

	<u>Agenda Item: 14</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	27th July 2021
TITLE:	PUBLIC HEALTH ADULTS COMMISSIONED SERVICES UPDATE
Organisation	Birmingham City Council
Presenting Officer	Bhavna Taank – Public Health Service Lead (Adults) Karl Beese – Commissioning Manager, Adult Public Health Services

Report Type:	Information
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1. Purpose:
1.1 This report is to provide a progress and operational summary of the following Public Health contracts; Health Checks, Smoking Cessation, Sexual Health and Adults Substance Use.

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	x
Joint Strategic Needs Assessment		
Creating a Healthy Food City		x
Creating a Mentally Healthy City		x
Creating an Active City		x
Creating a City without Inequality		x
Health Protection		x

3. Recommendation
3.1 The Board is asked to note the progress detailed in the report.
3.2 Board members are asked to continue to work to mitigate the effects of COVID in the delivery of these services.

3.3 The Board is asked to note that services are operating differently due to COVID.

4. Report Body

4.1 The paper summarises progress made in the delivery of Sexual Health, Substance Misuse, Health Checks and Smoking Cessation. Key themes covered include:

- Progress and performance
- Performance During COVID
- Delivery Measures implemented and payment arrangements
- Post COVID Delivery of services
- Re-procurement intentions

4.2 Sexual Health

In addition to the service overview the update includes details on the proposed contract extension, the sexual health needs assessment and Fast Track Cities Plus. These can be found in section 1.4 of the attached report.

4.3 Substance Use

The substance use overview includes details on the Triple Zero City Strategy that aims to identify how we should tackle drug and alcohol addiction across Birmingham, in addition to details around contract re-procurement. These can be found in section 2.4 of the attached report.

4.4 Health Checks

The health check service overview includes an overview of the last 3 years to demonstrate the local performance of Health Checks. The update also highlights the new ways of working post COVID, commissioning and uptake from patients of service delivery. These can be found in section 3 of the attached report.

4.5 Smoking Cessation

In addition to the service overview the update details performance over the last 3 years to provide an overview of Smoking Cessation with GPs and Pharmacies. The update also highlights new ways of working during and post COVID, including Quit with Bella, commissioning intentions and uptake from patients including appropriate campaigns to promote services further and increase uptake. These can be found in section 4 of the attached report.

5. Compliance Issues	
5.1 HWBB Forum Responsibility and Board Update	
5.1.1	The impact and mitigation of the disproportioned risk of Covid-19 on the delivery of these services will continue to be monitored though the performance management processes within the Public Health Adults and Older Peoples Team.
5.1.2	The impact and mitigation of commissioning risk on the re-procurement of these services will continue to be monitored through the closely monitoring of the project pan between the Commissioning Team and Public Health Adults Team.

5.2 Management Responsibility
Dr Justin Varney, Director of Public Health, Birmingham City Council

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
Services cease delivery and provide inequity and inequality. Risks of COVID on these groups are also increased	Low	High	Continue partnership working and promote continuation of delivery of all services and increase activity where resources allow

Appendices
Appendix 1 – Full Update Report

The following people have been involved in the preparation of this board paper:

Dr Justin Varney, Director of Public Health
 Dr Marion Gibbon, Assistant Director Population
 Bhavna Taank, Service Lead – Adults
 Karl Beese, Commissioning Manager – Adult Social Care

UPDATE REPORT – COMMISSIONED SERVICES

1. Sexual Health

1.1 Introduction

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. Sexual health is not equally distributed within the population, strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

1.2 Local Provision

Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception and advice on preventing unplanned pregnancy

In Birmingham the Sexual Health service has been delivered by Umbrella, led by University Hospitals Birmingham NHS Foundation Trust (UHB), who commenced a 5-year contract in August 2015. The contract was extended for a further 2 years under delegated authority until August 2022 with a yearly contract value of £14,038,586.90.

1.3 Service Delivery from March 2020 to May 2021

Since the start of the COVID-19 pandemic in March 2020, Public Health Commissioners have been in continuous contact with Public Health Service Leads and Service Providers in order to receive Business Continuity Plans and subsequent updates, Operational Updates/Positions and details of any newly identified risks. In conjunction with this, UHB's Operational Team comprising of Umbrella Senior management meet daily and any risks/issues are communicated to Commissioners. The Public Health Contracts Board initially met weekly, then bi-weekly and now monthly in order to be briefed on the operational status of all Public Health Contracts and a monthly public health contracts operational update detailing these statuses is produced and circulated to Cllr Hamilton and key partners.

