

Birmingham and Solihull Sexual Health



**Umbrella Summary Report** 

2020 - 2021

# **Umbrella Summary Report**

# Period: 01 August 2020 to 31 July 2021

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#### **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 achieved 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.

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

#### 2 Summary Report on Umbrella's sixth year

This summary report covers the period of 1 August 2020 to 31 July 2021. This is the final year in Umbrella's five-year contract which was extended for a further year due to the COVID-19 pandemic, and commissioner's plan to retender sexual health services in 2023.

This report summarises the service outputs realised in relation to Umbrella's 5 key outcomes up to the end of July 2021 and the impact of the pandemic on sexual health services from August 2020.

#### 3 COVID-19 Pandemic

The months from August 2020 to July 2021 saw a significant impact on health services across the UK. From the start of the pandemic in March 2020, Umbrella worked hard to deliver sexual health services within the constraints of national and local guidelines. The changes to the service during those months were implemented to maintain support for high risk groups and vulnerable patients throughout the pandemic.

Despite the challenges during the COVID-19 pandemic, Umbrella continued to provide a core sexual health service for the 1.1m population of Birmingham and Solihull by prioritising the most vulnerable, clinically symptomatic and urgent patients. In addition Umbrella was the only regional service to maintain a service for reproductive sexual health throughout the height of the pandemic.

Table 1 below provides a comparison of Umbrella activity for the past three years from August 2018 – July 2019 through to August 2020 – July 2021 (Yr. 6). As can be seen below there is a 14% reduction in activity between each reporting year (Yrs. 5 & 6) and a 27% reduction in activity in year 6 compared prior to the COVID19 -19 pandemic in year 4. This highlights the impact of the Pandemic on service delivery.

Table 1 Umbrella activity pre and post Covid-19 pandemic

Aug 18 - July 19 Aug 19 - July 20 Aug 20 - July 21

Aug - July activity	Umbrella Year (August - July)	
99,981		
85,777		-14%
73,425		-14%

#### 4 Sexual Health Services Tender 2022-23

The Birmingham and Solihull Commissioners are planning to retender Sexual Health services May 2022 with an expected implementation date in March 2023.

Umbrella will be submitting a bid to continue to provide sexual health services for the population of Birmingham and Solihull. The achievements from 2015 to date, as well as the resilience shown throughout the past two years of the pandemic, will demonstrate how far Umbrella has come, and how the service will build upon the learning and achievements throughout the past 6 years as part of its strategic plans for the future of sexual health.

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

### Why this outcome is important

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

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

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

**Figure 1** identifies that emergency hormonal contraception (EHC) is the most frequently used form of contraception in Birmingham at 69% (an increase from 62% in Year 5).

This is an encouraging trajectory showing a year on year growth in under-18 years accessing EHC in Birmingham despite the limitations of the pandemic.

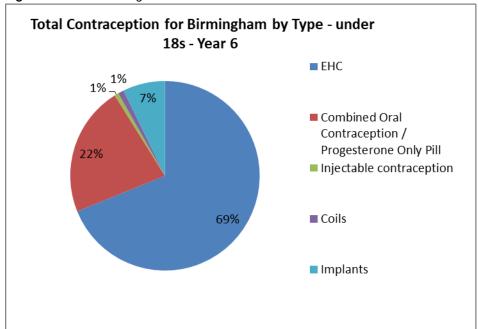


Figure 1: Period: 01-Aug 20 to 31-Jul

**Figure 2** shows that in Solihull the most widely used contraception is the Progestogen - only pill (POP)/Combined Oral Contraception at 64% of the total (52% in Year 5) again this shows an increase year on year trajectory. The rate of uptake of EHC is significantly lower than Birmingham at 20%.

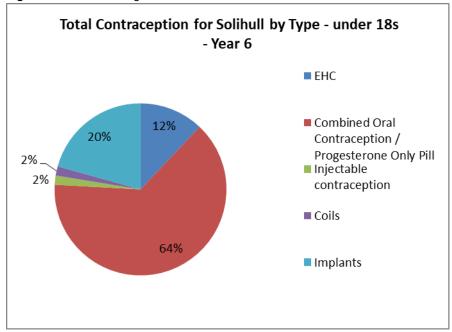


Figure 2: Period: 01-Aug 20 to 31-Jul

#### Outcome 1 - Strategy Year 6 and beyond

Umbrella will work to increase the use of reliable forms of contraception, including LARCs and oral contraception, in both Birmingham and Solihull during the two-year extension period leading to the service tender in 2023. This will be through a combination of health promotion campaigns and increased activity within clinics, pharmacies and GPs. The extension of Tier 2 Umbrella pharmacies will support the aim to increase the uptake of contraception for under 18 year-olds as evidenced in table 1 below.

