FAST-TRACK CITIES+

Birmingham City Council

Engagement & Needs Assessment for Birmingham

EXECUTIVE SUMMARY

FAST-TRACK CITIES+ BIRMINGHAM

A BOLDER HEALTHIER BIRMINGHAM

CONTENTS

BIRMINGHAM AS A FAST TRACK CITY

The Fast-Track Cities initiative was launched on World AIDS Day in 2014. It is a world-wide drive towards ending HIV and is partnership between a network of cities and four core partners:

- The International Association of Providers of Acquired Immune Deficiency Syndrome (AIDS) Care (IAPAC)
- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- The United Nations Human Settlements Programme (UN-Habitat)
- The city of Paris.

Originally the initiative just aimed to target and eliminate HIV but since initiation in Birmingham, Viral Hepatitis (Hepatitis B and Hepatitis C) and Tuberculosis (TB) were added to the initiative as they could be co-targeted with HIV, leading to the Fast-Track Cities+ initiative (with '+' indicating the addition of Viral Hepatitis and TB).

The purpose of this initiative is to:

- Ensure availability and access to effective testing and treatment to significantly reduce and therefore eradicate new cases of blood-borne viruses (BBVs) - HIV, Hepatitis B and Hepatitis C) - and TB.
- Strengthen communities and ensure timely provision of services that support the population living with these conditions, without prejudice and stigma.
- Ensure effective, targeted, and necessary public health interventions are in place for BBVs and TB to enable the delivery of the Fast-Track Cities+ vision by 2030.

The following partners set an intention to address BBVs (HIV, Hepatitis B and Hepatitis C) and TB transmission locally:

- NHS Primary Care
- NHS Secondary Care
- NHS Specialised Commissioning
- BSol ICS
- UK Health Security Agency
- Industry Representatives
- Birmingham Public Health
- Community Partners

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

Timeline:

- **December 2020 – March 2021:**
  Tender process to obtain provider to conduct community engagement and needs assessment
- **April 2021 – August 2021:**
  Community engagement and needs assessment data gathering
- **September 2021 – May 2022:**
  Report write-up for community engagement and needs assessment
- **May 2022 – October 2022:**
  Finalising targets and scoping data for monitoring progress
- **October 2022:**
  Birmingham signs the Paris Declaration
- **October 2022 – July 2023:**
  Development of the Data Dashboard and Action Plan, utilisingthe findings from this document
- **July 2023 onwards:**
  Implement the Action Plan and utilise the data dashboard to monitor progress on the targets

TARGETS

The below targets have been developed and adapted from global and national targets to fit Birmingham's context and the data which is available on the local level. They have been informed by local clinicians, epidemiologists and other experts in the field. Progress towards these targets is being monitored using a data dashboard which is available on the Birmingham Observatory.

HIV

These targets are included in the Paris Declaration and are the UNAIDS 95-95-95 targets
By 2030:

- 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

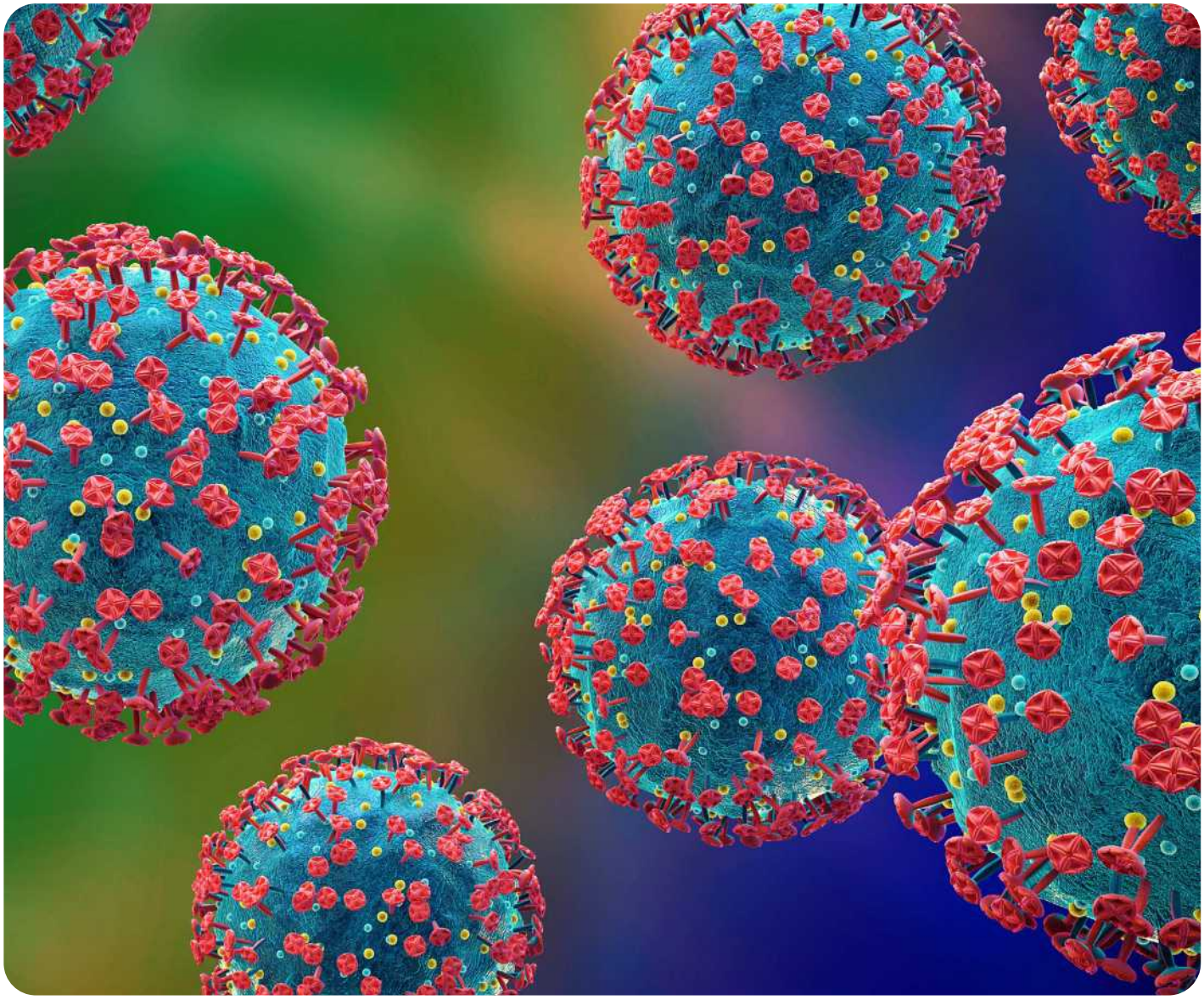
- 90% reduction in new cases of chronic Hepatitis B infections by 2030 (compared to 2015)
- 65% reduction in deaths from Hepatitis B by 2030 (compared to 2015)
- 90% childhood Hepatitis B virus vaccination coverage (3rd dose coverage)
- 100% Hepatitis B virus birth-dose coverage or other approach to prevent mother-to-child transmission
- 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)

Hepatitis C

- 90% reduction in cases of chronic Hepatitis C infections by 2025 (compared to 2015)
- 65% reduction in deaths from Hepatitis 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 Hepatitis C diagnosed
- 90% of eligible persons with current Hepatitis C infection started treatment

Tuberculosis (TB)

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



SUMMARY OF THE REVIEW

The review focused on 3 key areas to understand more about BBVs and TB in Birmingham: epidemiological analysis, engagement with service providers and experts and community engagement.

1. Epidemiological analysis

- Overview of Birmingham
- An overview of service activity in Birmingham in relation to BBVs and TB, including epidemiological data and relevant local, regional and national datasets.
- A scoping exercise of current service provision across primary, community and secondary care services with a specific focus on understanding current testing and treatment pathways.
- A desktop literature review covering BBVs and TB.

2. Engagement with service providers and experts

Stakeholder engagement and involvement to bring expert opinion, inform the next phase of the Fast-Track Cities+ initiative and understand how current services for patients diagnosed with these conditions can be improved.
The approach used was semi-structured interviews. Where possible, a Strengths, Challenges, Opportunities and Threats (SCOT) analysis was completed.

3. Community engagement

A number of engagement and consultation events were held, engaging 358 individuals. The method of engagement included two surveys and eight focus groups.
6 broad topics areas were set:

a. Awareness and knowledge
b. Access to services and barriers
c. Community relationships
d. Access to information and advice
e. Health and wellbeing
f. Beliefs and choices, including prevention.

EPIDEMIOLOGICAL ANALYSIS

This section provides an overview of the outcomes of the epidemiological analysis for Birmingham. The data presented is that which relates to the targets. A full dataset can be accessed separately.

At risk groups

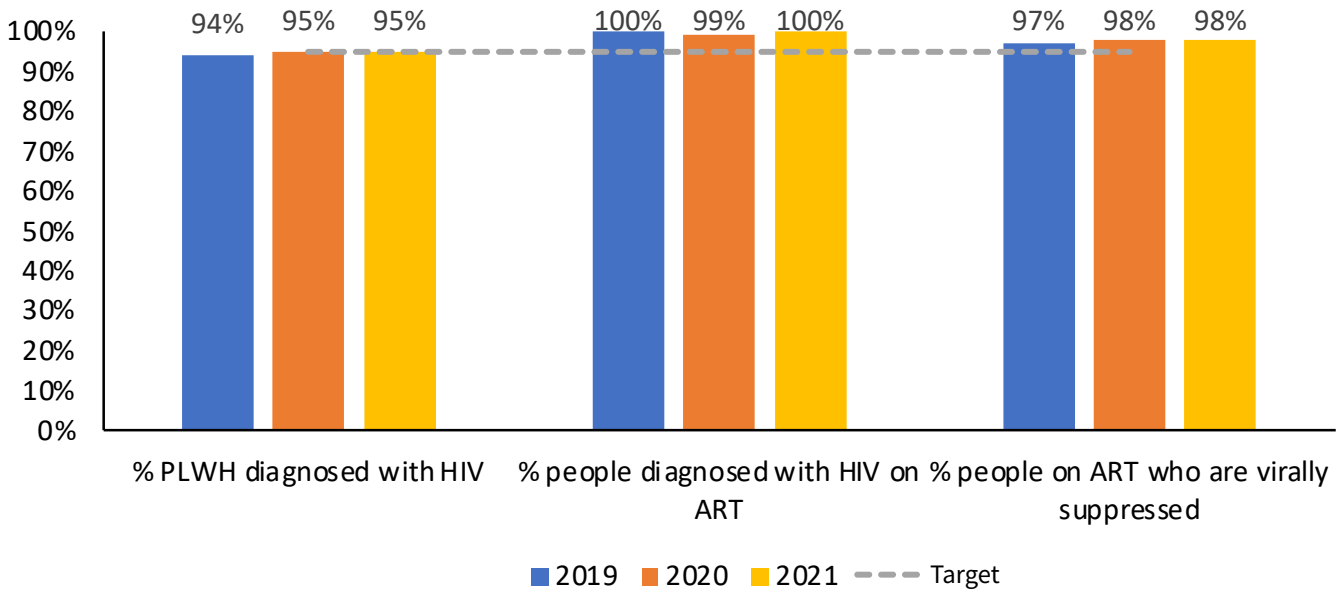
Groups at increased risk of infection	Hep B	Hep C	HIV	Latent TB	TB
People born or brought up in a country with an intermediate or high prevalence of chronic Hep B/C	X	X			
People born or brought up in a country from an area with high HIV prevalence			X		
People born or brought up in a country from an area with high TB prevalence				X	X
Babies born to mothers infected with Hep B	X				
Babies born to mothers infected with Hep C		X			
People who have ever injected drugs	X	X	X		
Men who have sex with men	X	X	X		
Anyone who has had unprotected sex, particularly: • People who have multiple sexual partners • People reporting unprotected sexual contact in areas of intermediate and high prevalence • People presenting at sexual health and genitourinary medicine clinics • People diagnosed with a sexually transmitted disease	X	X	X		
People who are immunocompromised				X	X
Prisoners, including young offenders	X	X			
Immigration detainees	X	X		X	X

