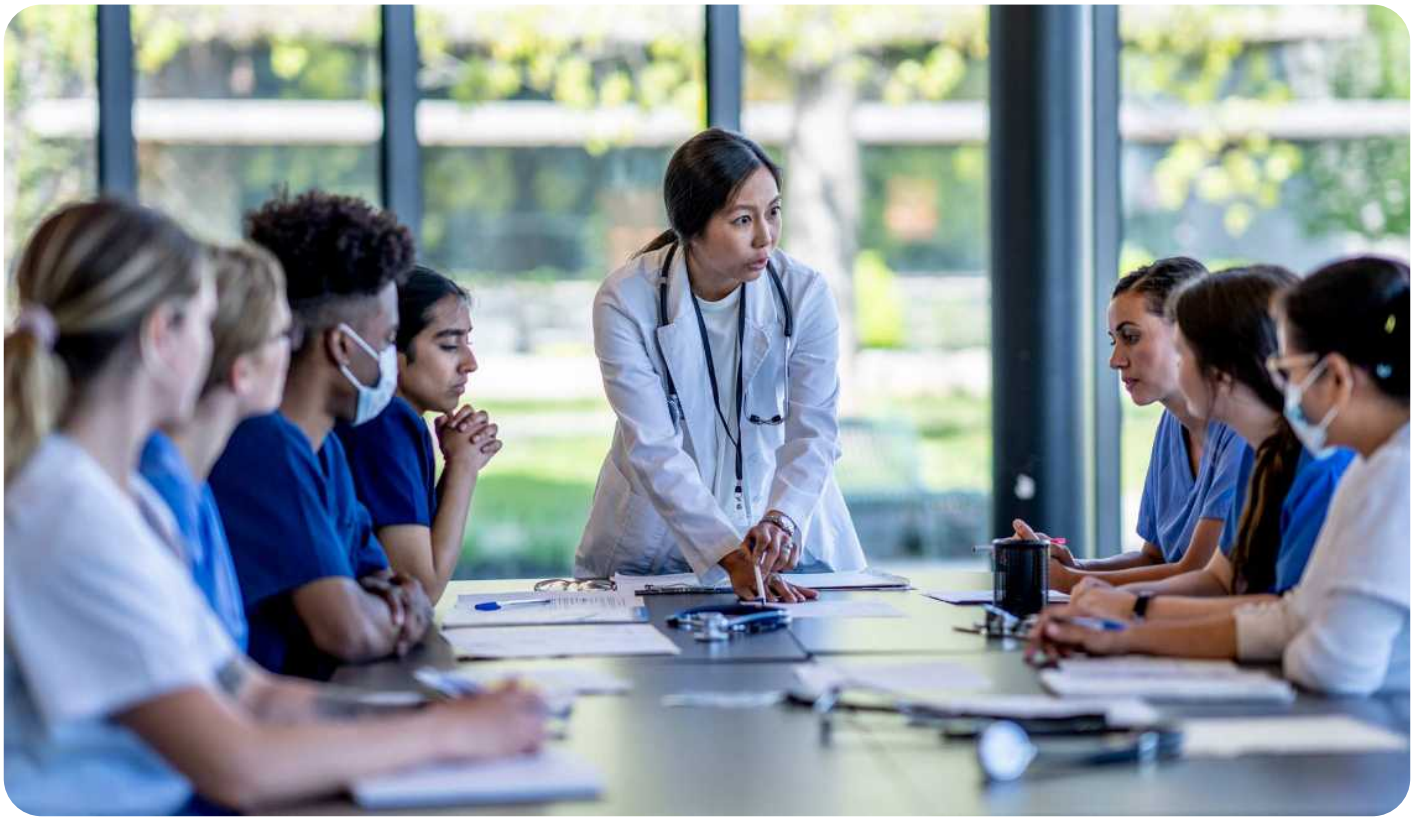
THEME 1: NEW WAYS OF WORKING AND STRUCTURAL APPROACH

1.1 Services and more joined up collaborative working

Ambition: A clear continuum of care across all stages of the care pathway, ensuring relationships between organisations, so patients can be signposted and utilise the multi-disciplinary team.