**Table 1** below shows an increased uptake of under 18 contraception from Umbrella pharmacies within Birmingham in year 6 to be 1,931 (13%) compared to 1,698 in year 5.

Table 1

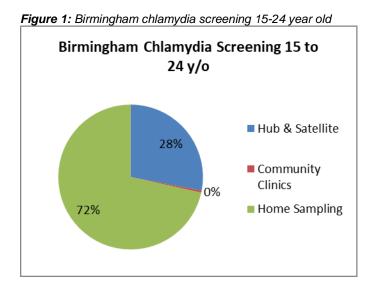
	Umbrella			
	Clinic	Pharmacy	GP	total
EHC	41	1,931	1	1,972
Combined Oral				
Contraception /				
Progesterone Only Pill	206	479	-	685
Injectable contraception	10	11	-	21
Coils	14	-	15	29
Implants	58	-	165	223

#### Outcome 2: Increasing chlamydia diagnoses in the 15-24 age group

# Why this outcome is important

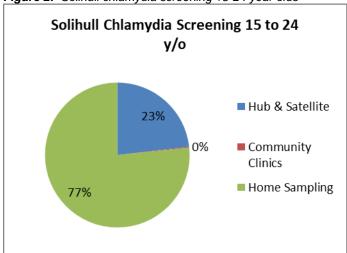
The prevalence of chlamydia infection is highest in young sexually active adults (15–24 year olds). The aim is to reduce the infection rate across Birmingham and Solihull through early detection and treatment, particularly of asymptomatic patients, in order to prevent further transmission of the infection.

The majority of chlamydia screens in year 6 were through home sampling kits with an increase from 65% in year 5 to 72% in year 6. There was a decrease from 34% tests within Umbrella's hub and satellite clinics in year 5 to 28% in year 6. This was due to the clinic restrictions with decreased footfall imposed during COVID-19.



Similarly for Solihull the majority of Chlamydia screening was via home sampling with an increase from 60% in year 5 to 77% in year 6. There was a decrease from 40% in year 5 to 23% in year 6 in screening carried out within Umbrella's hub and satellite clinics. Both decreases in year 6 were due to COVID-19 restrictions. This was offset by the increase in the number of home sampling screens.

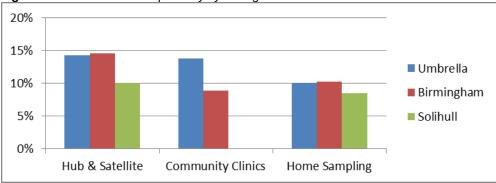
Figure 2: Solihull chlamydia screening 15-24 year olds



**Figure 3** shows the positivity rates for all Umbrella activity, Umbrella Birmingham and Umbrella Solihull, based on where the test was initiated. There was 9% positivity rate within the Birmingham community clinics. The Birmingham and Solihull hub and satellite clinics achieved a 14% and 10% positivity rate and STI self-sampling screening saw an 8% positivity rate for Solihull and a 10% positivity rate for Birmingham, which is almost double the rate that would be expected for opportunistic screening.

The overall positivity rate for Birmingham was 11% and 9% for Solihull. This high level of positivity indicates that despite the pandemic clinic and community restrictions, our health promotion campaigns are targeting the right people and encouraging those with the highest need to get tested.

Figure 3: Umbrella tests and positivity by setting



## **Umbrella Chlamydia Tests and Positivity by Gender**

**Figures 4 and 5** below indicates that both Birmingham and Solihull continue to show around two thirds female, one third male split for testing. Of those tested in Birmingham, 12% of males received a positive diagnosis compared to 11% of females. The figure for year 6 remains consistent with year 5 for Birmingham. Solihull saw a decrease with 9% of females and 7% males receiving a positive diagnosis in year 6, compared to the previous year (Year 5, 10% for males and 8% for females),

Figure 4: Chlamydia – Birmingham tests and positivity

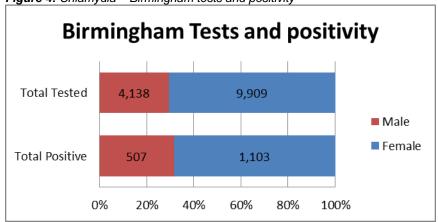
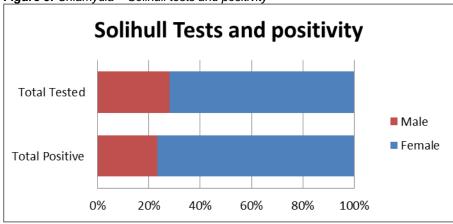