Groups at increased risk of infection	Hep B	Hep C	HIV	Latent TB	TB
Close contacts of someone known to be infected with Hep B	X				
Close contacts of someone known to be infected with Hep C		X			
Close contacts of someone known to be infected with TB				X	X
People living in hostels for the homeless or sleeping on the streets	X	X			
HIV-positive men who have sex with men	X	X	X		
People who received a blood transfusion before 1991 or blood products before 1986	X	X	X		
Health care providers and emergency responders	X	X	X	X	X

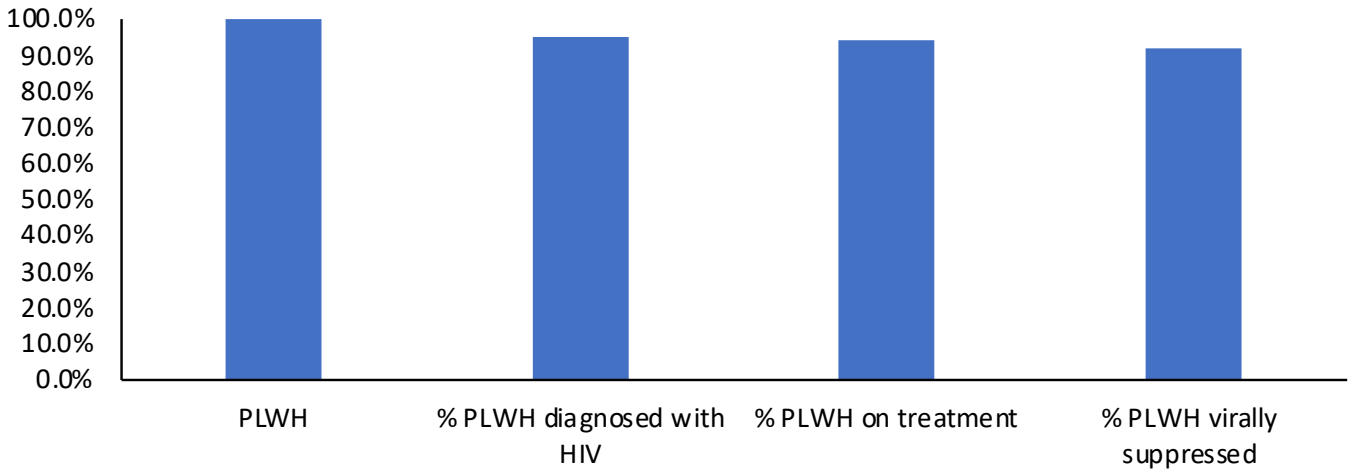
HIV

UNAIDS 95-95-95 Targets

Target	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 with suppressed viral loads
Definition	Proportion of people (of all ages) who are accessing HIV care out of the total number of people estimated to be living with HIV.	Proportion of people (aged 15 years and over) who were prescribed ART out of total number of people (aged 15 years and over) seen for HIV care and living in Birmingham.	Proportion of people (aged 15 years or more) who are accessing HIV care with an undetectable viral load (VL<200 copies/ml).
Raw numbers (2021)	2,247	2,234	2,188
Percentage (2021)	95.0%	99.4%	97.9%



Target	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 with suppressed viral loads
Continuum of care percentage (2021)**	**95.0%**	**94.1%**	**92.2%**



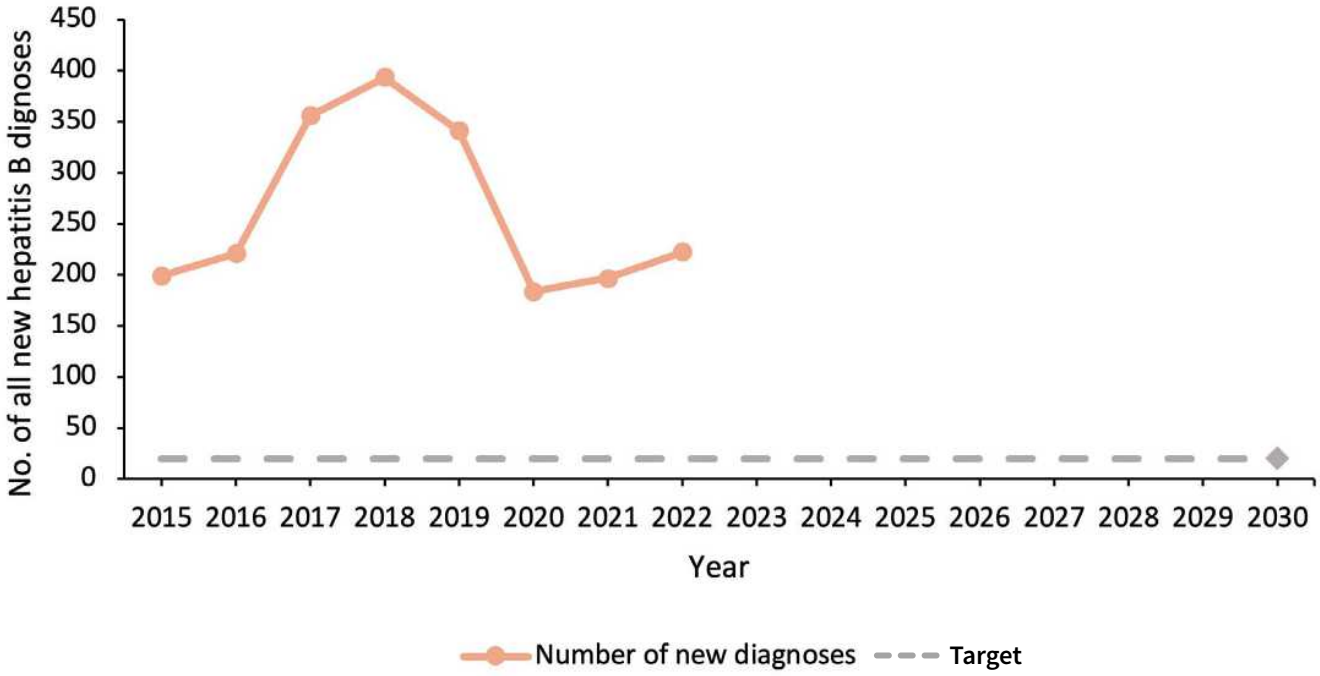
**Estimated number of people living with HIV is based of national estimates and is estimated to be 2,373.*

***The continuum of care percentages show the proportion of people at each stage of the care continuum out of the total number of people estimated to be living with HIV.*

Hepatitis B

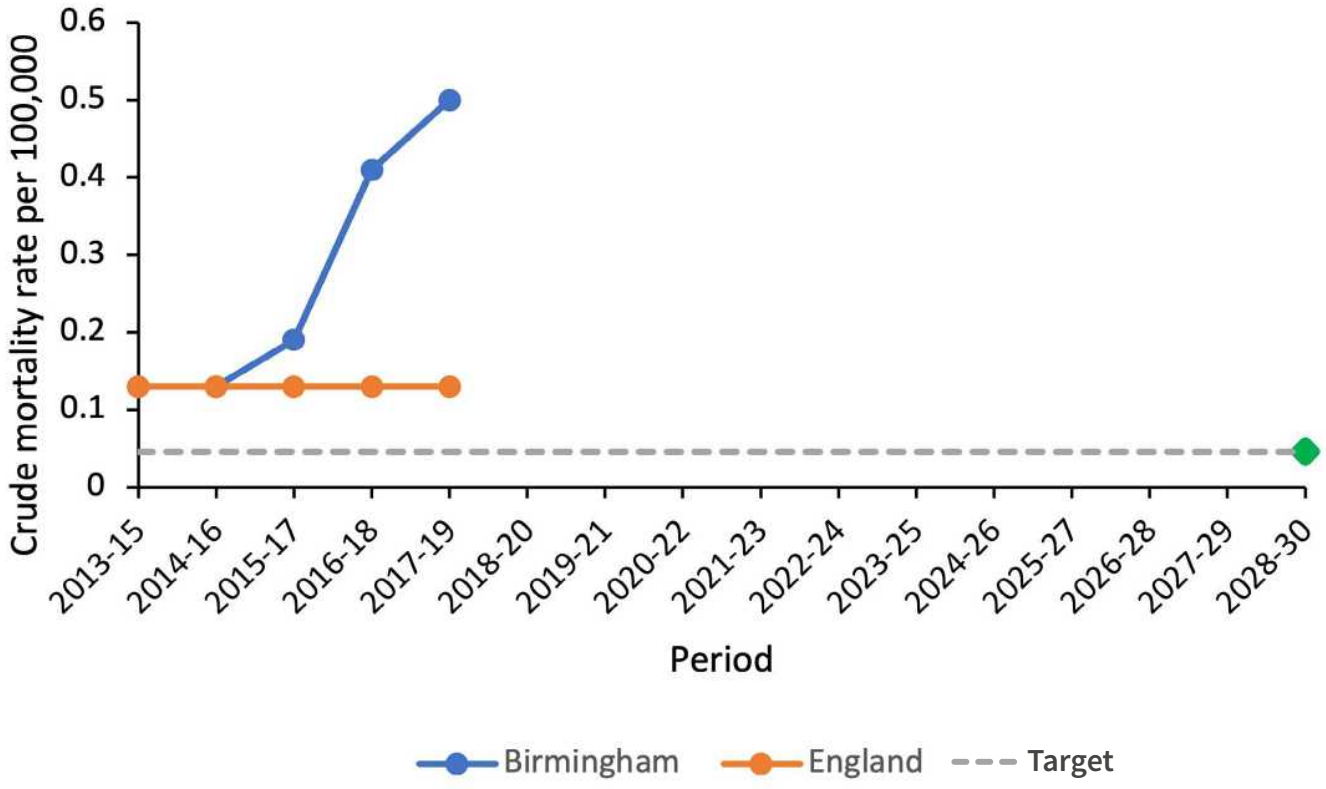
90% reduction in new cases of chronic Hepatitis B infections by 2030 (compared to 2015)

Definition: Number of all new Hepatitis B diagnoses by year of diagnosis resident in Birmingham City, 2015-2022 (Data source: SGSS – provisional data). N.B. the data shown is for all new Hepatitis B diagnoses, not just chronic Hepatitis B infections.



