



umbrella

Birmingham and Solihull Sexual Health

Annual Report 2017-18

Sexual health is

Umbrella is a collaboration of...

300

full-time equivalent
employed staff

14

city-wide
Umbrella clinics

5

priority-group focused
outreach clinics

Working in partnership

10

delivery
partners

22

community
partners



138,789 service user
contacts at GPs, clinics
and pharmacies

Umbrella connections

84,963

contacts made in
various settings with
young people

20,655

face-to-face
contacts within the
BME community

24,277

LGBT individuals
received Umbrella
services



a partnership



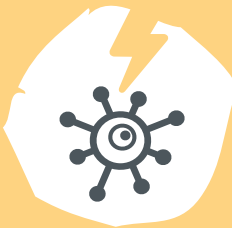
Umbrella in Birmingham

175 pharmacies + 132 GP practices

In years 1 to 3 Umbrella has carried out



160,723
HIV tests



95,542
chlamydia screens

and fulfilled



86,304 online STI
testing kit orders

with



48,400 kits returned
for testing

Solihull



Umbrella online yr1-yr3

1,071,171
hits

641,980
users

3,730,748
page views

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Executive summary

Executive summary

1 Background

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

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

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

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

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

2 Wider context

2.1. Healthcare economy

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

- Birmingham is the youngest core city in Europe, with 38.8% of the population under 30, whilst Solihull has an ageing population, with 20.9% of the population over 65 (source NOMIS: www.nomisweb.co.uk)
- Birmingham is a culturally and ethnically diverse city, with 40.3% of residents identifying as being from an ethnic group other than white. Solihull also has an increasingly diverse population, with 8.6% of the population identifying as Black,

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

- Birmingham is a growing city, linked in part to migration, with a 13.4% increase since 2004 (source NOMIS: www.nomisweb.co.uk)
- Birmingham has a homelessness level more than three times the England average (8.3 households per 1,000 compared to 2.5 households nationally and 3.5 households in the West Midlands) (source: PHE Fingertips: fingertips.phe.org.uk)
- 26.8% of children in Birmingham are living in low income families, compared to England's average of 16.8%. The picture is different in Solihull, with 15.0% of children in low income families (source: PHE Fingertips: fingertips.phe.org.uk)
- Birmingham has one of the worst infant mortality rates in England, with 7.9 deaths per 1,000 live births (source: PHE Fingertips: fingertips.phe.org.uk)
- Birmingham has a long-term unemployment rate of around 2.5 times higher than the England average. The long-term unemployment rate for 16-63 year olds in Birmingham is 1.36%, compared to 0.37% in England (source: PHE Fingertips: fingertips.phe.org.uk)

2.2. Sustainability and Transformation Partnership

Birmingham and Solihull STP (Sustainability and Transformation Partnership) is a collaboration of public NHS and council social care commissioners and providers across Birmingham and Solihull working together with partners in the voluntary, community and independent sectors to find the most effective ways to manage the health and care needs of the local population within available resources and provide high quality, sustainable care for the future.

The STP wants to help people to help themselves to live long, happy and independent lives, supporting everybody, at every stage of life, to develop physical and emotional resilience to cope with stress and illness and recover from setbacks.

Seeing everybody in the STP's diverse communities as equal, the aim is to place particular emphasis on supporting the most disadvantaged people wherever they are or whatever their needs may be.

The partnership includes three hospital NHS foundation trusts; Birmingham Women's and Children's, University Hospitals Birmingham and the Royal Orthopaedic Hospital. West Midlands Ambulance NHS Foundation Trust is an associate member. It also includes Birmingham Community Healthcare NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust and Birmingham and Solihull Clinical Commissioning Group (CCG).

The STP covers 177 general practices, some of which are organised as 'super-partnerships' and large federations. Four providers; GPS Healthcare, My Healthcare, Our Health Partnership and Midlands Medical Partnership, have signed a Memorandum of Understanding with the STP.

The STP also encompasses two local authorities; Solihull Metropolitan Borough Council and much of Birmingham City Council. West Birmingham is included in the neighbouring Black Country STP.

The STP also works with local academic institutions such as Birmingham Health Partners (BHP – a strategic alliance between the University of Birmingham, University Hospitals Birmingham NHS Foundation Trust and Birmingham Women’s and Children’s NHS Foundation Trust) and the West Midlands Academic Health Sciences Network (WMAHSN), in order to take decisions on the basis of the best available research and evidence.

2.3. Case for Change

The acquisition of Heart of England NHS Foundation Trust (HEFT) by University Hospitals Birmingham NHS Foundation Trust (UHB) was concluded successfully on 1 April 2018. This process started in October 2015 with Monitor’s request to UHB to provide Director Services and other Support Services to HEFT to stabilise its operational and financial decline.

The new Trust will:

- Deliver direct clinical benefits to patients through the integration of appropriate clinical services and electronic systems to standardise clinical practice, protocols and quality standards which, in turn, should reduce variation and improve patient safety and outcomes
- Create more equitable patient access to better quality and integrated healthcare across Birmingham, Solihull and South Staffordshire
- Pool the best talent from both organisations and use staff more effectively across all sites, providing greater career and developmental opportunities for staff – and better retention of staff
- Benefit from the integration of the administrative, education and training, financial and logistic and procurement services of both trusts. The new Trust will, over time, be able to re-invest into the development and sustainment of clinical services and sites
- Maximise the use of the experience of research and development, existing relationships with academic partners and the new combined, diverse patient population to become world leading in medical research and innovation
- Create a more resilient organisation including financial sustainability, better able to influence and act as a supportive strategic partner within the Birmingham and Solihull STP and the wider West Midlands’ economy and healthcare market

3 Umbrella – its third year

This annual report covers the period of 1 August 2017–31 July 2018 and focuses on the key achievements to date and plans for Year 4 and beyond.

In 2017–18 Umbrella employed around 300 staff and provided services from:

- 14 clinics, including five outreach clinics, helping to ensure increased accessibility
- 132 pharmacies (across Birmingham only)
- 92 GP practices, increasing to 132 GP practices in April 2018 (across Birmingham only)

- A wide range of public and third sector organisations that have a formalised partnership with Umbrella

In Year 3, Umbrella has successfully built on the foundations laid down in the first two years.

We have continued to see increases in activity across every area of Umbrella.

In April 2018, for the first time ever, Umbrella received more than 2,000 STI kits back in one month. Since then, the monthly return has increased month on month and we are now issuing more than 3,000 kits per month and receiving more than 2,000 kits back for processing per month. No other sexual health service in the country is operating at this scale.

In Year 2, there were 27,510 STI kits ordered through the Umbrella website. In Year 3, this increased to 38,860 kits ordered, representing a 41% increase, year on year, with a return rate of 59%.

There was also a significant increase in the use of chlamydia screening kits in Year 3, when 13,138 kits were given out, representing an increase of 111% compared to the previous year.

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

Another area of significant growth has been the Umbrella pharmacy network, where activity in Year 3 has far exceeded that seen in Year 2. This increase is in every area of service provided by our pharmacists but, perhaps most pleasing, is the increase in the "Tier 2" activity, which includes more complex interventions. (See appendix E for a list of Tier 1 and Tier 2 Activities). For example, in Year 2, fewer than 40 courses of antibiotics were prescribed by an Umbrella pharmacist for treatment of chlamydia. In Year 3, this jumped to over 400 courses. In Year 2, there were fewer than 100 prescriptions of oral contraception but, in Year 3, this had increased to over 2,300. Again, this increase in activity illustrates the benefit of the Umbrella model, which increases access to service provision in a cost effective way.

We have also continued to build on our relationship with GPs across Birmingham. We have increased the number of practices that we work with directly, from 92 to 132, and have commissioned them to provide chlamydia screening, as well as the long acting reversible contraception service that they were previously providing.

3.1. Delivery partners and community partners

A key innovation of the Umbrella service continues to be the partnership work that we undertake with various community-based organisations. In conjunction with the commissioners, Umbrella has identified priority groups who are at greater risk of sexual ill health, or who may not have previously accessed sexual health services. We have actively sought out different organisations that are already successfully working with these priority groups. As part of our partnership working, Umbrella provides training to these organisations on how to broach sexual health as part of their discussions with service users and supports their staff to signpost to the Umbrella service and to distribute resources, such as condoms and chlamydia screening kits.

- In Year 3, Umbrella signed up additional community partner organisations to deliver, expand and support our service and will continue to add more partners to our network in Year 4
- A total of 51,356 face-to-face contacts were made between July 2017 and March 2018 within the BME community
- Rape and Sexual Violence Project (RSVP) Independent Sexual Violence Advisors (ISVAs) are working across the Umbrella partnership, including supporting the ASC (Abuse Survivors Clinic) at Whittall Street Clinic, the SAFE sex worker clinic that takes place at Ladywood and the LGBT clinic that takes place at their premises
- RSVP has also provided training to a range of UHB staff and partners around various aspects of sexual violence, coercion and exploitation. This has included Child Sexual Exploitation (CSE), disclosure of sexual assault, and sexual intimacy after trauma
- Loudmouth, our 'education through drama' partner, during the period from July 2017 to June 2018, has delivered 145 sessions to 16,090 young people
- The Young Person's Health Advisor team and Children in Care nurses at Birmingham Community Healthcare Trust have reached 748 young people between July 2017 and June 2018
- Between July 2017 and June 2018 Birmingham LGBT held 7,483 one-to-one interventions and 278 group interventions
- BCC Careers Service (BCC CS) has continued to develop access to sexual health services amongst their NEET (Not in Education, Employment or Training) and young parent workers' client groups. Their online presence has grown through the period in question, with 7,212 total hits on the sexual health pages of the website
- BCC Youth Services have been working through 18 youth centres across Birmingham. They also host and run a service user group which has assisted in Umbrella service user engagement with young people. BCC Youth Services provided 28,184 one-to-one interventions and 235 group interventions from July 2017 to June 2018

In addition, Umbrella works with a wide range of community partners, who continue to play an integral part in joining up the Umbrella network and promoting an integrated sexual health service across the city. Our community partners enable Umbrella to raise sexual health awareness in the community, especially in hard-to-reach groups, through health promotion and networking at Umbrella partnership days, with each partner bringing their expertise and knowledge of the groups with which they work. In their day-to-day operations, our community partners assist with general signposting to Umbrella clinics and support services, as well as provide access to condoms and chlamydia screening kits. The work of our delivery and community partners has had a direct impact on the improvement we have seen in the number of chlamydia screening kits that have been given out and the correlating increase in the number of chlamydia diagnoses that we have seen.

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

4 Umbrella strategy

Umbrella will continue to develop its strategy towards a fully integrated system and fulfil its principles, in line with Umbrella's vision. We will:

- Increase the amount of chlamydia screening across the city, through health promotion campaigns to increase awareness and through promoting chlamydia screening in pharmacies, GPs and partner organisations
- Expand the provision of Umbrella LARC clinics and the number of GPs offering LARCs
- Increase the number of and activity carried out by Umbrella pharmacies
- Develop an online C-Scheme database which will allow service users to access condoms from any Umbrella partner organisation
- Expand partnership working
- Provide more access to STI testing through increased use of self-sampling kits, through new and existing Umbrella pharmacies, through an increased partner network and through our Umbrella clinics
- Pilot dry blood spot testing in specific venues to help us reach those engaged in high-risk sexual activity who are not currently accessing sexual health services
- Continue to meet and engage with prospective third sector organisations to build the Umbrella partnership network
- Continue to build the dedicated Umbrella research programme to provide a strong evidence base for the delivery and improvement of services

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

Umbrella has had a hugely successful third year and an exciting fourth year lies ahead. The key areas that Umbrella will focus on in Year 4 include:

- Commission a complete service review by an independent, third party organisation to provide an objective viewpoint on what is working well and which areas could be improved
- Complete the final phase of pharmacy procurement, providing service users with a wider range of locations to access Umbrella services, ranging from local pharmacies to large pharmacies in a retail setting
- Work with existing pharmacy network to increase activity levels
- Conduct more outreach, one-to-one sessions including asking Birmingham LGBT to carry out more work in bars and saunas
- Carry out a pilot to research the impact of dry blood spot testing in venues known for high risk sexual activity

- Complete a full review of the Umbrella website to ensure that it is as easy to navigate as possible
- Further develop the Umbrella extranet to provide information about Umbrella for all those who are part of the network. It will include a calendar of training and events, useful materials, directories and statistics about how Umbrella is performing

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

| Indicator | Period | England | West Midlands | Birmingham | Solihull |
|--|---------|---------|---------------|------------|----------|
| Syphilis diagnostic rate/100,000 | 2017 | 12.5 | 6.7 | 9.9 | 1.9 |
| Gonorrhoea diagnostic rate/100,000 | 2017 | 78.8 | 66.3 | 134.5 | 74.5 |
| Chlamydia detection rate/100,000 aged 15–24 (PHOF indicator 3.02) <1,900 1,900-2,300 ≥2,300 | 2017 | 1882 | 1558 | 1730 | 1905 |
| Chlamydia proportion aged 15–24 screened | 2017 | 19.3 | 15.1 | 15.5 | 18.0 |
| New STI diagnoses (exc chlamydia aged <25)/100,00 | 2017 | 794 | 645 | 965 | 645 |
| HIV testing coverage, total (%) | 2017 | 65.7 | 63.2 | 70.2 | 69.0 |
| HIV late diagnosis rate (%) (PHOF indicator 3.04) <25% 25%-50% >50% | 2015–17 | 41.1 | 46.1 | 40.9 | 37.5 |
| New HIV diagnosis rate/ 100,000 aged 15+ | 2017 | 8.7 | 6.8 | 11.9 | 4.0 |
| HIV diagnosed prevalence rate/ 1,000 aged 15-59 ≤2 2 to 5 5 | 2017 | 2.32 | 1.79 | 2.74 | 0.87 |
| Population vaccination coverage – HPV vaccination coverage for one dose (females 12–13 years old) (PHOF indicator 3.03xii) <80% 80% to 90% ≥90% | 2016/17 | 87.2 | 86.2 | 79.0 | 91.2 |
| Under 25s repeat abortions (%) | 2017 | 26.7 | 29.5 | 31.6 | 31.1 |
| Abortions under 10 weeks (%) | 2017 | 76.6 | 73.3 | 74.1 | 75.3 |
| Total prescribed LARC excluding injections rate/1,000 | 2016 | 46.4 | 40.4 | 33.3 | 43.3 |
| Under 18s conception rate/1,000 (PHOF indicator 2.04) | 2016 | 18.8 | 21.4 | 21.4 | 14.6 |
| Under 18s conceptions leading to abortion (%) | 2016 | 51.8 | 48.4 | 46.4 | 58.9 |
| Sexual offences rate/1,000 (PHOF indicator 1.12iii) | 2016/17 | 1.9 | 2.0 | 1.9 | 1.1 |

Source: PHE Fingertips Tool: fingertips.phe.org.uk

A close-up photograph of a young couple in profile, about to kiss. The image is overlaid with a teal tint and white confetti. The text 'Annual Report 2017-18' is positioned in the upper left area.

Annual Report 2017-18

Annual Report 2017–18

1 Introduction

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

BCC and SMBC commissioned Umbrella to provide an integrated sexual health service provision under a single contract led by University Hospitals Birmingham NHS Foundation Trust (UHB).

Following the contract award and mobilisation process, a five-year contract commenced on 10 August 2015.

This report describes the performance against outcomes to date and our plans to improve outcome delivery to achieve our 10 key outcomes for the people of Birmingham and Solihull. The contents of this annual report provide information on the services delivered to those populations.

2 Our commissioners and associates

Lead Commissioner: Birmingham City Council (BCC)

Associate Commissioner: Solihull Metropolitan Borough Council (SMBC)

3 Our commissioners' intentions

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

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

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

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

4 Umbrella's mission, vision and objectives

4.1. Mission

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

4.2. Vision

To create the most integrated sexual health service

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

The Umbrella vision is based upon five guiding principles:

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

4.3. Objectives

The Umbrella objectives are to deliver against 10 sexual health priority outcomes.

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

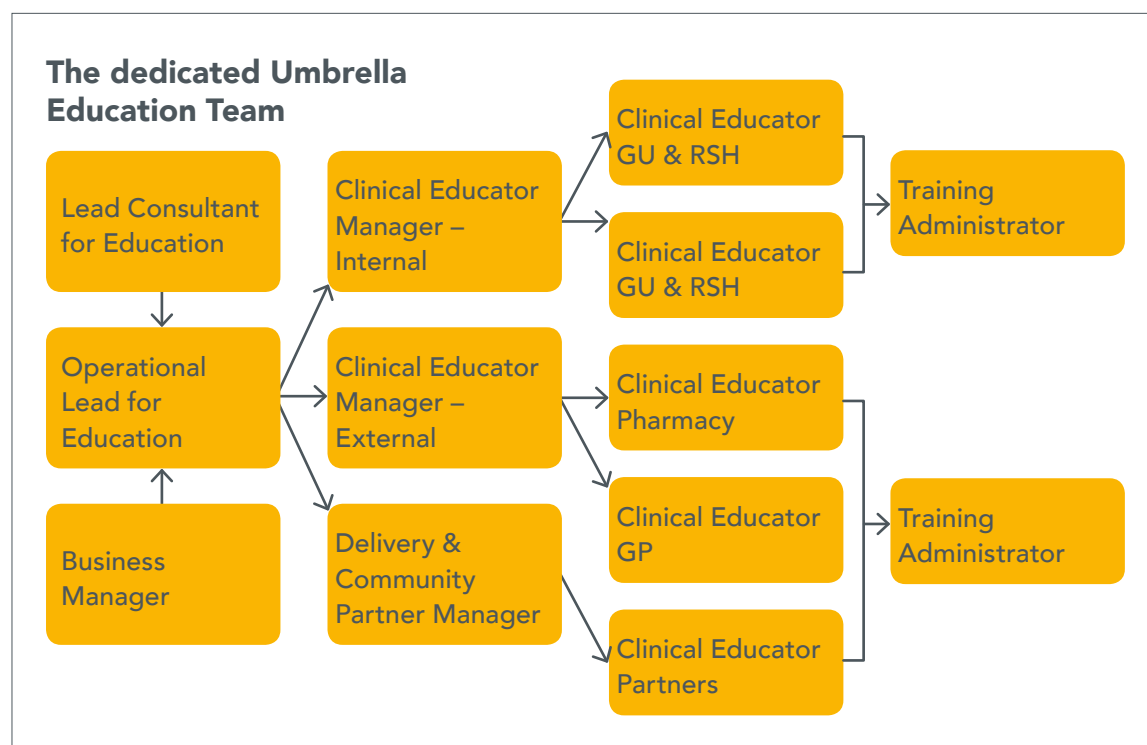
5 The Umbrella Team

Year 1 was spent recruiting and training the Umbrella workforce and Year 2 and Year 3 have consolidated this, with some key additional appointments, including a Business Manager to oversee the Umbrella partnerships and the relationship with the commissioners, a Communications Specialist to assist the Umbrella partners with their signposting and health promotion work, and a Training Lead to coordinate the extensive Umbrella training programme. Umbrella now employs approximately 300 members of staff with a wide range of skills and expertise as follows:

5.1. Education and training

From its inception Umbrella has recognised the importance of the provision of high-quality education and training for staff within the core sexual health services and partnership organisations. This was particularly relevant when developing new models of care and working with different professional groups and organisations within the community. Significant investment in education has been maintained over the past 12 months in recognition of the need for continuous development of staff to be able to provide a safe, effective and holistic sexual health service for residents of Birmingham and Solihull.

Umbrella has a multi-professional team, consisting of clinical and non-clinical staff, that is responsible for the development, delivery and review of the educational programme. They work closely with partnership organisations to facilitate the delivery of training around the priority groups. The programme and team are split into the following: Internal – UHB sexual health service, External – General Practice (GP) and Community Pharmacy (CP), External – delivery and community partners. External Umbrella training programmes are delivered under the name SHAPE (Sexual Health Awareness, Promotion and Education).



Over the last 12 months the specific areas of focus and achievements are as follows;

Internal – UHB sexual health service

- Intensification of efforts to achieve a fully integrated sexual health (contraception and management of infection) registered nurse workforce
 - ▶ 71% of nursing workforce (Band 5–7) holds both the DFSRH (Diploma Faculty of Sexual and Reproductive Health) and STIF (Sexually Transmitted Infection Foundation) Intermediate qualifications
 - ▶ 95% of registered nursing workforce has had sufficient training to assess unselected patients
- Undertaken a service needs assessment of LARC (Long Acting Reversible Contraception) provision to inform learning needs and implemented a plan for training additional nurses in intrauterine contraception(IUC) insertion
- RSVP delivered training on managing clients reporting sexual violence to 136 individuals from all staff groups on the Umbrella 'Essentials' training programme

External – GP

- 121 staff from GP practices (predominantly practice nurses) attended training on one or more of the following sessions of the SHAPE programme for all GPs in Birmingham and Solihull;
 - ▶ Sexual Health in Primary Care/Sexual Health Skills for Practice
 - ▶ Contraception 'Ask the experts'
 - ▶ Safeguarding: a primary care perspective
 - ▶ Young people and sexual exploitation – developing skills in practice
- Developed a faculty of GP nurses and doctors to co-deliver on SHAPE
- Developed a quarterly forum with an educational programme alongside operational for Umbrella contracted GPs
- Developed an on-line training video for the chlamydia screening programme in GP practices to increase accessibility
- Continued financial contribution and support to local GPs in post as the General Training Programme Director for the FSRH in order to facilitate training in contraception including LARC in Birmingham

External – Community Pharmacy

- 206 community pharmacists received training, either as their annual update or the initial Tier 1 or 2 training of new or locum pharmacists
- 49 community pharmacy counter staff received training on communications skills

with young people, confidentiality, condom provision and signposting

- Development of an Umbrella-specific, on-line training tool for community pharmacists, to reduce delays in service provision for new or locum Tier 1 pharmacists
- Implemented a mandatory annual update for pharmacists to improve the offer of and referral for IUD (Intra-uterine Device) as emergency contraception and to enhance communication skills
- Implementation of a 'mystery shopper' (unannounced standardised patient) exercise in collaboration with Birmingham City Council Young Umbrella Champions (YUC) to inform a learning needs assessment for community pharmacy

External – Delivery and Community Partners

- Facilitation of an educational programme, delivered by Umbrella delivery partner organisations for all Umbrella staff, to improve understanding of individuals or communities most vulnerable to poor sexual health (priority groups)
- Monitoring and follow-up of activity of partners following Umbrella Scheme (Condom Distribution, Chlamydia and Gonorrhoea Self Testing Kits, Signposting, Umbrella website navigation including STI kit ordering) training to identify models of good practice and areas of learning need
- Contraceptive training delivered to Learning Disability nurses Birmingham Community Healthcare NHS Foundation Trust (BCHC)

| Trainer (Umbrella SHAPE/ Delivery Partner) | Training delivered | Numbers trained |
|---|---|--------------------|
| Umbrella SHAPE | STI Testing Training | 12 |
| Umbrella SHAPE | Umbrella Scheme | 178 |
| Umbrella SHAPE | Contraception Awareness | 56 |
| Umbrella SHAPE | STI Awareness | 61 |
| Umbrella SHAPE* | Young People and Sexual Exploitation – Developing Practical Skills | 72 |
| Umbrella SHAPE* | Partner Events Abuse Survivors Substance Use, Mental Health and Homelessness Umbrella Midterm Review | 47 38 25 |
| Birmingham City Council Careers | Working with NEET Young People and Teenage Parents | 7 |
| RSVP | Safely Supporting Survivors | 12 |
| Birmingham LGBT | LGBT Awareness | 10 |
| KIKIT | Guns, Gangs and Violence | 15 |
| KIKIT | Substance Use Disorder | 20 |
| Trident Reach | Working with Socially Excluded Groups | 18 |

| Trainer (Umbrella SHAPE/ Delivery Partner) | Training delivered | Numbers trained |
|---|---|--------------------|
| BCHC | Introduction to Learning Disabilities and Communication Skills | 11 |
| SIFA | New Psycho Active Substances (NPS) | 19 |
| SIFA | Drugs and Alcohol | 15 |
| SIFA | Homelessness Awareness | 7 |
| SIFA | Mental Health Awareness | 11 |
| Total number trained by delivery partners: | | 145 |
| Total number trained by Umbrella SHAPE: | | 489* |
| *Loudmouth has been an integral part of the Umbrella SHAPE training programme through the delivery of interactive live performances to healthcare professionals | | |
| Total number trained period August 2017–July 2018: | | 634 |

5.2. Clinical

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

5.3. Outreach

Umbrella provides additional resources, support and staffing in the wider community. High on the agenda are the priority groups, which have had specific services created to ensure their sexual health needs are met. In addition, partner organisations are linked through collaborative working, via awareness and training sessions. Examples include sexual health outreach workers employed by Birmingham LGBT, Looked after Children's nurses employed by BCHC and ISVAs employed by RSVP.

5.4. Health promotion and education

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

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

Pharmacists are an integral part of local community health. Pharmacists can now offer an expanded sexual health service, meaning quicker, easier access for service users. The Umbrella Training Team, supported by Umbrella colleagues, provides evidence-based training and support to ensure all pharmacists have the necessary knowledge and information to maintain the same high standard of service expected from all within Umbrella.

5.6. Safeguarding

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

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

In April 2018, the way that Umbrella contracts with GPs changed, from a single contract with a single organisation representing 92 GP practices, to directly contracting with separate GP practices. This has increased the number of practices providing LARC services by around 40%, so should have a significant impact on the availability of LARC services. In addition, Umbrella is now commissioning GPs to provide chlamydia screening, which they were not doing previously.

This new approach is helping us to forge strong working relationships with our colleagues in primary care. To build on this, in Year 4, we will be appointing a GP Advisor, to help Umbrella understand the pressures and priorities being faced by GPs and to guide us on how to raise the profile of sexual health amongst GPs.

5.8. Partners

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

5.9. Research and Development

Umbrella Research and Development continues to support the robust evaluation of sexual health services in Birmingham and undertake research into how patient care can be improved using six broad themes:



In the past year Umbrella has:

- Developed a cost-effectiveness model to determine the costs and benefits of online self-sampling for sexually transmitted infections compared to in-clinic testing
- Used a discrete choice experiment design to understand what factors are important to patients when choosing how to be tested for sexually transmitted infections
- Developed a framework for evaluating pharmacy delivery of services from a patient and pharmacist perspective
- Initiated a PhD project to assess the specific challenges facing teenagers who have experienced sexual assault, and how these should best be addressed
- Completed a protocol to evaluate the reasons why patients miss appointments and explore interventions which will maximise the use of clinic capacity

To ensure that research is embedded within clinical practice, the research capacity of the service has been expanded through staff training, including the enrolment of three staff onto research training modules of the University of Birmingham MSc course, and providing support for a PhD project examining adult patients' understanding of and reasoning for healthcare choices made after disclosing sexual violence and sexual abuse.

6 Umbrella's Objectives

6.1. Outcome 1: Reducing under-18 conceptions

6.1.1. Why is this outcome important?

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

For many teenagers, bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child. This is in relation to the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.

One of Public Health England's (PHE) seven national priorities is 'ensuring every child has the best start in life'.

6.1.2. How is the outcome measured?

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

The data is published in December each year. Umbrella came into existence in August 2015. Between Sept 2016 and Sept 2017, the fall in quarterly conceptions in women aged under 18 in both Birmingham and Solihull has exceeded both the West Midlands and the national average. The rate in England during this time has fallen by 7% and in the West Midlands it has fallen by 12%. However, in Birmingham, the rate has dropped by 28% and in Solihull, it has dropped by 36% (although it should be noted that the data in Solihull is unstable, due to small numbers). The latest quarterly data indicates the lowest level in U18 conceptions since records began in 1998.