Figure 5: Chlamydia – Solihull tests and positivity



## Outcome 3: Reducing the late diagnosis of HIV

#### Why this outcome is 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.

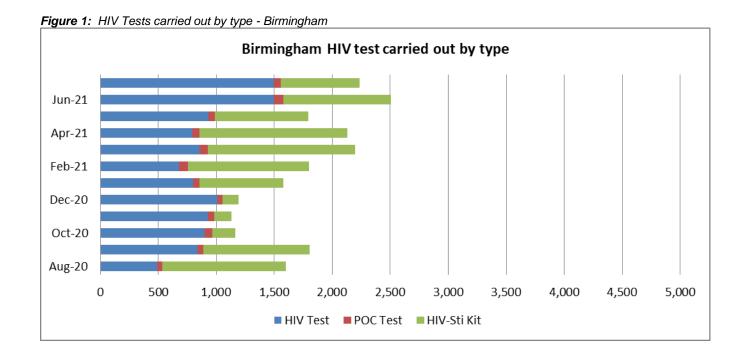
HIV treatments have seen significant improvements over the past few years and one of the key messages that Umbrella is seeking to communicate is that HIV is now a chronic disease that can be managed and that the medication now available, if accessed early enough, can enable an infected individual to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

In Year 6 Umbrella carried out 24, 201 HIV tests within Umbrella clinics, in outreach settings and through our self-sampling STI kits. 38 confirmed new cases of HIV were identified in Birmingham, equating to a 0.16% positivity rate. In Solihull 2,086 tests were completed with 5 confirmed as positive equating to a 0.24% positivity rate.

There was a reduction of 20,131 HIV tests carried out in Birmingham and 2,202 in Solihull for year 6. This was due to the lockdowns imposed throughout the pandemic and clinics closed from August 2020 to July 2021.

**Figures 1 & 2** below show the make-up of the tests in Birmingham and Solihull. The majority for Birmingham are still happening in Umbrella clinics but a significant proportion is now being done through self-sampling STI kits.

Point of Care Testing (POCT) is carried out in a small number of high-risk outreach settings and provides an immediate result, rather than the sample needing to be sent back to the laboratories. However, this form of testing only constitutes a small section of the total number of tests carried out.



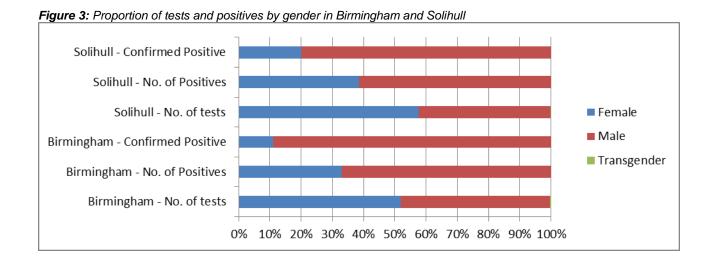
Solihull HIV test carried out by type

Jun-21
Apr-21
Dec-20
Oct-20
Aug-20

HIV Test POCTest HIV-Sti Kit

Figure 2: HIV Tests carried out by type - Solihull

**Figure 3** outlines the number of female and male HIV tests undertaken in year 6. There is an even split between both male and females testing 10,966 female, 10,099 male and 67 transgender. Solihull had 1,203 females, 879 male and 4 transgender.



# **HIV Pre-Exposure Prophylaxis (PrEP)**

Pre-exposure prophylaxis (PrEP) is a form of HIV prevention that uses anti-HIV drugs to protect HIV-negative people from acquiring HIV.

Umbrella introduced PrEP as part of mainstream service delivery in October 2020. This followed the service's successful involvement in the national PrEP Impact Trial from 2018 to March 2020. In year 6 a total of 693 new patients were started on PrEP (October 2020 to July 2021).

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

#### Why this outcome is 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.

One of the settings in which the first disclosure of rape or sexual assault occurs is often an NHS sexual health clinic.

Umbrella, in partnership with the Rape and Sexual Violence Project (RSVP), and Birmingham Lesbian, Bisexual and Transgender (LGBT) for the community and trans clinics, has developed improved support for survivors of sexual violence.

All patients who attend Umbrella clinics regardless of the reason are routinely asked to complete a self-assessment to assess whether they have experienced sexual violence and abuse, as well as domestic abuse, and if so, whether they would like to access support on the day that they are attending.