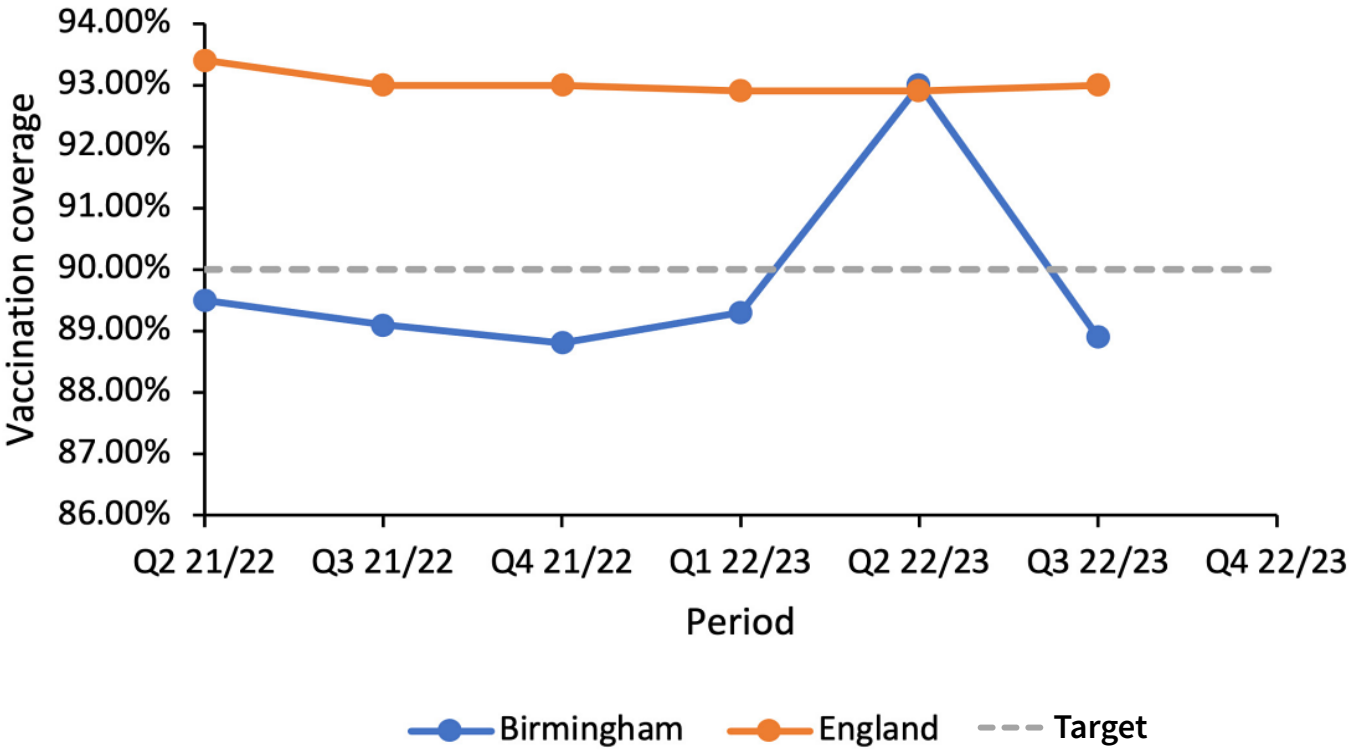
65% reduction in deaths from Hepatitis B by 2030 (compared to 2015)

Definition: Crude rate of mortality from hepatitis B related end-stage liver disease/hepatocellular carcinoma in persons less than 75 years per 100,000 population



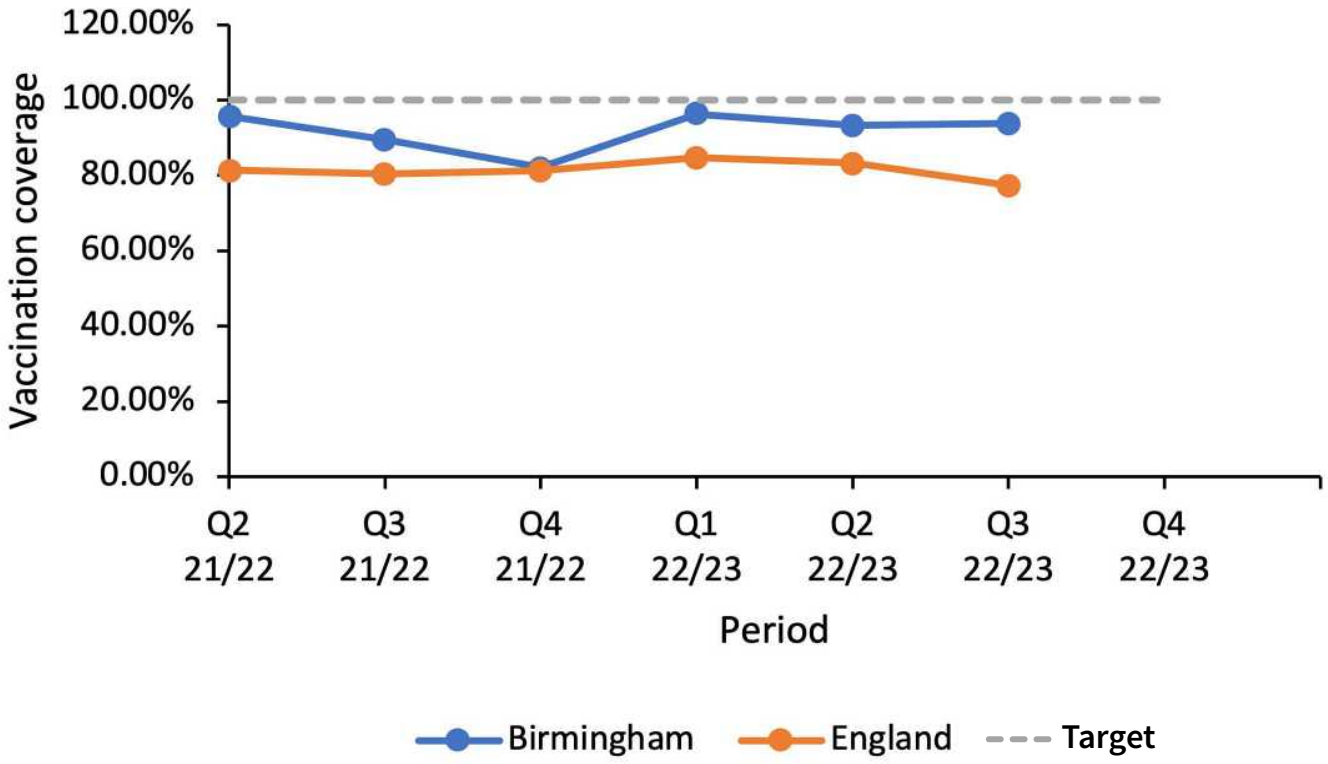
90% childhood Hepatitis B virus vaccination coverage (3rd dose coverage)

Definition: Children for whom the local authority is responsible who received 3 doses of DTaP IPV Hib HepB vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the time period.



100% Hepatitis B virus birth-dose coverage or other approach to prevent mother-to-child transmission

Definition: Coverage of 3 doses of the 6-in-1 vaccine of a HepB-containing vaccine reported for children who reached 2 years of age in the quarter born to hepatitis B positive women in Birmingham LA (data should be interpreted with caution given the low number of eligible neonates).



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)

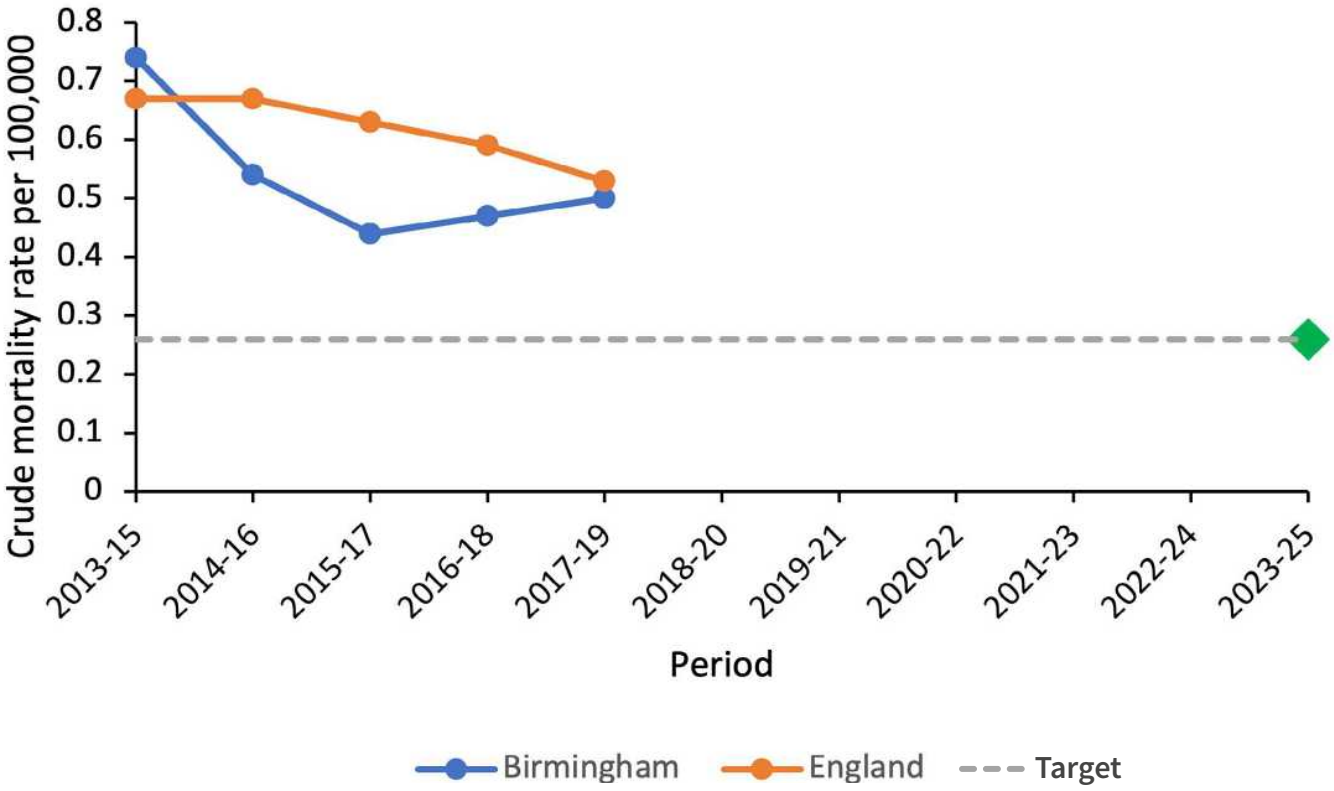
This Needs Assessment has identified that more data collection is required in these target groups.

Hepatitis C

90% reduction in cases of chronic Hepatitis C infections by 2025 (compared to 2015)