The Birmingham Umbrella Sexual Health service has continued to operate throughout COVID and Birmingham citizens have still been able to access the service albeit in a different way and without major disruption.

Initially the biggest impact of COVID-19 was the need to reduce face to face interaction with patients as during the early stages of the pandemic Umbrella were forced to cease all clinical visits. To mitigate against the issue of restrictions to the "open access" Service, Umbrella were still able be contacted

via telephone and were able to triage patients, signpost and if required offer a telephone/video consultation. The Umbrella website <https://umbrellahealth.co.uk/> was and is continually updated and details how and where services can be accessed as well as offering Coronavirus information for patients.

Telephone Calls and Telephone and F2F Consultations

The number of telephone calls taken by Umbrella from March 2020 to May 2021 was 118,481, of which 81,069 people were signposted (Umbrella website/GP/Pharmacy) and 37,412 people received a telephone consultation. Of the 37,412 telephone consultations, 10,386 people were offered a face to face consultation, following COVID-19 social distancing guidance.

Video Consultations

As well as offering telephone consultations and face to face appointments when necessary, where appropriate Umbrella have also been offering video consultations since May 2020. This addition to the Umbrella service offer has seen 1,421 people taking up the offer which is approx. 109 people per month utilising this service.

Postal Medication Service

A postal medication service was also introduced in April 2020 and up until May 2021 a total of 1,304 medications had been dispensed; 733 for genitourinary medicine (GUM - predominantly sexually transmitted infections (STI's) and HIV testing) and 571 for reproductive sexual health (RSH – predominantly contraception). This addition to the Umbrella service offer negates the need for a face to face visit to a Clinic or Pharmacy.

Umbrella Clinical Activity

From 4th May 2020 Umbrella re-opened their Complex Clinic at Whittall Street which offered referral-based face to face appointments for complex procedures such as difficulties in removing a coil and the need for a scan/removal by a consultant. For the period May 2020 to May 2021 Umbrella have seen a total of 21,134 patients face to face; 14,976 for GUM, 4,830 for RSH and 1,328 for Integrated (a combination of GUM & RSH).

Due to the initial and subsequent COVID-19 lockdowns Umbrella had to continually revise and review their service offer based on government guidance and taking into account social distancing. Following the last lockdown Umbrella developed a phased recovery plan which commenced on 19th April 2021 with the final stage enacted on 1st June 2021, so presently all Umbrella clinics are open and back to the pre-COVID-19 position, albeit with social distancing guidance.

Long Acting Reversible Contraception (LARC)

Long acting reversible contraception (coils and subdermal contraceptive implants (SDI's)) have been available throughout COVID-19. For the period April 2020 to May 2021 a total of 924 coils were fitted in Umbrella clinics and

599 removed and 1,039 SDI's fitted and 1,187 removed. In addition to the Umbrella clinical activity, Umbrella GP's have for the period April 2020 to March 2021 fitted a total of 2,623 coils and removed 1,921 as well as fitting 2,323 SDI's and removing 2,828.

Umbrella Pharmacies

Pharmacies have also played a key role in delivering elements of the Umbrella Service since March 2020 in terms of providing free condoms, emergency hormonal contraception (EHC - morning after pill), chlamydia treatment, contraceptive pill, contraceptive injections, continuation of hepatitis B vaccine injections started at an Umbrella clinic and acting as a collection point for STI self-sampling kits ordered online.

For the period April 2020 to March 2021, Umbrella pharmacies dispensed: EHC – 14,102, Condoms – 8,070, Progestogen-only contraceptive pill – 3,099, Combined oral contraceptive pill (oestrogen and progesterone) – 3,067 and Chlamydia treatment – 603.

STI Home Testing Kits

The ability for all Birmingham and Solihull residents to request STI Home testing kits via telephone or the Umbrella website has been an Umbrella service offer since contract commencement in August 2015. Throughout COVID-19 this service has still been available, however, there was a national shortage of STI kit components for the period Sept-Dec 2020 as they were being diverted to COVID-19 testing kits. As a result, Umbrella removed the online ordering option from their website and advised that if someone was symptomatic to call Umbrella where there would be triaged and if necessary sent an STI kit from their back up stock. The ability to order an STI kit free of charge and online without the need to visit a clinic in person can sometimes lead to the "worried well" ordering kits and then not returning them (the current returns rate is approx. 60%), therefore, by offering telephone triage Umbrella were able to ascertain if an STI kit was required or not.