For those patients who did seek support, Umbrella referred to RSVP. Throughout 2020-2021, 2,749 interventions were carried out by Umbrella's Independent Sexual Violence Advisors (ISVA).

NICE guidelines now recommend Sexual Health Services routinely enquire about experiences of domestic abuse to aid disclosure and enable support to be offered.

Umbrella now use this routine enquiry for all patients aged 16 years and over, when safe to do so, in order to identify domestic abuse and offer appropriate support.

Our partnership with Birmingham and Solihull Women's Aid (BSWAID) provides Umbrella with an Independent Domestic Violence Advisor (IDVA) to support victims of domestic abuse. From August 2020 to July 2021, the Umbrella IDVA had 2254 contacts and carried out 129 interventions. Given the overlap with sexual and domestic violence both RSVP and BSWAID as key delivery partners provide a complementary and integrated service for our patients.

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

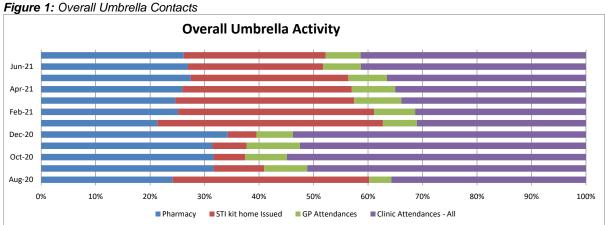
#### Why this outcome is important

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

Figure 1 shows the total Umbrella activity in Year 6 broken down by the various access points. Umbrella clinics continue to see the highest level of activity, with 73,425 attendances for Year 6, which is 14% less than last year. Again this is expected due to the lockdown restrictions which impacted upon the Umbrella clinics.

There were 44,887 Umbrella pharmacy contacts in Year 6 equating to a 4% decrease from year 5 (51,173 pharmacy contacts).

In year 6, despite the national shortage of STI testing kits from September 2020 to January 2021, Umbrella issued 40,353 STI testing kits. This was a reduction of 31% compared to year 5 (58,778). However, Umbrella continues to show a rapid recovery following the availability of resources in January 2021 which will be reflected in next year's activity.

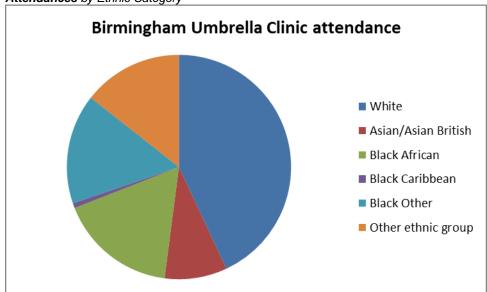


Umbrella serves an ethnically diverse population and recognises the need to ensure that all groups within our community feel that Umbrella is a service that is there for them.

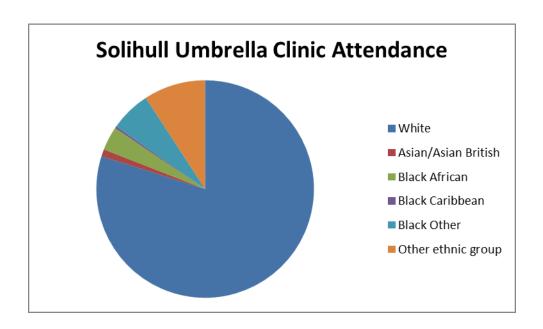
**Attendance** in clinic is monitored to help understand which population groups are accessing services and to evaluate which communication messages are working with which groups, and target campaigns more effectively.

In Year 6, of the ethnic groups seen in clinics across Birmingham, 43% identified as White, 17% as Black African, 16% as Black 'Other', 9% as Asian/British Asian and 14% as 'Other Ethnic Group'.

Attendances by Ethnic Category



Within clinics across Solihull, 80% identified as White, 4% as Black African, 6% as Black 'Other', 0% as Black Caribbean, 1% as Asian/British Asian and 9% as 'Other Ethnic Group'



#### Conclusion

UHBT was the Trust hardest hit by COVID-19 in the country, as such there was an inevitable impact on the Umbrella service with clinic closures, staff deployment and COVID-19 related sickness. Given this, Umbrella is proud of the resilience and commitment that our staff have shown which has enabled us to maintain a core service throughout the pandemic.

Despite the challenges faced during 2020 – 2021 it has been a key aim of Umbrella to provide a sexual health service with access for all Birmingham and Solihull residents.

Notwithstanding the challenges and impact to service delivery, our commitment has been, and will remain, to provide better access for all our service users and recover activity to prepandemic levels in the forthcoming year.