Figure 1: Quarterly conception rates for women aged under 18, 2016–2017

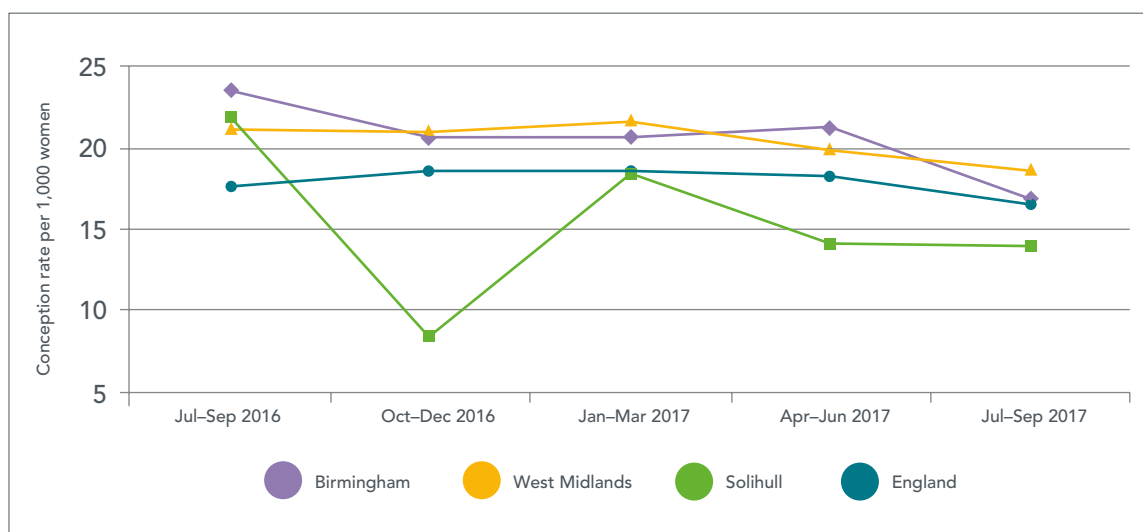
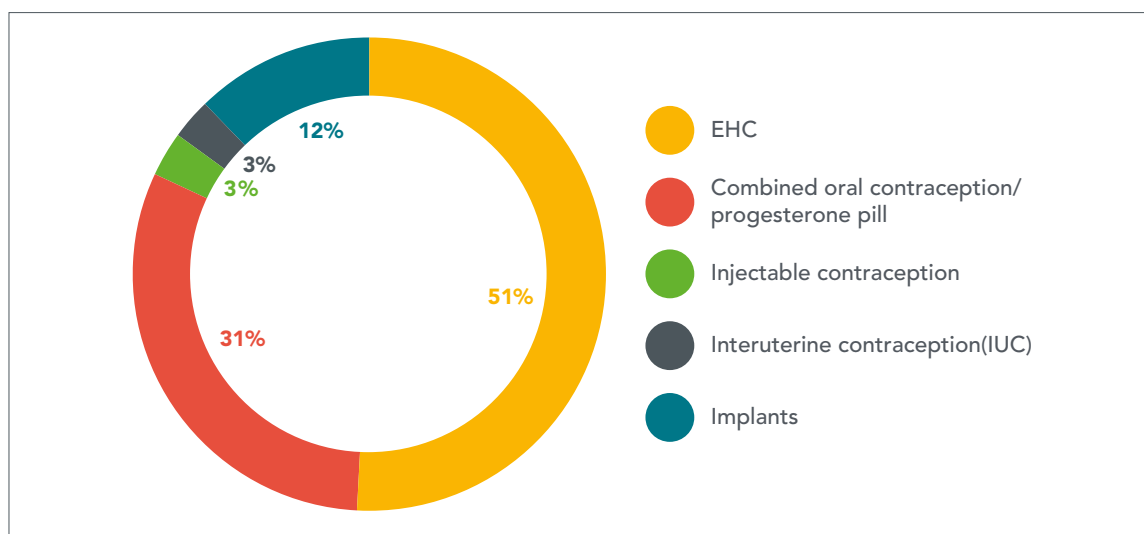


Table 2: Quarterly conception rates for women aged under 18 (conceptions per 1,000 women aged 15–17)

| Area | 2016 | | 2017 | | | % Change 2016 to 17 |
|---------------|------|------|------|------|------|---------------------|
| | Q3 | Q4 | Q1 | Q2 | Q3 | |
| | Sept | Dec | Mar | Jun | Sept | |
| Birmingham | 23.5 | 20.7 | 20.6 | 21.2 | 16.9 | 28% |
| Solihull | 21.9 | 8.4 | 18.4 | 14.1 | 14.0 | 36% |
| West Midlands | 21.1 | 20.9 | 21.6 | 19.9 | 18.5 | 12% |
| England | 17.7 | 18.5 | 18.5 | 18.2 | 16.5 | 7% |

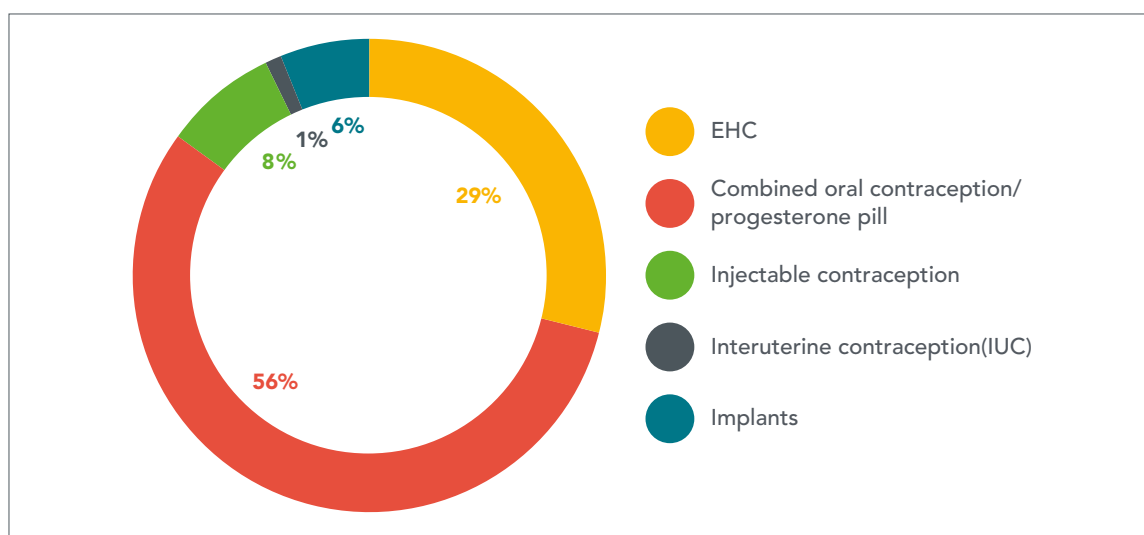
■ *Figure 2: Contraception to Birmingham residents by Umbrella – under-18s*



The graph above identifies that emergency hormonal contraception (EHC) is the most frequently used form of contraception in Birmingham at 51% (an increase from 44% in Year 2), illustrating that there is more work to be done to increase the use of good quality contraception. It is hoped that the increased number of Umbrella GPs that are offering LARCs will help to address this over the next year.

In Solihull the most widely used contraception is Progestogen-only pill(POP)/Combined oral contraception(COC) at 56% of the total (53% in Year 2).

■ *Figure 3: Contraception to Solihull residents by Umbrella – under-18s*



6.1.3. Year 3 performance and analysis

Umbrella has taken a multilateral approach to help reduce the under-18 conception rate. This includes ensuring that condoms are freely and easily available from all of our service providers, including clinics, general practice, pharmacies and our partner organisations.

We have increased access to EHC (commonly known as the morning after pill) throughout our entire network of pharmacies (currently 132 pharmacies are offering

EHC) and increased access to injectable long-acting contraception and oral contraception through the increased number of Tier 2 pharmacies. The number of Tier 2 pharmacies increased in Year 2 from 13 to 45 and will be increased again in Year 4.

We have run several health promotion campaigns to make people aware of the free sexual health service provision and to increase brand awareness, so that people are able to recognise where they can access Umbrella services and to help reduce stigma through normalisation.

In addition, the training team has been very active in supporting Umbrella to achieve this outcome, providing bespoke training to a wide range of health professionals, associated workers and social care professionals across the health economy. This includes primary care providers, pharmacies, pharmacy counter staff, community workers, children-in-care nurses, learning disability nurses and Umbrella clinical staff. The training is tailored to each particular health professional/associate and the specific services they are delivering. The training references current and up-to-date research and recommendations in collaboration with the Local Pharmacy Committee (LPC), Faculty of Sexual and Reproductive Health Care (FRSH) and British Association of Sexual Health and HIV (BASHH). Education is provided to our Umbrella pharmacies and to our delivery and community partners, to facilitate and promote condom use and the subsequent provision of free condoms.

The pathway for emergency interuterine contraception(IUC) is disseminated to those relevant practitioners, with clear referral guidance to enable clients to access local and timely interventions. Through training, Umbrella continues to increase the number of staff able to perform this procedure, thereby increasing capacity in clinics.

LARC fittings require a consultation to take place, prior to the fitting. The use of a telephone LARC counselling service has helped to increase in-clinic appointments for interuterine contraception(IUC) fittings, as this provides women with the option of coming into clinic for a face-to-face consultation, or opting for an over-the-phone consultation.

As a service, Umbrella prides itself on being at the forefront of changes in sexual health provision and, during Year 2, we were approved to participate in a home self-injection with the Sayana Press trial, which is a new form of the injectable contraception that allows women to self-inject every three months. This trial will be completed in November 2019. We will proceed to implement it in the service after the end of the study.

6.1.4. Umbrella's strategy – Year 4 and beyond

The following will be part of our campaign calendar in Year 4:

- Work to increase the use of LARCs in both Birmingham and Solihull during Year 4 and beyond will form a key part of the Umbrella strategy. This will be a combination of health promotion campaigns and increased activity through clinics, pharmacies and GPs.
 - ▶ **Clinics**
A comprehensive training drive will help to increase the number of qualified fitters in the clinics
 - ▶ **Pharmacies**
We will identify where gaps in the pharmacy network exist and seek to

contract with additional pharmacies to meet the need, with a focus on Tier 2 provision. This will provide a significant increase in capacity to provide oral and injectable contraception in Birmingham. We will also carry out an audit of the pharmacy referral pathways to ensure robust referral from pharmacy to clinic and to our GP partners for emergency interuterine contraception(IUC) fittings. This will help to raise awareness that IUC is the best form of emergency contraception and increase access to that particular element of the service.

▶ **GPs**

We have increased the number of GP practices who are working with Umbrella by around 40%. This will significantly increase access to LARC services for women in Birmingham. Our Communications team will work closely with our GP partners to ensure that we are promoting the service widely and raising awareness

▶ **Health promotion**

The Communications team will continue to develop innovative marketing campaigns to raise awareness of the services that are available

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

6.2.1. Why is this outcome important?

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

6.2.2. How is this outcome measured?

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

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

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

6.2.3. Year 3 performance and analysis

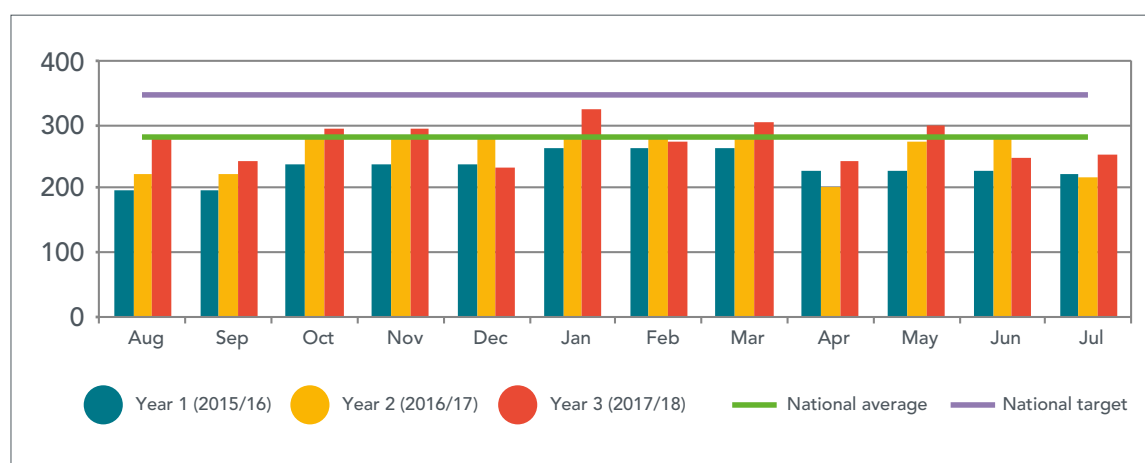
The national target is to deliver 2,300 positive screens per 100,000 population. The population of 15–24 year olds in Birmingham is 181,411.

Therefore:

- To achieve the national target, 4,188 positive tests per year need to be identified across Birmingham
- To exceed the current England average performance, 3,478 positive tests per year need to be identified across Birmingham

The complete data set is published by Public Health England in arrears, so the most current data that we have is up to the end of December 2017. The remainder of the year is based on a projection. Given this, we anticipate a total of 3,308 positive tests will have been identified in Birmingham in Year 3, which will put us in line with the national average and represents a significant improvement on the position achieved in Year 2, as can be seen from Figure 4.

Figure 4: Chlamydia diagnosis (15–24 year old) – Birmingham



The number of positives identified includes those cases outside of the Umbrella network (e.g. through GP testing). In Year 3 Umbrella contributed 80% of the positive screens across the city. In Year 2, Umbrella contributed 83% of the positive screens.

The current positivity rate within Birmingham Umbrella is 12%, which exceeds the national average of 10%.

The population of 15–24 year olds in Solihull is 23,727.

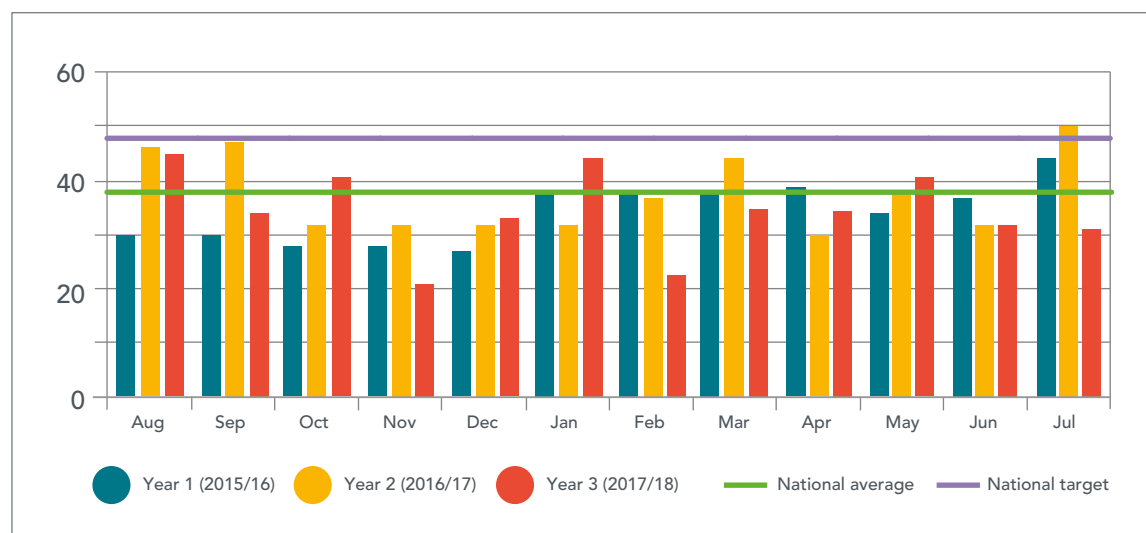
Therefore:

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

The complete data set is published by Public Health England in arrears, so the most current data that we have is up to the end of December 2017. The remainder of the year is based on a projection. Given this, we anticipate a total of 415 positive tests will have been identified in Solihull in Year 3.

Again, this represents an improvement on the Year 2 position as can be seen in Figure 5.

Figure 5: Chlamydia diagnosis (15–24 year old) – Solihull



The number of positives identified includes those cases outside of the Umbrella network (e.g. through GP testing). Umbrella contributed 81% the positive screens across Solihull. In Year 2, this figure was 85%.

The current positivity rate within Solihull Umbrella is 10%, which is in line with the national average of 10%.

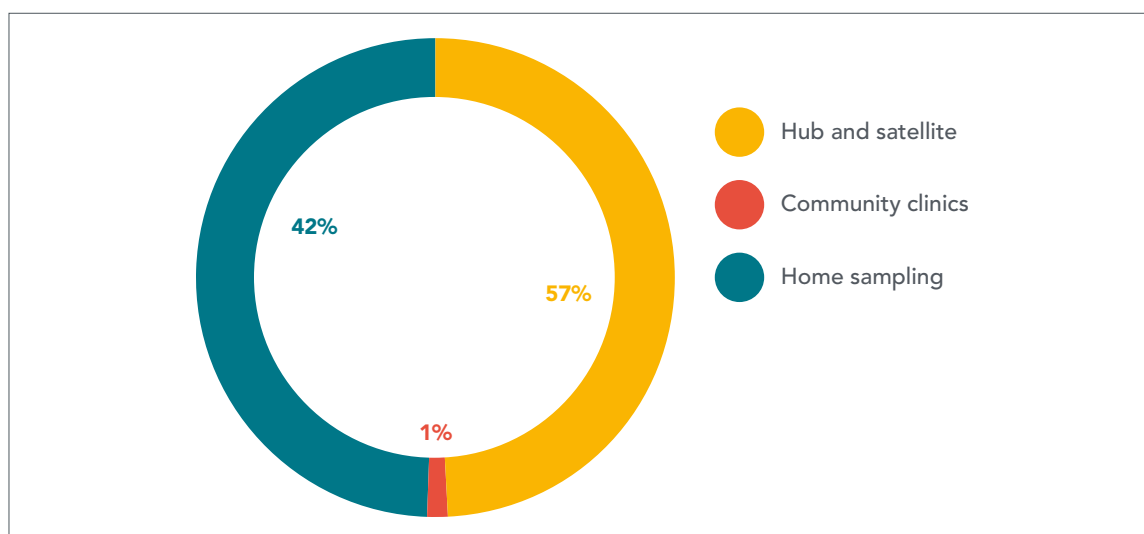
Table 3: Proportion of population aged 15–24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile

| Period | Birmingham | Solihull |
|--------------|---|--|
| Jan–Dec 2015 | GUM: 15354/32831 NON-GUM: 17477/32831 | GUM: 1873/4496 NON-GUM: 2623/4496 |
| Jan–Dec 2016 | GUM: 19693/25877 NON-GUM: 6184/25877 | GUM: 3190/4054 NON-GUM: 864/4054 |
| Jan–Dec 2017 | GUM: 22,981/28,668 NON-GUM: 5,687/28,668 | GUM: 3,401/4,182 NON-GUM: 781/4,182 |

The pie chart below shows that 57% of Birmingham Umbrella samples are coming from hub and satellite clinic activity, which is a decrease from 66% in Year 2.

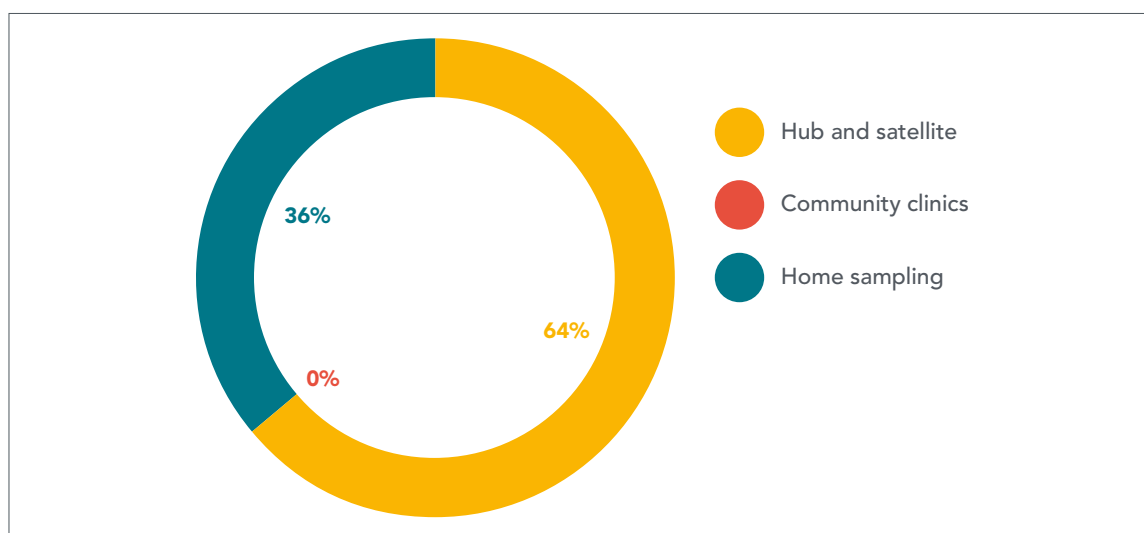
In Year 3, 42% of the samples came from home sampling (i.e. from kits ordered on the Umbrella website). In Year 2, 33% came from home sampling. This is a clear illustration that the Umbrella strategy of reducing clinic attendances and increasing self-care is working.

■ *Figure 6: Birmingham chlamydia screening 15–24 year olds*



Again, Solihull is showing a reduction in chlamydia screening in clinic, down from 70% in Year 2 to 64% in Year 3, with 36% of the screening happening through home sampling, as opposed to 30% home sampling in Year 2.

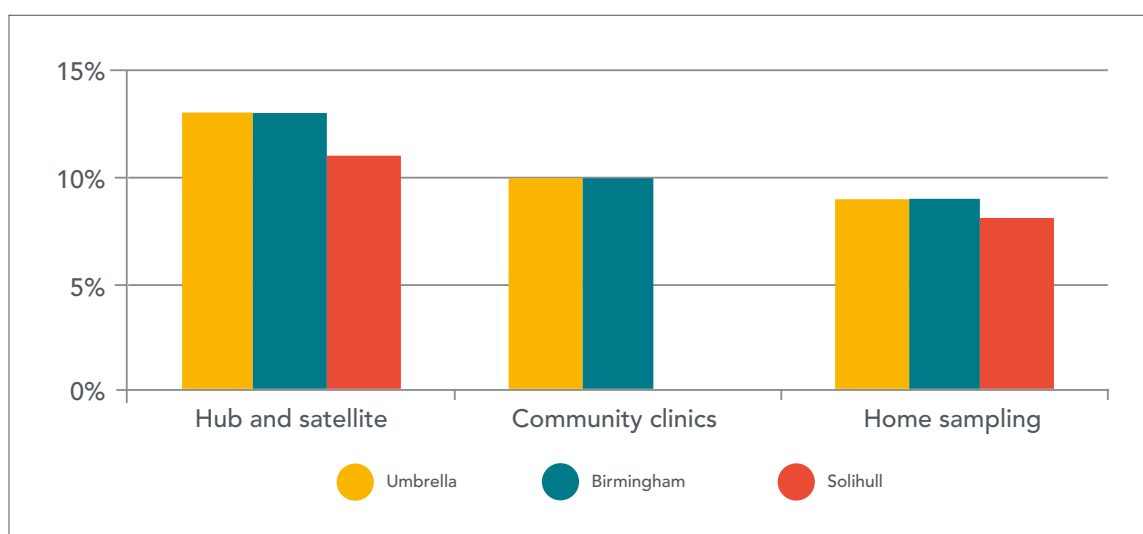
■ *Figure 7: Solihull chlamydia screening 15–24 year olds*



Umbrella tests

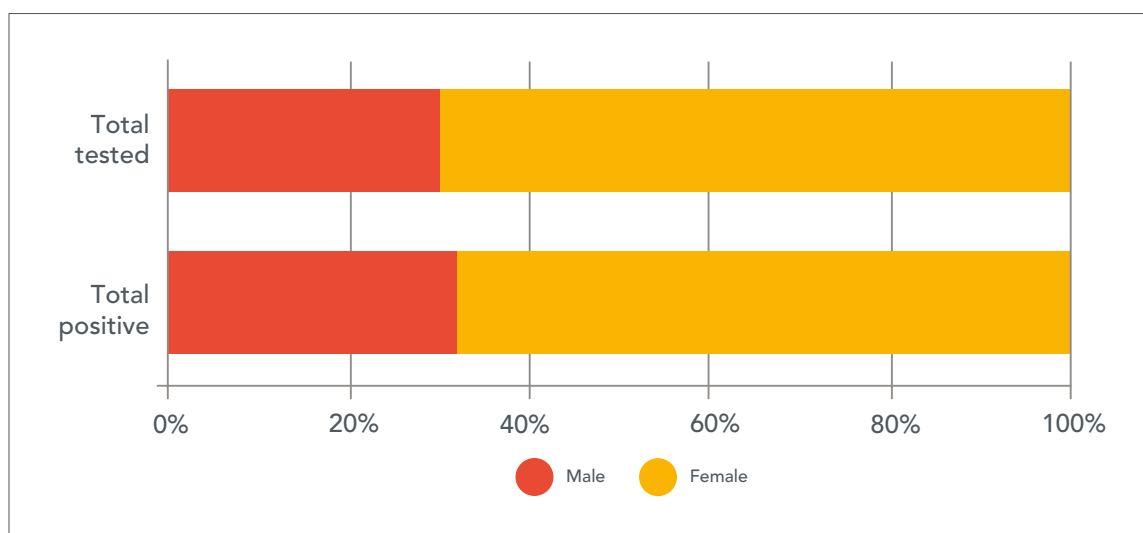
Figure 8 shows the positivity rates for all Umbrella activity, Umbrella Birmingham and Umbrella Solihull, based on where the test was initiated. In our clinics, we achieved a 13% positivity rate, which is far higher than the national average. Even in our STI self-sampling kits, we saw a 9% positivity rate, which is almost double the rate that would be expected for opportunistic screening. This high level of positivity indicates that our health promotion campaigns are targeting the right people and encouraging those with the highest need to get tested.

■ *Figure 8: Umbrella tests and positivity by setting*

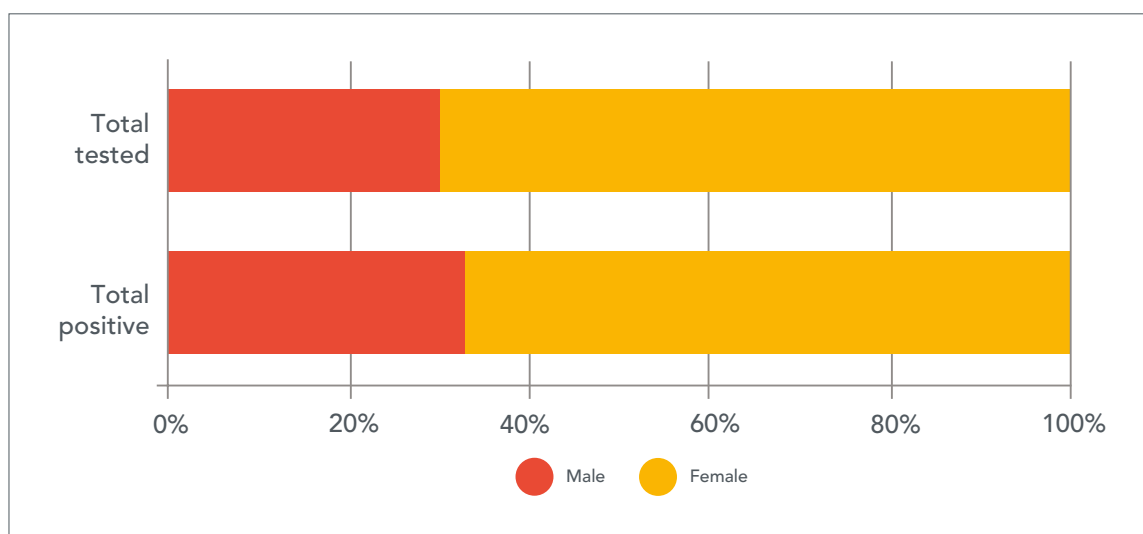


The graphs below show that both Birmingham and Solihull continue to show around two thirds female, one third male split for testing, with a slightly higher percentage of males receiving positive diagnoses. As Umbrella is an integrated service, offering both contraception and GU services, it is understandable that more women are using the service than men. However, we want to encourage more men to use the testing facilities, so will be considering how to increase the number of males testing for chlamydia as part of our strategy for Year 4.

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



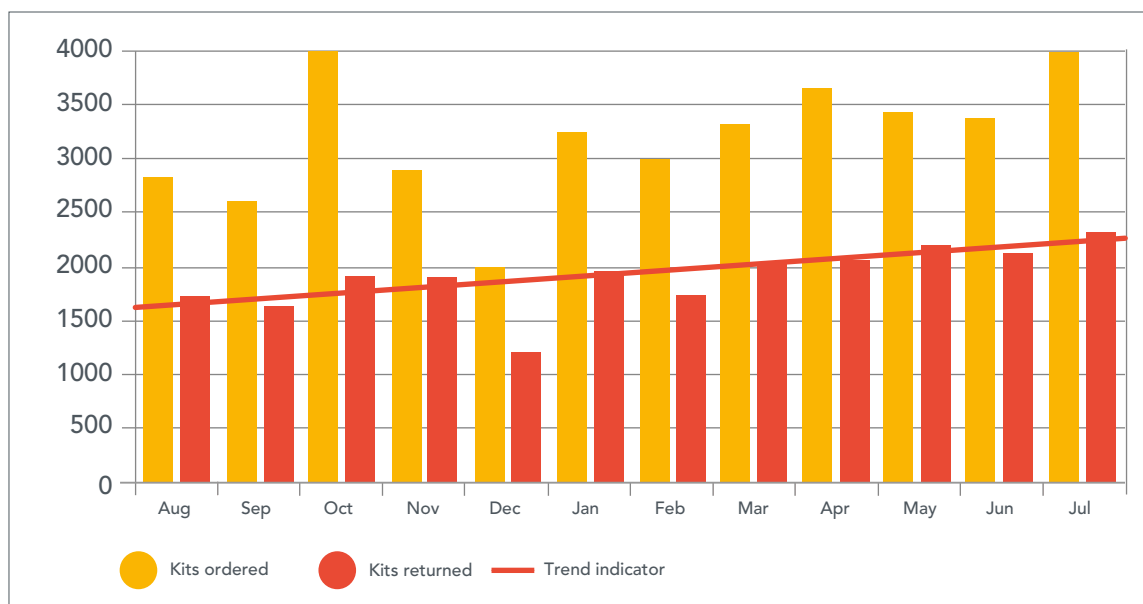
■ *Figure 10: Chlamydia – Solihull tests and positivity*



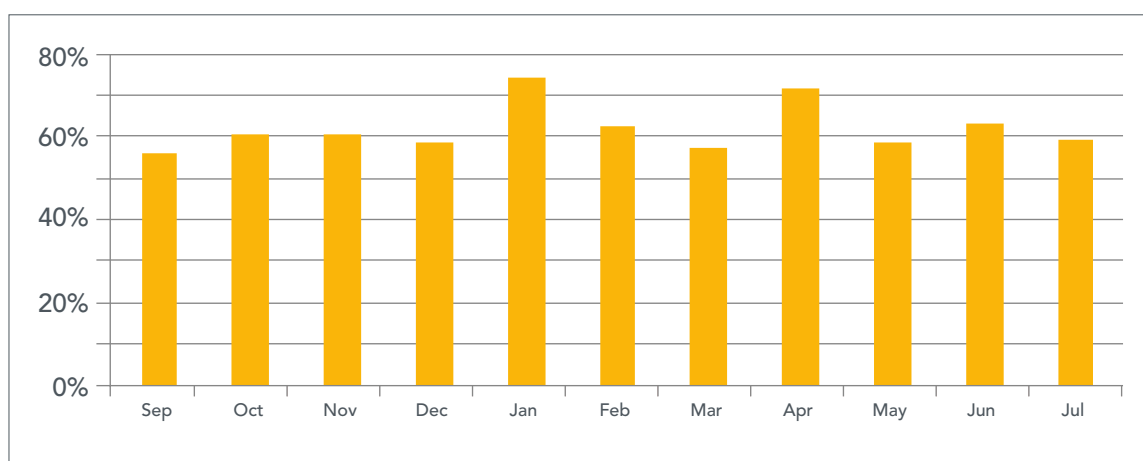
Umbrella website

The Umbrella website is a crucial aspect of the Umbrella model of care, providing an accessible and convenient entry point for clients. In Year 3, there were 30,449 STI kits ordered through the Umbrella website, up from 27,510 in Year 2. We have seen a significant and sustained increase month-on-month since the inception of Umbrella, with over 3,500 STI kits per month now being ordered and a return rate of 60%.