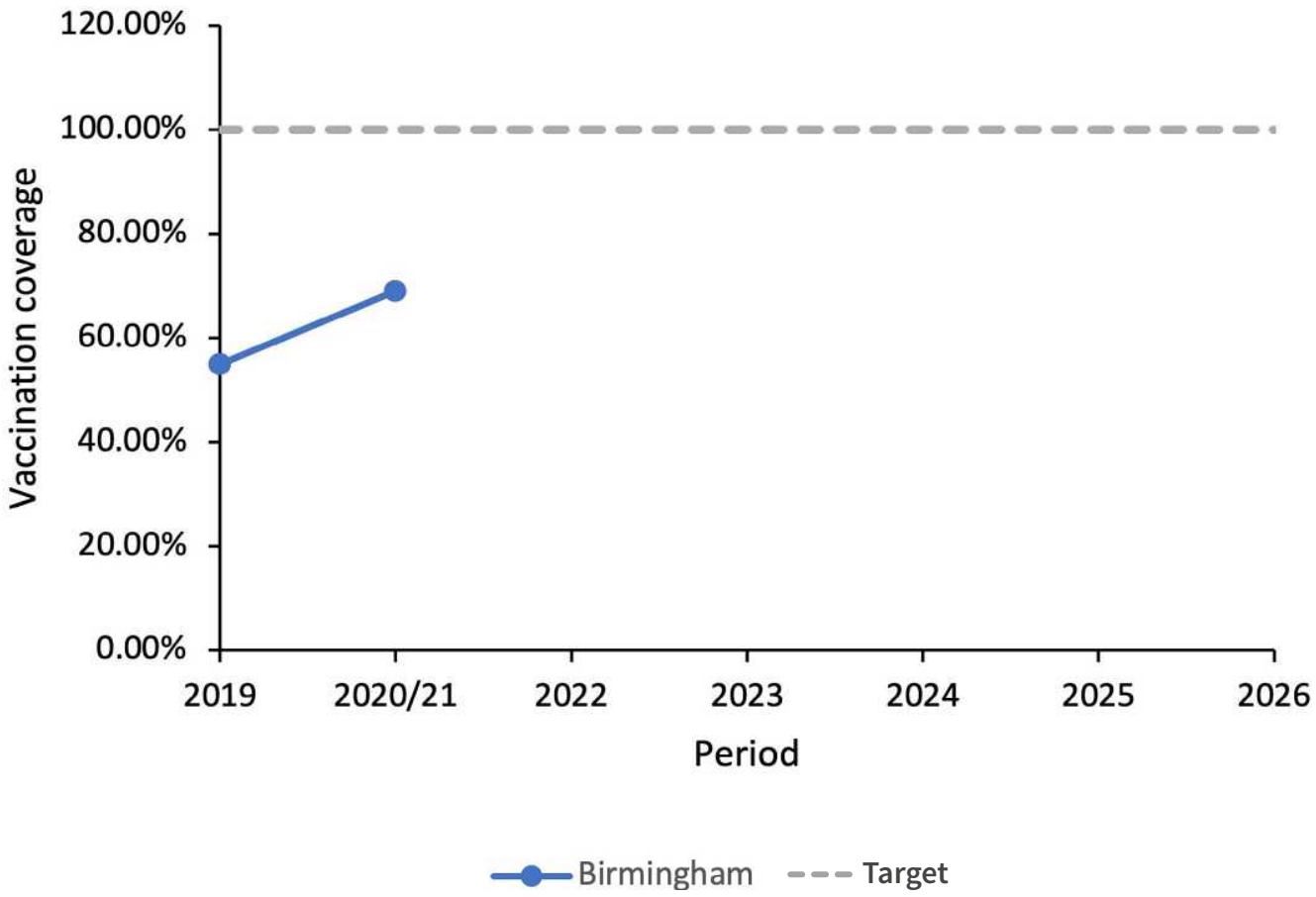
65% reduction in deaths from Hepatitis C by 2025 (compared to 2015)

Definition: Crude rate of mortality from hepatitis C related end-stage liver disease/hepatocellular carcinoma in persons less than 75 years of age per 100,000 population.



100% of injecting drug users report adequate needle and syringe provision for their needs

Definition: The number of people reporting adequate needles to meet their needs out of the number of PWIDs in the UAM survey responding to the question in Birmingham ODN (N.B. due to Covid-19 only 1 survey was conducted to cover the 2020/21 period).

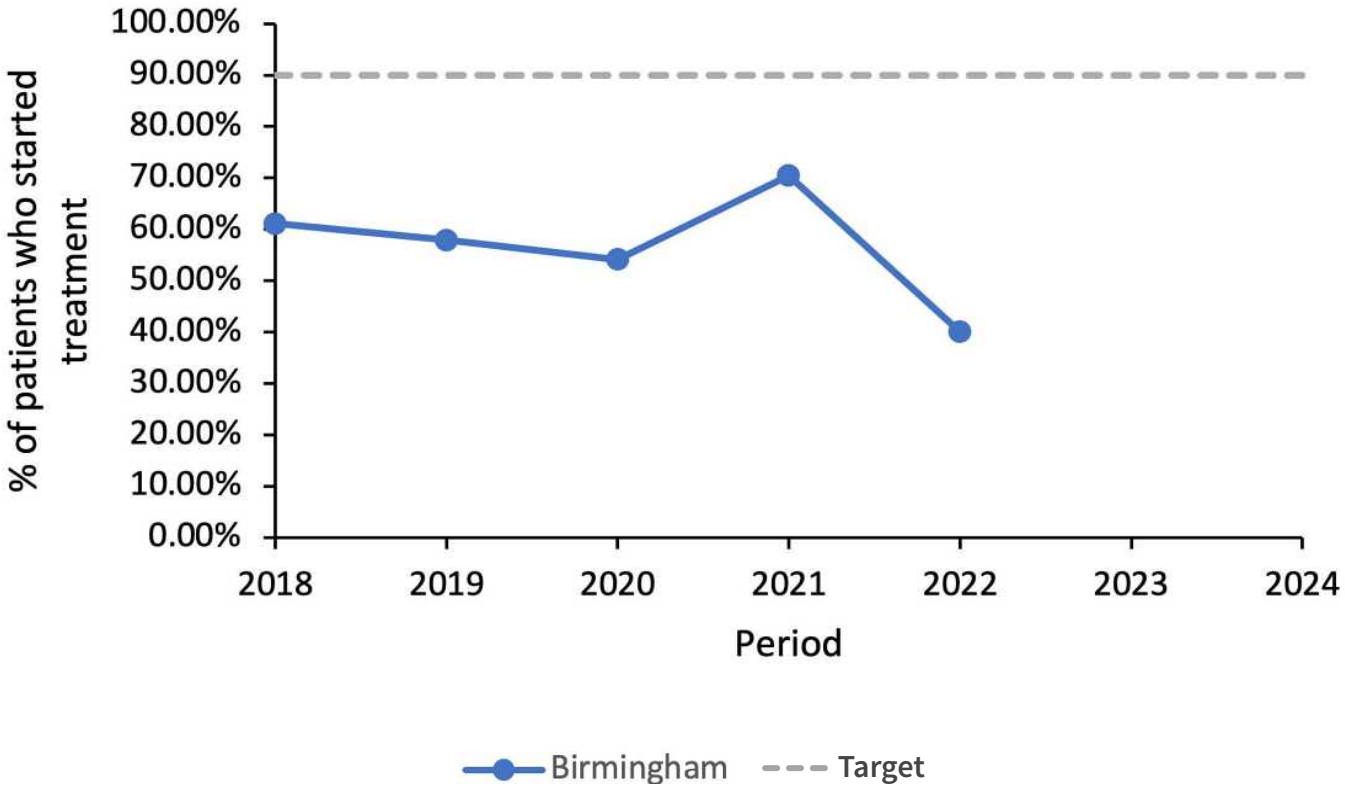


90% of those living with Hepatitis C diagnosed

Model estimates that Hepatitis C prevalence rate with 95% credible intervals is 7300 (6300-8400) in the Birmingham ODN as of 2020.

90% of eligible persons with current Hepatitis C infection started treatment

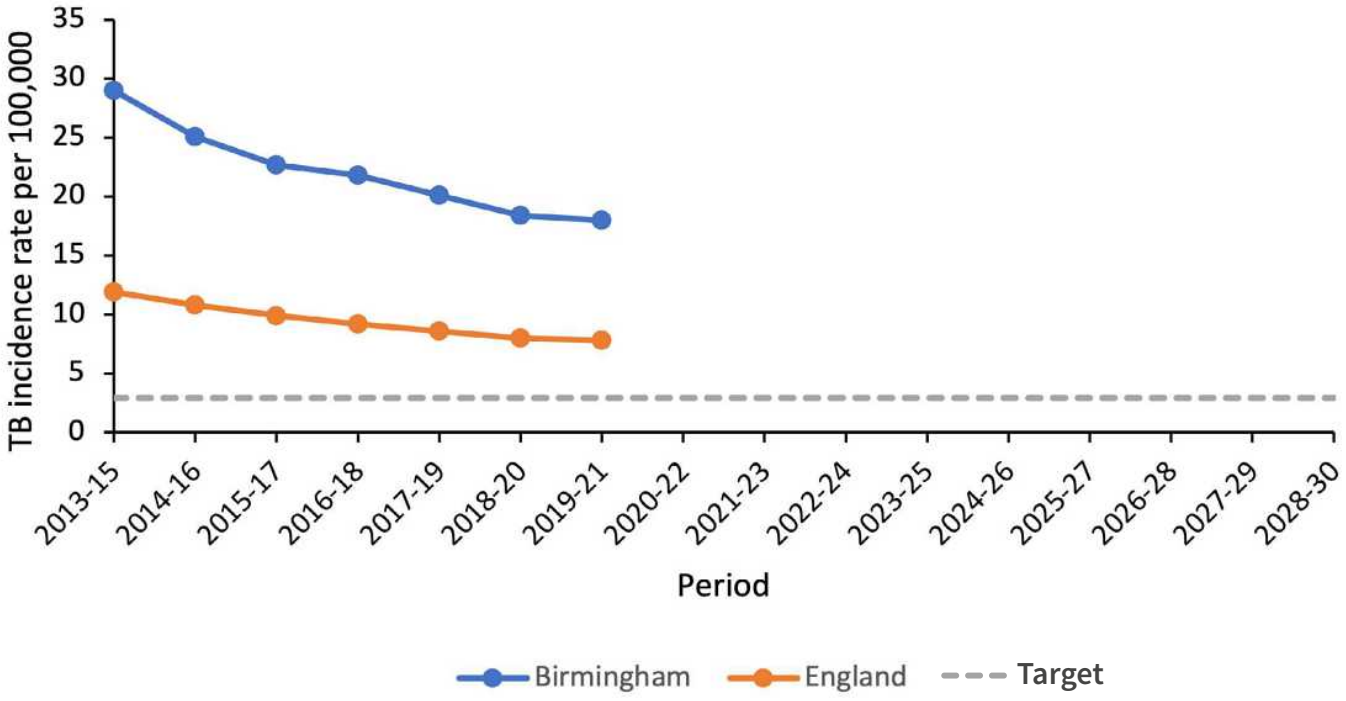
Definition: The number of people starting treatment out of the number of people linked into treatment. *N.B. 2022 data covers Q1-Q3 only.*



Tuberculosis (TB)

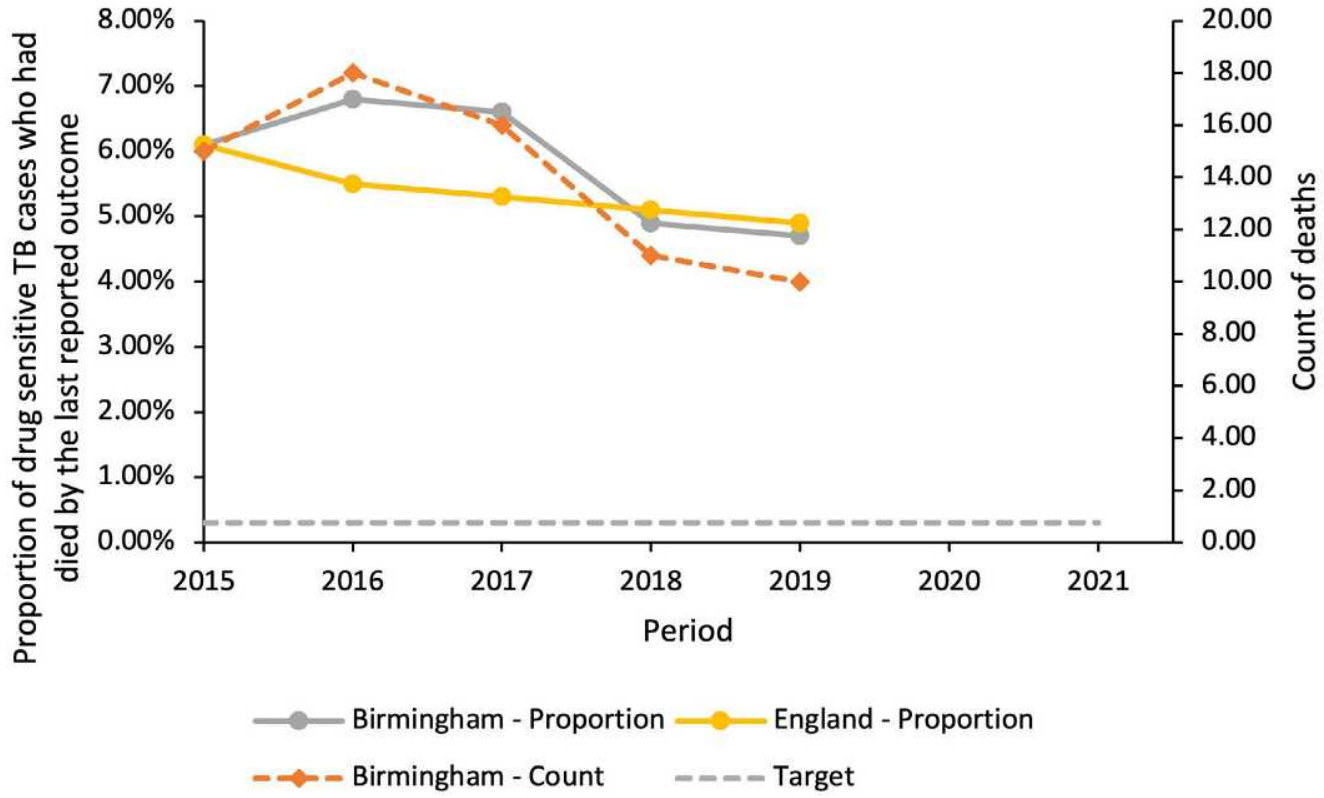
90% reduction in TB incidence compared to 2015

Definition: Three year average incidence per 100,000 population. The numerator (the number of TB notifications in the 3 year period) is divided by the denominator (the sum of the mid-year population estimates for the same 3 year period) and multiplied by 100,000.