Current position:

- Fragmentation of commissioning, pathways, and funding.
- Lack of integration and joint working makes it difficult to incorporate new ways of working and new models of care.
- Previous retendering processes & national reconfiguration of sexual health services (separation of HIV services from sexual health services) has resulted in a messy service delivery.
- Individual elimination programmes in place with different reporting lines, and the difficulty in tracking impact, for example the ODN does not always test for HIV, even though PWID have higher rates of HIV.
- Population changes and increase in projections of priority groups impacting capacity and contracting levels.
- Most of the testing for HIV is through the sexual health service, but this does not include the other BBVs.



Required actions	Timescale/resource/ budget	Responsible team and organisation
Create multi-disciplinary teams and new partnerships for mutual joint delivery of services. 1. Map service user journey & the services/teams involved, for each condition pathway. 2. Build pathways around the service user and include the voice of service users in designing interventions. 3. Agree the approach for the required pathway improvements.	Person(s) capacity to map the pathway.	Clinical services for HIV, hep B, hep C and TB.
Build KPI's around BBV and TB testing, treatment and care into all commissioning contracts related to these conditions.	Timescale will be determined by when services are recommissioned.	Commissioners in the ICB, BCC and NHSE.
Instigate joint training and delivery of testing with community partners such as charities, community centres, Public Health and ICBs.	Testing kits, staff to conduct testing.	Whole system – ICS.
Ensure a robust implementation of the TB 'new entrant' and referral pathway for GPs which was reviewed in 2022.	Person(s) to monitor implementation.	ICB commissioners & GPs.
Ensure strong alignment of BBV/TB testing and treatment with BCC's re-commissioned sexual health service and drugs and alcohol service.	March 2024.	BCC commissioning teams.
Align Birmingham's priorities with those across the West Midlands. Scope the different groups that exist across the West Midlands for sexual health and HIV. Utilise the West Midlands Office for ICB's as a collective way into the ICB's in the West Midlands.	Ongoing action.	UKHSA to co-ordinate.

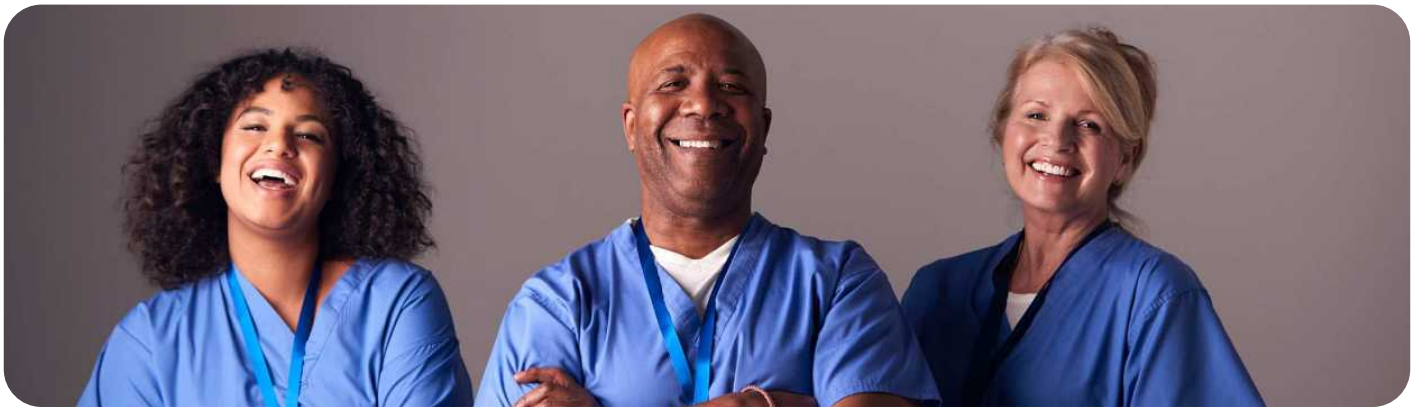
1.2 System leadership and unity

Ambition: Leaders within communities and healthcare systems to proactively raise awareness of BBVs and TB, reducing stigma and increasing testing levels in communities.

Current position:

- There is a lack of awareness about BBVs and TB, particularly among certain community groups.

Required actions	Timescale/resource/budget	Responsible team and organisation
Engage with community organisations and champions through existing forums to raise awareness and recruit support for community delivery of the FTC+ comms plan.	Budget for the community organisations to engage.	BCC.
Develop a champion support pilot with either a community organisation or FTC+ partner, to include training, supervision and networks to share best practice and challenges.	Budget to run a pilot.	BCC and a local community organisation.
Identify underserved communities (as part of comms and testing approaches to utilise in the action plan), understand how partners ensure they provide a culturally competent service (e.g., through audits, CQC measures, policies and regulations).	Ongoing.	Whole system – BCC, ICS and providers.