This issue was resolved by January 2021 and since then STI kits have been available to order online via the Umbrella website. For the period April 2020 to May 2021 a total of 46,784 STI kits have been dispensed by Umbrella, with numbers since January 2021 returning to pre-COVID-19 levels.

Pre-exposure Prophylaxis (PrEP)

Following a successful national trial there is now provision within the Umbrella contract to provide HIV pre-exposure prophylaxis (PrEP) for the prevention of HIV transmission consistent with national guidance. Additional funding has been received from PHE via the Public Health Grant and the service commenced on 06.10.2020. To date demand has been positive and for the period 06.10.2020 to 31.03.2020, quarterly targets for new attendees were met; an average of 178 per quarter against a target of 137.

Umbrella Service Recovery Planning

Public Health and Commissioners worked closely with Umbrella in terms of their Recovery Planning and restarting practices that have been reduced due to COVID such as:

- Increasing face to face attendances and appointments clinics
- Re-instating walk-in appointments
- Extending clinic opening hours
- Working with Delivery Partners face to face
- Re-introducing face to face staff training sessions
- Training teams being able to attend partner training

Amplifying New Practices

Public Health and Commissioners have also been working with Umbrella in terms of amplifying new practices that have worked well during COVID-19 such as:

- Maintaining a measure of reduction in walk-in patients through other access mechanisms to the service.
- Increasing Video consultations
- Telephone consultation process for streamlining patients
- Increasing engagement with key partners
- Increasing Postal medication and prescriptions
- Increasing condom distribution by post
- Increasing STI kit distribution
- Increasing support for victims of domestic violence
- Integrate Independent Sexual Violence Advisors (ISVAs) presence within Umbrella clinics

Umbrella Service Summary

To summarise, throughout COVID-19 whilst the way in which the Umbrella Service has been delivered changed with fewer face to face appointments, Birmingham and Solihull residents have still been able to:

- Receive telephone triage and if required telephone and video consultations
- Have face to face appointments when required
- Have long acting reversible contraception fitted
- Order STI testing kits online to be delivered to their home address
- Order medication over the telephone and have it delivered to their home address
- Access Pharmacies for services which includes; free condoms, emergency hormonal contraception (morning after pill), contraceptive pill and contraceptive injections

In terms of re-opening complex sexual health clinics within Birmingham, offering video triage/consultations and dispensing medications by post, the Umbrella service led the way nationally in terms of best practice which was recognised by the Faculty of Sexual and Reproductive Healthcare (FSRH).

It should also be noted that throughout COVID BCC and SMBC continued to pay Umbrella as normal with no reductions to their funding despite the drop in activity.

1.4 Future Developments

Proposed Contract Extension

It is the intention of Public Health and Commissioners to further extend the Umbrella contract by a period of approx. 7.5 months for the period 10th August 2022 to 31st March 2023; these intentions were shared with the HWB Board on Friday 11th June 2021.

The purpose of the proposed contract extension is to mitigate against the unforeseen and unavoidable delays and impacts due to COVID-19 on re-procurement timelines and constituent tasks. The Public Health Division's support to the Birmingham Emergency COVID response in terms of leading the Health Protection Cell and supporting the Wellbeing & Communications, Corporate COVID and Health and Welfare Cells directly impacted the initiation of the Sexual Health Needs Assessment and subsequent activities necessary to procure a new Sexual Health contract by 10th August 2022. The cost of the proposed 7.5-month contract extension is £8,774,116.88 to be met by the Public Health Grant.

Sexual Health Needs Assessment

Birmingham City Council and Solihull Metropolitan Borough Council have commissioned S Squared Analytics for the provision of a Sexual Health Needs Assessment (SHNA) for Birmingham and Solihull which will include engagement from service users and stakeholders. The SHNA will play a critical role in the design of the Sexual Health treatment and prevention service specification for Birmingham and Solihull for 2023+. The completed SHNA report will provide both Local Authorities with the necessary information and evidence to inform critical decision making for recommissioning. Good progress is being made by S Squared Analytics and the completed SHNA is due to be completed by early August 2021.

Fast Track Cities Plus

Birmingham City Council is one of the pilot cities chosen by the HIV Commission to work towards ending new transmissions of HIV by 2030. The ambition for Birmingham has been wider than this and with the support of the HIV commission and local partners, Birmingham want to apply this ethos to Hepatitis B, Hepatitis C and TB; hence the programme in Birmingham is branded as Fast Track Cities+. The launch of the programme was in March 2020 where Birmingham was the Flagship city and the event was attended and supported by BCC Elected Members.