95% reduction in TB deaths compared to 2015

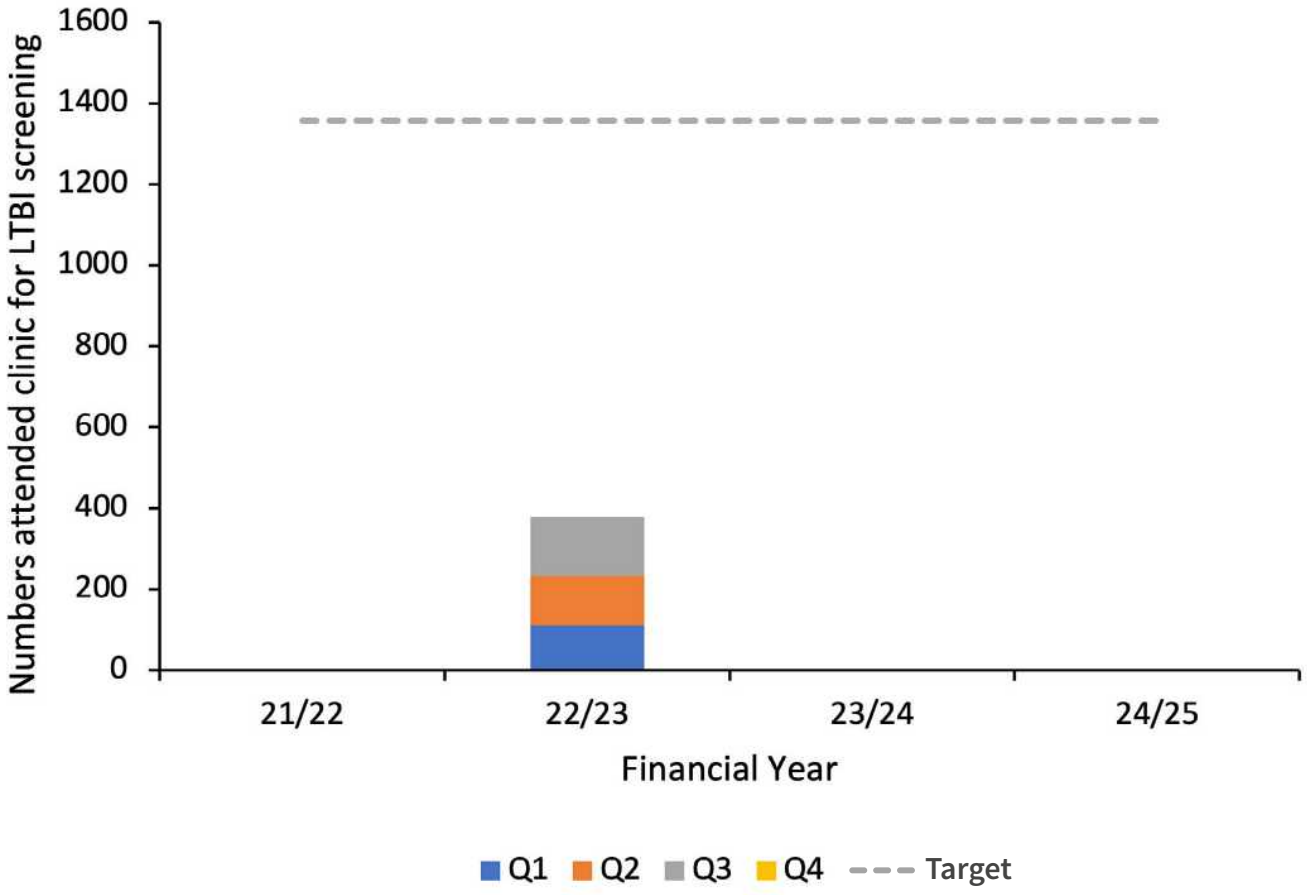
Definition: The annual proportion of drug sensitive TB cases who had died by the last reported outcome (exclusions: TB cases with rifampicin resistance or MDR-TB).



Decrease annually by 5% the proportion of people who develop active TB within 5 years of post UK entry using the 3-year average, 2017 to 2019, as a baseline

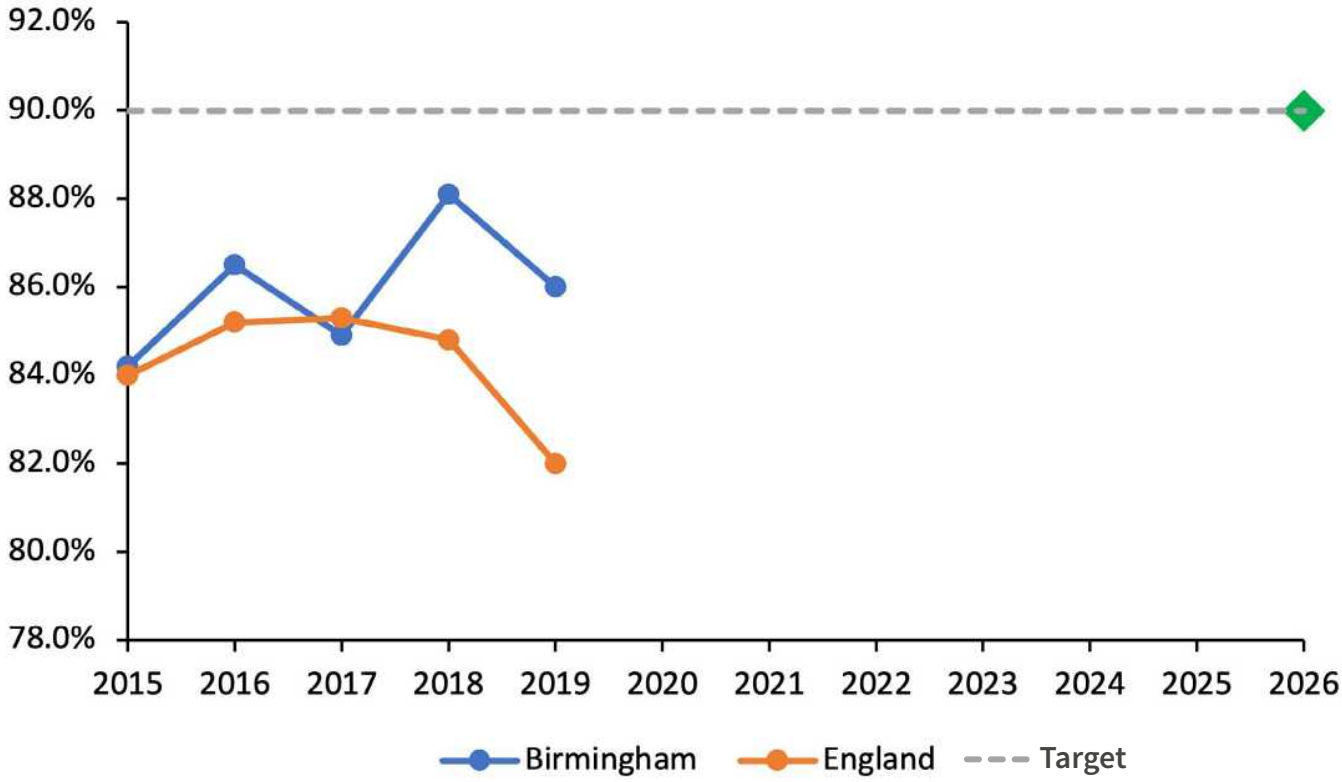
Achieve 1358 LTBI tests per year in Birmingham

Definition: Number of people who have been screened for LTBI in Birmingham and Solihull. This target is provided by NHSE to BSol ICB.



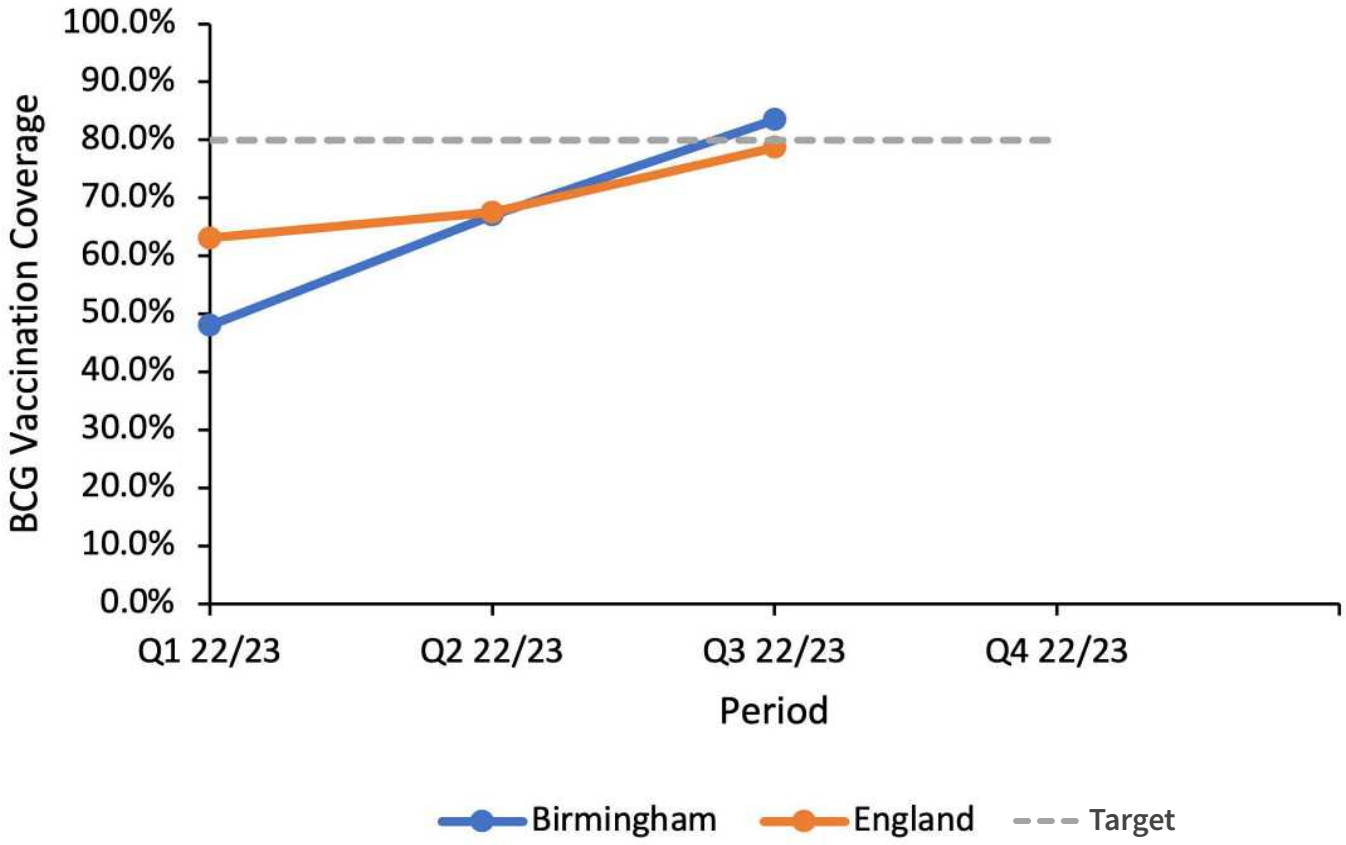
Achieve 90% treatment completion rates (12 month outcome) by 2026

Definition: The annual proportion of drug sensitive TB cases expected to complete treatment within 12 months who had completed treatment within 12 months of treatment start date (exclusions: TB cases with rifampicin resistance or MDR-TB and TB cases with CNS, spinal, miliary or disseminated TB).