1.3 Communication

Ambition: Improved knowledge and links between healthcare services so patients can be appropriately referred and signposted to services, including supporting diagnosed patients to be referred to additional healthcare services.

Current position:

- Patients need better access to either the Sexual Health Service or GPs & knowledge and power to access these services.
- Organisations not commissioned to test for BBVs often do not know where to refer patients to for testing.

Required actions	Timescale/resource/budget	Responsible team and organisation
Understand and promote the referral pathways for GPs, health and social care teams, local authorities and other organisations, for signposting and directing service users appropriately. Test an approach through the current social prescribing models, Health Exchange and Choose and Book. Enhance training and awareness sessions on communication for different groups (e.g. professionals, volunteers, community participants). Scope what training already exists for different groups. Identify where there are gaps in training delivery and/or attendance. Identify a plan to fill any gaps.	Person(s) to collate referral pathways & promote to necessary partners.	ICS.
Enhance training and awareness sessions on communication for different groups (e.g. professionals, volunteers, community participants). Scope what training already exists for different groups. Identify where there are gaps in training delivery and/or attendance. Identify a plan to fill any gaps.	Person(s) to scope training, identify gaps & develop a plan.	BCC in partnership with NHS training providers.

1.4 Confidentiality and Information Sharing

Ambition: For necessary information to be shared across organisations whilst maintaining patient confidentiality.

Current position:

- Service users lack assurance regarding confidentiality and are afraid of their health status being disclosed (especially applies to those living in shared or temporary accommodation.
- Outcome & date of testing in prisoners is often not documented or shared with drug & alcohol services or GP practices upon release.

Required actions	Timescale/resource/budget	Responsible team and organisation
Assurance that FTC+ providers have agreements in place and comply with data sharing agreements.	Timescales to fit recommissioning of sexual health services.	BCC and ICS commissioners.
Obtain feedback from service users on experiences and report to the Steering Group/ Project Board annually.	Timescales to coincide with contract review meetings.	BCC, ICS and service providers.
Ensure service specifications and monitoring of services provides patients with a range of communication methods.	TBC.	Those writing service specifications.

1.5 Technology

Ambition: Ambition: Utilise developments in technology to raise awareness and improve systems functions, ensuring accessibility requirements are met.

Current position:

- Celebrities & TV programmes are influential in educating people & raising awareness about BBVs & TB.

Required actions	Timescale/resource/budget	Responsible team and organisation
Services and commissioners review the effective use of digital technology and make it accessible to all communities, taking into consideration language, barriers to information and making things accessible where warranted.	Comms budget to be agreed with partners.	BCC/ICB commissioning teams. Digital teams within services.
Service specifications to stipulate the use of technology to ease access for booking appointments and getting tested e.g., through an app or website.	Timescales to fit recommissioning of sexual health services.	Commissioning teams. Digital teams within services.

1.6 Monitoring

Ambition: To create a system whereby all elements of the initiative can be monitored (including those that are not currently measured/collected) as close to real time as possible.

Current position:

- Current data collection may not provide the 'full picture' & contain inaccuracies.
- Not every target is currently monitorable – e.g., 90% coverage of vaccination in prisoners, sexual health clinic clients, homeless individuals, sex workers, contacts of Hep B infected cases, asylum seekers, new migrants and people who inject drugs (PWID)

Required actions	Timescale/resource/budget	Responsible team and organisation
Consideration should be given to an overarching FTC+ dashboard to measure the impact of the initiative's plans.	Utilise pre-existing dashboards e.g., FTC+ Global Dashboard, the City Observatory.	BCC.
Develop ways to monitor the targets where data is currently not collected or monitored.	Ongoing as part of City Observatory dashboard development.	BCC, supported by clinical teams & epidemiologists.
Develop targets and monitoring for testing (HIV, Hep B & Hep C) and treatment (Hep B).	Budget for testing and treatment to be explored.	BCC and ICS commissioners with support from wider steering group.

1.7 Alignment with National and local Policies

Ambition: For all healthcare settings and broader relevant settings to be aligned with and follow national policies and regulations, such as the NICE guidelines.

Current position:

- Implementation of NICE guidelines is patchy across all settings.
- The needs assessment findings suggested the implementation of NICE guidelines on HIV testing in GP practices is lacking.