The Birmingham Public Health Division commissioned qualitative and quantitative research with Enigma Consultancy who are working with a number of representative third-sector organisations and established groups within the Birmingham community to produce a final report in which findings and recommendations will be fed back to BCC. The final report will also contain a

needs assessment which will provide a statistical analysis of the Birmingham Position regarding BBV's. This information will provide Birmingham City Council with the key information required to ensure effective, targeted, and necessary public health interventions are in place for BBV's and TB.

Funding will need to be agreed by NHSE&I and other funders to invest in initiatives around increasing testing across the city and other such initiatives, such as communications, education and removal of stigma, thus ensuring as many individuals as possible are tested and referred into treatment in order to reduce/remove the risks of wide transmission of these viruses. The aim is to work with existing providers and provide outreach to those areas where engagement is more difficult to ensure everybody who needs testing is tested and look at more robust pathways for individuals into service.

2. Substance Use

2.1 Introduction

The provision of adult drug and alcohol treatment services is defined as one of the grant conditions as part of the Public Health Grant. Spending the grant, a local authority has to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services".

Substance misuse treatment has been evaluated by researchers on a wide range of measures, including: drug use; abstinence from drug use; drug injecting; overdose rates; health and mortality; crime; social functioning, including employment; housing; family relations and the perceptions of service users about their recovery status. The breadth of these measures reflects the broad range of benefits anticipated from providing effective substance misuse treatment.

The demand on the substance misuse service continues to increase with regards to the prevalence of misuse of illicit drugs that include heroin, cocaine and novel psychoactive substances (NPS) and from alcohol. The complexity of service user presentations also continues to increase citywide.

2.2 Local Provision

The current drug and alcohol treatment and recovery provision in Birmingham is delivered by the third sector organisation 'Change Grow Live' (CGL). They were awarded a 5-year contract for the period 1st March 2015 – 28th February 2020 and BCC exercised the option to extend the contract for a further two years from March 2020 to February 2022 with a yearly contract value of £14,190,609.00

A 'recovery' approach has been taken regarding the treatment for Birmingham citizens experiencing the harms associated with drug and alcohol misuse. This currently involves the treatment and care of approximately 5,500 service users.

To support the recovery focused delivery model CGL provide service users with the necessary advice and support which is delivered via a 5-tier model which responds to differing levels of case complexity. The tiers are:

Tier 1: Advice & Information; including signposting to other services which include advocacy and mutual aid.

Tier 2: Non-dependent drug and alcohol use – Group / 1:1 work up to 12 weeks

Tier 3: Dependent alcohol use, opiate use, heavy crack cocaine/synthetic cannabinoids etc. – Group/1:1 work, longer term, structured support

Tier 4: In-patient specialist unit (Park House in Hockley) which delivers detoxification and stabilisation

Tier 5: Aftercare provision – Group/1:1 work

2.3 Service Delivery from March 2020 to May 2021

Since the start of the COVID-19 pandemic in March 2020, Public Health and Commissioners have been in continuous contact with Public Health Service Leads and Service Providers in order to receive Business Continuity Plans and subsequent updates, Operational Updates/Positions and details of any newly identified risks. In conjunction with this, CGL's Operational Team comprising of Senior management meet daily and any risks/issues are communicated to Commissioners. The Public Health Contracts Board initially met weekly, then bi-weekly and now monthly in order to be briefed on the operational status of all Public Health Contracts and a monthly public health contracts operational update detailing these statuses is produced and circulated to Cllr Hamilton and key partners.

The Birmingham CGL Adult Substance Misuse service continued to operate throughout all stages COVID-19 pandemic and Birmingham citizens have been able to access the service since 24th March 2020 to present, albeit in a different way and without major disruption.

The CGL website <https://www.changegrowlive.org/drug-and-alcohol-service-birmingham> is continually updated and details how and where services can be accessed as well as offering Coronavirus information for service users.

CGL Locality Hubs

The four CGL locality hubs (North, South, East & Central and West) provide accessible and welcoming spaces for service users designed to develop the tackling substance misuse/prevention agenda within local communities. There are multi-disciplinary teams based at each of the four hubs, with a wide range of expertise that includes; Doctors, Nurses, Recovery Co-ordinators and Outreach Workers. From March 2020 to present all 4 CGL Locality Hubs have remained open 9am – 5pm, Monday to Friday.