■ *Figure 11: Percentage of STI kits returned – Year 3 (2017/18)*



■ Figure 12: Percentage of STI kits returned – Year 2 (2016/17)



The website is also a vital source of information for service users. Between August 2017 and July 2018, the website received over 397,000 hits (up from 360,000 in Year 2) from nearly 243,000 users (up from 218,000 in Year 2), with almost a million and a half page views during the year.

It is estimated that 30% of visits were made by users under 25 years of age and around 71% by users under 35 years of age. The split of visitors by gender was estimated to be 63% female to 27% male (the reporting software used does not currently report other gender identities). Please note: this data is based on Google estimates.

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

6.2.4. Umbrella’s Strategy – Year 4 and beyond

Through targeted screening, Umbrella has successfully increased the positivity rate of those tested for chlamydia to a figure that is significantly higher than the national average. This means that our approach is extremely efficient and it is important to continue with this targeted approach.

However, we recognise that, in order to meet the national target, we also need to increase the number of screens that we are carrying out, so that we are testing a larger percentage of the population. We have put in place a number of measures, detailed below, that should allow us to dramatically increase the number of tests that we are carrying out, whilst keeping the screening targeted.

General practice

In April 2018, we completed a procurement exercise to recruit GPs to carry out chlamydia screening on behalf of Umbrella. To encourage this screening to be completed in a targeted fashion, we are offering a base tariff with a banding payment

that increases as the positivity rate increases. It is anticipated that this will encourage large amounts of screening to be completed in the areas with the highest prevalence of chlamydia.

Pharmacy

During Year 3, we increased the number of Umbrella pharmacies to 132. Each one of these offers EHC and, between August 2017 and July 2018, there were more than 8,500 courses of EHC given out in Umbrella pharmacies. We have now put arrangements in place to link EHC with our chlamydia screening programme so that, every time a woman comes into an Umbrella pharmacy for EHC, she will be offered a chlamydia screen.

The Tier 2 pharmacies also offer chlamydia treatment, which will increase access to the required antibiotics and reduce onwards infection.

Partner working

We have a wide network of community-based partners who are distributing chlamydia screening kits on our behalf. We will continue to grow this network by engaging with new partners and by supporting the existing partners to offer more screening.

6.3. Outcome 3: Reducing the late diagnosis of HIV

6.3.1. Why is this outcome important?

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

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

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

As well as treating those already infected, there have been major breakthroughs in prevention of HIV. Pre-Exposure Prophylaxis (PrEP) is currently being trialled in the NHS and Umbrella is part of that trial. We also run a PrEP clinic, offering advice on where PrEP can be obtained safely online, as it is not currently widely available on the NHS.

According to the latest PHE figures, there were 4,363 new HIV diagnoses in the UK in 2017. Of these, 53.4% of diagnoses were among gay/bisexual men; 23.4% were among heterosexual women; 17.6% were among heterosexual men; 3.2% were among people who inject drugs.

6.3.2. Year 3 performance and analysis

In Year 3, Umbrella carried out over 58,592 HIV tests (52,500 in Year 2) in our clinics, in outreach settings and through our self-sampling STI kits. We identified 73 new cases of HIV, (compared with 92 in Year 2) equating to a 0.12% positivity rate (0.17% in Year 2).

Nearly 46,000 of the HIV tests were carried out in Birmingham (41,000 in Year 2) and over 5,500 (5,000 in Year 2) were completed in Solihull, with the rest of the tests being carried out on out-of-area patients who came to use the Umbrella service.

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

Figure 13: Birmingham HIV test carried out by type

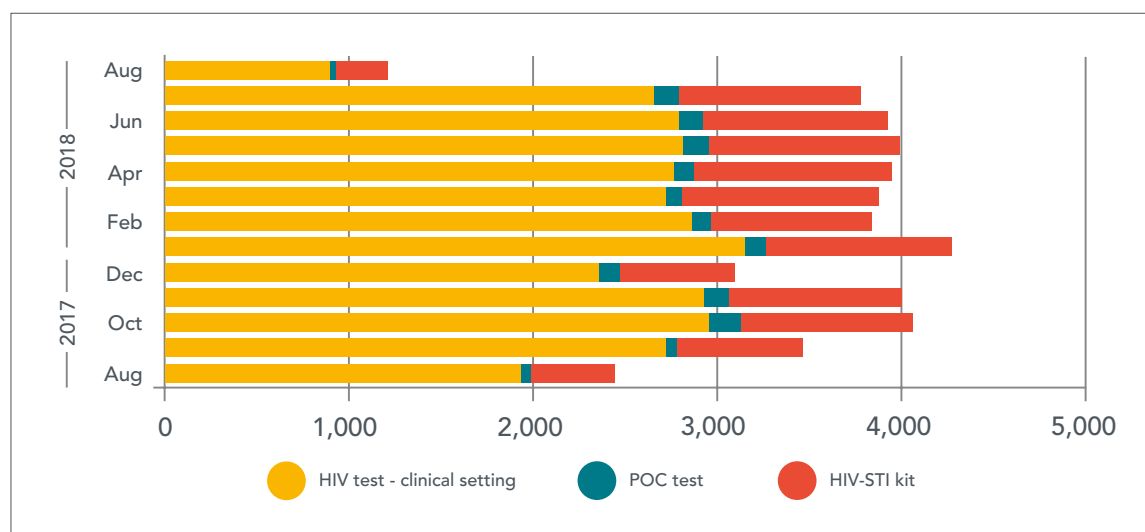


Figure 14: Solihull HIV test carried out by type

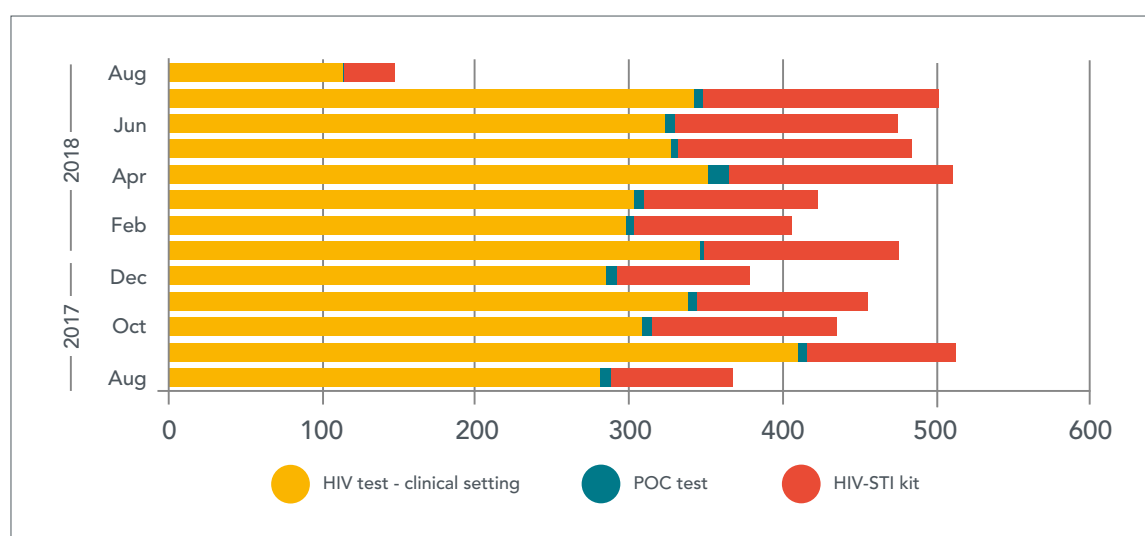
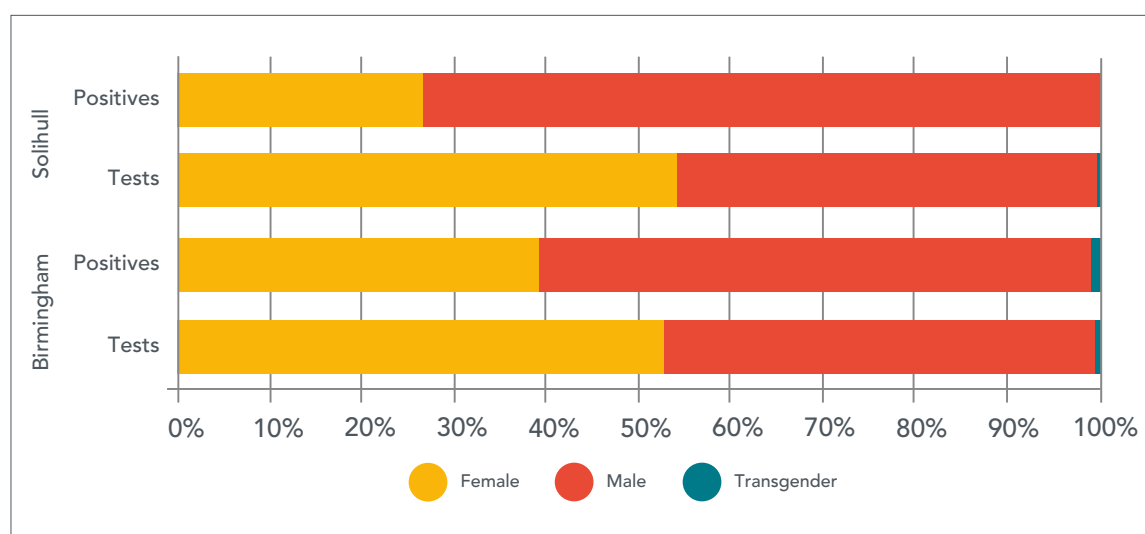


Figure 15: Proportion of tests and positives split by gender*



*The above positives include false positives

Late diagnosis

Table 4: HIV testing coverage, late diagnosis, diagnosis rate and diagnosis prevalence for England, West Midlands, Birmingham and Solihull

| Indicator | Period | England | West Midlands | Birmingham | Solihull |
|---|---------|---------|---------------|------------|----------|
| HIV testing coverage, total (%) | 2017 | 65.7 | 63.2 | 70.2 | 69.0 |
| HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50% | 2015-17 | 41.1 | 46.1 | 40.9 | 37.5 |
| New HIV diagnosis rate/ 100,000 aged 15+ | 2017 | 8.7 | 6.8 | 11.9 | 4.0 |
| HIV diagnosed prevalence rate/ 1,000 aged 15-59 <2 2 to 5 ≥5 | 2017 | 2.32 | 1.79 | 2.74 | 0.87 |

Source: PHE Fingertips Tool: fingertips.phe.org.uk

6.3.3. Umbrella's Strategy – Year 4 and beyond

Birmingham is classified as a high prevalence HIV area, with 2.74 cases per 100,000 of the population. In 2016, clinical guidance was issued that stated that all patients attending hospital, including the Emergency Department, in high prevalence areas should be routinely screened for HIV. Umbrella has been working as part of UHB to put these measures in place and has recently achieved significant progress in this, by getting agreement that all patients going through the Clinical Decision Unit (CDU) at the Queen Elizabeth Hospital Birmingham will be screened for HIV as part of the routine blood screening process. It is anticipated that this will result in approximately 15,000 additional

HIV tests being carried out. Once this has been successfully rolled out, Umbrella will be aiming to get HIV testing through the Emergency Departments at UHB.

The same clinical guidance also states that GPs in high prevalence areas should be routinely testing for HIV in all new registrants and Umbrella will be looking for ways to support GPs to do this, in liaison with PHE and the local CCGs.

We will continue with our health promotion campaigns and our outreach work. In Year 4, we will be undertaking a pilot study to assess the effectiveness of Dry Blood Spot Testing, which is a technique requiring smaller blood samples than the STI kits routinely use, but without providing an instant result, like that obtained with Point Of Care Testing. Studies have indicated that this approach can work well for very specific, high-risk groups who are hard to reach.

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

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

6.4.1. Why is this outcome important?

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

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

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

An earlier publication described 1 in 20 women (aged 16–59) had experienced a most serious sexual offence since age 16 and that more than one third (38%) of all rapes recorded by the police in England and Wales in 2010–11 were committed against children under 16 years of age.³

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

NHS England has published Strategic direction for sexual assault and abuse services, which sets out what is needed to improve services and consequently patient experience

for those who have experienced sexual assault and abuse.

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

Domestic abuse is strongly linked to rape. We know much higher rates of domestic abuse have been shown in female attendees of a sexual health clinic setting, with one anonymous prevalence study giving a lifetime prevalence of 46.6%.⁵ NICE guidelines now recommend Sexual Health Services routinely enquire about experiences of domestic abuse to aid with disclosure and enable support to be offered.⁶

References

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

6.4.2. How is this outcome measured?

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

- Rate of sexual offences per 1,000 population: reported nationally two years in arrears
- Number and percentage of clients where a i) sexual coercion, ii) sexual violence or iii) sexual exploitation risk or concern has been identified: by age, gender and service setting
- Number and percentage of UHB and sub-contracted staff trained with regards to: sexual violence, sexual coercion and sexual exploitation reported by service area/ setting

6.4.3. Year 3 performance and analysis

All patients attending Umbrella clinics are asked during a self-assessment about

experiences of sexual violence and abuse, and whether they would like to access support on the day that they are attending.

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

The numbers of patients choosing to disclose and seeking support has remained at a high level during Umbrella's second year. More than one child per week and more than one adult per day attend Umbrella services to seek support after rape. There has been a 3.1% increase in the numbers seeking support on these issues from Umbrella over the past year. Table 5 shows the numbers of individuals attending Umbrella clinical services who have reported an incident through a routine enquiry.

■ *Table 5: Number of women who accepted Umbrella support following disclosure*

| Gender | Age | Rape/sexual assault | Violence | Support |
|--------|-------|---------------------|----------|---------|
| F | <18 | 55 | 226 | 37 |
| F | 18–25 | 180 | 1407 | 194 |
| F | >25 | 149 | 1510 | 202 |
| M | <18 | 3 | 11 | 1 |
| M | 18–25 | 34 | 219 | 32 |
| M | >25 | 51 | 427 | 63 |
| Trans | 18–25 | 1 | 11 | 2 |
| Trans | >25 | 3 | 14 | 4 |
| Total | | 476 | 3,825 | 535 |

Training

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

Training needs analysis

A training needs analysis for 2017–18 was devised and completed by the Safeguarding Team to identify levels of training required, and number of staff who require it.

Table 6 indicates the training delivered to sexual health staff within Umbrella:

■ *Table 6: Level 2 training delivered to sexual health staff.*

| Level 2 Safeguarding Adults and Children | End July 2018 |
|--|---------------|
| Sexual health staff – nursing/counsellor/advisor | 87 % |
| Sexual health staff – doctors | 78 % |
| Sexual health staff – clerical | 39 % |
| Totals | 72 % |

Over the past 12 months, the Safeguarding Team has trained the sexual health staff in relation to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Domestic Abuse (DA), Right Help Right time/ Early Help (RHRT), and Prevent as per Table 7:

Table 7: Safeguarding Team training for sexual health staff in CSE, FGM, DA, RHRT and Prevent

| | End July 2018 |
|--|---------------|
| Child Sexual Exploitation | 91% |
| Female Genital Mutilation | 86% |
| Domestic Abuse | 100% |
| Right Help Right Time/ Early Help (commenced April 2018) | 78% |
| Prevent (commenced June 2018, 3 yearly compliance) | 91% |

The number fluctuates month on month depending on staff leaving and recruitment. There is a robust plan for new starters commencing employment within the Trust.

UHB's Safeguarding Team has also delivered Level 2 Adult and Children Safeguarding, CSE training, and domestic abuse training to delivery partners such as Loudmouth and Birmingham LGBT.

Referrals

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

| | |
|--|-----|
| Number of referrals made to the Children's Advice and Support Service (CASS) – August 2017–end July 2018 | 193 |
|--|-----|

Adults can also be referred to safeguarding as necessary. However, unlike children, where adults have capacity, it is their choice as to whether they accept a referral. Many adults have received support and signposting to other agencies as well as those who has safeguarding referrals made to the Adult Communities Access Point (ACAP).

| | |
|---|----|
| Number of referrals made to the Adults Community Access Point | 48 |
|---|----|

Partnership Working

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

- Abuse Survivors Clinic (ASC) established October 2015, occurs twice a month in Whittall Street Clinic

| | |
|---|-----|
| Number of patients (13 years and over) referred to ASC January 2018 to end September 2018 | 117 |
| Number of patients (13 years and over) referred to ASC August 2016–August 2017 | 151 |

| Clinic | Booked | Attended | Did not attend |
|----------------------------|--------|----------|----------------|
| ASC ISVA (Chelmsley Wood) | 4 | 2 | 2 |
| ASC ISVA (Solihull) | 17 | 9 | 8 |
| ASC Whittall Street Clinic | 159 | 67 | 9 |
| Total | 180 | 78 | 102 |

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

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

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

Safeguarding: achievements and service development

- Sexual health staff have received level 3 training on Female Genital Mutilation (FGM) and level 3 training on Domestic Abuse, Right Help Right Time/ Early Help and Prevent in face-to-face training sessions from the safeguarding team
- Further training sessions on Child Sexual Exploitation, Domestic Abuse and FGM have been delivered to Umbrella Partners via the Sexual Health Awareness Promotion Education (SHAPE) programme
- Group supervision continues to be delivered to sexual health clinic staff with one-to-one supervision always available for those staff who request it or who are identified as requiring it by line managers. A robust plan is in place for this to continue
- The Safeguarding team visit clinics regularly to support staff and provide supervision
- Safeguarding representatives attend monthly Child Sexual Exploitation Operational Group (COG) on behalf of sexual health to share information regarding exploited children and young people
- Strong links have been formed with Birmingham Child Sexual Exploitation (CSE) nurses to ensure individuals are supported appropriately

Risk register

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

The Safeguarding Team's role within this objective relates to the training of staff to ensure early identification and intervention with regard to abuse, the processes and procedures to be followed and the agencies that provide support.

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

Safeguarding Case Study 1

Situation

A 17-year-old disclosed in an Umbrella clinic that she had been a victim of grooming between the ages of 15 and 17.

She reported to be now happily married and living with her husband's family. At this stage she had been married for three months and was keen to start a family. She was no longer in touch with the perpetrator but was worried that he was still grooming other children. She disclosed three episodes of non-consensual sex with the perpetrator.

Issues raised

Three incidents of rape were disclosed. The perpetrator lived opposite her family above a shop his family owned. Her family knew his family. She reported that her recent marriage had been arranged and not forced. However, there were concerns around her ability to consent to the marriage due to the abuse she had experienced. Her husband was present at her appointment and his number was given as a contact.

She consented to a Force Intelligence Bureau (FIB) form (West Midlands Police partnership information report) being completed with the perpetrators details included but did not want to speak to the police.

Action taken

The FIB form was completed by the Safeguarding Team. The feedback from police was that there are crimes against a child on the referral and this needed to be reported to the police. Advice was sought from the Sexual Health Matron and Child Sexual Exploitation Nurse around the risk to the young person in reporting the issues to the police and Children's Services (honour based violence, domestic abuse, family breakdown).

The Safeguarding Nurse called the young person and had a conversation with her about what had happened to her and how she felt about reporting the crimes to the police and consent for a Children's Services referral. She did agree to the Children's Services

referral and said she would talk to the police.

Lessons learnt and evidence of any practice changed

FIB forms are used for intelligence and any crimes disclosed will need to be reported to the police. This was a complex case which the Safeguarding Team were able to explore thoroughly with other professionals in Umbrella, the police, Children's Trust and CSE experts.

Umbrella staff and the Safeguarding Team worked with the young person and involved her in any decisions taken to safeguard her. Her voice and wishes were central to this case. With support this young person now has support in the form of a Social Worker and Umbrella referred her to an ISVA. This will help her with the police statements and potential criminal investigations.

Safeguarding Case Study 2

Situation

A 15-year-old child in care residing in Birmingham after moving from the East Midlands due to a high risk of Child Sexual Exploitation (CSE). She was residing in a care home and had carers accompany her to sexual health appointments due to the risk of her absconding. They disclosed an incident in Birmingham where she met a Somalian man on a high street and he arranged to meet her later. When she arrived at his shared property he forced her to have sex with seven other men. The incident was reported to the police and she was taken to a Paediatric Sexual Assault Service for forensics. She attended Umbrella for sexual health follow-up.

Issues raised

The child was at risk of sexual assault and CSE. The Health Advisor that saw her was deeply moved by the child's nonchalance and apparent acceptance of her circumstances; she appeared to have 'frozen awareness'. She disclosed quite an extensive history of substance misuse and mental health issues. She had recently self-harmed by swallowing a battery.

Actions taken

There were no actions for Birmingham Children's Advice and Support Service to take as the case was held by colleagues in the East Midlands. However, all the information was shared with her allocated social worker. A Birmingham referral was sent due to the CSE risk in Birmingham and perpetrators who are Birmingham residents. The referral was sent to the CSE police in the Multi-Agency Safeguarding Hub. The CSE named nurses were alerted to this vulnerable young person and a liaison was sent to her Birmingham GP and the Birmingham Community Healthcare (BCHC) Children in Care team. A referral was sent to pre-CSE Operational Group (COG) and was accepted for discussion at COG. Actions were set as a result for the police and support services for CSE. The case was discussed at Safeguarding Supervision at Whittall Street with staff. Staff members have also discussed the case with senior managers in Umbrella.

Lessons learnt and evidence of any practice changed

An out-of-area child can still be supported by Birmingham professionals. Birmingham crimes need to be investigated by Birmingham police.

The case has been escalated in Birmingham and this response has escalated the case in the East Midlands. BCHC Children in Care Team will be completing this child's annual health review and all of the information gathered is relevant to this child's health. Liaison has also been sent to this team.

6.4.4. Umbrella's strategy – Year 4 and beyond

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

Specific examples of projects include:

- Revision of the SAFE service, currently only for female sex workers, to include services for male and transgender sex workers and a more holistic approach to delivering integrated services to this high risk group
- Continuation of safeguarding training, with the aim of improving the knowledge, skills and confidence across the whole partnership
- Delivery by the Safeguarding Team of the Early Help and Right Help Right Time training to all sexual health staff and partner agencies on request
- The safeguarding team will develop a training package on Human Trafficking and Modern Slavery, to be delivered to all sexual health staff
- Resource folders will be developed for all sexual health clinics
- The Safeguarding Team will deliver a workshop on safeguarding to sexual health team leaders and partner agencies
- Evaluation of the impact of completing the dedicated 'Young People' proforma for 16-17 year olds, in addition to under-16s, looking at the number of safeguarding referrals made and their outcomes in this age band
- Strengthening links with partner agencies to ensure better joined-up working for very vulnerable groups e.g. link between SAFE and CGL
- Evaluation of ASC and service underway with qualitative researcher involved in interviewing attendees. Report due early 2019

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

6.5.1. Why is this outcome important?

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

It is well documented that increased rates of infection persist in key high risk communities, such as MSM, the black and mixed ethnic minority communities and young adults.

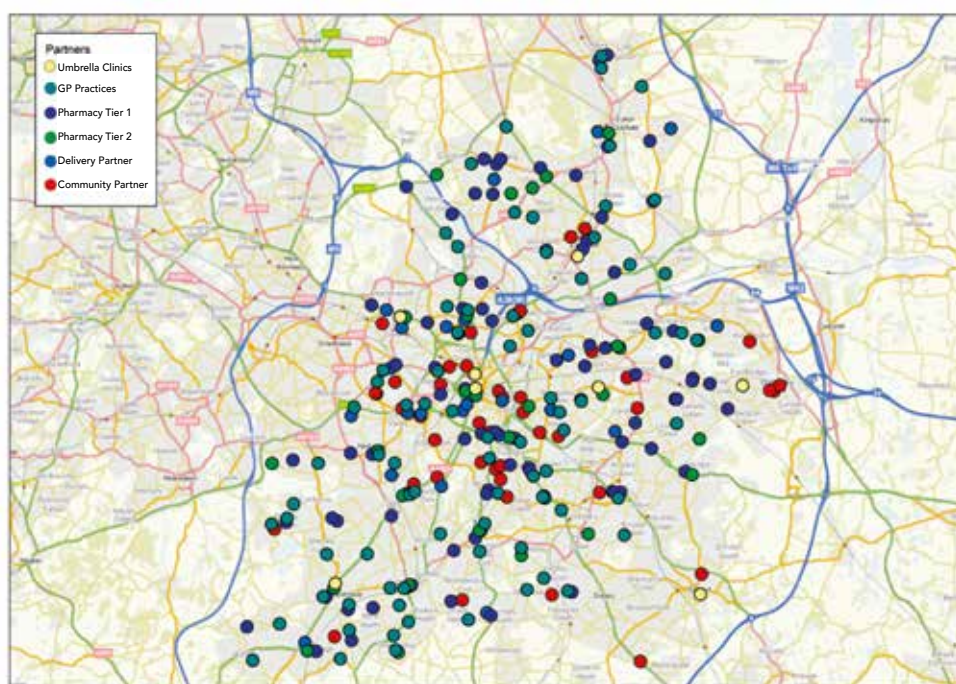
Umbrella has targeted these groups to ensure better access to sexual health services by forging partnerships with organisations that are already closely connected to these high risk communities. A primary example is Umbrella's partnership with the Birmingham Lesbian, Gay, Bisexual and Transgender (Birmingham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

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

6.5.2. Year 3 performance and analysis

The map below illustrates the ongoing success of Umbrella, with improved access to services within communities. This has been achieved through the creation of additional Umbrella Tier One and Tier Two pharmacies, GPs, partners, the website and self-sampling. As the Umbrella partnerships expand, so do the means of accessing the service.