Required actions	Timescale/resource/budget	Responsible team and organisation
Target testing at those who meet the testing criteria which is outlined in national testing guidelines. - Audit of HIV testing in the West Midlands adherence to NICE guidelines provide information on barriers to testing and understandings of why people decline tests in different settings.	Resource & budget to expand testing to those outlined in guidance.	ICS/community organisations. Audit by UKHSA.
Engage primary care to support GP testing for HIV, according to the NICE guidelines. 1. Better understand the GP contract for testing for BBVs and facilitators for BBV testing at GPs. 2. Understand data available on delivery of the NICE recommended services and analyse to identify gaps.	TBC.	GPs/ICS.
Align Fast-Track Cities+ activities with wider national policy. - HIV Action Plan for England. - HIV Action Plan for the West Midlands. - TB Action Plan for England . - Hepatitis Elimination Strategies.	Ongoing. Resource required includes updates from partners when new strategies/plan are released.	BCC & key stakeholders.
Develop better communication channels for sharing good practice and conduct a review of good practice. - Review effectiveness of projects/programmes conducted using the HIV innovation fund.	TBC.	BCC & UKHSA.

THEME 2: PREVENTION

2.1 Information and awareness amongst the general public and workforce

Ambition: For increased awareness about BBVs and TB in schools, colleges & universities, at-risk communities, across the healthcare workforce and in the general public.

Current position:

- There is a lack of awareness among the public about what the FTC+ initiative is & knowledge and awareness about BBVs & TB varies widely.
- People's knowledge was mainly around HIV & there is limited knowledge about hep B, hep C & TB.
- Mixed views, myths & stereotypes impact upon who will tested & access other support services.
- There is a broad view that individuals do not die from HIV anymore and therefore it is not taken seriously.
- There is a lack of knowledge about the testing procedure for hepatitis.
- Late diagnoses are happening after multiple touchpoints with the healthcare system because healthcare professionals are not testing.
- The changes to the BCG vaccination programme & the effect of these need to be considered and planned for.

Required actions	Timescale/ resource/budget	Responsible team and organisation
Consider whether comms campaigns should focus of raising awareness of Fast-Track Cities+ as an initiative or focus on the conditions the initiative aims to tackle. - Actions will be detailed in a comms plan under development.	Specific comms budget.	Comms teams in various partner organisations.
Develop a regional HIV communications toolkit and share national resources for local use.	TBC.	UKHSA.
In schools: Review adoption of age-appropriate awareness programmes & provide more information to teachers about HIV & TB.	TBC.	Schools and universities, e.g., nurses/health advisors.
In colleges and universities: BBV & TB awareness workshops with BBV & TB health champions.	TBC.	Wellbeing staff at colleges and universities.
At-risk communities: Develop FTC+ community testing bid to include a champions programme to raise awareness of BBVs & TB, and to signpost to services (e.g., needle and syringe programmes).	TBC.	TBC.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Across the healthcare workforce: 1. Understand what training healthcare providers currently receive on BBVs and TB. 2. Identify gaps. 3. Work with Health Education England (HEE) to promote training available via the ICS (e.g., on testing and treatment opportunities for BBVs and TB, key groups at higher risk, prevention methods etc.) and provide cultural competence training.	Training packages developed by other FTCs e.g., Manchester, Bristol.	Trainers in NHS (HEE) & other healthcare organisations.
Across the general public: Education and awareness campaigns (see comms plan).	Ongoing. World health days/weeks/months.	Comms teams in various partner organisations.

2.2 Targeted promotional campaigns

Ambition: Increase awareness, prevention methods and testing in communities of different ages and those most at-risk.

Current position:

- Heterosexual, middle-aged individuals are most likely to present late with HIV.
- Those who present late are more likely to have multiple issues, such as drug use, mental health and social problems.
- Gay Pakistani men are the most difficult population to access in terms of testing.
- New arrivals (refugees & migrants are unlikely to understand the screening programme for TB.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Aimed at different ages and those more at-risk - Actions will be detailed in a comms plan under development .	Ongoing.	Comms teams in various partner organisations – regional comms team for the UKHSA.

2.3 Prevention activities including vaccination programmes, PrEP and needle and syringe programmes

Ambition: Improved knowledge, awareness and take-up of prevention activities, and ultimately a reduction in new infections.