80% BCG vaccination coverage for all children eligible in the Birmingham LA

Definition: Eligible children are those born in areas where the TB (tuberculosis) incidence is greater than or equal to 40 per 100,000 or who were born to parents or grandparents from TB endemic areas, who should be offered the vaccination at 38 days. Coverage is measured at 3 months of age for this selective immunisation.

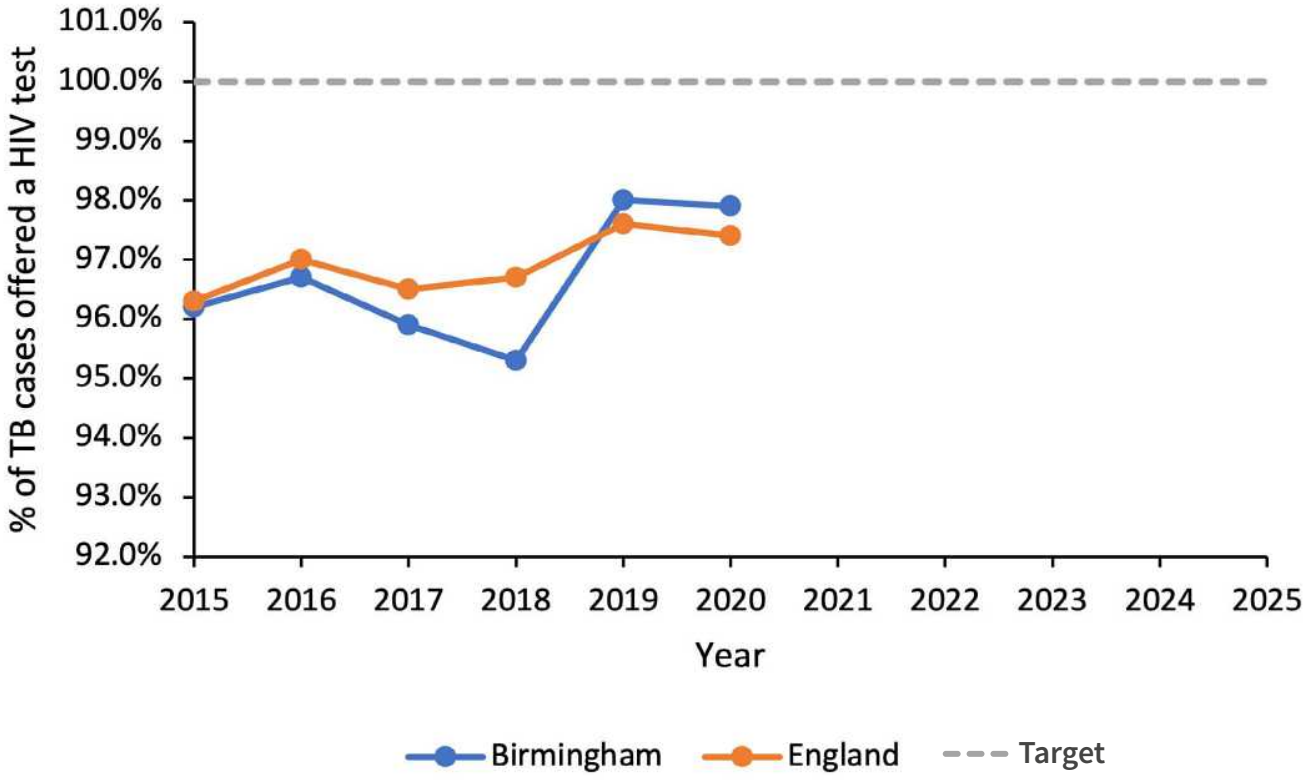


Reduce the average delay in diagnosis in people with pulmonary TB by 5% per year

[Data for this indicator is being sourced and will be updated when it is made available.]

100% of TB cases offered a HIV test

Definition: The proportion of people diagnosed with TB (where HIV testing status is recorded and the patient does not already know their HIV status) who are offered a HIV test.



ENGAGEMENT WITH SERVICE PROVIDERS & EXPERTS

A semi-structured interview approach was used to gather local views from the BBV and TB service providers, healthcare professionals, commissioners and support services involved in this needs assessment. In addition, where possible, a Strengths, Challenges, Opportunities and Threats (SCOT) analysis was completed.

The following charts provide a summary of the key themes and ideas that emerged from the SCOT analysis.

HIV	
Strengths: •Specialist drug and alcohol providers have good links with those at high risk of HIV. •Providers can complete outreach work with their clients in relation to HIV testing. •There is a commissioned pathway for sexual exploitation and sexually abused children. HIV and other infections can be identified. •HIV testing is routine for those with active TB.	**Challenges:** •Patients with HIV have a stigma disclosing a positive diagnosis. •Transitioning from a young person to adult service, especially if young person is used to receiving health interventions as part of a family group. •For children and young people, there is stigma from teachers. •During COVID-19, HIV practitioners were sent to work on other wards. •Some young people with HIV are not told that they are HIV positive by parents.
Opportunities: •Provision of more information to teachers regarding facts about HIV. •The U=U campaign is a good opportunity to promote positive messages about HIV. •HIV education can be taught in schools.	**Threats:** •Backlog of cases for those who do not engage in treatment. •Funding threats. •Data collection not accurate. •Young people born with HIV can lose motivation to continue taking medication.

Hepatitis	
Strengths: •Specialist drug and alcohol services can complete outreach testing with vulnerable groups. They already have a relationship with hard-to-reach patients. •Testing in pharmacies was introduced, although take up was low. •Hepatitis C Trust have a team in place to meet health needs. •There is specific post focussed on the needs of sex workers in the Hepatitis C Trust. •Pop-up clinics can be set up quickly. •Close working relationships with other commissioners. •Outreach services in place (St Phillip's Cathedral/ Salvation Army). •Testing at police custody suites.	**Challenges:** •The substance misusing cohort are difficult to get into treatment. •For the substance misusing cohort, it is difficult to keep patients engaged in treatment. •It was difficult to continue face to face treatment during the pandemic. •The Hepatitis C Trust are dealing with a very stigmatised and marginalised community. •There is not much contact with male sex workers. •Data collection from partners is difficult. •Practitioners must be trained to encourage people to engage in treatment (motivational interviews). •Redeployment of staff/clinicians over the pandemic.
Opportunities: •More testing can be completed with the substance misusing cohort. •Opportunities to upskill drug and alcohol specialist staff. •Dry blood spot testing will allow point of care testing. •More engagement with South Asian communities. •Enable key players to work together - creative thinking resolves issues. •Opportunities for new partnerships/ branch out into Sandwell/Solihull. •Hepatitis C patient forum. •GPs Hepatitis C testing. •Custody suite pilot.	**Threats:** •Backlog of cases for those who do not engage in treatment. •Changes in laws relating to drug use and drug policy - work is made more difficult. •There are always threats due to non-recurrent/ limited funding. •Social distancing measures vital, however have limited number of clients throughput/flow seen via mobile bus.

Tuberculosis	
Strengths: •High treatment completion rates. •Outreach work undertaken. •Accessible service, home screening where appropriate. •Agreement for video observed therapy. •Good relationship with prison, symptomatic investigation. •TB nurse link worker for prison, funding for screening received from Queens's Nursing Institute to fund prison screening. •Innovative testing events, e.g. ESOL classes. •Screening homeless, sex workers, those with socially challenging lifestyles.	**Challenges:** •No patient support fund to cover bus pass/ food to ensure treatment compliance. •Patient support fund essential to transport infectious patients in taxis. •The system for screening sex workers is broken. •Services stood up and down during the COVID-19 pandemic, this impacted TB treatment. •Diagnosis is difficult, primary care isn't back up and running and patients default to the hospital. Patients are spending longer with TB and there is more chance of it spreading. •Can screen in prison but patients can leave or be released from prison. What happens to them? •Would be beneficial to have a repository of locations/assistance of what help is available where.
Opportunities: •More multiagency working- in conjunction with LA and Public Health England. •More focus needed on Prevention measures - West Birmingham, higher incidence prevalence and social risk factors, deprivation. •Too many agency involvements in screening projects/ disjointed with third sector. •TB Patient Forum required, this should not be a standard as we are dealing with different communities and a standard forum will not suit everyone.	**Threats:** •COVID-19 – As patients cannot access their GP, they are going to accident and emergency (A&E). •People newly arrived (refugees and migrants) don't know the screening system for TB. •Large numbers of organisations, directly not aware of what others are doing. •Some people have limited access to healthcare as they move location during treatment. It is not known where in the system, and if, they will present again. •TB patients often lose their jobs and housing.

COMMUNITY ENGAGEMENT

Below provides a summary of the findings arising from the community engagement exercises.

A. Awareness and knowledge

- Significant lack of awareness and knowledge of BBVs and TB in general.
- Lack of knowledge and limited awareness of the Fast-Track Cities+ initiative across most target groups.
- A need for improved communication was expressed frequently.
- Improving education and awareness within the general public was perceived as a main requirement to achieve zero transmissions.
- There is a need to break down barriers and for myth-busting; the discussions highlighted that there are mixed views, myths, and stereotypes amongst different communities of 'who is and isn't impacted.
- Some people shared that they gained knowledge of HIV through social media programmes which could be helpful in raising people's awareness of HIV.
- A short survey conducted with homeless people, PWIDs and sex workers showed a lack of knowledge of hepatitis C amongst these target groups.

B. Access to services and barriers

- There are a range of barriers for testing, treatment, and support for BBVs and TB which need to be addressed to reduce the risk of transmission.
- Some people struggled to access TB services via their GP practice and felt they are at a disadvantage as not all GP practices are signed up to the new entrant LTBI testing and treatment programme.
- Participants fed back that the HIV pathway in Birmingham is fragmented and is split across three aspects which means PLHIV experience multiple touchpoints.
- Some respondents felt that accessing services (such as sexually transmitted infection [STI] and obtaining condoms) was prohibited by postcode.
- Targeted groups felt more could be done to meet individual needs and improve accessing to services, such as addressing barriers to care and reducing gaps in social needs.

C. Community relationships

This topic covers issues raised around stigma-related beliefs and myths, and community social isolation.