Figure 16: Map showing locations of clinics (satellite and clinic), pharmacies (Tier 1 and 2), GPs, delivery partners and community partners



■ Figure 17: Overall Umbrella activity

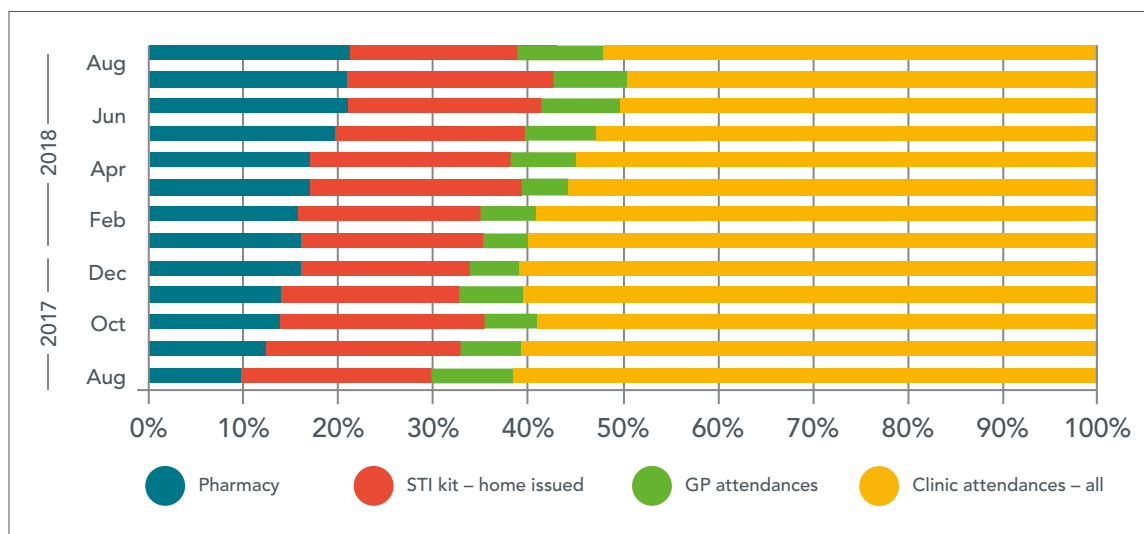
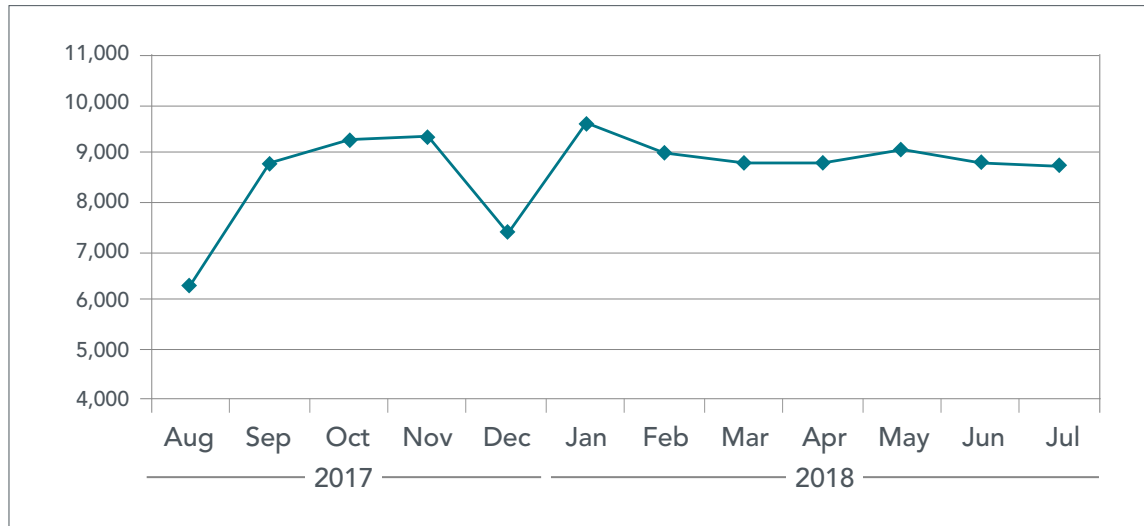
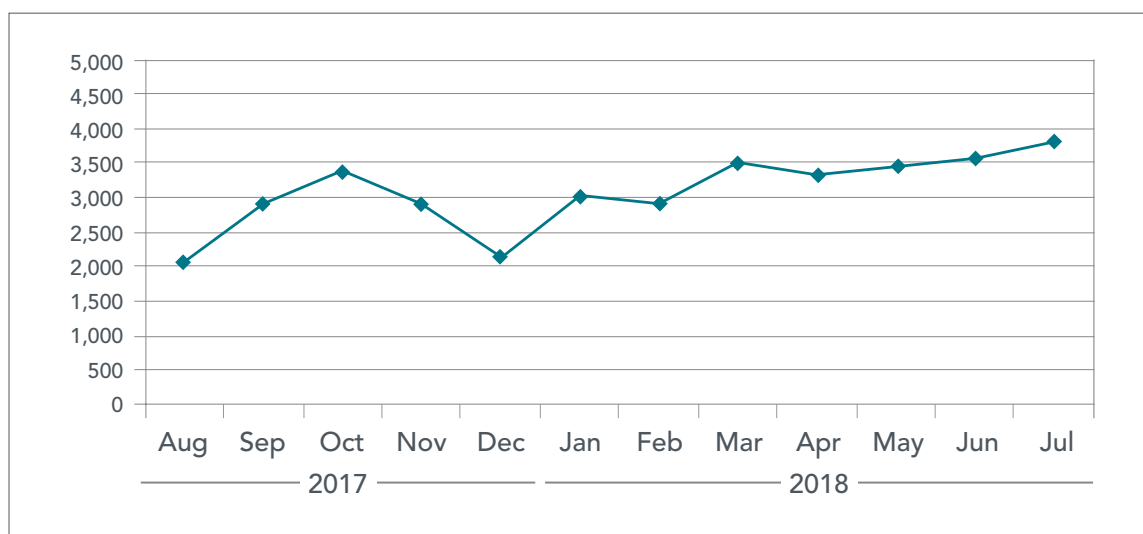


Figure 17 shows the total Umbrella activity in Year 3, broken down by the various access points. The Umbrella clinics continue to see the highest level of activity, but the volume of activity through the clinics has remained relatively constant, whilst the home testing and sexual health service provision through pharmacies continue to see an increase in the amount of activity. This is in line with the Umbrella strategy and helps to improve access to services by increasing the avenues that service users can utilise.

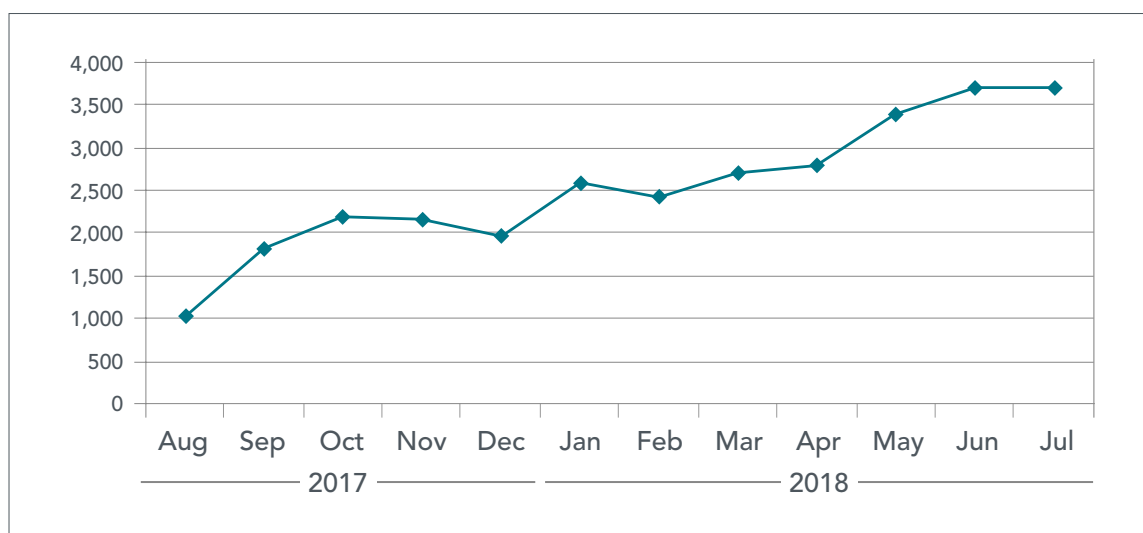
■ Figure 18: Umbrella clinic activity for Year 3



■ *Figure 19: STI Kits ordered through website in Year 3*



■ *Figure 20: Umbrella pharmacy activity in Year 3*

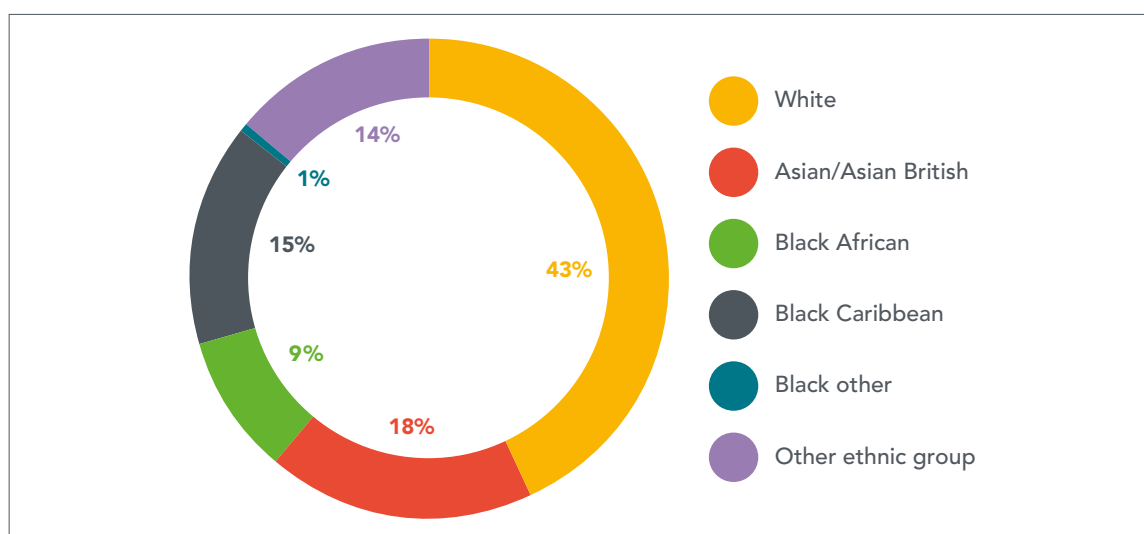


Umbrella serves an ethnically diverse population and recognises the need to ensure that all groups within our community feel that Umbrella is a service that is there for them.

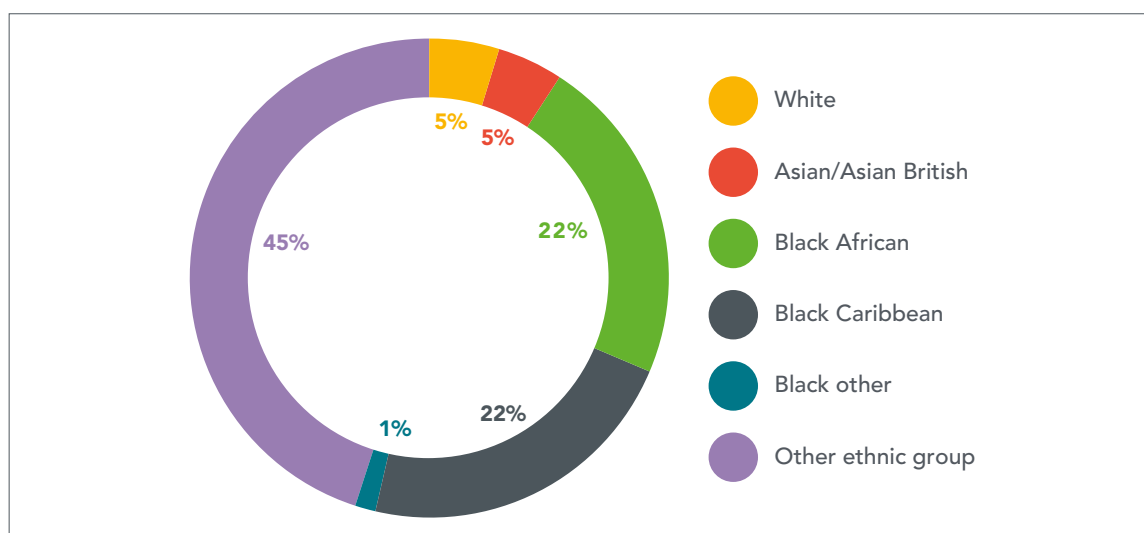
Attendance in clinic is monitored to help us understand which population groups are accessing our service. This allows us to evaluate which communication messages are working with which groups, to enable us to target our campaigns more effectively.

In Year 3, Umbrella had over 180,000 contacts with patients across the service. Of the individuals seen in clinics across Birmingham and Solihull, 36% identified as White, 6% as Black African, 10% as Black Caribbean, 13% as Asian/British Asian and 10% as Other. 24% did not state an ethnicity on their registration form.

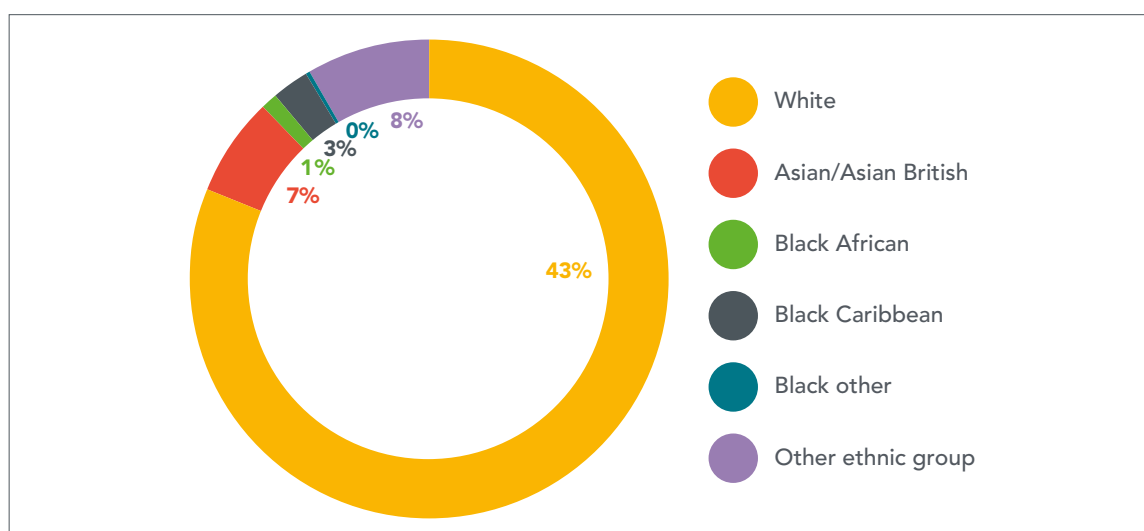
■ Figure 21: Attendances in Birmingham Umbrella clinics by ethnicity



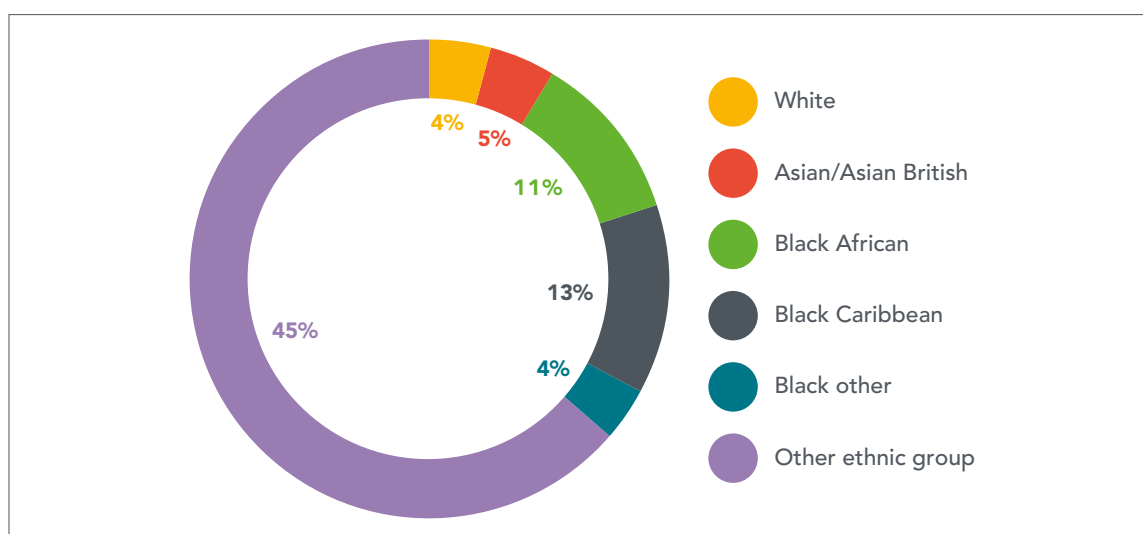
■ Figure 22: Attendances at clinic by ethnicity – per 100,000 of the population (Birmingham)



■ Figure 23: Attendances in Solihull Umbrella clinics by ethnicity



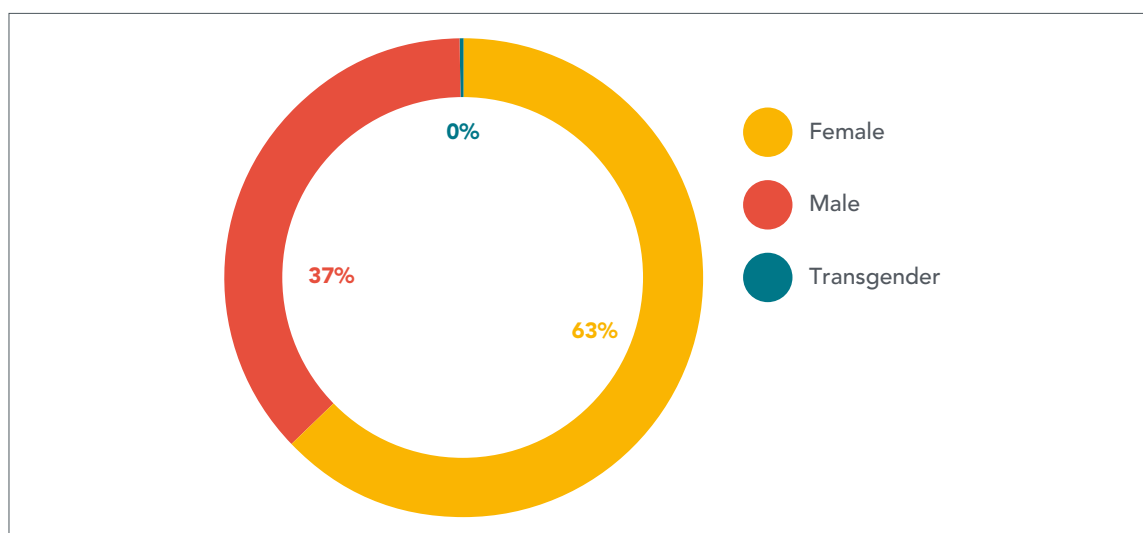
■ Figure 24: Attendances at clinic by ethnicity – per 100,000 of the population (Solihull)



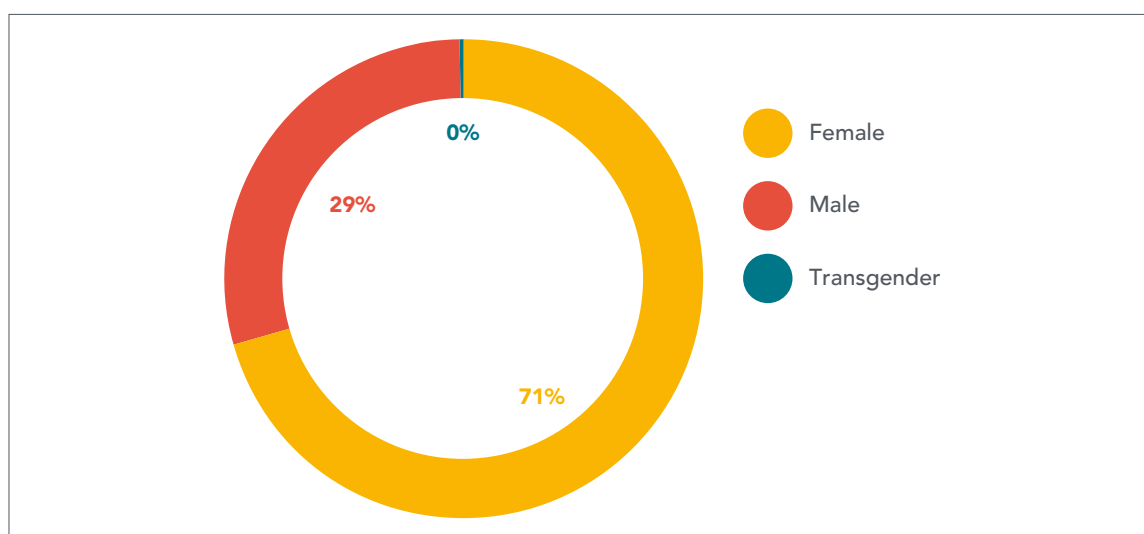
Figures 21–24 illustrate that Umbrella is successfully engaging with and providing access to services for high risk communities, including black and mixed minority communities.

Umbrella will continue to work to reach out to the different BME communities that we serve, to ensure that they recognise Umbrella as a service for all Birmingham and Solihull residents. In addition, we will try to understand why such a large proportion of service users were unwilling to specify an ethnicity when registering. If necessary, we will undertake work to reassure service users that the question is asked purely to enable us to serve the different community groups more efficiently.

■ Figure 25: Attendance in clinic by gender – Birmingham



■ Figure 26: Attendance in clinic by gender – Solihull



Both Birmingham and Solihull have seen a roughly two thirds female, one third male split in clinic attendance, with 0.1% service users in both Birmingham and Solihull clinics identifying as transgender.

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

This is the current list of hub and satellite locations and opening times:

| Satellite clinic | Location | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| WSC | Whittall Street Clinic, Birmingham B4 6DH | 09.00–18.30 | 10.30–18.30 | 09.00–18.30 | 09.00–18.30 | 09.00–15.30 | Closed | Closed |
| Boots Birmingham (Basement) | 67–69 High St, Birmingham B4 7TA | 09.00–18.30 | 10.30–18.30 | 09.00–18.30 | 09.00–18.30 | 09.00–18.30 | 10.00–16.00 | 11.00–15.30 |
| Boots (First Floor)* | 68–69 High St, Birmingham B4 7TA | 12.30–18.30 | 12.30–18.30 | 12.30–18.30 | 12.30–18.30 | 12.30–18.30 | 10.00–16.00 | Closed |
| Hawthorn House | 93 Bordesley Green East, Bordesley Green, Birmingham B9 5SS | 09.00–16.30 | 10.30–16.30 | 09.00–16.30 | 09.00–16.30 | 09.00–16.30 | Closed | Closed |
| Erdington | 196 High Street, Erdington, Birmingham B23 6SJ | 09.00–16.30 | 10.30–16.30 | 09.00–18.30 | 09.00–16.30 | 09.00–16.30 | 10.00–16.00 | Closed |
| Northfield Community Partnership (NCP)* | 693 Bristol Road South, Northfield, Birmingham B31 2JT | 13.00–16.30 | 13.00–16.30 | 13.00–16.30 | 13.00–16.30 | 13.00–15.30 | Closed | Closed |
| Boots Solihull* | 7 Mell Square, Solihull, B91 3AZ | 09.00–16.30 | 10.30–16.30 | 09.00–16.30 | 10.00–18.30 | 09.00–17.30 | 10.00–16.00 | Closed |
| Chelmsley Wood† | 34 Crabtree Drive, Birmingham B37 5BU | Closed | 13.00–18.30 | 09.00–18.30 | 09.00–12.00 | 09.00–16.30 | Closed | Closed |
| Soho | 247–251 Soho Road, Handsworth, Birmingham B21 9RY | 09.00–16.30 | 10.30–16.30 | 09.00–16.30 | 09.00–16.30 | 09.00–16.30 | Closed | Closed |

* Some clinics are completely new and have been set up from scratch.

All clinics now have consistent Umbrella branding, emblematic of their common policies, procedures, clinical governance, and approach to service provision.

Umbrella clinics now open longer hours than under the previous sexual health service, offering a modern integrated sexual health service with a full range of contraception, testing and treatment for STIs. Historically ‘family planning’ clinics provided limited access on specific days with shorter opening hours, they did not offer STI testing and treatment and did not always offer the full range of contraception, such as the Long Acting Reversible Contraception (LARC) methods such as intrauterine contraception(IUCs) and implants.

| Community clinic | Location | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|--------------------------------|--|------------------------------|-----|---|--|-------------------------------------|-----|-----|
| Birmingham LGBT (clinics only) | 38–40 Holloway Circus, Birmingham B1 1EQ | — | — | General clinic: 09.00–15.30 Well woman clinic: 16.00–18.00 | General clinic: 12.00–19.00 PrEP advice clinic: 09.00–12.00 PrEP follow-up clinic: 09.30–12.00 | Trans clinic (monthly) 16.00–19.00* | — | — |
| | Ladywood Community Centre, St. Vincent Street West, Ladywood, Birmingham B16 8RP | General clinic: 10.30–15.30 | — | — | — | — | — | — |
| SIFA Fireside | 48–52 Allcock Street, Digbeth, Birmingham B9 4DY | — | — | General clinic: 09.00–12.30 | — | — | — | — |
| The Lighthouse | 100 Alma Way, Aston, Birmingham, B19 2LN | — | — | — | General clinic 13.30–18.30** | — | — | — |
| The Factory | 5 Devon Way, Longbridge, Birmingham B31 2TS | General clinic 15.30–18.30** | — | — | — | — | — | — |

* Runs on the 4th Friday of every month ** Runs on 2nd and 4th Wednesday of every month *** Runs on 1st and 3rd Monday of every month

Website and self-sampling kits

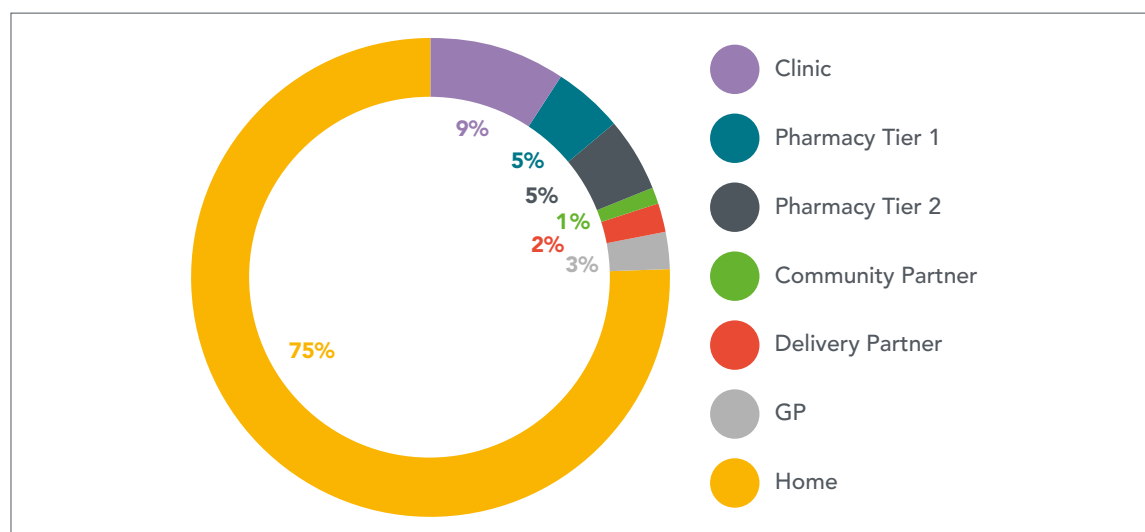
Umbrella offers free STI self-sampling kits as an alternative to attending a clinic. These kits are accessible via the Umbrella website or through partner organisations.

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

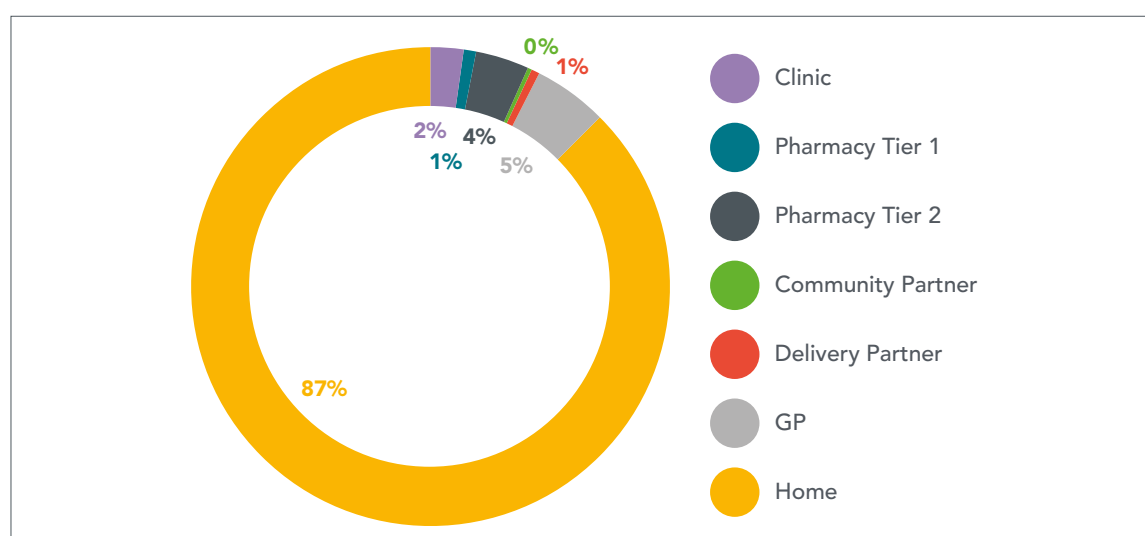
Kits can also be posted to the client's home or a designated address, or collected from an Umbrella pharmacy or other venue.

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

■ *Figure 27: Kits issued by type of location 10 August 2017–9 August 2018*



■ *Figure 28: Kits received by type of location 10 August 2017–9 August 2018*



The rate of return for kits ordered to home addresses was 62%, which was an increase on last year's 58%, with an average of 1,094 kits returned each month over the year. Of the kits issued by all other locations, the rate of return was 28%. The combined average number returned each month (from home and all other locations) was 1,253: a 53% return rate overall.

During Year 2, an observational study of factors associated with the return of home sampling kits for sexually transmitted infections requested online in the UK was carried out within Umbrella.

Study participants were all patients requesting STI home sampling kits via the Umbrella website between 15 July 2016 and 14 December 2016.

Associations between data collected at online registration and the rate of return of STI home sampling kits within 30 days of request was assessed. A total of 5,310 kits were requested, of which 3,099 (58.4%) were returned to the medical microbiology laboratory. On multivariable analysis, women and men who have sex with men were similarly likely to return their sampling kits, while heterosexual men were significantly less likely to return their sampling kits. Patients reporting symptoms were also less likely to return kits. Kits that were delivered to the patient's home, rather than to a clinic or pharmacy and those requested from less economically deprived neighbourhoods were significantly more likely to be returned.