Initially this was with a critical staffing level of 1 Team Leader and 4 Frontline staff working at each Hub as well as a Consultant on call. Only the most vulnerable service users (both new starts and restarts) were being seen at a Locality Hub; this was service users required to provide a urine test in order to receive Opioid Medication Assisted Treatment – specifically Physeptone (Methadone) and Espranor.

Presently all 4 locality hubs are open for new starts, service user reviews, Hepatitis C testing and all medical appointments with nursing staff. CGL are following government guidance on social distancing before re-introducing groups and have advised that many service users prefer the newer ways of communicating with their Recovery Co-ordinator as opposed to physically visiting a hub.

Contact with Service Users and Utilising Technology

Throughout COVID-19 CGL were in regular contact with all service users via telephone, face to face in locality hubs where necessary and by utilising technology wherever possible to meet virtually. CGL segmented their entire caseload and identified the levels of risk for each service user and Recovery Co-ordinators contacted higher risk service users twice weekly by telephone and lower risk service users fortnightly by telephone.

CGL hold Service User Welcome meetings via Skype, CGL Partners (DATUS, KIKIT & Intuitive Recovery) are delivering SMART Recovery Groups for Phase 2 (Non-dependent drug and alcohol) services users utilising Skype & Zoom. CGL run virtual groups for Phase 3 service users (Dependent opiate use, heavy crack cocaine/synthetic cannabinoids use and Alcohol dependant) and a day programme for Phase 5 service users (Aftercare Provision).

New Referrals to Service

From 23rd March 2020 to present the CGL service has been open and accessible to all Birmingham citizens, cumulatively from 23rd March 2020 to 18th June 2021 there have been 3,663 new treatment starts; 2,080 opiate and 1,583 alcohol.

Medication Assisted Treatment (MAT)

During the initial lockdown phase of COVID-19 all service users on supervised consumption were moved to unsupervised consumption and provided with 2 week take home supply of MAT. This was to reduce the pressure on Pharmacies following discussions with the Local Pharmaceutical Committee (LPC) and to ensure that 2,750 service users were still able to receive Opioid Medication Assisted Treatment required to manage their medical condition. To support this approach CGL hand delivered prescriptions (to avoid postal delays) to all Pharmacies, delivered opiate substitute medication to all service users self-isolating, if a service user was self-isolating and had no appointed person to collect their MAT CGL delivered the medication to the service user directly and ensured that where needed all service users received a safe storage box for their medication as well as Naloxone.

CGL continue to case manage the prescribing arrangements of the MAT cohort of 2,750 approx. service users on a daily basis based on levels of risks (1-4 High Risk, 5-8 Medium Risk and 8+ Low Risk) with all service users categorised 1-9. CGL monitor those who present the highest risk which predominantly is the homeless cohort.

Inpatient Detox at Park House (Hockley)

The CGL inpatient detox facility was closed due to COVID in mid-March 2020. Park House re-opened on 17.08.2020 to provide a 2-week in-patient detox for drugs and alcohol, the initial intake on 17.08.2020 was 6 service users (usually 18) and the reduced capacity was to enable patients to adhere to social distancing guidance. Capacity is currently 14 beds and will be increased to the full capacity of 18 beds at the earliest opportunity based on government guidance.

Home Detox for Alcohol

During lockdown CGL have successfully completed 223 alcohol home detox's which have only been offered to service users when it is completely safe to do so. CGL's are looking to develop a similar approach for home detox for opiates.

Hepatitis C Postal Testing & BBV Pathway

CGL launched their new BBV Pathway on 6th August 2020 which included a new self-test postal option which involved Change Grow Live staff sending out a DBST (Hep C & HIV) to the home of the individual who has agreed to complete the self-test. A range of supporting documents have been developed to support the new process including a 'How To' video, written guidance for staff and service users and step by step implementation guides.

CGL Staying Free Telephone App

CGL have developed an App that is available to download via Google Play and the Apple App Store. This App provides mindfulness, urge surfing, getting active, activity diary and staying aware advice and is available for anyone to access. Someone currently not engaged with CGL can use the App initially and then if they feel they would like to engage with CGL can then find the service local to them and contact CGL. Details of the App have been shared extensively across the city with key partners and stakeholders through various channels.

Mutual Aid Groups

Government Guidance on Mutual Aid Groups meetings has been shared with all 3 mutual aid groups (Narcotics, Cocaine and Alcoholics Anonymous). They all deliver a mix of online virtual groups and "live" meetings which are well attended.