- Stigma can manifest itself in many ways and there are different levels of stigma, including;
  - stigma from within the system because of knowledge, attitude, behaviours and experiences of care
  - stigma experienced within communities and amongst the public
- There are a range of beliefs and myths circulating or held within the community linked to the words HIV, hepatitis C, TB and sexual health – there is a need to address these and a need for cultural change.
- Feedback from participants suggests that some communities think HIV is a "White" thing and other think it's an "African" thing.
- There is a lack of awareness around hepatitis; people think those with hepatitis are "untouchable" or are drug addicts.

D. Access to information and advice

- There is variation in where and how people would like to access information and advice about BBVs and TB, in relation to preventative measures, testing, treatment, support.
- There is a need to map existing communication channels and resources as part of improving communication and access to information, as well as to inform future public campaigns.
- There is a need for information to be disseminated via religious communities and centres.
- Information source is important; some sources, such as nurses, clinic staff and websites, are seen as reliable, whereas social media and other internet sources are not always seen as that reliable.
- Different communities, target groups and ages have varying information needs so equality, diversity and cultural sensitivities should be considered in relation to information and advice.
- Access to the right information and point of contact is important, especially if newly diagnosed as those who are newly diagnosed are not always aware of who to ask or where to seek support.

E. Health and wellbeing

Discussions around health and wellbeing formed part of the community engagement exercise.

- Mental health, stigma, access to mental health and counselling support and social aspects, such as housing and financial support, are major causes of concern for those diagnosed with a BBV or TB.
- Delays in accessing mental health support were reported.
- There was a view that there is a lack of support for people with an initial diagnosis, especially HIV.
- Many people disengage with services because they do not feel they are fully understood by the practitioner.
- Health and wellbeing needs for individuals with BBVs and TB, and those they have close relationships with, are not being met.

F. Beliefs and choices including prevention

- There is a need to change conversations about BBVs and TB amongst both the public and the workforce. In particular, awareness needs to be raised about the advancements in treatment for HIV/AIDS in terms of patients having normal life expectancy and viral suppression.
- The general consensus is that higher risks exist where there is a predominance of people in multi-generational living, where there is poverty and deprivation.
- People from abroad with language difficulties tend to congregate in pockets of Birmingham and connect with their own communities, whom they trust and engage with in their own language.
- Better engagement with the gay community is needed, which is more difficult now most gay venues have closed down.

HIGH-LEVEL FINDINGS

A range of key findings were developed through the Needs Assessment. The following section provides an overview of the themes covering the key findings. The full suite of findings can be found in the full Needs Assessment.

Theme 1: News ways of working and structural approach

- 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.
- Individual elimination programmes in place with different reporting lines, and the difficulty in tracking impact.
- Population changes and increase in projections of priority groups impacting capacity and contracting levels.
- Implementation of the National Institute for Health and Care Excellence (NICE) guidelines is patchy across all settings.

Theme 2: Prevention

- Lack of awareness of preventive interventions amongst communities.
- Lack of awareness of pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis following sexual exposure (PEPSE) amongst public and priority groups.
- There are barriers to care/access to PrEP/PEPSE for services.
- Lack of awareness and knowledge of BBVs and TB within communities and health care professionals.
- Different types of stigma are encountered.
- Lack of awareness of vaccinations amongst general public.
- Risky behaviours amongst priority groups including chemsex.
- For the vaccination coverage of hepatitis B (for both 1-year-olds and 2-year-olds) the rate in Birmingham (90%) is higher than the Nearest Neighbours (84%) and England (88%).
- There are 3 indicators relating to viral hepatitis which Birmingham is classified as "requires improvement / worse 95% in comparison to England":
    1. Under 75 mortality rate from hepatitis B related end-stage liver disease/hepatocellular carcinoma (2017-19).
    2. Persons entering drug misuse treatment - percentage of eligible persons completing a course of hepatitis B vaccination (2016-17).
    3. Persons in drug misuse treatment who inject drugs - percentage of eligible persons who have received a hepatitis C test (2017-18).

Theme 3: Testing and diagnosis

- Inconsistency of testing across BBVs and TB.
- Different types of late diagnosis and inconsistency in testing across the acute sector.
- Testing of BBVs and TB is patchy across General Practices and there is variation in GPs skills and knowledge.
- Variation in testing approaches across BBVs and TB and usage of point-of-care testing (POCT).
- Hidden unmet need and undiagnosed population amongst priority groups - testing to align with BBVs and TB NICE guidelines, as currently not necessarily reaching undiagnosed population and addressing unmet need.
- Variation of views in terms of enhancing and incentivising testing.
- A range of commissioned organisations undertaking testing, silo-working and disjointed reporting.
- A backlog in testing for elimination programmes as a result of COVID-19.
- Lack of awareness of testing services and access to testing.
- Key statistics:
    - For HIV testing coverage, between 2013 and 2019, there was a general upward trend in the count of those accepting a test. 2020 saw a significant decrease as a result of COVID-19. In terms of coverage, the 65% in Birmingham is high compared to England (46%) and the Nearest Neighbours (37%).
    - The number and rate of new HIV diagnosis in Birmingham shows a general decrease since 2015 particularly in 2019 and 2020. The rate per 100,000 population is similar to England and to the Nearest Neighbours. The target of 21 by 2025 equates to a reduction of 64% on 2020 figures.
    - For HIV late diagnosis, the actual count report year-on-year decreases between 2014-16 to 2018-20, however the rate for late diagnosis has remained at a similar level to previous years. The rate is lower than the average for the Nearest Neighbours and slightly lower than the England average.
    - The rate for repeat HIV testing in gay, bisexual and other men who have sex with men is significantly lower than the Nearest Neighbours and England average.
    - The number and rate of TB incidence in Birmingham has seen year-on-year (three-year average) decreases since 2011-13. At 18.4 per 100,000 population, this is higher than England and the Nearest Neighbours average.

Theme 4: Treatment

- Lack of awareness of treatment changes.
- Perception and attitude towards treatment (e.g., "Testing is simpler, now a finger prick blood test rather than taking bloods, treatment was tablets and a weekly injection, now just tablets which you can take whilst still being a user.")
- Social deprivation and affordability and the impacts on accessing treatment.
- Multiple appointments and touchpoints for PLWH.
- 89% of adults in Birmingham newly diagnosed with HIV started ART within 91 days of diagnosis. This is higher than the average for the Nearest Neighbours (84%) and the average for England (83%).
- ART coverage for Birmingham is 99% which is similar to the Nearest Neighbours and England.

Theme 5: Support Services

- Lack of support services.
- Inconsistency of Peer Support models across BBV and TB pathways.
- Access to mental health support and counselling.
- Lack of standardisation of patient support forums across BBVs and TB.

RECOMMENDATIONS

The following recommendations are informed by the findings of this needs assessment. From October 2022 – July 2023 the recommendations were fully reviewed by a range of subject matter experts, and where appropriate they have been revised to develop the Birmingham FTC+ Action Plan. The Action Plan is a working document which has a clear set of actions and deliverables required to meet the targets of the initiative and the needs of the population.

Theme 1: New ways of working and structural approach

1. Services and more joined up collaborative working

- Increase the number and awareness of support groups for people with BBVs & TB. (E.g., there is no hospital support group for people with TB)
- Reinstate ESOL for health so new migrants understand health needs and how to access services.
- Create new partnerships for mutual joint delivery of services at grass-root level.
- Give a voice to younger cohort of how they want services delivered and where.
- Instigate joint delivery of testing with community partners such as charities, community centres, Public Health and Integrated Care Boards (ICBs).
- For TB, focus on GP services to provide a more holistic service and provide patient choices and new pathways.
- Operate multi-disciplinary teams to pool together skills and resources to provide a comprehensive service to end users.
- A continuum of care across BBVs and TB, a more personalised and holistic approach across the workforce.

2. System leadership and unity

- A tough stand on homophobic and transphobic language and bullying. "General public/society need to be more accepting of lesbian, gay, bisexual and transgender (LGBT) people."
- Community leaders to take an LGBT affirmative stand.
- Community leaders encouraged to promote testing, vaccination, and treatment for BBVs.
- More of a proactive than reactive approach to TB across the board, through a higher level of awareness amongst communities.
- Nominated leaders to champion the cause through close liaison with ICB, GP, community and faith leaders.

3. Communication

- Promote the referral pathways for GPs, health and social care teams, local authorities and organisations, for signposting and directing service users appropriately.
- Consider the role of social prescribing models, Health Exchange and Choose and Book.
- Consider use of community, media, radio and TV platforms.
- Health professionals to provide more information to parents and guardians regarding the hepatitis B vaccination given to babies.

- Offer training and awareness sessions for different groups; for example, professionals, volunteers and community participants.
- Ensure that campaign information is accessible to individuals who have additional learning/ accessibility needs.

4. Confidentiality and information sharing

- Improve communication links and sharing of information across A&E, GP and ICB as part of effective service delivery.
- Train health professionals in confidentiality to prevent disclosure of status of a BBVs and TB to non-service users.
- Health professionals to ask patients at their first meeting how they would prefer to be communicated with to assure confidentiality. For example, there may be privacy concerns in shared addresses for university students and people in sheltered accommodation.

5. Technology

- Review the effective use of digital technology and make it accessible to all communities, taking into consideration language and barriers to information and making information bilingual where warranted.

6. Monitoring

- Consideration should be given to an overarching Fast-Track Cities+ dashboard to measure the impact of the initiative's plans, inform actions to address unmet need and service gaps and to inform future commissioning decisions.

7. Alignment with national policies

- Consideration should be given to aligning Fast-Track Cities+ with wider national policy, as these are driving current improvements locally across BBVs and TB.

Theme 2: Prevention

8. Information and awareness amongst the general public and workforce

To increase awareness of the Fast-Track Cities+ Initiative programme, more education and information on BBVs and TB is recommended. Opportunities include:

- **In schools:**
  - Development of an age-appropriate educational awareness programme for the Fast-Track Cities+ Initiatives. Its main aims are to develop knowledge and increase awareness around BBVs and TB in children and young people.
  - Children and young people can inform family members, extended family members, older generations and members of the community, helping to dispel stigma and myths.

- **In colleges and universities:**
  - BBVs & TB awareness workshops.
  - Health champions: train volunteers about BBVs and TB so they can inform others, using a peer-on-peer education approach.
  - Advocates to talk about their experiences to raise awareness.
  - Increase signposting to services.
  - Refreshers and workshop for information dissemination.
  - Target key areas for impact, such as fresher's fairs, and make it 'seamless' and part of current processes.

- **In at-risk communities:**
  - Develop Fast-Track Cities+ Champions from targeted audiences to raise awareness of the programme, of BBVs & TB, and to signpost to services.
  - Advocates to discuss experiences in community settings.
  - Greater level of education to understand what latent TB and active TB are and what actions need to be taken.
  - Utilise established pathways to cascade good information to impact on behaviours and engagement.
  - Greater understanding of how culture impacts on acceptance and action.
  - Make education and training available, free and easy to access.
  - Increase awareness of undetectable equals untransmittable (U=U). Education will decrease stigma, prejudice, and discrimination for those living with HIV/AIDS. These are the main barriers that would discourage people from testing and treatment.

- **Across healthcare workforce**
  - Better education within all Birmingham health care services to improve awareness, testing and treatment opportunities for BBVs and TB.
  - Training around who is at risk, what the risks are and prevention methods.
  - Education for healthcare and pharmacy staff on viral hepatitis.
  - Education for people at risk of viral hepatitis on treatment, to help dispel stigma and myths about old treatment.

- **Across the general public**
  - Consider education and awareness campaigns.
  - More education and messaging about hepatitis C. For example how hepatitis C affects your body, i.e., it can cause liver cancer, especially if treatment is not completed.
  - Increase awareness of preventive treatment for HIV, and hepatitis B vaccinations.
  - Increase awareness of services that support safe exchange of needles and offer support for drug addiction.