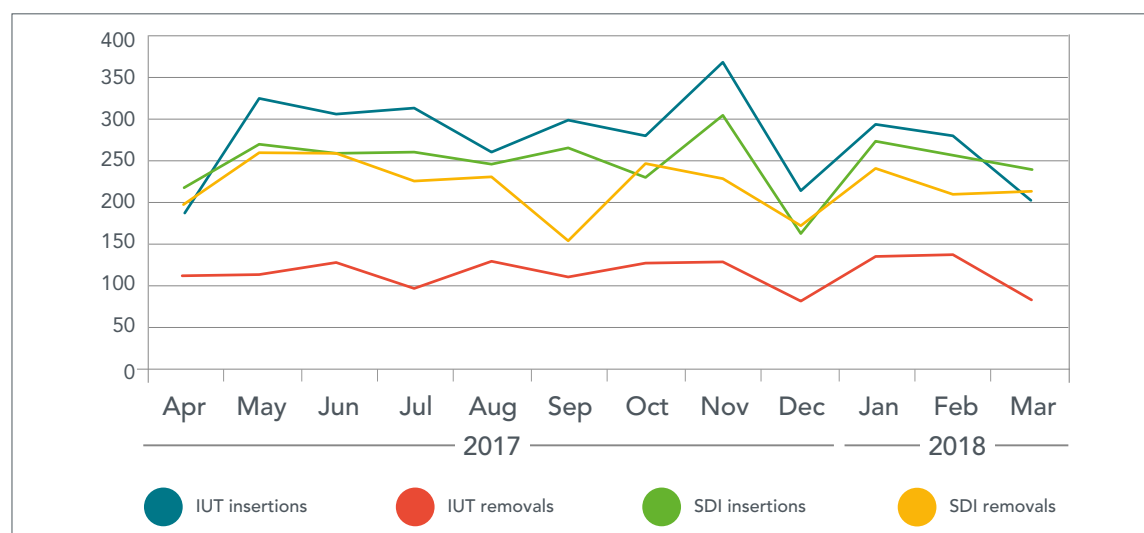
The conclusion was that STI self-sampling testing kits delivered to patients' homes are most likely to be returned. Heterosexual men and those from more economically deprived areas are the least likely groups to return the kits. Further research on the barriers to return self-sampling STI testing kits of these subgroups of patients is warranted.

The study is published here: bmjopen.bmj.com/content/7/10/e017978.

Umbrella general practice activity

During Year 3, GP practices in Birmingham (via the 'Badger' group), offered a LARC service to both registered and unregistered residents in Birmingham under the Umbrella service. As of 1 April 2018, Umbrella has been contracting directly with GP practices.

Figure 29: Sexual Health Contract Review Meeting LARC activity in GP Practices April 2017–March 2018



Following a review of the current arrangements with GP commissioning, and termination of the Badger contract, a procurement process was undertaken in March 2018, with those GP practices awarded detailed in Appendix D. This has increased the reach of the Umbrella sexual health service, with activity data currently under review. Indications are that the increased number of practices providing LARCs will result in more activity overall before the end of the first year, compared with the level of activity achieved under the previous contract.

Figure 30: Sexual Health – GP Contracts. Comparison of YTD Interuterine contraception(IUC) Fitting Activity – Umbrella Vs Badger. April–September 2017/18 vs 2018/19

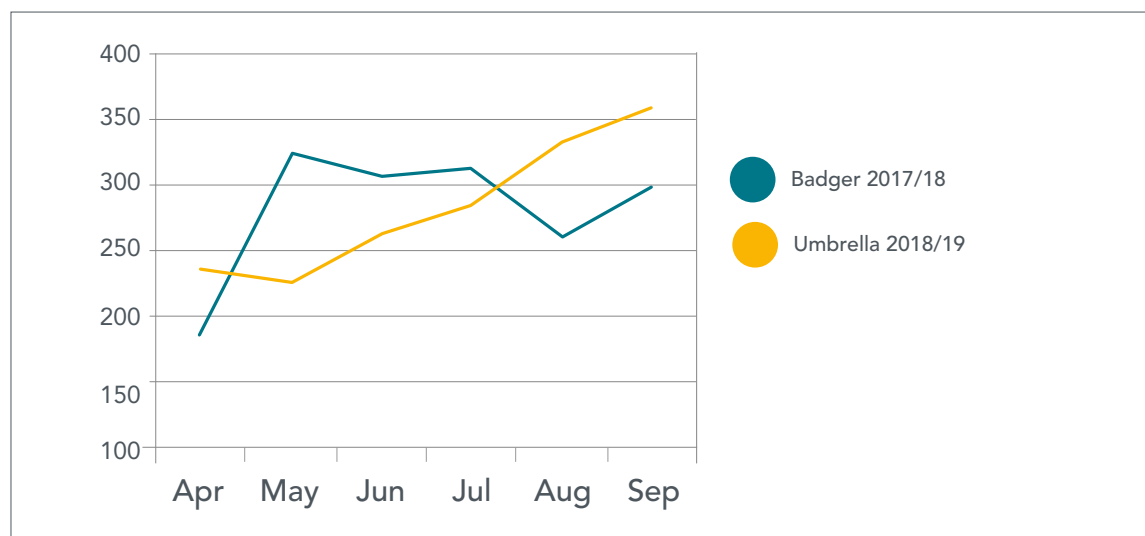
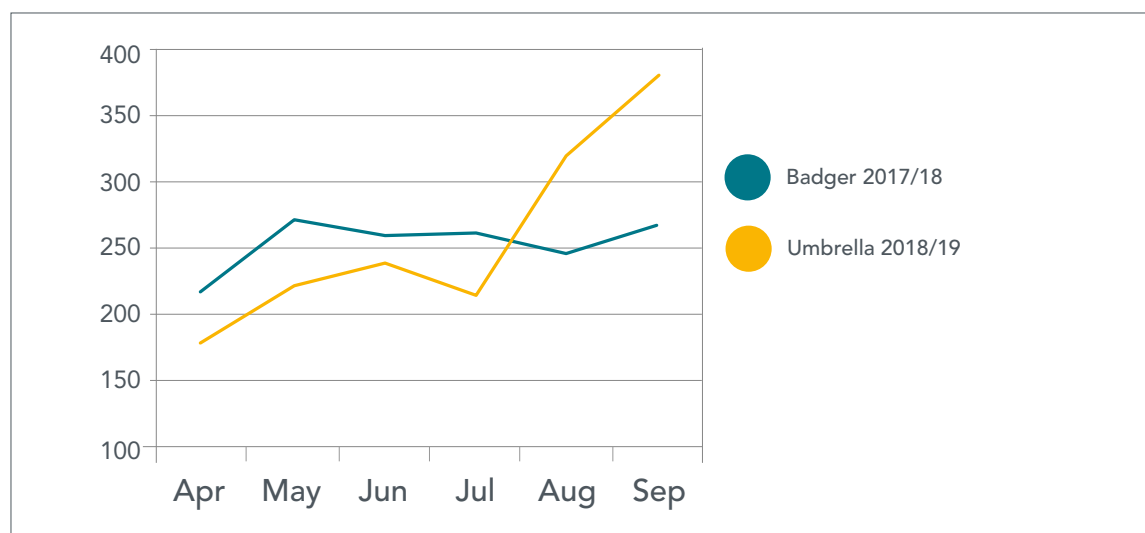


Figure 31: Sexual Health – GP Contracts. Comparison of YTD SDI Fitting Activity – Umbrella Vs Badger. April–September 2017/18 vs 2018/19



Our delivery partners

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

Table 8: Delivery partners commissioned by Umbrella in Year 3

| Partner organisation | Posts/work commissioned by Umbrella |
|--|--|
| BCC Careers Service | <ul style="list-style-type: none"> One WTE NEET Worker Two WTE Teenage Parent Advisors |
| BCC Youth Service | <ul style="list-style-type: none"> Two WTE Youth Workers working out of 16 Youth Centres across Birmingham |
| RSVP (Rape and Sexual Violence Project) | <ul style="list-style-type: none"> Four WTE ISVAs General (Independent Sexual Violence Advocate) One WTE Young Person ISVA One WTE LGBT ISVA 0.5 WTE Training post |
| Birmingham LGBT | <ul style="list-style-type: none"> Six WTE Sexual Health Promotion Officers |
| BCHC (LAC, LD and YP in schools) – Birmingham Community Healthcare Trust | <ul style="list-style-type: none"> 0.8 WTE Children in Care Nurses 1.72 WTE Learning Disabilities Nurses |
| Loudmouth | <ul style="list-style-type: none"> Commissioned to provide Theatre in Education programmes – delivery programmes across schools and colleges throughout Birmingham |
| Trident Reach | <ul style="list-style-type: none"> One WTE Project Worker |
| WAITS (Women in Action in Today's Society) | <ul style="list-style-type: none"> 0.5 WTE IDVA (Independent Domestic Violence Advocate) 0.2 WTE Training post 0.3 WTE IDVA commissioned to provide interventions (one-to-one and group) to the BME community |
| Terence Higgins Trust | <ul style="list-style-type: none"> Commissioned to provide interventions (one-to-one and group) to the BME community |
| KIKIT | <ul style="list-style-type: none"> Commissioned to provide interventions (one-to-one and group) to the BME community |
| SIFA Fireside | <ul style="list-style-type: none"> Commissioned to provide interventions (one-to-one and group) to the BME community |

WAITS' contract was terminated on 27/03/2018; a tender process is currently underway for a suitable IDVA provider.

Achieving better access to services for high risk communities: Impact of the new BME partnerships in Year 3

A total of 51,356 face-to-face contacts were made between July 2017 and March 2018 within the BME community. Work included attendances at community and cultural events, where the health promotion officers were able to engage with attendees, covering topics such as sexual health awareness and the importance of regular STI testing and chlamydia screening.

Loudmouth (Theatre and Education)

The theatre and education group has remained popular amongst young people, with extremely high percentages saying that they would recommend the service for other students. They have continued the delivery of the following programmes across schools, colleges, pupil referral units and youth centres in Birmingham and Solihull:

- 'Trust Me' programme on sexual health, contraception and unplanned pregnancy
- 'Safe and Sound' programme on teenage partner abuse
- 'Working for Marcus' programme on Child Sexual Exploitation

During the period from July 2017 to June 2018, Loudmouth delivered 145 sessions to over 16,000 young people.

Birmingham Community Healthcare Trust (BCHC) (Young Person's Health Advisors and Children in Care Nurses)

The Young People's Sexual Health Service was commissioned to work with young people that are 25 years and under with a learning disability/difficulty (LD) that require sexual health input. The team have written bespoke training packages, referral, assessment, advice and liaison forms and consent forms in order to deliver the service. The team started delivering its core services in September 2017 and has worked in collaboration with Queen Alexander College to create a new Midlands-based Sexual Health Planning and Implementation Group (SHPIG) for all professionals (education, social care, health, advocacy, etc.) who provide sex and relationships support, information or education to people with learning or physical disabilities, sensory impairment, autism spectrum conditions or complex needs.

The Children in Care Health Team provides health assessment on a one-to-one basis allowing the nurse to provide health promotion and sexual health advice to the young person in a confidential setting. The team has started monthly drop-ins to nine Children's Homes in Birmingham. These are health drop-ins but the sexual health component is on offer. BCHC has been successful in securing an expansion to the team to allow for more accessibility and outreach of the Children in Care Health Team: this will in turn give Specialist Nurses increased contact with young people.

Birmingham LGBT (Lesbian, Gay, Bisexual and Transgender)

Birmingham LGBT remains one of our biggest and most integrated Umbrella partners. Between July 2017 and June 2018, Birmingham LGBT supported 7,483 one-to-one interventions and 278 group interventions.

During this period, Birmingham LGBT acquired 742 volunteer hours with the number of volunteers trained and assisting with providing sexual health service in inreach settings ranging between 12 and 18 across the period. Birmingham LGBT also employs 11 volunteer peer mentors. The final quarter of the period also saw the first three volunteers providing 18 hours of services in outreach setting for the period.

Health promotion has remained an integral part of the services offered by Birmingham LGBT. The majority of Birmingham LGBT's outreach activities take the form of pop-up clinics. These are off-site sessions carried out in venues such as gay bars, clubs and other

venues including saunas and sex-on-premises venues. In this way they take sexual health services out directly to the community and potentially access people who may not otherwise access sexual health or STI testing services.

At Birmingham LGBT's pop-up clinics, they offer assisted STI self-sampling testing and HIV rapid testing. Birmingham LGBT are also in the process of setting up new and regular sexual health promotion workshops and pop-up clinics with University College Birmingham (to start in September 2018). The Well Woman Sexual Health Clinic launched in February 2018 and runs on a monthly basis on the first Wednesday of the month from 16.00-19.00. This clinic is aimed at providing a dedicated space for lesbian, bisexual and queer women to access sexual health services in a dedicated LGBT space. There is an additional offer with this clinic whereby women can also access smear testing.

BCC Careers Service

BCC Careers Service (BCC CS) has continued to develop access to sexual health services amongst their NEET and young parent workers' client groups. Their online presence has grown through the period in question, with 7,212 total hits on the sexual health pages of the website. Referrals to the advisors are made by a wide range of partners/agencies. This includes midwives across Birmingham, Family Support Teams, Social Workers and the BCC School Age Parent Advisor.

As part of BCC Careers Service outreach work, Advisors conducting door knocks are now ensuring they take with them a supply of 'Umbrella Goody Bags' which include a sample selection of condoms, chlamydia testing kits, Umbrella information (including leaflets BCC have developed based on feedback from young people/advisors) and a condom instruction leaflet.

BCC Youth Services

BCC Youth Services are one of Umbrella's largest providers serving young people in Birmingham. They provided 28,184 one-to-one interventions and 235 group interventions from July 2017 to June 2018. BCC Youth Services are now supporting St Basils (one of Umbrella's partners) with their life skills qualification unit, sex and relationship education and work with Above and Beyond, an organisation that provides support and accommodation for young people making the transition into independent living. BCC Youth Services run a Young Umbrella Champions group.

Community partners

Umbrella's community partners continue to play an integral part in joining up the Umbrella network and promoting an integrated sexual health service across the city. Further contractual agreements have been formalised in Year 3 and joint partnership working across Umbrella clinics, delivery partners and community partners has been established. Our community partners enable Umbrella to raise sexual health awareness in the community, especially in hard-to-reach groups, through health promotion and networking at Umbrella partnership days, with each partner bringing their expertise and knowledge of the groups with which they work. In their day-to-day operations, our community partners assist with general signposting to Umbrella clinics and support services as well as access to condoms via the Umbrella scheme, general condom distribution and access to STI self-sampling kits and chlamydia screening kits.

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

6.5.3. Umbrella's strategy Year 4 and beyond

Throughout Year 2, Umbrella continued to build strong partnerships with other organisations to deliver, expand and support our service. Umbrella has trusted relationships and engagement with community organisations who work with individuals and priority groups that are at greater risk of sexual ill health, or have previously had poor access to sexual health services.

Umbrella has appointed a Business Manager to work closely with the partners and a Communications Specialist to ensure that the partners are supported with materials to signpost to the Umbrella service.

Umbrella is working hard to engage with a large and diverse range of partners to address diversity, cultural difference and reach into communities with the greatest need. Examples are: men who have sex with men (MSM), LGBT, sex workers and care leavers. By working in partnership, Umbrella is responsive to local needs and the wider population. Umbrella is also committed to working with partners who provide their own specialist expertise and support across the whole of the Umbrella system, through promotion, training, information and events.

In Year 4 Umbrella will focus on:

- Working with the Umbrella pharmacies to ensure that they receive the support that they require to offer an exceptional level of service, helping to ensure that the Umbrella network is expanded across the whole of Birmingham
- Continuing to build a strong working relationship with the GPs, actively promoting the Umbrella services that they offer and continuing to offer training to ensure that sexual health knowledge within primary care remains current
- STI self-sampling kits and website – continued review and development of the kits and the website. A full review and survey of the website will be undertaken, ensuring that both clinical and service user input is considered

A new stock management system will be implemented to help ensure that the service can continue to manage the demand in a seamless fashion

- Campaigns and health promotion Year 4 – all of the Umbrella campaigns and ongoing health promotion will ensure that individuals know where to go and can access services by their preferred routes. In Year 4, we will continue to target young people, but will also seek to convince older generations of the importance of having STI checks, as evidence shows that STIs are now on the increase amongst the over 50s

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

6.6.1. Why is this outcome important?

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

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

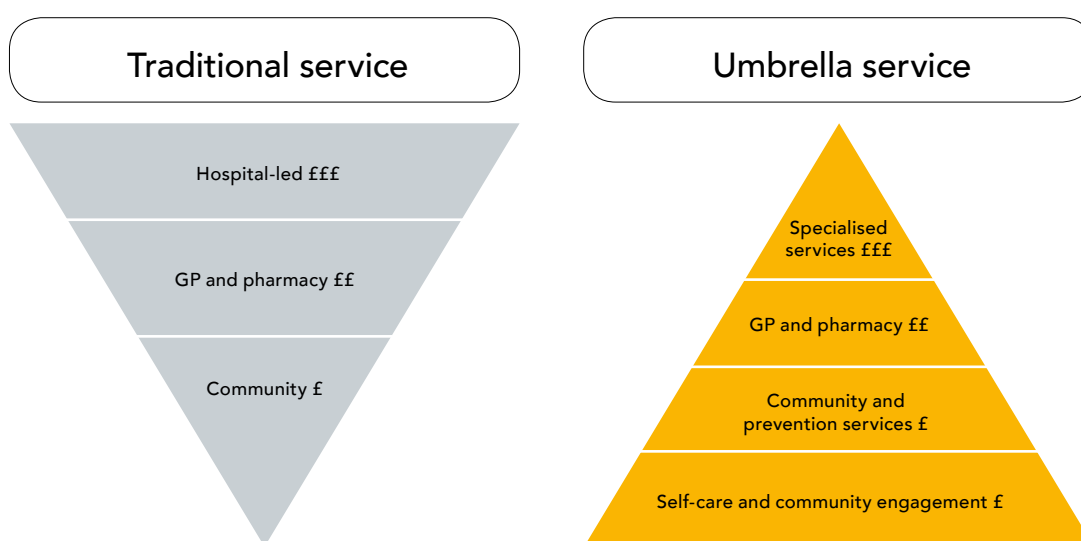
6.6.2. How is it measured?

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

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

6.6.3. Year 3 performance and analysis

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



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

Table 9: Umbrella Year 2 appointments offered and patients seen within 48 hours in hub, satellite and clinics

| Period | Percentage and actual number of patients seen within 48 hours from contacting the integrated sexual health service | | |
|---------|--|----------------------|------------------------|
| | Birmingham | Solihull | Umbrella |
| Q3 2017 | 16,072/18,388 87.4% | 2,319/2,546 91.2% | 20,034/22,987 87.3% |
| Q4 2017 | 17,128/19,508 88% | 2,292/2,499 92% | 21,751/24,755 88% |
| Q1 2018 | 15,466/17,776 87% | 2,101/2,289 89.4% | 22,089/25,019 88.3% |
| Q2 2018 | 15,084/17,322 87.1% | 2,259/2,465 91.6 | 22,157/25,071 88.4% |

Note: can only report the last four quarters due to change in extraction/calculation process that was put in place in Oct 2016

6.6.4. Umbrella's strategy Year 3 and beyond

Umbrella aims to further improve access by:

- Releasing capacity in clinics by continuing to promote use of the online STI self-sampling kits
- Releasing capacity in clinics by promoting local pharmacies who can offer STI self-sampling, contraception (including injectable contraception), hepatitis B vaccination and treatment of chlamydia
- Changing clinic times/frequency where necessary to reflect demand
- Using clinic data and client surveys to understand client preferences
- Continuing to expand the investment in general practice through promoting the LARC service and chlamydia screening available via GPs
- Health promotion to ensure that individuals know where to go and that they can access services by their preferred routes

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

6.7.1. Why are these outcomes important?

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

It is estimated that 1 in 3 pregnancies are unplanned (source: www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-

matters-reproductive-health-and-pregnancy-planning#the-importance-of-reproductive-health). The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance.

6.7.2. How this outcome measured?

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

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

6.7.3. Year 3 performance and analysis

Figure 32: Contraception issued by Umbrella overall, by type

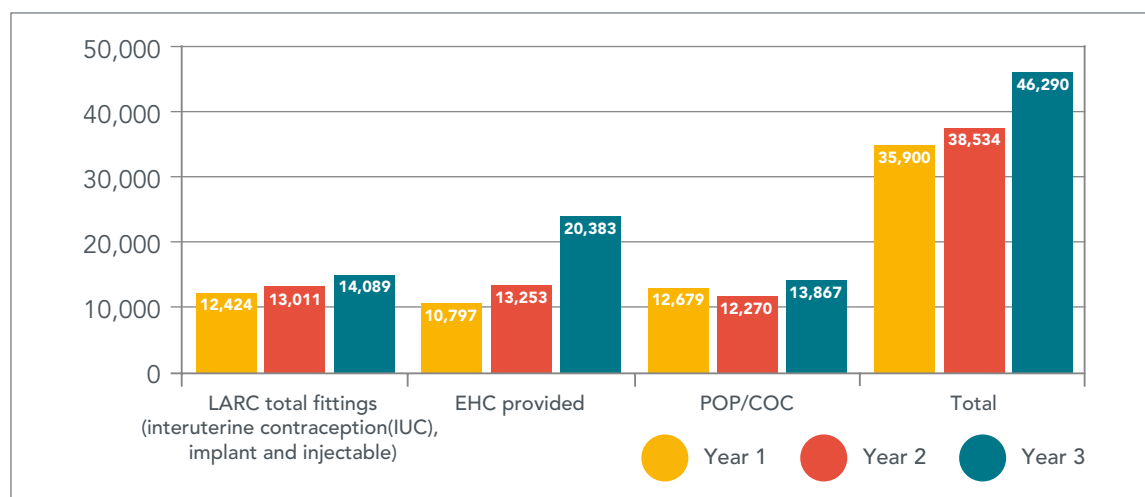
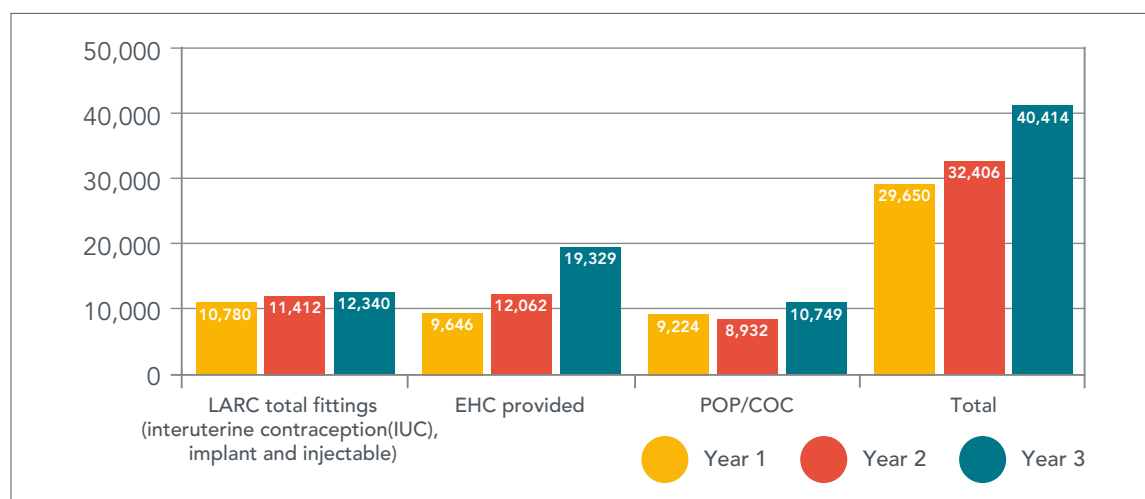
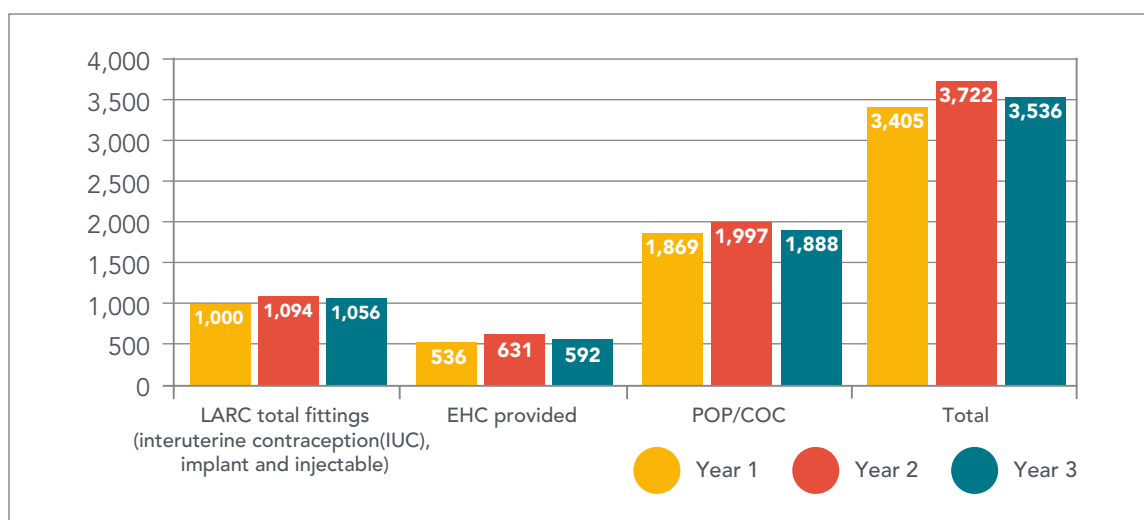


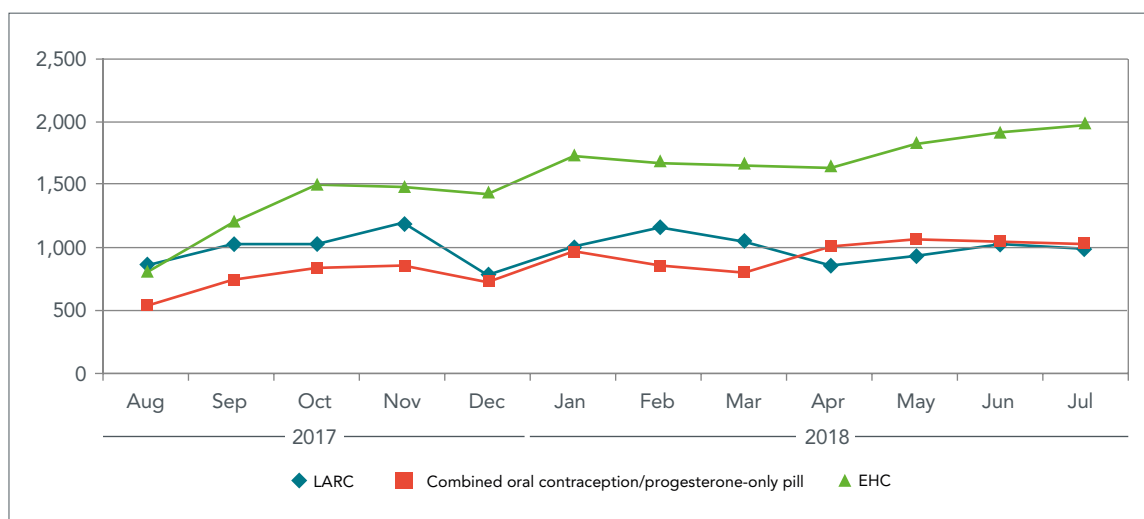
Figure 33: Contraception issued in Birmingham, by type



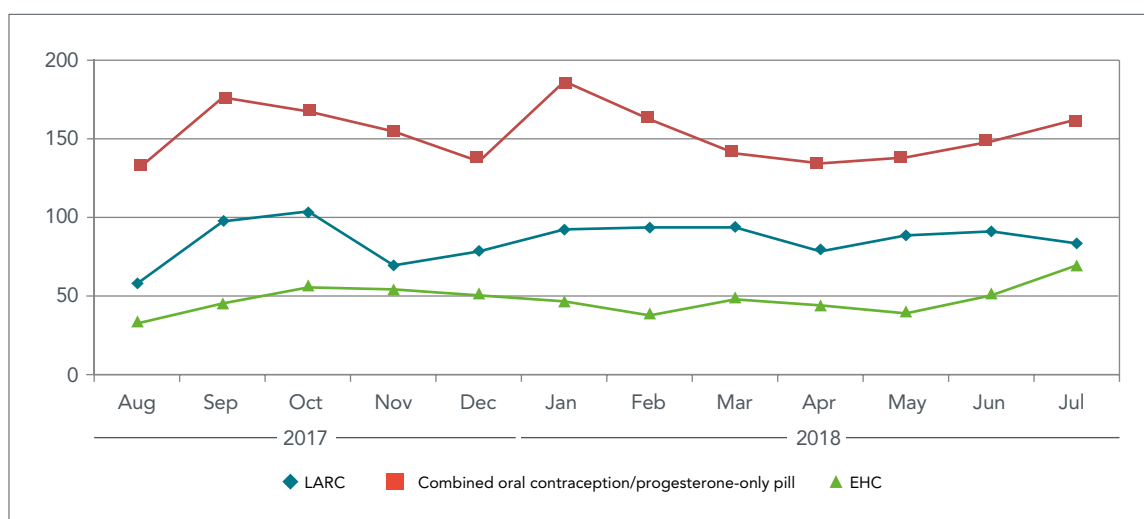
■ Figure 34: Contraception issued in Solihull, by type



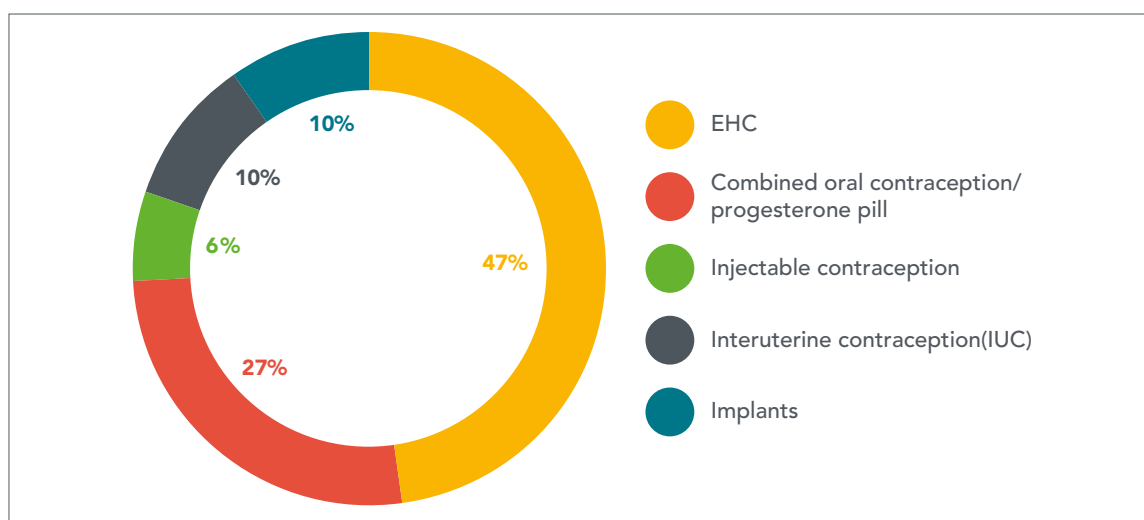
■ Figure 35: Uptake of contraception by type per month (Birmingham)



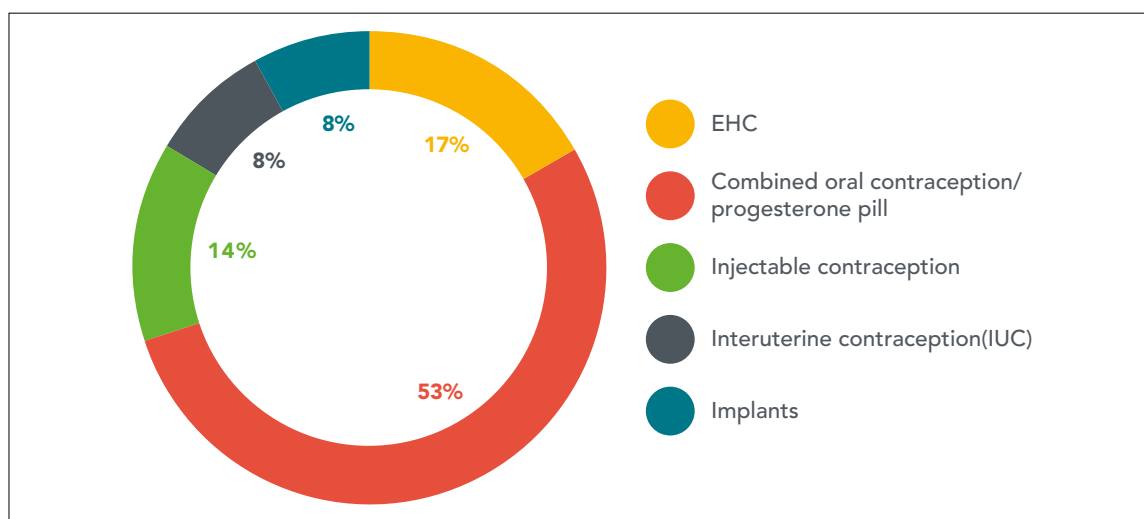
■ Figure 36: Uptake of contraception by type per month (Solihull)



■ Figure 37: Contraception by type (Birmingham) all ages



■ Figure 38: Contraception by type (Solihull) all ages



When combined, LARCs make up 26% of contraception in Birmingham (Year 2 35%), whereas EHC accounts for 48% (Year 2 37%). In Solihull POP/COC remain the largest proportion of contraception at 53% (Year 2 54%). The Birmingham figures include contraception provided through Umbrella pharmacies and GPs, and the Solihull data is just for the Umbrella clinics.