PHE Rough Sleeping Drug and Alcohol Treatment Grant

Birmingham successfully secured £1,273,615 of grant funding from Public Health England in order to address the substance use of the Rough Sleeping/Homeless population. CGL have recruited to 18 new posts in order to deliver their service model and the new service is fully operational.

PHE Universal Grant Funding

In addition to the abovementioned grant, Birmingham has been awarded a further £1,209,000 by PHE to fund additional drug treatment crime and harm reduction activity in 2021/22 – primarily prison releases. CGL have developed a service model and pathway and are currently recruiting to the posts within the model. This includes working in partnership with KIKIT in terms of funding 2

Diversion and Outreach workers and Emerging Futures in terms of funding 4 Prison Link workers. In addition, part of the new service offer will be the prescribing of Buvidal which is a Buprenorphine prolonged-release monthly subcutaneous injection. This is a positive step as it removes the need for daily Opioid Substitution Treatment (OST).

Service Recovery Planning

Public Health and Commissioners have also been working with CGL on their Service Recovery Planning in terms of:

- Increasing face to face attendances at locality hubs
- Re-instating face to face Recovery Groups
- Re-opening Locality Hubs
- Re-instating face to face mutual aid groups at Locality Hubs
- Increasing the digital offer
- Working with Delivery Partners face to face
- Re-introducing face to face staff training sessions

CGL Service Summary

To summarise, throughout COVID-19 whilst the way in which the CGL Service is delivered has changed with fewer face to face appointments, Birmingham residents have still been able to be referred into CGL in order to commence treatment as well as:

- Visit Locality Hubs in order to receive Opioid Medication Assisted Treatment
- Attend welcome meetings and recovery groups via Skype
- Be in regular contact with their Recovery Co-ordinator
- Have face to face appointments when required
- Access the CGL phone App
- Receive inpatient detox
- Access Opioid Medication Assisted Treatment
- Access Treatment for BBV's
- Undertake home detox

2.4 Future Developments

Draft Triple Zero City Strategy

The Triple Zero City Strategy is our plan on how we think we should tackle drug and alcohol addiction across Birmingham. The ambition is to aim for:

- Zero deaths due to drug or alcohol addiction
- Zero overdoses due to drug or alcohol addiction
- Zero people living with any addiction without the support needed to manage it.

The strategy has been developed using data and information gathered from the areas of need in the City and in partnership with Birmingham City Council, the West Midlands Police and Crime Commissioner and other statutory partners and service providers.

In order to take on board the voices and experiences of citizens and stakeholders, the draft strategy is out to public consultation and went live on Birmingham Be Heard on 10th May 2021 and will run until 2nd August 2021. Commissioners and Public Health briefed the online People for Public Services Forum on 25th May which was well received and the PH Health Protection Team have developed a comprehensive communications plan in order to ensure a good number of responses from citizens and stakeholders alike. The link to the Public Consultation is:

<https://www.birminghambeheard.org.uk/people-1/triple-zero-city-strategy/>

Contract Re-procurement

The current CGL contract extended has been extended by 13 months to 31st March 2023 to mitigate against the delay in commencing the Public Consultation (approved by BCC Cabinet in March 2020) on the draft Triple Zero City Strategy. This delay was due to the Public Health Division supporting the Birmingham Emergency COVID response in terms of leading the Health Protection Cell and supporting the Wellbeing & Communications, Corporate COVID and Health and Welfare Cells.

When the public consultation on Triple Zero ends on 2nd August 2021, Public Health and Commissioners will commence the constituent reprocurement tasks which will include producing a Consultation Summary Report, developing the procurement and commissioning strategy, obtaining BCC Cabinet approval and commence a competitive tendering process with a new contract being in place on 1st April 2023.

3. Health Checks

3.1 Introduction

Cardiovascular disease (CVD) affects the lives of around 7 million people in United Kingdom (UK) and is a significant cause of disability and death, affecting individuals, families and communities, with 26% of all deaths being related to CVD. It is one of the leading causes of premature death in Birmingham and accounts for approximately 24.4% of mortalities for Birmingham residents (ref: 2016 VS3 tables) and 21.2% of deaths under the age of 75 years (this compares to 27.75% nationally). The burden of CVD falls disproportionately on people living in deprived circumstances and on particular ethnic groups, such as South Asians.

Consequently, CVD accounts for the largest part of the health inequalities in our society. Therefore, prevention, early identification and management of CVD remains a key strategic priority for Birmingham City Council Public Health.