9. Targeted promotional campaigns

Below shows areas which the Local Authority can help to support. Targeted promotional campaigns:

- Should be aimed at different age ranges and cohorts (for example international students may have limited information on BBVs & TB).
- For communities who are more at risk of BBVs and TB; e.g., Asian communities are more at risk of TB; men who have sex with men and black African communities are more at risk of HIV; PWID are more at risk of viral hepatitis.
- At different physical locations, such as GP surgeries, on public transport, pubs, nightclubs.
- Campaigns on social media covering where to get information, testing locations, prevention methods.
- Use local influencers such as local celebrities, community leaders, faith leaders, to deliver awareness campaigns.
- Use world health days to raise awareness, i.e., World Aids Day, Hepatitis C, Mental Health and TB Days.
- Advertising and messaging to be appropriate. Use simple advertising – consider literacy foreign language diversity.
- Use advertisements in the media, with a positive image encouraging people to get tested for hepatitis C.
- Use cards (like the sexual health concertina leaflet) that fit in your wallet. These are discreet, which is important as there is stigma in having this diagnosed.
- Use important lifesaving messages alongside media campaigns to reduce stigma around condition using radio and TV.
- Promote more services to support people with drug addiction.

10. Prevention activities including vaccination programmes, PrEP and needle and syringe programmes

- Better information on vaccination programs available for hepatitis B and who should get vaccinated.
- Better information on PrEP. This should be promoted for high-risk groups as a lot of people still don't know about it.
- Improve access to needle and syringe programmes over the weekend, so clean equipment is available to people, every day of the week, therefore reducing the need and risk of people sharing.
- Consider best practice from other countries. For example, it was suggested introducing injecting booths like those in Holland, obtaining heroin from chemists.
- More should be done to find out about the sex workers in Birmingham and include them under the Safe Project, to assess their needs in relation to access to services.

Theme 3: Testing and diagnosis

11. Increase awareness of the importance of testing

- Having sexual health and BBV services, charities and organisations at large public gatherings such as festivals, sporting events and concerts.
- Advertisements on highway billboards, public transport, stations, airports, national awareness campaigns like those for COVID-19 and discussion on TV programmes. "Something big and bold like a bus campaign promoting awareness."
- Increase information prevalence in the media such as TV (news and magazine style programmes), radio, newspapers and magazines. Consider use of national HIV figures championing the cause, who would be willing to be interviewed to increase awareness of the importance of testing.
- Ensure conversations are focussed on increasing testing rates for BBVs and TB, giving factual information on how the tests are completed. Discuss how it is a finger prick test, not intravenous; how some who test positive do not expect to; the ease of access and engagement within treatment Mention that extreme side effects are less common now.
- More testing and more promotion of testing across BBVs and TB with a public campaign to all residents of Birmingham. This should highlight the prevalence of BBVs and TB within Birmingham communities, raise awareness and inform people of testing opportunities.
- Increase access to testing at venues such as community centres, local health centres, universities and workplaces.

12. Testing as part of current outreach services in community

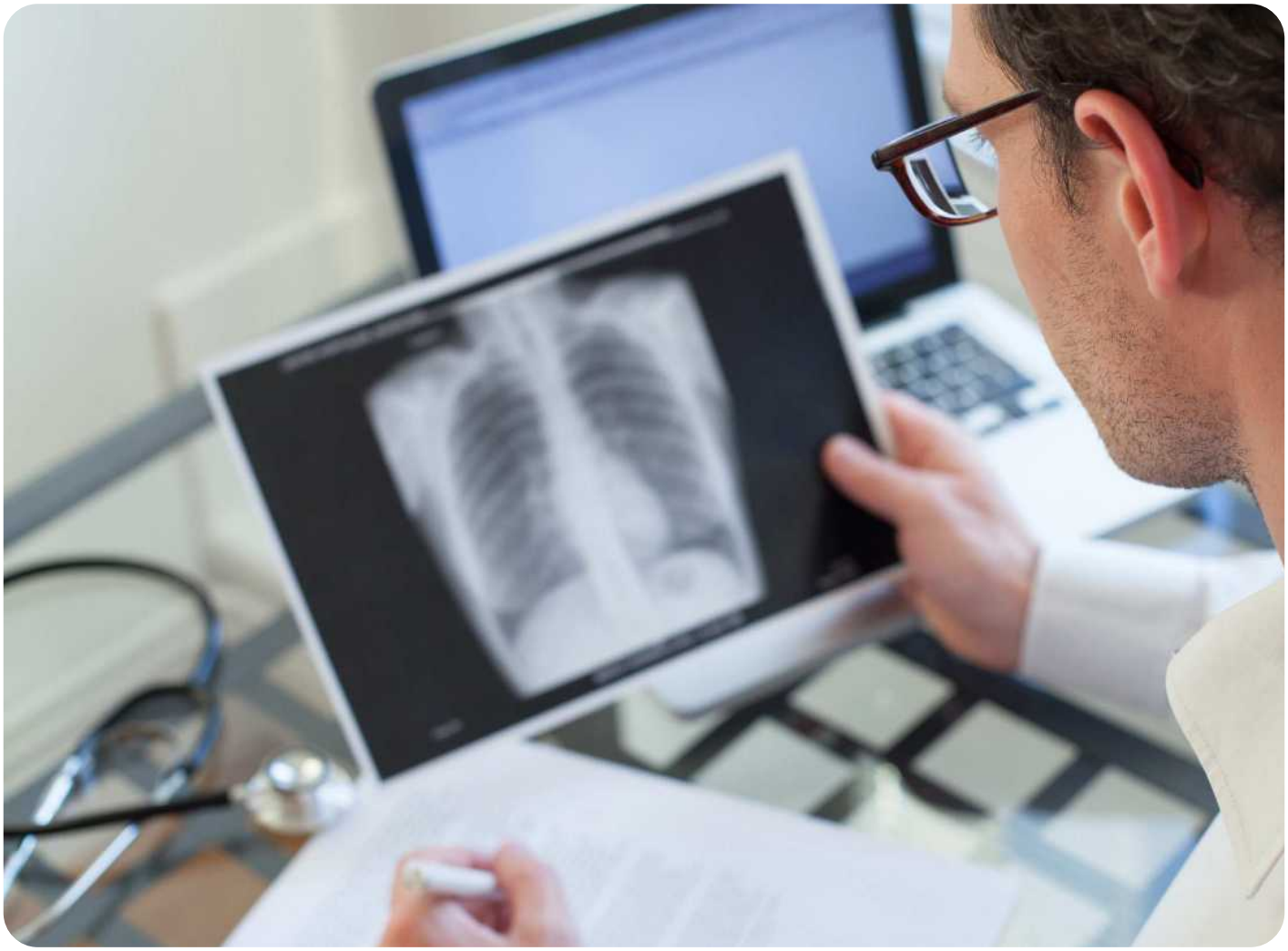
- More promotion of testing and treatment opportunities within services already supporting people at higher risk of contracting BBVs and TB, so that everyone using those services has the opportunity to get diagnosed and supported.
- Ensure services who do offer testing opportunities deliver this provision in a way that allows people to be tested on request, on the same day.
- Specific community intervention and outreach targeting particular communities such as the LGBT community.
- Develop a programme of outreach service in retail space, so you can have a walk-in for screening and testing and serve diverse communities.
- Easy access and walk-in services in the community that operate a good range of hours including outside of normal office working hours and pop-up testing sites.
- Develop home test kits similar to COVID testing for TB, so the ease and effectiveness of service is increased.
- Provide free test kits available to pick up at pharmacies or GP surgeries with details of where to get support to talk about the test or to get help with the test.
- More access to rapid testing or home testing with quick results for BBVs and TB.
- Increase access to BBV and TB testing within GP surgeries, allowing people to be potentially diagnosed in services that are local and convenient.
- Introduction of testing opportunities within pharmacy-based needle syringe programmes, to increase testing opportunities.
- More instant testing with quick results in lots of different places like barbers, libraries and community centres.

- Easy access for booking appointments and getting tested such as an app or website with instant access to booking, testing and information.
- GPs to provide patients with a list of recommended testing and vaccinations.

13. Testing as part of opt-out system

Opportunities for testing as part of an opt-out system include:

- GP routine blood tests - GPs to be educated/re-educated on symptoms, especially when presented with more than one. This should be incentivised in the same way that the influenza vaccination is.
- When a patient presents at A&E with a condition that requires a blood test, provide BBV TB opt-out testing, as late diagnoses often present here with pneumonia, epilepsy and encephalitis symptoms.
- Consider testing people for BBVs and TB at pre-op stage so that the hospital knows who is infectious. Testing at pre-op appointments can help reduce stigma and discrimination, ensuring that people are treated fairly.
- At cervical smear screening, practice nurses to discuss sexual health and testing for BBVs and TB.



Theme 4: Treatment

14. Treatment

- Increase the numbers of peer workers and volunteers to support people accessing testing and treatment.
- Ensure people who are diagnosed in communities are enabled to access or continue treatment in the event that they are imprisoned.
- Increase awareness of changes and improvements in treatment options available, amongst health care professionals and patients.
- Offer multiple appointments and touchpoints for people living with BBVs.
- Offer TB treatment to those aged 65 or under with latent TB.

Theme 5: Support services

15. Stigma

- Stigma and isolation should be dealt with through communication and educational development programmes and workshops.
- Encouragement from other health providers for people to access testing, giving a list of where people could go for testing, vaccination, or PrEP.
- Media campaign to reduce stigma around these conditions using radio and TV.

16. After care and health and wellbeing support

- Counselling services to be more readily and promptly available for individuals with BBVs and TB.
- Improve access to mental health services and support services to reduce social isolation.
- Access to a peer mentor or volunteer with lived experience early in the process, when you are diagnosed with a BBVs or TB, increasing volunteering and paid employment opportunities.
- Establish peer-to-peer support in community, with case studies for positive outcomes.
- Peer support and LGBT-specific services and groups.
- Create feeder groups for improving service provision in all areas of TB testing and medication.
- Make effective use of community networks and be sensitive to the needs of diverse communities.

17. Social support and accommodation

- Ensure that the social and health inequalities that affect the lives of those at higher risk of contracting BBVs are addressed; e.g., safe and secure housing, access to mental health services, access to health care.
- Measures to be taken by the government or local authority to increase the asylum seeker allowance or to supplement it respectively for individuals with BBVs and TB.
- The Government or the Council needs to consider sole accommodation for asylum seekers with BBVs and TB.
- The Council/statutory sector needs to ensure there is social support for people with BBVs and TB.

GLOSSARY

A&E = accident and emergency
AIDS = acquired immune deficiency syndrome
BBVs = blood-borne viruses
BCG = Bacillus Calmette–Guérin
ESOL = English for speakers of other languages
GP = general practitioner
HIV = human immunodeficiency virus
IAPAC = International Association of Providers of AIDS Care
ICB = integrated care board
LA = local authority
LGBT = lesbian, gay, bisexual and transgender
NHS = National Health Service
NICE = National Institute for Health and Care Excellence
ODN = operational delivery network
PEPSE = Post-Exposure Prophylaxis Following Sexual Exposure
PLHIV = people living with HIV
PrEP = pre-exposure prophylaxis
PWID = people who inject drugs
SCOT = strengths, challenges, opportunities, threats
TB = tuberculosis
UAM = unlinked anonymous monitoring
UNAIDS = United Nations Programme on HIV/AIDS
U=U = undetectable equal untransmittable

A BOLDER HEALTHIER BIRMINGHAM

Birmingham City Council