6.7.4. Umbrella's strategy Year 4 and beyond

Over the next year Umbrella will:

- Increase the number of pharmacies and ensure that the entire network is actively promoting and providing Umbrella services. This will increase the availability of contraception provision and promote referral pathways for LARCs. Additionally it will increase the number of locations that offer free condom provision
- Increase the number of partners who have been trained to deliver the condom scheme, which will expand geographical spread and further improve access

- Actively promote the network of GPs providing LARC services
- Further develop referral pathways from pharmacies to GPs and clinics for emergency interuterine contraception(IUC) fittings, following the use of EHC

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

6.8.1. Why is this outcome important?

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

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

People who attend for treatment of repeat STIs could be considered to represent a failure of health promotion, in that they have already attended the service, but they have subsequently continued to be at risk of infection. They could also be looked upon as a 'core group' i.e. a group of high-risk individuals who are contributing disproportionately to the spread of disease and, as such, they merit particular attention. Umbrella's aim is to reduce the number of such people and contribute to the reduction in the transmission of infections within the population as a whole.

Local and national epidemiological data shows that sub-groups of MSM (Men who have Sex with Men) are the persons at highest risk of repeat infections; this is often linked to use of drugs (including alcohol) in association with risky sexual behaviour – in particular, so-called 'chem sex'. Latest PHE data for STIs in the West Midlands shows the number of new STIs diagnosed in GUM clinics in MSM decreased by 3% from 2015 to 2016. However, 16% of all STIs diagnosed in the male population were in MSM.

- Over three quarters of syphilis cases were diagnosed in MSM in 2016: a 25% increase from 2015–2016
- 14% of MSM diagnosed with an STI in 2016 were also HIV positive (3% in the total male population)
- Since July 2016 there has been an ongoing, geographically dispersed outbreak of the hepatitis A virus in MSM

6.8.2. How is it measured?

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

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

6.8.3. Current performance

The main routes for STI testing in Umbrella are clinics (hub, satellite and community

settings), self-sampling (through website, community settings and pharmacies) and up until 31 October 2016 ASH services through GP practices.

Figure 39: STI testing route Birmingham 10 Aug 2017–31 Jul 2018

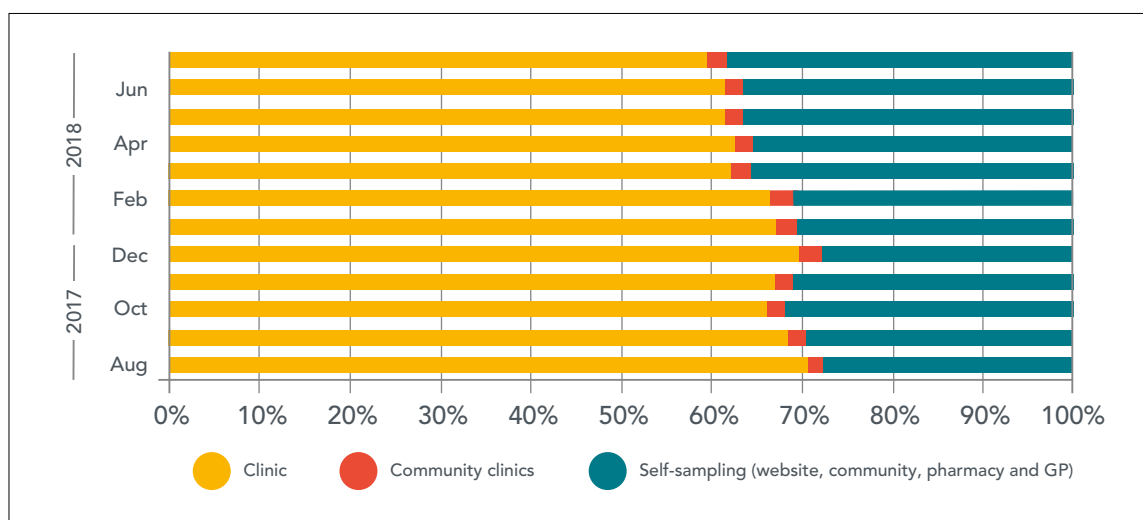


Figure 40: STI testing route Solihull 10 Aug 2017–31 Jul 2018

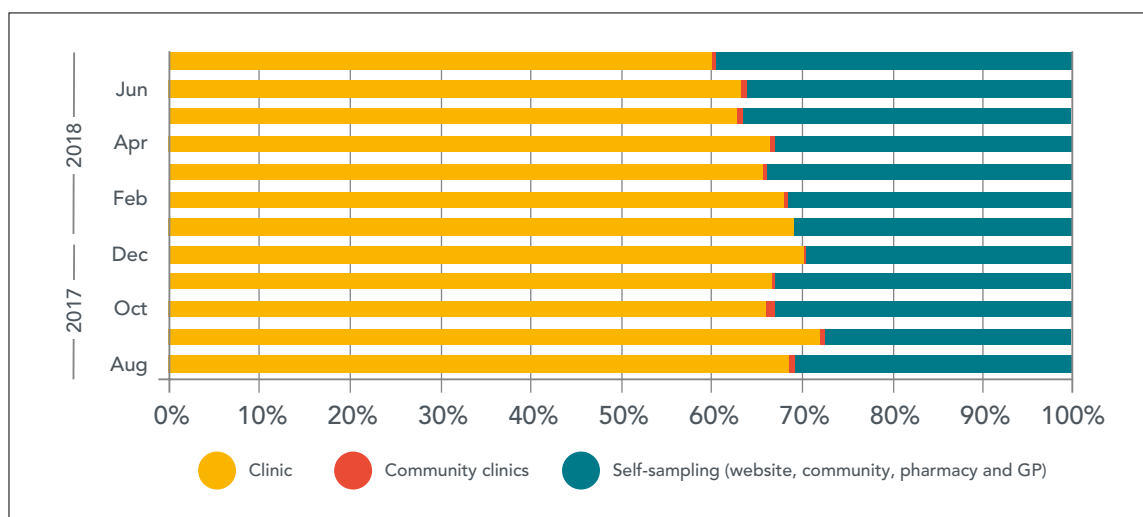
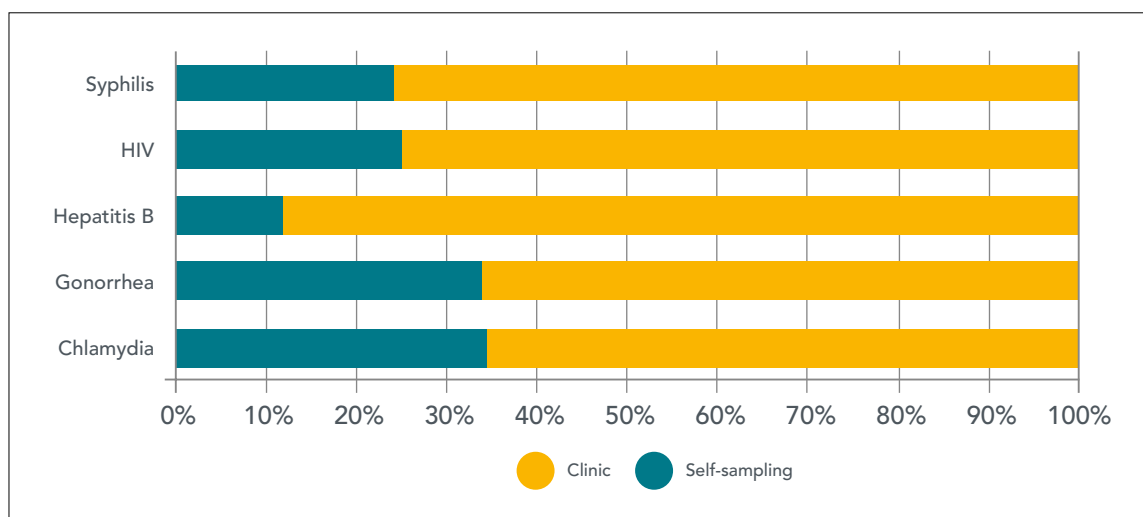
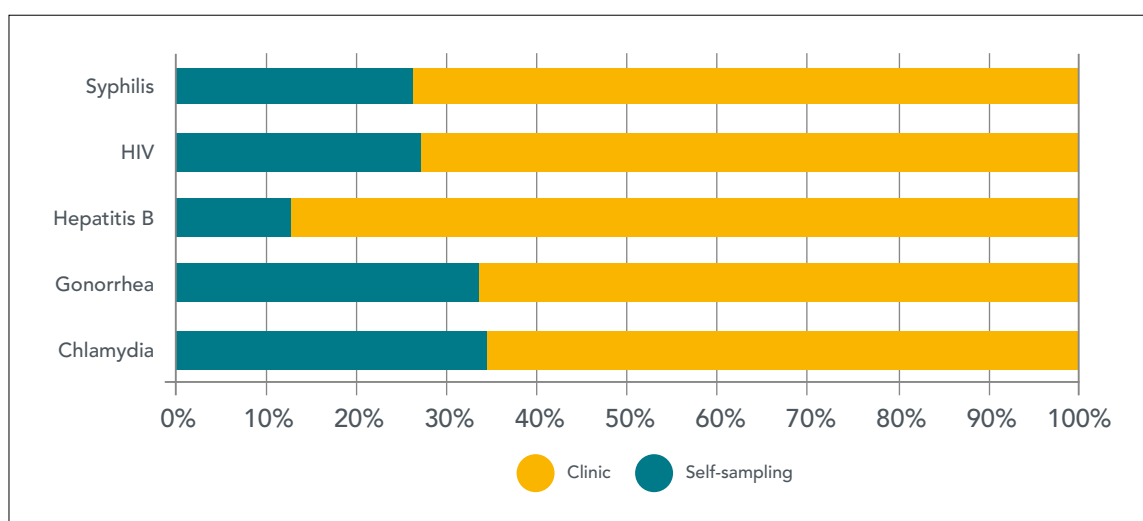


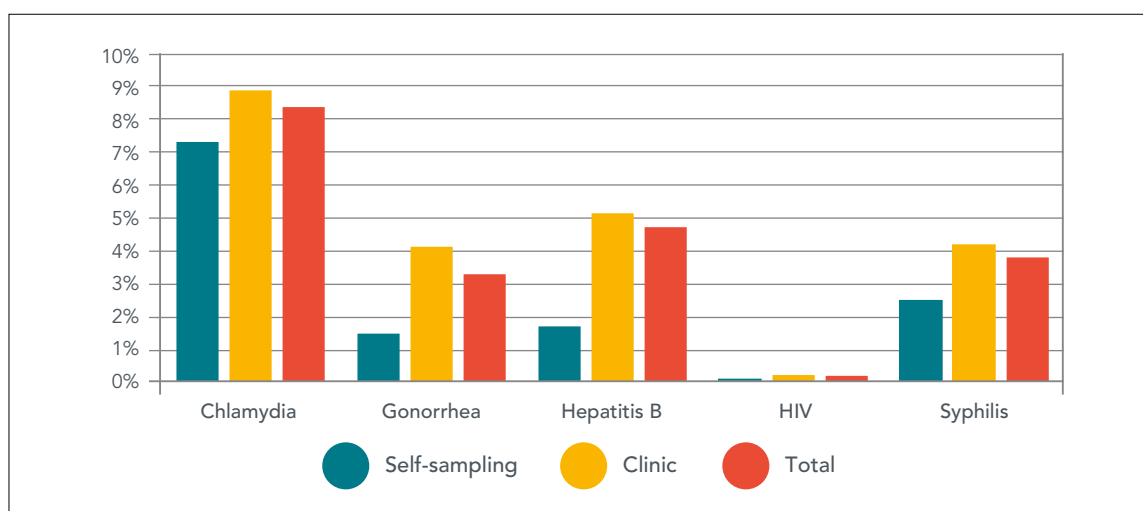
Figure 41: Birmingham Umbrella – type of STI test carried out 10 Aug 2017–09 Aug 2018



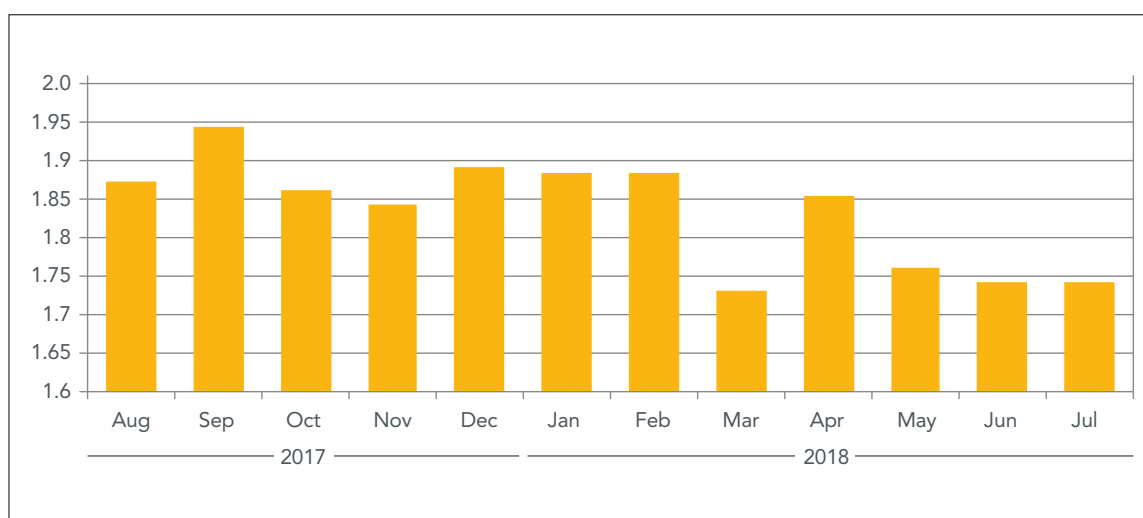
■ Figure 42: Solihull Umbrella – type of STI test carried out 10 Aug 2017–09 Aug 2018



■ Figure 43: STI positivity rate per infection 10 Aug 2017–09 Aug 2018



■ Figure 44: Ratio of New to Follow-Up (FU)



The average ratio of new to follow-up over Year 3 was 1.83.

An R&D project is currently underway to help us understand the costs and benefits of online screening and clinic-based screening for STIs in asymptomatic patients, using the Umbrella sexual health system in Birmingham as a case study. This should provide useful insight that can be used in the future.

6.8.4. Umbrella's strategy – Year 4 and beyond

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

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

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

The strategy in Years 4 and 5 will ensure a joined-up approach with priority Umbrella partners, such as Birmingham LGBT. In addition, there will be a sustained and focused approach by Umbrella's Health Promotion, and Training and Development teams with an emphasis on Umbrella's website to highlight the risk of re-infection for people who access self-sampling.

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

6.9.1. Why is this outcome important?

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

6.9.2. How is it measured?

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

These include:

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

6.9.3. Year 2 performance and analysis

In 2016, in Birmingham and Solihull the under-18 conception rates were 21.4 and 14.6 per 1,000 respectively, whereas the figures for England and the West Midlands were 18.8 and 21.4 per 1,000 respectively.

For the same year (i.e. 2016), the abortion rates for under-18s in Birmingham and Solihull were 46.4% and 58.9% respectively, which were slightly below and slightly above England's rate of 51.8%. The West Midlands rate was 48.4%.

In Year 3 of Umbrella (2017-18), Umbrella provided a range of contraception types from the various Umbrella services. LARCs made up 15% of both Birmingham and Solihull's Umbrella contraception for under-18s.

Table 10: Number of contraception issued, by type and age for Year 3

| Type | Umbrella Actual | | Birmingham Actual | | Solihull Actual | |
|--|-----------------|-------|-------------------|-------|-----------------|------|
| | All ages* | U18* | All ages† | U18† | All ages‡ | U18‡ |
| LARC total fittings (Interuterine contraception(IUC), Implant and Injectable) | 7,395 | 534 | 5,843 | 403 | 950 | 91 |
| EHC provided | 18,705 | 1,652 | 17,903 | 1,408 | 416 | 174 |
| POP/COC | 12,460 | 1,317 | 9,829 | 850 | 1,542 | 332 |
| Total | 38,560 | 3,503 | 33,575 | 2,661 | 2,908 | 597 |

* Umbrella Actual – All activity provided by the service, including Birmingham, Solihull and out of area.

† Birmingham shows activity to Birmingham only.

‡ Solihull shows activity to Solihull only.

In Year 3, LARCs made up 15.1% of Birmingham Umbrella contraception for under-18s. For Solihull the figure was 15.2%. The table above shows that, of the range of contraception types provided by Umbrella to under-18s, the largest percentage was EHC (47.2%). This breaks down to 53% EHC in Birmingham and 29.1% in Solihull. The most-issued type of contraception for Solihull under-18s was POP/COC at 55.6%.

As per KPI reporting above, the table below shows the number of females aged 13–17 and 18+ years of age receiving EHC in clinic, outreach, pharmacy, general practice and

other supply chain settings:

Table 11: Number of females under 18 and 18+ years of age receiving EHC in clinical in/outreach, pharmacy, general practice, other supply chain settings

| Period | Setting | Birmingham | | Solihull | | Umbrella | |
|----------------------|------------------|------------|--------|----------|-------|----------|--------|
| | | 13–17yo | 18+yo | 13–17yo | 18+yo | 13–17yo | 18+yo |
| Aug 2017 to Jul 2018 | Pharmacy | 309 | 2,756 | 127 | 429 | 486 | 3,581 |
| | Clinic/ Outreach | 694 | 11,206 | 36 | 459 | 954 | 15,230 |

Services

- The promotion and provision of a wide range of contraception, including LARC, oral and injectable contraception and condoms throughout the Umbrella network
- High profile health promotion work

Umbrella provides EHC, contraception and LARC for Birmingham through the services listed below:

| Contraception Type | Pharmacy | GP | Clinic |
|---|----------|----|--------|
| EHC | ✓ | ✗ | ✓ |
| Combined Oral Contraception/ Progestosterone Only Pill | ✓ | ✗ | ✓ |
| Injectable contraception | ✓ | ✗ | ✓ |
| Interuterine contraception(IUC) | ✗ | ✓ | ✓ |
| Implants | ✗ | ✓ | ✓ |

Please see Outcome 7 for further data in relation to contraception provided by Umbrella. For Solihull, the above contraception types are only provided through Umbrella clinics.

Training

See Outcome 1 for more detail.

The Umbrella Education and training team have focused over the last 12 months on ensuring the clinical services have a workforce that is dual trained and achieves the gold standards of qualification in Contraception and Sexual Health.

We are looking at further development of staff to achieve the ability to fit LARCs to ensure we meet service demand.

The Education team intend to review the partner organisations that have had training to

provide free condoms and signposting to ensure they have the right skills, knowledge and support to improve the outcomes of their Umbrella partnership.

EHC and access to ongoing contraception in pharmacies is a cornerstone of the Umbrella organisation, free at the point of the need and accessible in the community. The Education team is committed to continually reviewing and updating pharmacists on most recent guidance and evidence based practice to facilitate this ever increasing service.

The Umbrella Training Team will continue to provide regular training on contraception to GPs and will also expand this to pharmacists and partner organisations to increase awareness of availability and accessibility – this will include LARCs and SARCs (Short Acting Reversible Contraception), including condom provision.

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

6.10.1. Why is this outcome important?

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

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

6.10.2. How is the objective measured?

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

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

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

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

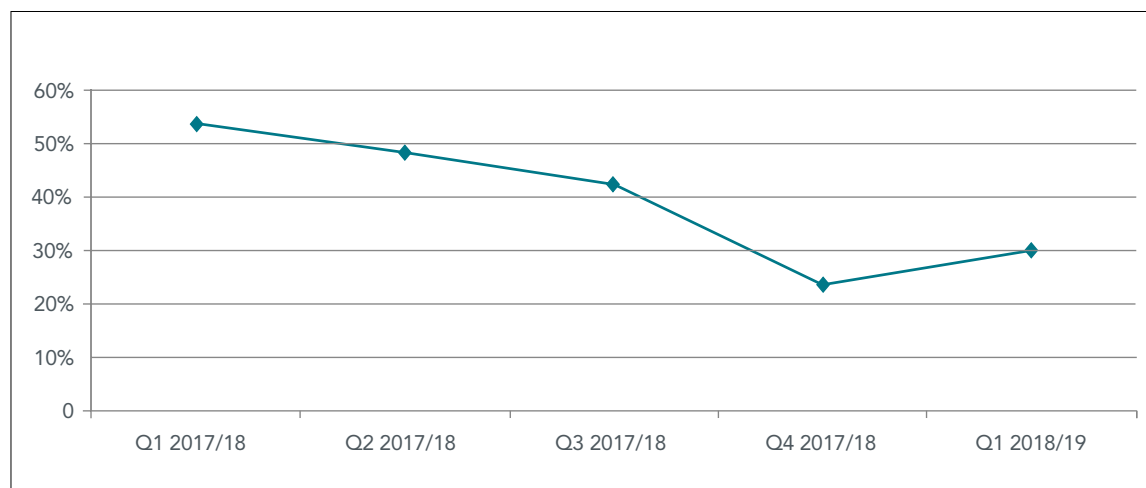
(Information around chlamydia is covered within Outcome 2 and HIV within Outcome 3)
Umbrella utilises the testing services available through clinics, primary care, community and self-sampling via the website to increase the number of STI tests carried out across

Birmingham. This includes health promotion and education to reach those groups that have not historically attended clinics or general practice.

6.10.3. Year 3 performance and analysis

100% of at risk patients are currently offered hepatitis B vaccinations when attending clinical services. Of these, just over half accept and take up the vaccination.

Figure 45: Percentage of Umbrella patients who have accepted the update of the initial hepatitis B vaccination



The main routes for STI testing in Umbrella are clinics (hub, satellite and community settings), self-sampling (through website, community settings and pharmacies) and, since 1 April 2018, through general practices.