During the response to COVID, the government identified that individuals with certain underlying conditions are at high risk of suffering adverse effects of COVID if they are infected especially those who are of older age. The Health Check Programme acts as a preventative initiative to ensure the key conditions identified by the government such as CHD, Diabetes, Obesity, High Blood Pressure are reduced and caught early, promoting individual to make lifestyle choices to be able to lead a healthy life.

3.2 Local Provision and Delivery During COVID

The provision of Health Checks is currently delivered via a Primary Care GP model and is delivered by every GP Practice within the Birmingham Boundary. This is a 5-year programme and the national benchmark over the 5 years is to invite 20% of the 5 years eligible cohort every year for health checks and to screen at least 50% of those invited.

The provision of Health Checks is currently delivered via a Primary Care GP model and is delivered by every GP Practice within the Birmingham Boundary. This is a 5-year programme and the national benchmark over the 5 years is to invite 20% of the 5 years eligible cohort every year for health checks and to screen at least 50% of those invited.

The current 5-year Health Check programme started on 1st April 2018 and the performance to date is as follows:

The current 5-year Health Check programme started on 1 st April 2018 and the performance to date is as follows:	2018/19	2019/20	2020/21	Total Programme to Date
Invite Target	54,631	53,715	53,745	162,091
Invite Actual	81,970	68,619	20,091	170,680
Over/(Under) Achievement	27,339	14,904	(33,654)	8,589
Completed Target	27,315	26,858	20,091	74,264
Completed Actual	33,408	28,286	10,262	71,956
Over/(Under) Achievement	6,093	1,428	(9,829)	(2,308)

The data shows the underperformance for 2020/21 delivery of Health Checks, which is as a result of the COVID Pandemic. The underperformance to date has not been impacted as much as was expected and this is likely to be recovered over the final two years of the 5-year programme. Although many Local Authorities decided to stop delivery, in Birmingham the approach taken was to leave the decision to GP Practices and for them to use innovative methods for delivery, which is an approach that has proved successful and regionally we have been recognised as good practice with our approach.

3.3 Delivery and Payments

During 2020/21 the GP Practices were paid over the 4 quarters, whether they delivered or not. For the first two quarters it was a directive of the PPN notice from Cabinet Officer and the payments for quarter 3 and 4 was a local decision. 75% of the payment was provided as a Payment in Advance and GP Practices are aware that they will start to have deductions from their quarter 1 2021/22 Payment onwards to clawback the payments in advance and we are working

with the practices to increase activity so as that the clawback does not have much of an impact on the quarterly payments we make them and will also support towards meeting the 5 Year target.

3.4 Post COVID Delivery

It is also hoped that post COVID, that activity could be ramped up at scales via GP Practices to make up for underperformance so that overall performance for the 5 year programme is met or over achieved, along with the 50% of the cohort having a Health Check to decrease inequalities, resulting in individuals leading more healthier lives, through better food nutrition, active lifestyles, better mental health, etc. The NHS have also provided GP Practices Guidance on restarting delivery of prevention services which will support BCC's push to promote increased activity with GPs.

3.5 Contract Re-procurement

The current Health Check Contracts run out on 31st May 2023. It is anticipated that re-procurement activity will start in mid-2022 and once more clarity is known around the Integrated Care System work streams. It is likely that a Single Contract Negotiation will be pursued as previously, given GP practices are the most equitably placed to provide a citywide offer with full geographic coverage and such a clinical programme.

4. Smoking Cessation

4.1 Background

Smoking remains the single greatest cause of preventable illness and premature death in the UK. One in two smokers dies prematurely from smoking-related diseases, on average losing 10 years of life. Every year over 4,500 people in Birmingham die from a smoking related disease. Smoking is directly linked with Birmingham's three biggest killers and is attributable to:

- 1 in 4 of all cancers
- 1 in 5 of all deaths from CVD
- 1 in 3 of all deaths from respiratory disease

There are approximately 120,310 adults over 16 years old who smoke in Birmingham 13.7% of the adult population. National survey data shows that the smoking rates in Birmingham are similar to the England average at 14.9%, although rates are much higher in some areas. Tobacco use is one of the most significant causes of health inequalities and there is a strong link between cigarette smoking and socio-economic groups. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes.

Stopping smoking is considered one of the single most effective methods for improving health and preventing illness. National surveys report that around 67% of smokers want to quit. Evidence-based NHS Stop Smoking Services are well established and considered both cost and clinically effective.

NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or individual one-to-one support. Such services are expected to be widely accessible within the local community and provided by trained advisors.

The National average quit rate at 4-weeks for clients accessing Stop Smoking Services is 45%, although certain population groups (e.g. under 30-year olds; routine and manual workers and pregnant smokers) have lower rates of abstinence.

The core elements of the service are the provision of behavioural support and pharmacotherapy. The service aims to maximize the number of smokers accessing the service and quitting long-term, therefore contributing to the reduction of smoking prevalence in Birmingham. To work most effectively, it will be necessary for the service to focus on specific segments of the population, increasing access from priority groups where smoking prevalence is highest (i.e., routine and manual (R/M) occupational groups, deprived communities, young people and pregnant smokers).

The objectives of the stop smoking service will be to:

- Provide equitable access to all smokers
- Offer the most effective, evidence-based treatments available
- Support people to successfully quit smoking
- Achieve high levels of client satisfaction

4.2 Local Provision and Delivery During COVID

The local Smoking Cessation Service is primarily provided to individuals via a primary care model via GPs and Pharmacies. There is also one Vape Shop who delivers the service who are IBVTA registered as per PHE guidance. The programme is either based on a 4 week or 12-week basis which consists of fortnightly behavioural support and the provision of Nicotine Replacement Therapy along with the offer of e-Cigarettes. The offer is available to individuals over the age of 12 and anyone who lives, works and studies in Birmingham. The service was delivered by approximately 180 providers equitably throughout Birmingham Via GP Practices and Pharmacies.

The service is not one that is mandated by government but is a priority for NHS and Local Authority. The vision to reduce smoking prevalence national is a key message which comes out of the NHS 10-year plan and given this vision the number of providers offering smoking cessation has increased by at least 50% over the last 1.5 years.

Due to more people wanting to quit due to health messages being marketed the number of quits have been consistently going up in the pharmacy setting and below is a summary of performance comparisons from one year to another:

	2018/19	2019/20	2020/21
4 wk Quit (GP)	1067	989	634
12 wk Quit (GP)	547	543	369
4 wk Quit (Pharmacy)	1094	1269	1020
12 wk Quit (Pharmacy)	475	485	613
4 wk Quit (AI App)	0	0	833
12 wk Quit (AI App)	0	0	115

The GP Performance during 2020/21 was low as they had closed their doors for Face-to-Face sessions for smoking services, however some practices maintained the service via video call or phone call and electronically sending prescriptions to the patients chosen pharmacy. The Pharmacy offer also decreased slightly due to the pandemic but overall maintained their numbers quitting over the 4 week and 12 week quits. The key player in achieving overall higher quits even though there was a pandemic was the introduction of an Artificial Intelligence app “Quit with Bella”, which was launched quite quickly due to the lockdown and the push from government as part of the Quit for Covid campaign.

4.3 Delivery and Payments

As described in the section for Health Checks and the supplier relief note PPN 02/20, it was agreed to pay Pharmacies the average quarter quit payments as a good will for continuing to deliver the service at pace during the pandemic outbreak and the basis of payment was they would either get paid the average quarters activity or actual activity, whichever is higher. It was decided not to pay anything around relief payments to GPs for smoking as they were already getting paid for Health Checks. As a result of the PPN 04/20 relief note, it was agreed through a general consensus by the Local Pharmacy Committee that pharmacies did not require any payment for Quarter 2 onwards.

4.4 Post COVID Delivery

It is anticipated that activity will continue to rise now that GPs will start to increase their services and that Pharmacies have now got more capacity to continue to deliver services. Birmingham Public Health are also working with a wider range of partners to embed smoking cessation as part of their standard offer which will also enhance the number of individuals quitting within Birmingham.

The Quit with Bella app will be further pushed and it is hoped that this will become the first point of access for anybody through regular communications around the use of the app and promoting citizens who use to download it if they have a smart phone. It is anticipated that all NRT provision will become electronic voucher based so there is no handling of vouchers and individuals can more easily access their pharmacotherapy in the future.

4.5 Contract Re-procurement

The current Smoking Cessation Contracts run out on 31st May 2023. It is anticipated that re-procurement activity will start in mid-2022 and once more clarity is known around the Integrated Care System work streams. It is likely that a Single Contract Negotiation will be pursued as previously, given GP practices and Pharmacies are the most equitably placed to provide a citywide offer with full geographic coverage and such a clinical programme.