Current position:

- PEPSE is required within 72-hours but is only available in sexual health services (and A&E in out of hours), making it difficult for clinicians to access.
- TB requires higher prevention efforts, particularly in West Birmingham where there is higher incidence, social risk factors & deprivation.
- There is a lack of information given to pregnant women/mothers of young babies about the Hep B vaccination.
- STI testing & condom provision is prohibited by postcode if collecting in person.
- More support is required to prevent risky behaviours e.g., drug taking, Chemsex.

Required actions	Timescale/resource/budget	Responsible team and organisation
Improve information on vaccination programmes available for Hep B and BCG and who should get vaccinated: - Health professionals to provide more information and improved information to parents/guardians regarding the Hep B vaccination given to babies. - Maternity services to MECC, regarding hep B and BCG vaccination. - Ensure the robust implementation of neonatal pathways for BCG, following the evaluation of screening babies for severe combined immunodeficiency in 2021.	Information leaflets/flyers.	NHSE Childhood immunisation team/NHSE commissioners.
Improve information on PrEP and uptake in diverse communities.	National information on PrEP.	Sexual Health Services.
Improve access to needle and syringe programmes. - Audit of current provision & gaps in provision.	To be incorporated into the re-commissioning of the Drugs/ Alcohol Service.	Commissioners of the needle and syringe programmes.
Assess the needs of sex workers and include them under the Safe Project.	Outcomes/findings of the Sex Worker Needs Assessment.	Sexual Health Service providers.

THEME 3: TESTING & DIAGNOSIS

3.1 Testing as part of an opt-out system

Ambition: To create a more unified/systematic approach to testing, using a triple BBVs and TB footprint to meet the unmet need within the undiagnosed population.

Current position:

- Late diagnosis of HIV (and co-infections) is an issue in Birmingham, particularly in older people, heterosexual men & people from a Black African background.
- Testing currently takes an opportunistic approach.
- Not all organisations are testing on a triple BBVs and TB footprint.
- GPs should be testing as part of the General Medical Services (GMS) contract, but implementation of this is patchy across Birmingham.
- Some departments at the QE hospital (including the AMU) routinely screen for HIV and are supported by HIV consultants, however this is not the case in the A&E department.
- Not all GPs are signed up to deliver the LTBI screening programme.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Learn from other areas that previously had high levels of late diagnosis, such as Lambeth and Croydon, and consider where learning can be used to make improvements in Birmingham.	Ongoing.	BCC to make connections & partners to implement improvements.
GP routine blood tests (incentivised in the same way as the influenza vaccination or using a QOF or equivalent scheme).	Funding as an incentive.	Primary Care commissioners in the ICB.
When a patient presents at A&E with a condition that requires a blood test, provide BBV/TB opt-out testing. - Opt-out testing to be made a priority in all associated organisations.	Buy-in from hospitals labs. Funding.	ICS/UHB/UKHSA/Regional Director of Public Health (sits between OHID & NHSE).
Consider testing people for BBVs and TB at pre-op stage.	Buy-in from hospital staff. Evidence behind effectiveness of this.	Birmingham hospitals.
Adopting MECC, at cervical smear screening, practice nurses to discuss sexual health and testing for BBVs and TB.	Primary and care providers.	Clinical staff.

3.2 Testing as part of current outreach services in community

Ambition: To address stigma and engage hidden populations within local communities, testing interventions and approaches will be made culturally competent and utilise pre-existing links into communities.

Current position:

- Lack of engagement with those who are not engaged with the healthcare system.
- Outreach for TB testing is a particular gap in Birmingham.
- There is a lack of engagement about BBVs and TB in some communities, such as the South Asian community.
- The screening system for sex workers has gaps meaning many fall through the system.
- There are mixed perceptions regarding who is impacted & at risk.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Promotion of testing and treatment within services already supporting those at higher risk of BBVs and TB • Specialist drug and alcohol providers who have good links with those at high risk of BBVs. • Ensuring Sexual Assault Referral Centres (SARCs) are carrying out the required testing.	Training on testing methods. Test kits.	Commissioners of these services.
Develop a programme of outreach service in the community that operate a range of hours, including evenings & weekends, and develop pop-up sites, e.g., in retail spaces, barbers, libraries & community centres. - Facilitate rapid testing. - Promote and offer home testing.	Test kits which produce rapid results. Staff. Use of spaces.	As part of specification design.
Develop home test kits similar to COVID and testing for TB, so the ease and effectiveness of service is increased.	Organisations to develop kits.	National TB services.
Increase testing opportunities in primary care and in local communities 1. Provide free test kits at pharmacies, GP surgeries or community sites with details of further support. 2. Introduce testing in pharmacy-based needle and syringe programmes.	Test kits. Vending machines. Training for GP and pharmacists.	Primary care commissioners/ commissioners of needle and syringe programmes.
Improve information provided at GPs & pharmacies 1. Explore what leaflets are sent to GPs (blue bag scheme) & pharmacies (OHID healthy living literature).	TBC.	TBC.