Figure 46: Partner notification for chlamydia – Birmingham only Umbrella

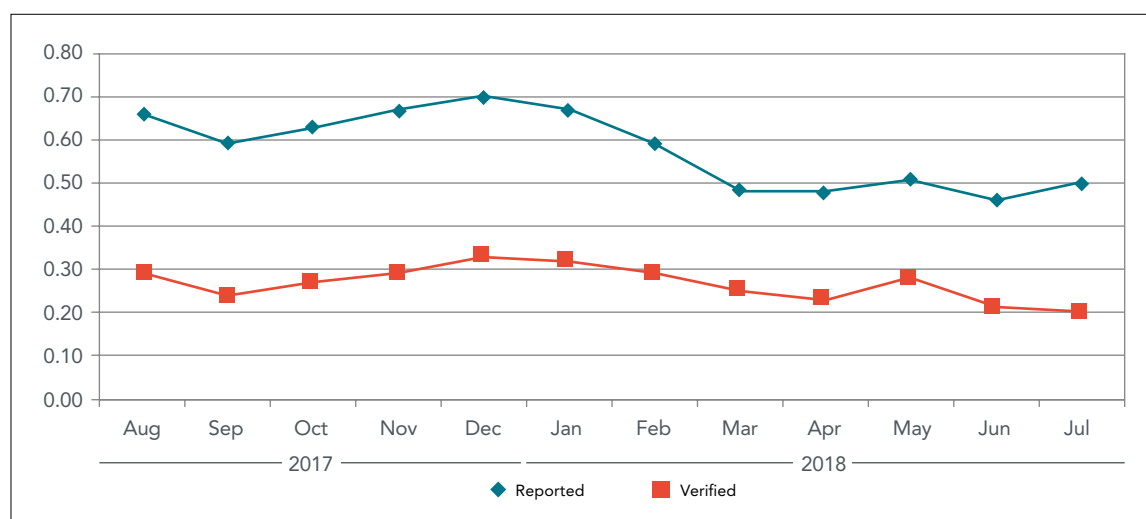


Figure 47: Partner notification for chlamydia – Solihull only Umbrella

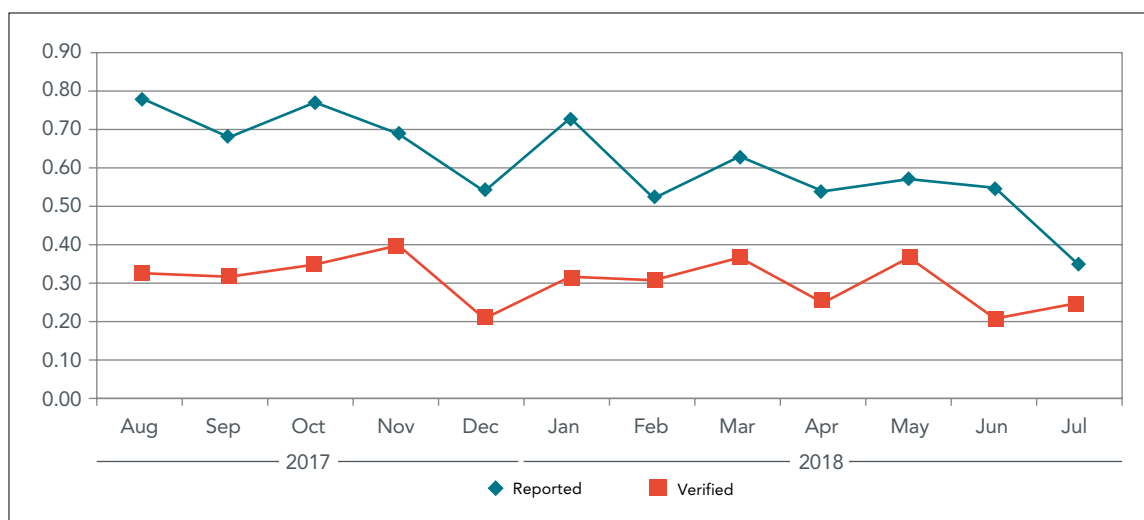


Figure 48: Partner notification for gonorrhoea – Birmingham only Umbrella

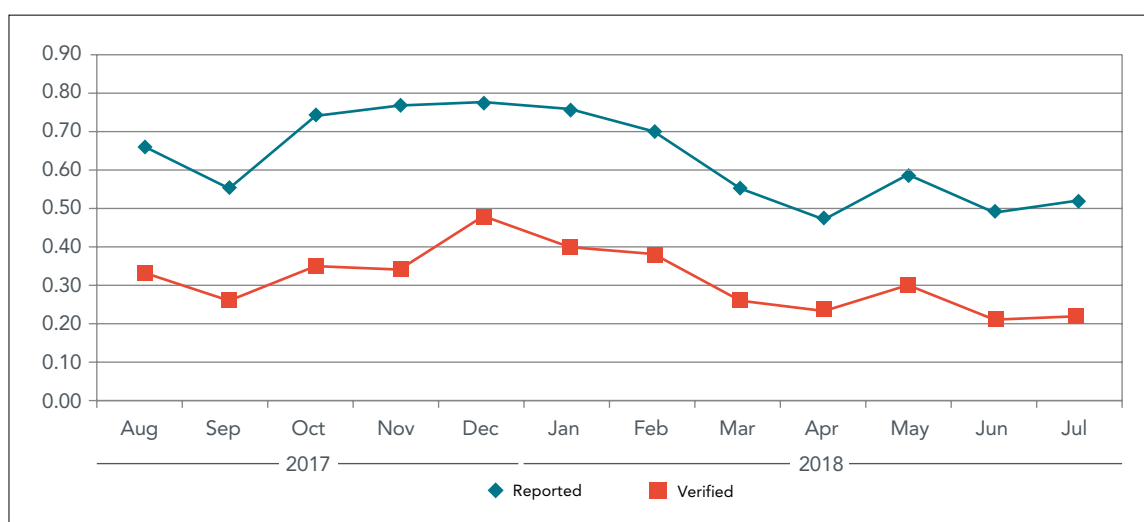


Figure 49: Partner notification for gonorrhoea – Solihull only Umbrella

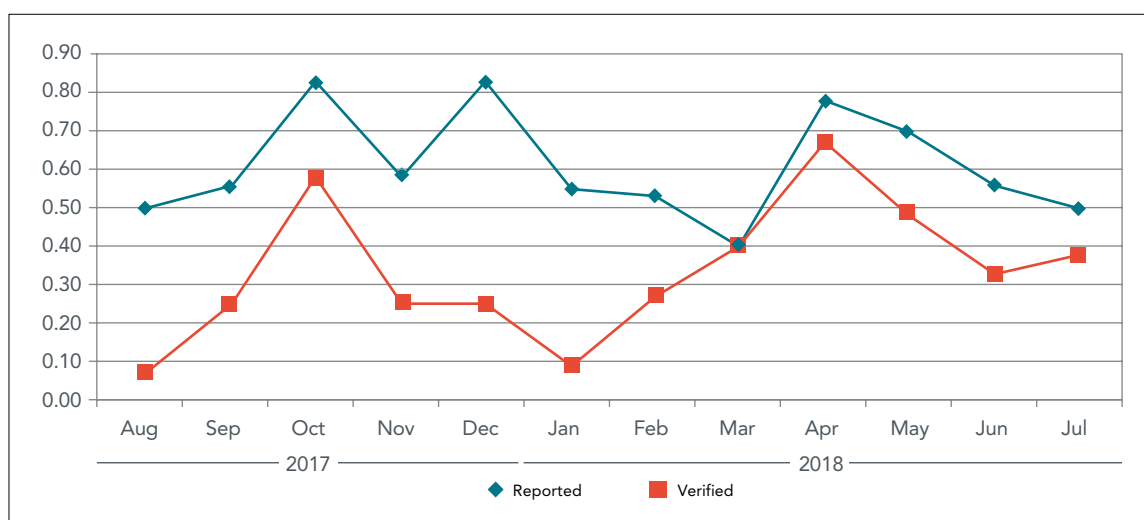
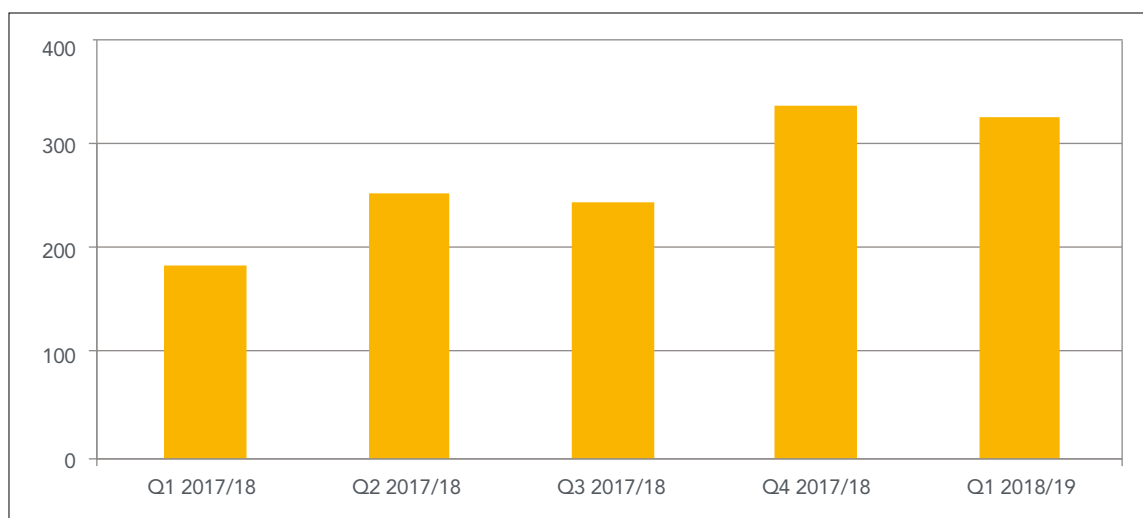


Figure 50: Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening



Numbers of screenings have been steadily increasing and Umbrella is currently reaching and screening approximately 300 sex workers each quarter. This service is being reviewed as at present only female sex workers are covered by the service.

6.10.4. Umbrella's strategy Year 4 and beyond

- Umbrella's health promotion campaigns have increased and continue to increase awareness of blood borne viruses and promote safer sexual behaviour to reduce transmission
- Umbrella has improved access to testing for STIs (including HIV) through both attendance at the expanded number of Umbrella sexual health clinics and through use of the self-sampling kits which can be ordered free via the Umbrella website. This aspect of the service has seen an huge increase in popularity with service users, with nearly 39,000 kits being ordered in Year 3
- All people attending Umbrella sexual health clinics are offered testing for STI and HIV
- At registration, all service users are routinely asked about risk factors for HBV and HCV and flags up to the clinician when testing for BBV is indicated
- A safe and effective vaccine exists to protect at-risk persons from acquiring HBV infection. This is offered to attendees at Umbrella clinics at highest risk i.e. MSM (Men who have Sex with Men), IVDU (Intravenous Drug Users), CSW (Commercial Sex Workers) and heterosexuals reporting high numbers of sexual partners
- Prompt and effective treatment of infected persons will prevent onward transmission of infection
- Partner Notification (PN) is routinely carried out for these infections, which helps to identify at-risk persons in the community, thus allowing them to be offered testing and treatment. Successful PN interrupts chains of transmission in the community

Umbrella psychological services

Umbrella provides a range of psychological services, including psychosexual medicine and therapy, counselling and psychotherapy, for both adults and young people.

The psychosexual team has continued to support the delivery of a psychosexual medicine and therapy service for people living within Birmingham and Solihull, in recognition that sexual dysfunction contributes to poor sexual health. This is in line with the World Health Organisation's holistic definition of sexual health and is supported by the NATSAL-3 study findings that individuals reporting a lower sexual function score were more likely to report having had a sexually transmitted infection, experienced sex against their will, paid for sex (if male) and having more partners (if female).^{1,2}

The service is provided by multi-professionals trained through the College of Sex and Relationship Therapists (COSRT) or the Institute of Psychosexual Medicine with expertise in; sexual health, perimenopause, genital dermatology, sexual compulsive behaviours, sexual trauma and EMDR (eye movement desensitisation and reprocessing). The therapists use an integrated approach with an underlying principle of brief intervention or onward referral when required if broader issues are identified. The service has offered training to one individual undertaking a formal qualification in psychosexual therapy and has presented an audit project at a national scientific meeting within 2017/18.

The service accepts referrals from within the Umbrella partnership and external referrals from General Practice and Hospital. 297 patients with a psychosexual issue were seen within 2017/18 of which 53% identified as male and 47% female. Where ethnicity had been recorded, the majority (56%) identified themselves as either Asian, black African, black Caribbean or mixed ethnic origin and 44% were white British or Irish.

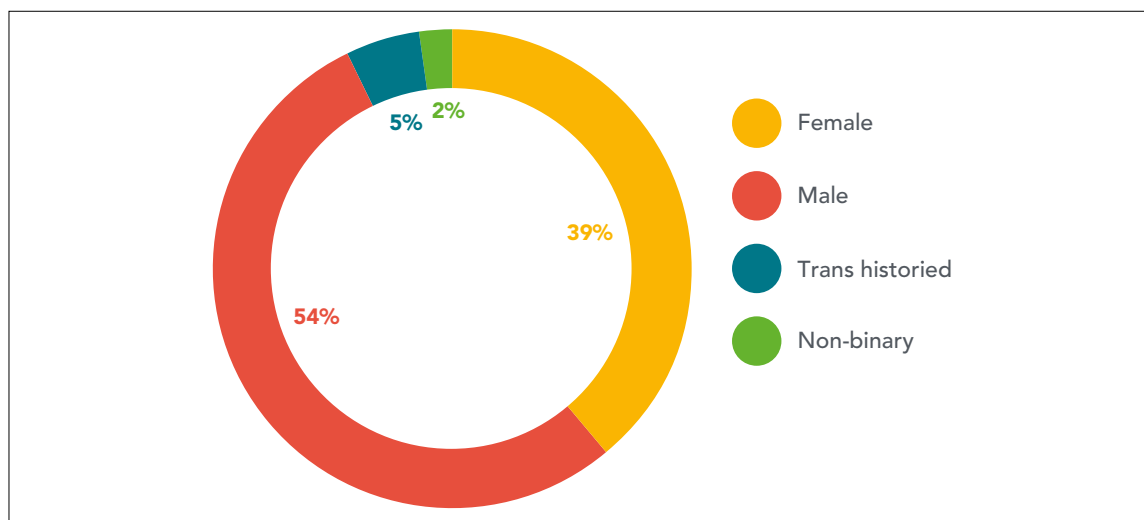
209 of the patients who had been seen in this time frame had an outcome documented and collated, 51% had shown significant improvement, 11% required referral elsewhere (eg. drug and alcohol support, mental health services), and 1% were deemed unsuitable for therapy. 37% were either still receiving therapy, had not improved, had not re-attended or there was incomplete data. The sexual problems seen in order of frequency were; Failure of genital response/erectile dysfunction (33%), non-organic vulvovaginal pain or vaginismus (29%), ejaculatory disorders (12%), loss of desire (11%), sexual compulsion (1%), mixed cause or not specified (14 %). Some individuals had more than one problem.

The Adult Counselling and Psychotherapy service carried out 1,509 attended sessions with an average of 8.2 sessions per patient during Year 3. The service has seen patients from across the Umbrella priority groups, including substance misusers (including chemsex), LGBT, homeless, offenders, people with mental health issues, people with learning difficulties, sex workers, gypsies and travels, trafficked people, new arrivals from abroad and care leavers.

The patients that have attended have specific needs that relate, in some way, to their sexual health and psychological wellbeing and have been carried out at five separate locations to ensure that the service offered is as widely available as possible.

Patients that have attended over the last year were born in 19 different countries and reported gender identity as:

Figure 51: Gender identity breakdown of patients who attended Adult Counselling and Psychotherapy sessions



This element of the service is run with one full-time paid member of staff and associate counsellors/ psychotherapists that work voluntarily for Umbrella, whilst undertaking or after completing a degree or doctoral qualifications at universities throughout the UK. In-house supervision and ongoing training is offered to the associates to offer a cost effective service.

The Young Person's Service has seen a significant increase in the number of referrals to the Young Persons (YP) counselling service. Our service users have specific needs that relate to their sexual health and psychological wellbeing and are aged 13 to 25 years old.

YP counselling is provided by two part-time qualified counsellors with extensive experience in sexual health, young people and relationships. The counsellors provide ongoing counselling, signposting and brief interventions such as Motivational Interviewing. All counselling sessions take place at our Young Persons clinic in Boots, city centre Birmingham.

"Young people have a growing need for a safe, supportive and non-judgemental space to explore emotional, personal and sexual health issues and the city centre location is ideal for our diverse client group" Tracey – YP counsellor.

"Our aim is encourage the young person to talk about what is troubling them and to work on building positive self- image, confidence and self- esteem" Astrid – YP counsellor.

YP counsellors have attended in house specialist counselling training on relevant public health topics such as "High risk taking behaviours and Sexually Transmitted Infections and Blood Borne Virus" in relation to service user presentation for counselling, as well as attending the annual British Association of Counselling and Psychotherapy (BACP) (Children and Young People Conference).

YP counsellors participated in a three-day intensive "Children's Training" provided by RSVP with whom the service has a close working relationship. All training provided is used towards professional registration. Supervision for counsellors is provided internally. YP counsellors facilitated an interactive workshop on "Sexting" with Forward Thinking – PAUSE for service users and staff.

YP Counsellors are currently participating in sexual health research based on YP counselling issues, to further develop the service.

1. Mitchell, Kirstin R., et al. "Sexual function in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)." *The Lancet* 382.9907 (2013): 1817-1829.
2. Accelerating progress towards the attainment of international reproductive health goals: a framework for implementing the WHO Global Reproductive Health Strategy. Geneva: WHO, 2006.

7 Health promotion campaigns

7.1. Introduction

A key aspect of the Umbrella model is the health promotion work undertaken by the Communications team. Throughout Year 3, Umbrella ran a series of nine campaigns and a number of support events. This year each campaign targeted specific audiences but was designed to also reach a wider audience and raise awareness of the brand with the general population of Birmingham and Solihull.

Visits to the Umbrella website have increased by 11% for the year (compared to the previous year), showing increased activity during the August 2017 Chlamydia campaign by 24% and the February 2018 Chlamydia campaign by 17%. Familiarity with the brand is growing and as a result we are maintaining a strong level of interaction via the website. The lack of sharp peaks and troughs suggests we are successfully reaching those who require the services on offer. The visibility of the brand across Birmingham and Solihull through active campaigns, work with our partner organisations and, increasingly, word of mouth is strengthening the recognition of the brand, ensuring continued engagement with the population.

7.2. Year 3 performance and analysis

1 4–31 August 2017 – Chlamydia – Click Test Send

| | |
|------------|--|
| Audience | Young people aged 15–24 |
| Aims | <ul style="list-style-type: none"> • Raise awareness of services provided by umbrellahealth.co.uk. • Drive visits to umbrellahealth.co.uk • Increase the number of requests and returns of STI testing kits • Raise awareness of risk of chlamydia |
| Targeting | <p>Campaign will mainly target young people across Birmingham and Solihull, including students at five universities in Birmingham, with a specific focus on:</p> <ul style="list-style-type: none"> • Young people browsing social media • Young people actively searching for information on chlamydia and STI testing via google searches (PPC) |
| Channels | <ul style="list-style-type: none"> • Digital advertising: Facebook and Instagram • Social media boosting: Facebook and Twitter • Pay Per Click: Google Search • Print: posters and information cards for partners • Radio: Capital and Smooth ads |
| Highlights | <ul style="list-style-type: none"> • 110,000 people reached via Facebook and Instagram digital advertising • Over 2,000 interactions from service users on Facebook boosted posts |

2 4–30 September 2017 – Freshers and Young People

| | |
|-------------------|--|
| Audience | Students aged 16–24, including those attending five universities across the city |
| Aims | <ul style="list-style-type: none"> • Raise awareness of services provided by umbrellahealth.co.uk. • Drive visits to umbrellahealth.co.uk • Increase the number of requests and returns of STI testing kits • Raise awareness of risk of chlamydia |
| Targeting | <p>Campaign will mainly target on students at five universities in Birmingham, with a specific focus on:</p> <ul style="list-style-type: none"> • Students browsing social media • Students actively searching for information on chlamydia and STI testing via google searches (PPC) |
| Channels | <ul style="list-style-type: none"> • Digital advertising: Facebook and Instagram • Social media boosting: Facebook and Twitter • Outreach: Freshers' events • Pay Per Click: Google Search • Print: posters and information cards distributed to partners • Radio: Heart West Midlands and Smooth West Midlands ads |
| Highlights | <ul style="list-style-type: none"> • Distribution of 100,000 condoms at Freshers' events • Extensive distribution of posters and information cards at university sites • Coverage in local media of condom distribution |

3 18 November–24 December 2017 – HIV and Over 45s

| | |
|------------------|---|
| Audience | Residents at higher risk of HIV |
| Aims | <ul style="list-style-type: none"> • Reduce rates of late HIV diagnosis across Birmingham and Solihull • Educate people around process of free testing and free treatment available through Umbrella. • Promote variety of access points to HIV testing (clinics, pharmacies and partners) • Raise awareness of access to HIV testing in community and clinical settings to improve early diagnosis and treatment • Drive visits to HIV landing page at umbrellahealth.co.uk |
| Targeting | <p>Individuals most affected by HIV, with a specific focus on:</p> <ul style="list-style-type: none"> • MSM • Black African/African Caribbean • Indian sub-continent – Pakistani, Indian and Bangladeshi (extremely culturally sensitive) • Over 45s heterosexuals (17% of new diagnosis last year and 58% of those older than 55 year were diagnosed late) |
| Channels | <ul style="list-style-type: none"> • Digital: Facebook and Twitter posts including targeted animation for over 40s. Instagram and Snapchat advertising • Social media boosting: Facebook, Birmingham Updates Live Q and A • Pay Per Click: Google Ad Words • Print: posters, cards and leaflets distributed to partners • Radio: New Style Radio (Afro-Caribbean) and Unity FM (South Asian) / Smooth and Heart Radio (Over 40s) |

| | |
|------------|---|
| Highlights | <ul style="list-style-type: none"> • 39,500 interactions from service users as a result of viewing the over 40s animation • Live Q and A attracting over 15,000 views • Social media posts which were shared in partnership with Birmingham Updates reached over 45,000 people |
|------------|---|

4 26 February–18 March 2018 – Chlamydia

| | |
|------------|---|
| Audience | 15–24 year olds living in Birmingham and Solihull |
| Aims | <ul style="list-style-type: none"> • Raise awareness of chlamydia testing among 15–24 year olds • Focus on high prevalence areas with low return rates • Increase the number of requests and returns of online STI testing kits • Drive visits to umbrellahealth.co.uk |
| Targeting | <ul style="list-style-type: none"> • 179,065 15–24 year olds in Birmingham and 23,800 15–24 year olds in Solihull |
| Channels | <ul style="list-style-type: none"> • Digital: Facebook and Twitter posts. Instagram and Snapchat advertising. Mobile advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • Outdoor: 150 interior bus panel and 170 interior train posters. Digital 6 sheets and socialite screens in bars • Radio: Capital FM • Print: posters and cards distributed to partners • New Street Station washrooms: poster sites • Train station poster sites: Selly Oak, University, New Street |
| Highlights | <ul style="list-style-type: none"> • 4,000 swipe-ups by service users on Snapchat • Over 4,000 click throughs on mobile advertisements |

5 April 2018 – General Practice services promotion begins – ongoing

| | |
|------------|---|
| Audience | All residents of Birmingham and Solihull |
| Aims | <ul style="list-style-type: none"> • Promote provision of LARCs by GP surgeries • Promote provision of Chlamydia screening at GP surgeries • Raise awareness of Umbrella services delivered via GP surgeries • Drive visits to umbrellahealth.co.uk |
| Targeting | <ul style="list-style-type: none"> • All age groups with a focus on young people |
| Channels | <ul style="list-style-type: none"> • Outdoor: Large vinyl banners designed to fit space available per surgery • Print: posters, leaflets and cards distributed to GP partners |
| Highlights | <ul style="list-style-type: none"> • 70 banners now displayed at GP surgeries promoting LARCs • New relationship with GPs for health promotion • Specific patient information leaflet created to support campaign |

6 25 to 27 May 2018 – Umbrella campaign for PRIDE – MSM, online testing/condoms

- Major LGBT event in Birmingham, promoting online testing kits and condoms

7 25–27 May 2018 – Umbrella campaign for PRIDE – MSM, online testing/condoms

| | |
|-------------------|---|
| Audience | Young People, LGBT, MSM |
| Aims | <ul style="list-style-type: none"> • Promote sexual health awareness following major event • Increase the number of requests and returns of online STI testing kits • Raise awareness of Umbrella services • Drive visits to umbrellahealth.co.uk |
| Targeting | <ul style="list-style-type: none"> • Young people of all backgrounds |
| Channels | <ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • Radio: New Style Radio (African Caribbean) and Capital FM • Outdoor: Animation on Digital 6 sheet screens • Print: posters and information cards distributed to partners |
| Highlights | <ul style="list-style-type: none"> • Over 2,000 STI self-sampling kits ordered during campaign • 1,500 interactions from service users on Facebook boosted posts; • 14,000 users visiting the website during the campaign |

8 11 June–1 July 2018 – Chlamydia – Young People

| | |
|-------------------|--|
| Audience | 15–24 year olds living in Birmingham and Solihull |
| Aims | <ul style="list-style-type: none"> • Raise awareness of chlamydia testing among 15–24 year olds • Focus on high traffic areas for increased visibility of messaging • Increase the number of requests and returns of online STI testing kits • Drive visits to umbrellahealth.co.uk |
| Targeting | <ul style="list-style-type: none"> • 15–24 year olds |
| Channels | <ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising, mobile advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • YouTube: pre-roll animated ads • Radio: Capital FM 30 second ad • Outdoor: Billboards / Animations on Digital 6 sheet screens / Socialite screens in bars • Print: posters and information cards distributed to partners |
| Highlights | <ul style="list-style-type: none"> • Over 2,500 STI self-sampling kits ordered during campaign • 8,000 interactions from service users on Facebook boosted posts; • 26,000 views of YouTube advertisements |

9 2 July–22 July 2018 – STI Kit Push

| | |
|-----------------|--|
| Audience | All residents in Birmingham and Solihull |
| Aims | <ul style="list-style-type: none"> • Refer target audience to umbrellahealth.co.uk to order a free STI kit and test themselves at home • Increase awareness of the ease and speed of testing discreetly at home • Focus on high traffic areas for increased visibility of messaging • General brand awareness of Umbrella sexual health services |

| | |
|------------|---|
| Targeting | <ul style="list-style-type: none"> All residents in Birmingham and Solihull with a focus on younger people |
| Channels | <ul style="list-style-type: none"> Digital: Facebook, Twitter, Instagram advertising. Mobile advertising Social media boosting: Facebook Pay Per Click: Google AdWords Radio: Capital FM Outdoor: Billboards, Bus interior panels, Adshells in bus stops, Animations on Digital 6 sheet screens, socialite screens in bars Print: posters and information cards distributed to partners |
| Highlights | <ul style="list-style-type: none"> 2,920 STI self-sampling kits ordered during campaign Estimated reach of over 5.5 million views across all campaign channels *estimate as print channels cannot be tracked accurately 14,500 new users to the website |

7.3. Examples of health promotion collateral/messages

Figure 52: Examples from Chlamydia campaign August 2017 (Poster, info card, social media)

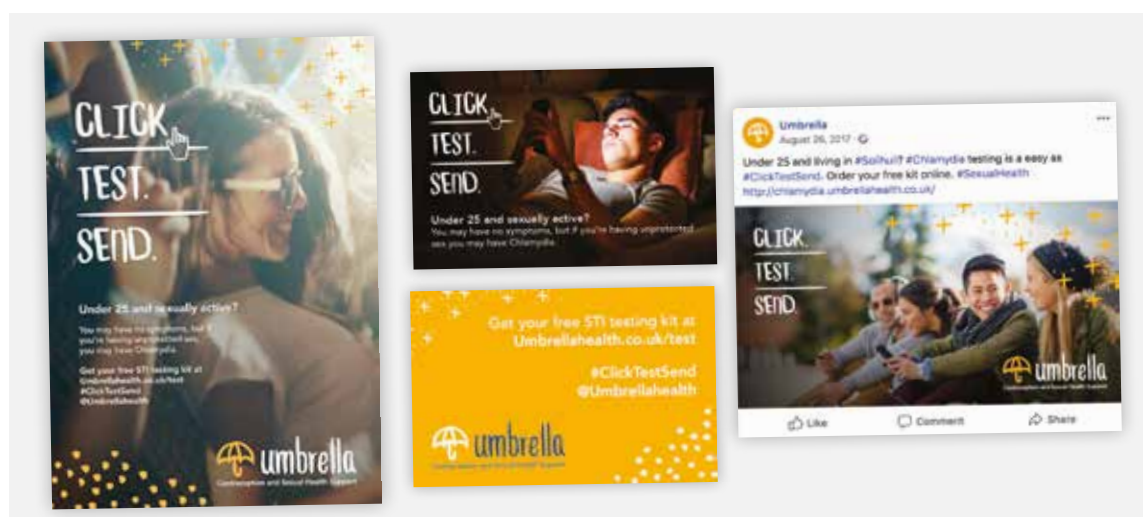


Figure 53: Examples from Freshers and Young Persons' social media September 2017

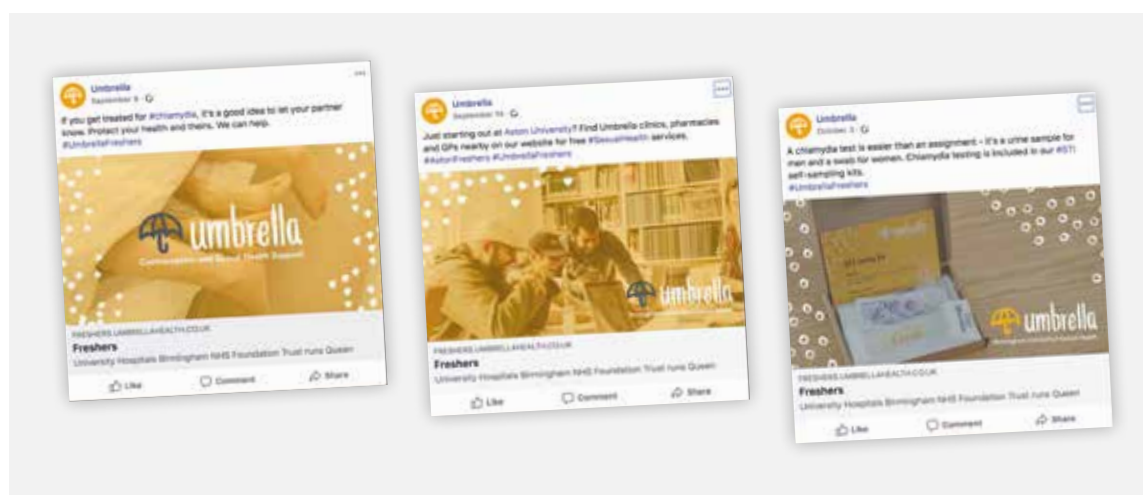


Figure 54: Examples of HIV and Over 45s campaign materials November–December 2017



Figure 55: HIV campaign, June 2017 – signposting to pharmacies

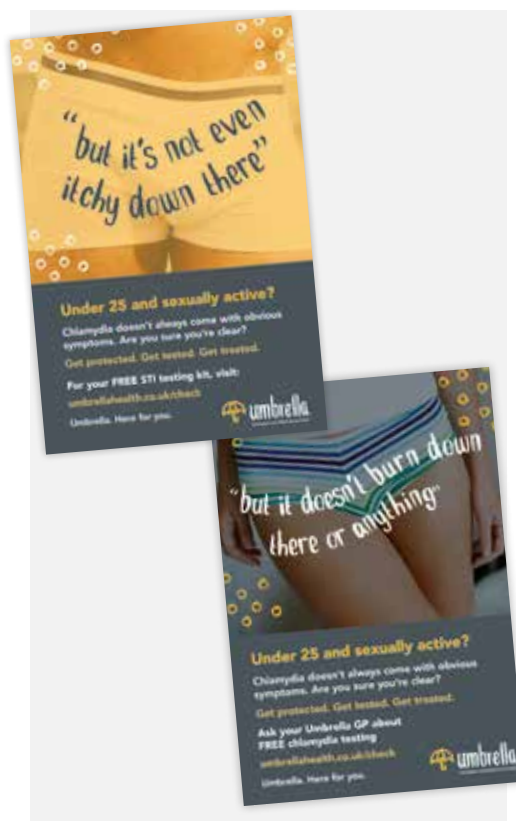


Figure 56: GP Services LARC banner visual launched April 2018



Figure 57: LGBT Pride, MSM examples May 2018



Figure 58: BLGBT partner campaign June 2018



Figure 59: Examples of social media from June–July 2018 Chlamydia campaign

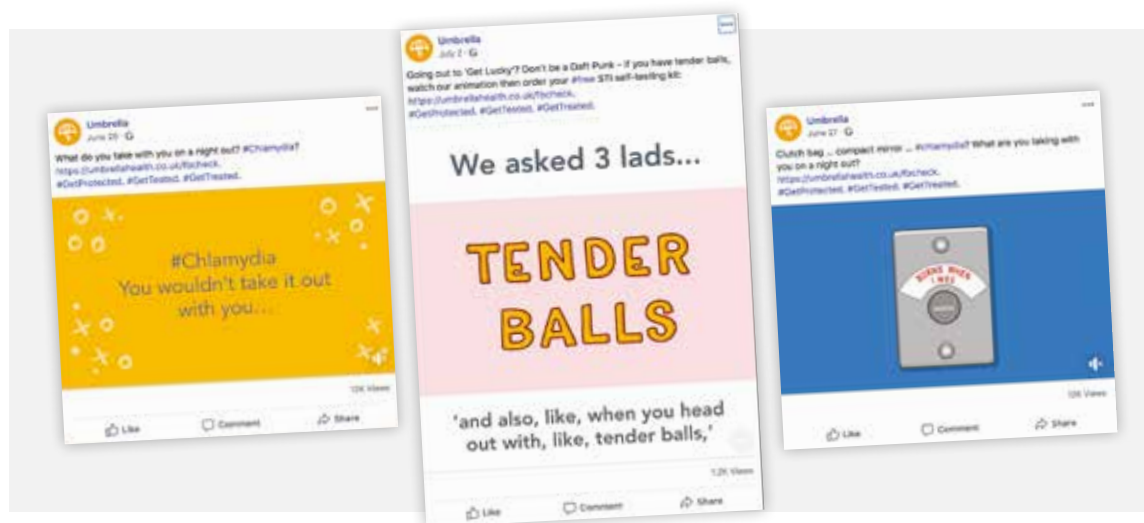


Figure 60: Examples STI testing campaign July 2018



7.4. Social Media impacts

■ *Table 12: Chlamydia, 4–31 August 2017*

| | |
|---------------------|----------------------|
| Pay per click (PPC) | 30,851 impressions |
| Facebook/Instagram | 289,229 reach |
| Twitter | 515,700 impressions* |
| Spend | £8,042 |

* The amount of times the post appeared on Twitter users' time lines

■ *Table 13: Freshers and Young People, 4–30 September 2017*

| | |
|---------------------|--------------------|
| Pay per click (PPC) | 18,154 impressions |
| Facebook/Instagram | 214,952 reach |
| Twitter | 45,413 impressions |
| Spend | £3,643 |

■ *Table 14: HIV and Over 45s, 18 November–24 December 2017*

| | |
|------------------------|---------------------|
| Pay per click (PPC) | 26,321 impressions |
| Facebook/Instagram | 258,321 reach |
| YouTube | 135,586 impressions |
| Snapchat | 70,900 impressions |
| Heart and Smooth Radio | 232,700 impacts |
| Spend | £9,000 |

■ *Table 15: Chlamydia, 24 February–18 March 2018*

| | |
|---------------------|---------------------|
| Pay per click (PPC) | 9,674 impressions |
| Facebook/Instagram | 66,668 reach |
| Snapchat | 606,700 impressions |
| Capital Radio | 323,000 impacts |
| Spend | £6,500 |

■ *Table 16: Post-Pride, 25 May–18 June 2018*

| | |
|---------------------|---------------------|
| Pay per click (PPC) | 21,274 impressions |
| Facebook/Instagram | 97,280 reach |
| Capital | 149,800 impressions |
| Spend | £7,615 |

■ *Table 17: Chlamydia, 11 June–1 July 2018*

| | |
|---------------------|---|
| Pay per click (PPC) | 8,667 impressions |
| Facebook/Instagram | 123,488 reach |
| Capital Radio | 130,400 impacts (total impacts split between this campaign and the STI one as ad ran across both) |
| Spend | £7,050 |

■ *Table 18: STI Kits Push, 2–22 July 2018*

| | |
|---------------------|-------------------|
| Pay per click (PPC) | 8,835 impressions |
| Facebook/Instagram | 98,784 reach |
| Capital Radio | 130,400 impacts |
| Spend | £6,950 |

Increased awareness of the Umbrella brand and familiarity with service users and general public has led to a more consistent level of engagement with the website.

Social media continues to be a valuable channel to reach all our target audiences and partners alike.

■ *Figure 61: Landing page stats for the campaigns listed above*

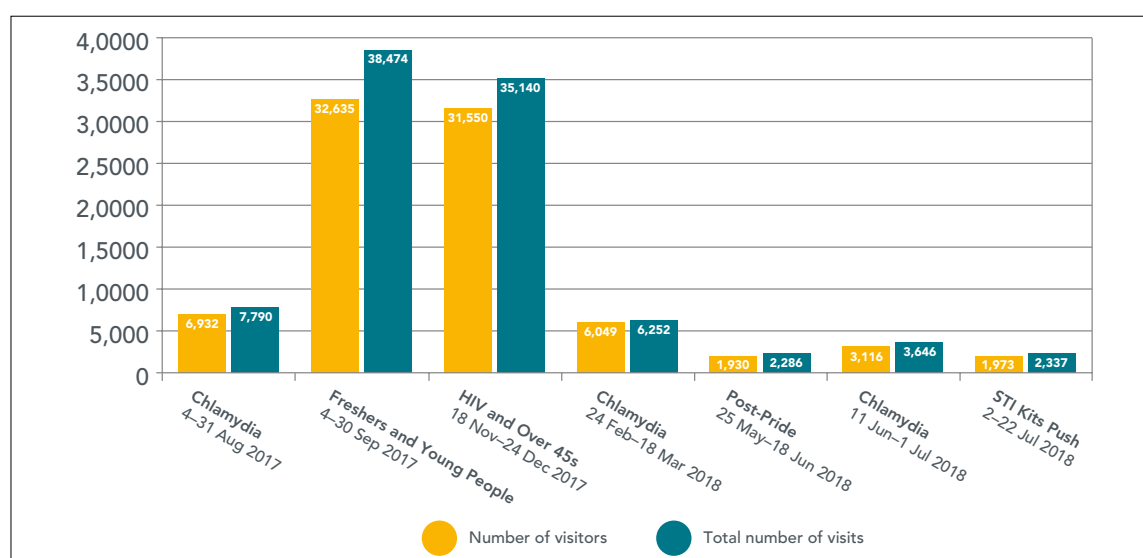
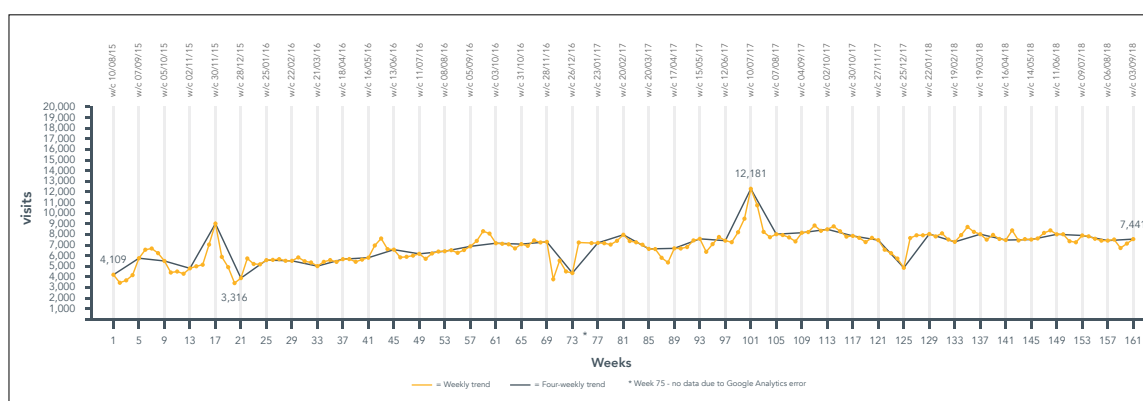


Figure 62: Web usage



7.5. Umbrella's strategy Year 4 and beyond

2018

| | |
|-----------|---|
| September | University and College Freshers' welcome events |
| November | Dual HIV testing campaign for higher risk and general audiences |
| December | Pharmacy services promotion run up to party season |

2019

| | |
|----------|---|
| Jan/Feb | Chlamydia awareness boost in Solihull |
| February | Young People's campaign, STI testing and contraception. Focus on colleges, sixth forms and universities |
| May | Birmingham Pride |
| June | Young People's campaign, STI testing and contraception |
| July | Pharmacies |

8 Management and governance of Umbrella

8.1. Operational management

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

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

- Whittall Street Clinic
- Boots Birmingham (basement)
- Boots Birmingham Young Persons Clinic (first floor)

- Hawthorn House
- Erdington
- Northfield Community Partnership (NCP)
- Boots Solihull
- Chelmsley Wood
- Soho

Each satellite clinic works within a triumvirate model in which operational delivery is provided by a Lead Clinician, Senior Nurse and Operational Manager. The Operational Managers report to a Senior Manager based at the Whittall Street Clinic who, in turn, reports to a Senior Manager and Director of Operations based at UHB.

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

Senior accountability for Umbrella services is provided through UHB's Divisional Speciality meetings, held every six weeks. The Divisional Speciality Meetings are chaired by the Divisional Director or Director of Operations who, in turn, report to the Trust Executive Directors and Chief Operating Officer.

8.2. Service user engagement

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

Umbrella addresses this by using innovative approaches to engage with service users and potential service users through the website, social media, advertising and campaigns. For example, young people assisted in the development of the Umbrella branding.

This approach helps Umbrella to make the right choices and improve on our approach. Service user feedback is extremely important to Umbrella, hence the STI self-sampling kit surveys. Umbrella used this feedback to review and improve the usage of kits.

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

Partners such as Birmingham LGBT, Loudmouth and RSVP are better placed for citizen engagement, particularly with diverse communities and those less represented in mainstream clinical settings, whose voices are less heard. A service user forum which is inclusive of and representative of the service user population across the whole system is

being established and will also feed into the governance and development of Umbrella and its services. This provides both challenge and support to Umbrella.

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

8.3. Governance

Quarterly Contract Meetings take place between Commissioners and Umbrella. The Contract Review Meetings (CRM) take place quarterly following Umbrella's data submission, discussing and monitoring performance levels of delivery against contractual requirements.

In addition to this meeting, there are quarterly Service Performance Group (SPG) meetings to ensure that, operationally, the system is working smoothly and is progressing in the direction intended.

The transformation/transition phase was completed by April 2016, at which point Umbrella had introduced and established the majority of the developments described in the bid offer. Other elements in the bid, captured as variations in the contract with 2016 long stop dates, continue to be addressed and implemented jointly.

A Partnership Board has oversight of the delivery of the contract, both operationally and performance-wise. Agenda items include reports of importance, exception and recognition for discussion, recommendation or decision.

The Board meets quarterly and is chaired by BCC. It includes membership of the Directors of Public Health from both local authorities, and their senior officers and the senior team from Umbrella, including the Director of Operations and Clinical Leads.

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

Appendix B shows the Umbrella governance structure.

8.4. Corporate governance of the Umbrella system

Senate

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

The Senate is responsible for:

- Performance, quality and clinical safety of services provided
- Ensuring that partners work to common standards and that activities are coordinated

- Evaluating the effectiveness of the system
- Discussing Umbrella strategy and making recommendations to the management team

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

8.5. Safeguarding

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

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

Through our partnership work we have identified complex groups of children who are linked, this is identified by both Health Advisors in Umbrella and the safeguarding team. For example the use of one mobile phone line used by girls attending Umbrella was noted by Health Advisors and on investigation by the Safeguarding team of the 8 young people identified as being linked 6 were on Child Protection Plans or Looked after Children. A very vulnerable group of young people who were mapped with the support of CSE Named Nurse and the CSE co-ordinator for the Children's Trust.

Through the safeguarding team attendance at COG further victims and identification of themes have been cascaded to Umbrella staff. We are often identifying other Local Authority Looked after Children residing in Birmingham in Foster care and care home placements who are accessing sexual health in Birmingham. This has been highlighted at COG and an action has been as a result that Birmingham Children's Trust has written to every Local Authority to ask what children they have residing in Birmingham. In highlighting this issue Looked after Children can be made safer as often children are moved out of area because of CSE and a robust risk assessment and appropriate planning can happen as to the best place for that child while they are in Birmingham.

The safeguarding team is responsive to Umbrella staff advice calls and emails and we are receiving between 30 and 60 of these a month. These advice calls all go on our database so that if further concerns are identified appropriate safeguarding measures

can be made. We respond in a timely manner and support staff with whatever actions is required, empower staff to carry out their safeguarding duties and debrief difficult cases.

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

A photograph of two young women sitting together and laughing. The woman on the left is holding a smartphone and looking at it with a smile. The woman on the right is laughing heartily, her head tilted back. The entire image is covered with a warm yellow overlay and scattered white confetti. The word "Appendices" is written in a white, cursive font across the middle of the image.

Appendices

Appendix A

Glossary of abbreviations

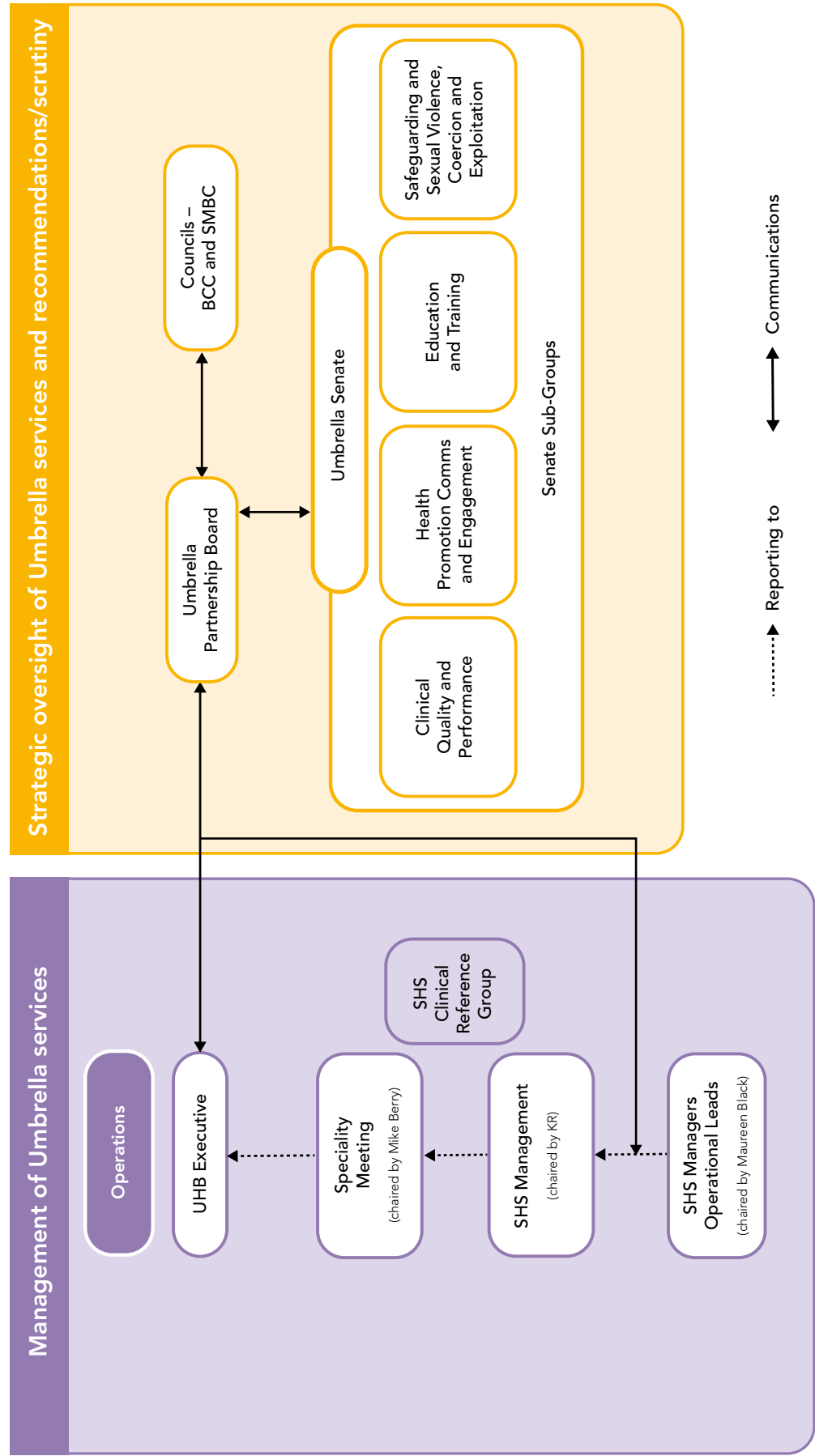
| | |
|-----------------|---|
| ACAP | Adult Communities Access Point |
| AIDS | Acquired Immune Deficiency Syndrome |
| ASC | Abuse Survivors Clinic |
| ASH | Advanced Sexual Health |
| BADGER | Birmingham and District General Practitioner Emergency Room |
| ACM | Afro-Caribbean Millennium (ACM) Centre |
| BASHH | British Association for Sexual Health and HIV |
| BBV | Blood Borne Virus |
| BCC | Birmingham City Council |
| BCHC | Birmingham Community Healthcare Trust |
| BHA | Black Health Agency |
| Birmingham LGBT | Birmingham Lesbian Gay Bisexual and Transgender |
| BME (BAME) | Black and Minority Ethnic |
| BPAS | British Pregnancy Advisory Service |
| BSAB | Birmingham Safeguarding Adults Board |
| BSMHFT | Birmingham & Solihull Mental Health Foundation Trust |
| CAF | Common Assessment Framework |
| C-CARD/SCHEME | Free Condom Scheme |
| CGL | Change Grow Live |
| CMOG | Child Sexual Exploitation and Missing Operational Group |
| COC | Combined Oral Contraception |
| CPPE | Centre for Postgraduate Pharmacy Education |
| CQC | Care Quality Commission |
| CRM | Contract Review Meeting |
| CS | Chlamydia Screening Kits |
| CSE | Child Sexual Exploitation |
| CSL | Clinical Service Lead |
| CSP | Chlamydia Screening Programme |
| CSW | Commercial Sex Workers |
| CTAD | Chlamydia Testing Activity Dataset |
| CYP | Children & Young People |
| DBS | Disclosure and Barring Service |
| DNA | Did not Attend |

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

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

Appendix B

Umbrella governance structure



Appendix C

Safeguarding information

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

Email: ppu_referrals_unit@west-midlands.pnn.police.uk

Information request: ppu_information@west-midlands.pnn.police.uk

Call UHB Safeguarding Team for advice and support:

Tel: 07795 044 112

Secure email address:

uhb.safeguarding@nhs.net

Ruth O'Leary, Lead Nurse for Safeguarding Adults and Children: 07917 894 563

Jane Lovell, Clinical Nurse Specialist, Safeguarding: 07876 577 770

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

Monday–Friday 08:45–17:15 (16:15 on Fridays)

Tel: 0121 303 1234

Out-of-hours: 0121 675 4806

Policies and procedures and referral form: www.bsab.org

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

Monday–Friday 09:00–17:00

Tel: 0121 303 1888

24-hour helpline: 0121 675 4806

Secure email address:

secure.cass@birmingham.gcsx.gov.uk

Policies and procedures and referral form: www.lscbbirmingham.org.uk

West Midlands SARC

(Sexual Assault Referral Centre)

Healthcare professionals call: 01922 646 709

Self-referral free phone: 0808 168 5698

Manager: Natalie Lynch

Email: enquiries@horizonsarc.org.uk

Birmingham and Solihull Clinical Commissioning Group**Designated nurse:**

Mel Homer: 0121 255 0682

Designated doctors for child protection:

Dr Jane Armstrong: 0121 424 2000

Dr Caroline Rodrick: 0121 675 6741/07540 674 686

Named GPs:

Anjana Ranjit, Yasmin Ahmed and Wans Ahmed

Helen Scott Cook: 07834 774 268

NSPCC

24-hour helpline: 0808 800 5000

Email: help@nspcc.org.uk (response within 24 hours)

Website: www.nspcc.org.uk

Text: 88858

The Female Genital Mutilation 24/7 Helpline:

0800 028 3550

Email: fgmhelp@nspcc.org.uk

Named doctor for child protection (UHB)

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

Women's Aid

24-hour helpline: 0808 200 0247

Email: helpline@womensaid.org.uk

Other area Multi Agency Safeguarding Hubs (Children)

Sandwell: 0121 5693100

Coventry: 0247 678 8555

Walsall: 0300 555 2866

Worcestershire: 01905 765765

Birmingham Child Health

Tel: 0121 466 3300

Teenage Pregnancy Midwife at Birmingham Women's Hospital:

Kerrie Law: 0121 623 6606

Solihull contact numbers

Multi Agency Safeguarding Hub (children): 0121 788 4300

Early Help: 0121 709 7000

Early help email: engage@solihull.gov.uk

Adults & Community Access Point: 0121 704 8007

West Midlands Paediatric Sexual Assault Service

Email: pSASWestMids@uk.g4s.com.cjsm.net

Website: www.bhamcommunity.nhs.uk/PSAS

Tel: 0800 953 4113

Umbrella Health Advisors

Tel: 0121 237 5737

Young Persons Health Advisors

Tel: 07826 917 449

Adult Safeguarding referral:

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

Children's safeguarding referral:

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

Appendix D

Umbrella delivery and community partners

Delivery partners

| |
|---|
| BCC Youth Service |
| BCHC (LAC, LD and YP in schools) |
| Birmingham Careers Service |
| Birmingham LGBT |
| KIKIT Pathways to Recovery |
| Loudmouth |
| RSVP |
| SIFA Fire Side Centre |
| Terence Higgins Trust |
| Trident Reach |
| WAITS (Women Acting in Today's Society) |

Community partners

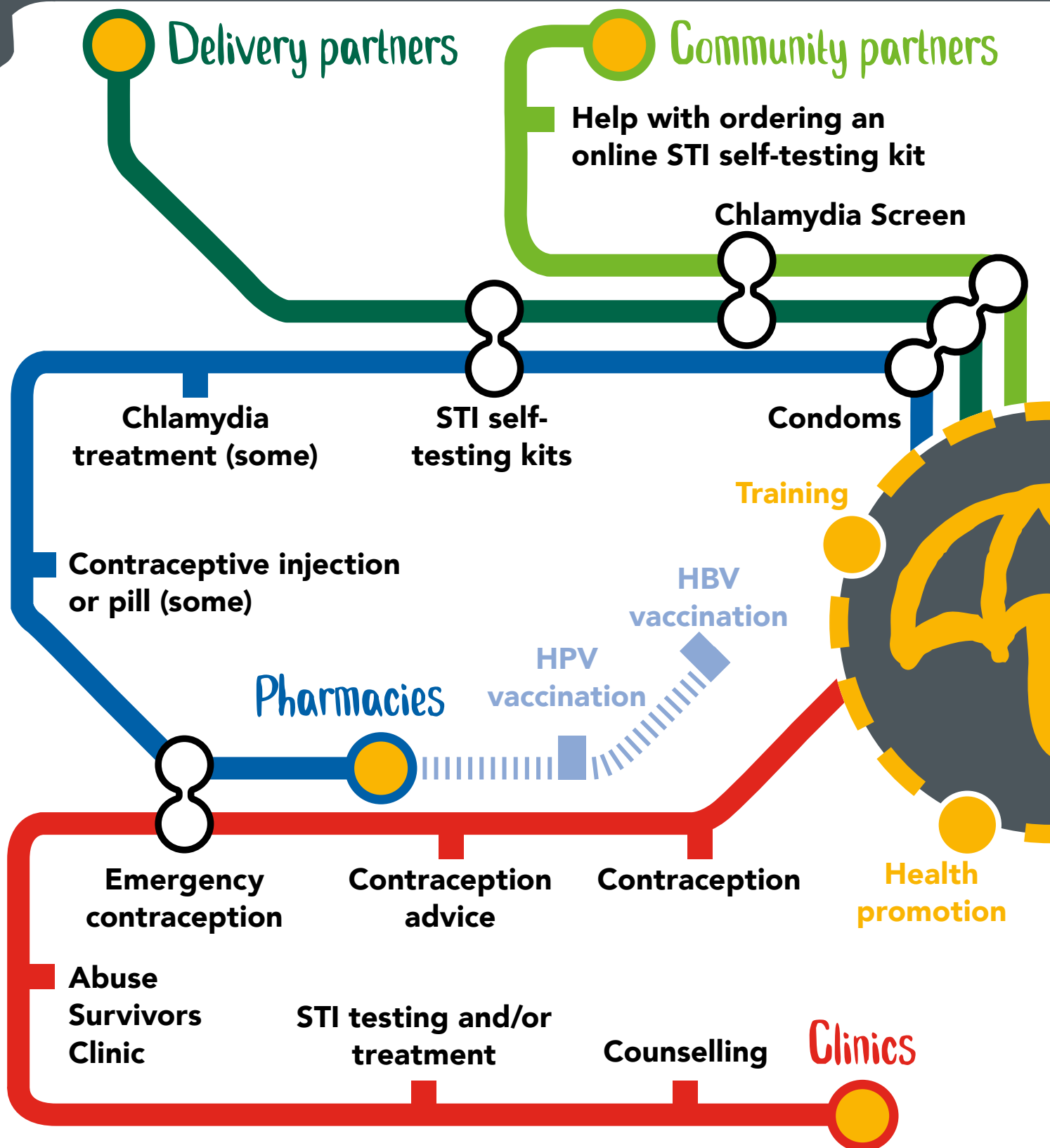
| |
|---|
| Anawim |
| Aquarius Birmingham |
| Aspire Childrens Services |
| BCC 18+ Care Leavers Service |
| Big Issue |
| Birmingham Youth Offending Service |
| Birmingham Youth Empowerment |
| Frankley Plus Childrens Centre |
| Freedom from Torture |
| Gateway Family Services |
| HEFT / Solihull LAC |
| Joseph Chamberlain Sixth Form College |
| National Unplanned Pregnancy Advisory Service (NUPAS) |
| Nu Skillz Training |
| Polish Expats |
| Services for Education |
| Solihull Integrated Addiction Services (SIAS) |
| St Basils |
| UoB Student's Guild |
| Washwood Heath Children's Centre |
| You+ |

Appendix E

Umbrella pharmacy services










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

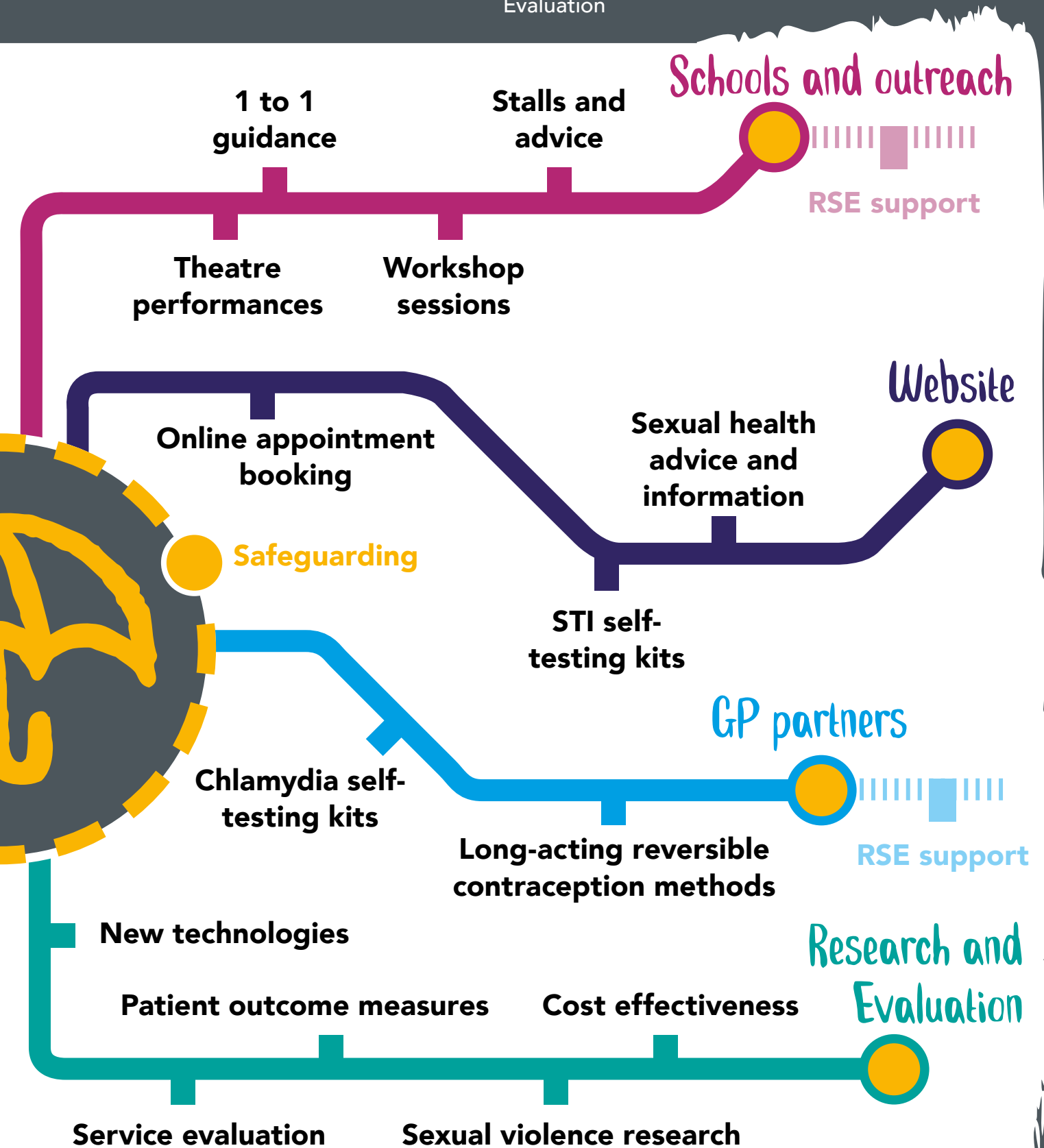
The Umbrella Way



To find your nearest Umbrella service, please use our service locator:
<https://umbrellahealth.co.uk/service-locator>

Key:

| | | |
|---|---|--|
|  Clinics |  GP partners |  Schools and outreach |
|  Community partners |  Pharmacies |  Website |
|  Delivery partners |  Research and Evaluation |  Future services |



NB: All of our services are free.
Chlamydia self-testing kits are for those aged 24 and under.



umbrellahealth.co.uk