THEME 4: TREATMENT

4.1 Treatment

Ambition: Increased awareness of changes/improvements in treatment and increase retention in care.

Current position:

- There are a number of people, in particular the substance misuse cohort, diagnosed with a BBV or TB who are not engaged with treatment and at risk of lost to follow-up.
- The decommissioning of the HIV and TB support service has led to fragmentation across services, meaning people have to access separate organisations for each problem, resulting in increased risk of lost to follow-up.
- Transitioning from a young person to adult services for HIV can be challenging & young people born with HIV can lose motivation to continue taking treatment.
- There is a lack of knowledge and awareness of the changes and improvements to treatment for hepatitis C.
- There is no patient support fund to taxis patients to TB treatment.
- Some people with TB have limited access to healthcare, especially if they move location during treatment.

Required actions	Timescale/resource/ budget	Responsible team and organisation
~Part of comms plan~ Increase awareness of changes and improvements in treatment options available, amongst health care professionals and patients.	Ongoing.	Commissioners.
Understand the commissioning process for treatment in prisons and the activity relating to Birmingham residents. 1. Work with the Hepatitis C ODN prison clinical nurse specialist to improve the release plans/ pathways.	TBC.	Prison services.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Increase retention in care: 1. Offer a flexible and responsive service that offers walk-in and booked appointments in multiple locations via different modalities (F2F or telephone) at different times/days with information communicated in English and other commonly spoken first languages. 2. Increase number of peer workers & volunteers to support people accessing testing & treatment. 3. Train those supporting individuals through treatment in motivational interviewing and other methods to help them increase adherence. 4. Maximise any touchpoint to discuss BBV and signpost back to care.	Funding for peer workers. Time for training.	Clinical treatment services & commissioners of support organisations.
Improve understanding of why Hep B death rates in Birmingham are increasing, whilst national rates remain stable, i.e., through a death audit.	Staff time to undertake an audit.	BCC and service providers, epidemiologists with access to detailed deaths data.

THEME 5: SUPPORT SERVICES

5.1 Stigma

Ambition: To eliminate stigma surrounding BBVs and TB in Birmingham.

Current position:

- Patients with HIV have a stigma disclosing a positive diagnosis.
- Some children & young people may not be told they're HIV positive by their parents & can receive stigma from teachers.
- PLWH experience stigma in healthcare settings, e.g. being given the last appointment.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Research levels of stigma among the healthcare and wider workforce through a mass questionnaire, using methodology tested in other FTCs, and identify causes of stigma.	TBC	Comms teams in various partner organisations.
Scope a pilot with partners, such as positive peers and FTC leads, to address causes of stigma.	TBC	Healthcare providers across the board (and their trainers).
Assess and develop occupational policies around HIV stigma.	TBC	OHID/NHSE (Regional Director for Public Health).

5.2 Aftercare and health and wellbeing support

Ambition: To ensure those who have been diagnosed with any condition are supported to live healthy, happy lives.

Current position:

- For HIV, independent support groups are not joined up with healthcare services and are not engaged.
- Muslim men living with HIV are more likely to be isolated and require support with accepting diagnosis, adherence to medicine and coping strategies.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Enhance counselling services for individuals with BBVs and TB 1. Scope provision of NHS & third sector counselling services. 2. Strengthen communication between services.	TBC	Hospital trusts/ Hep C trust.
Improve peer support: 1. Scope current peer support programmes available. 2. Identify gaps in peer support programmes. 3. Address gaps in peer support programmes, including levels of inclusiveness, potentially through better utilising community networks, such as faith organisations. 4. Encourage patients to access a peer mentor/ volunteer early in the process.	Willing volunteers to provide peer support or budget to pay them.	Positive Peers/Hep C Trust/ BCC Adult Social Care.

5.3 Social support and accommodation

Ambition: Provide individuals with the support required (external to healthcare support), including social support, to allow them to live a healthy life.

Current position:

- For HIV, independent support groups are not joined up with healthcare services and are not engaged.
- Muslim men living with HIV are more likely to be isolated and require support with accepting diagnosis, adherence to medicine and coping strategies.

Required actions	Timescale/resource/ budget	Responsible team and organisation
Better understand the offer of social support, such as housing, for those diagnosed with BBVs and TB and for new arrivals/asylum seekers and migrants.	Ongoing	BCC and whole system
Link with asylum seeker/migrant health services and strategies to support their delivery surrounding BBVs and TB.	TBC	BBV/TB services in partnership with refugee/ migrant/asylum seeker services.
Enhance social support for people with BBVs and TB. 1. Scope the current social support available. 2. Identify users' needs and priorities for social support services. 3. Collect ongoing user feedback on experiences of social support. 4. Facilitate and implement actions to address these needs and priorities.	TBC	TBC
Implement a patient forum for Hepatitis C and TB and a peer support programme for testing for HIV.	TBC	Partners.

GLOSSARY

A & E = accident and emergency
LGBT = lesbian, gay, bisexual and transgender
BBV = blood-borne virus
LTBI = latent TB infection
BCC = Birmingham City Council
NHS = National Health Service
BCG = Bacillus Calmette-Guérin
NHSE = NHS England
ED = emergency department
NICE = National Institute of Clinical Excellence
FTC+ = fast-track cities+
ODN = operational delivery network
GP = general practice
PLHIV = people living with HIV
HIV = human immunodeficiency virus
PrEP = pre-exposure prophylaxis
ICB = integrated care board
PWID = people who inject drugs
ICS = integrated care system
QoF = quality outcome framework
LA = local authority
TB = tuberculosis

APPENDICES

Appendix 1 -
FTC+ Steering Group Membership

Birmingham City Council (BCC), Commissioning Manager, Adult Social Care
BCC, Public Health Service Lead for Adults (Chair)
BCC, Public Health Service Lead for Health Protection
BCC, Public Health Senior Programme Officer for Adults
BCC, Public Health Programme Officer for Adults
BCC, Senior Commissioning Officer (Adult Public Health Services)
Birmingham and Solihull Local Pharmaceutical Committee, Chief Officer
Cepheid, Community Diagnostic Solutions Sales Manager
Change, Grow, Live – Midlands Cluster Lead Nurse for Birmingham
Gilead, Midlands Regional Market Access Manager
Hep C Trust, Midlands & West Regional Manager
MSD, Local Account Manager for HIV
MSD, National Engagement Lead (Specialised Commissioning)
MSD, National Hep C Elimination Programme Lead
NHS England and NHS Improvement – Midlands, Commissioning Lead – Acute Specialised Commissioning, Specialised Commissioning (West Midlands),
University Hospitals Birmingham (UHB) NHS Foundation Trust, Consultant Physician in Sexual Health and HIV Medicine, Umbrella
UHB, Lead HIV Consultant at Birmingham's Heartlands Hospital (Co-chair)
UHB, Consultant Transplant Hepatologist
UHB, Hepatitis ODN nurse/manager,
UHB, Liver Unit Consultant, Blood-borne Virus Specialist
UHB, TB lead for Birmingham and Solihull
UHB, TB Lead Nurse Specialist and Chair of the RCN Public Health Forum, Birmingham and Solihull TB Service
UK Health Security Agency - West Midlands Health Protection Team, TB Programme Manager
UK Health Security Agency - West Midlands Sexual Health Facilitator

Appendix 2 - FTC+ Project Board Membership

Birmingham City Council (BCC), Director of Public Health
BCC, Assistant Director of Public Health Adults & Older People (Chair)
BCC, Commissioning Manager Adults Social Care
BCC, Programme Officer, Public Health (Adults)
BCC, Senior Programme Officer, Public Health (Adults)
BCC, Service lead for Adults & Chair of the FTC+ Steering Group
Birmingham & Solihull Integrated Care Board (BSol ICB), Head of Prevention and Long Term Conditions,
BSol ICB, Inequalities Programme Director
NHS England and NHS Improvement, West Midlands Commissioning Lead – Acute Specialised Commissioning, Specialised Commissioning
University Hospitals Birmingham NHS Foundation Trust, Chief Innovations Officer
UK Health Security Agency, West Midlands Consultant in Communicable Disease Control

A BOLDER HEALTHIER BIRMINGHAM

Birmingham City Council