



umbrella

Birmingham and Solihull Sexual Health

Annual Report 2016-17

Sexual health is

Umbrella is a collaboration of...

300

full-time equivalent
employed staff

14

city-wide
Umbrella clinics

Working in partnership

11

delivery
partners

21

community
partners



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



Umbrella in Birmingham

132 pharmacies + 92 GP practices

Umbrella and young people

13,329

reached through our
Education through
Drama programme

8,778

received sexual
health education
from our YPHAs

5,050

direct referrals
from BCC Youth
Services



a partnership



easily accessed
community locations

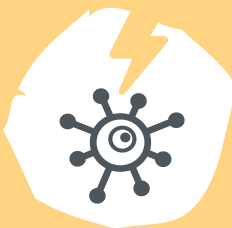


priority-group focused
outreach clinics

This year Umbrella has carried out



52,636
HIV tests



27,683
chlamydia screens



27,510 online
STI testing
kit orders



5,966 face-to-face
contacts within the
BME community



Solihull



Umbrella online

360,195
hits

217,467
users

1,180,799
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 is facing unprecedented health, social and wellbeing challenges.

- Birmingham is the youngest core city in Europe, with 46% of the population under 30, whilst Solihull has an ageing population, with 19% of the population over 65
- Birmingham is a culturally and ethnically diverse city, with 42% of residents identifying as being from an ethnic group other than white. Solihull also has an increasingly diverse population, with 11% of the population identifying as Black, Asian or Mixed Ethnic Minority

- Birmingham is a growing city, linked in part to migration, with a 9.9% increase since 2004
- Birmingham has a homelessness level more than three times the England average and 440,000 (46%) of the population that Umbrella serves live in the 'bottom 10%' most deprived areas in England, with 1 in 3 children living in poverty. People in this decile are three times more likely to be in contact with mental health services;
- Birmingham is a national outlier for infant mortality, with 7.1 deaths/1,000 live births
- Birmingham has a long-term unemployment rate around 2.5 times higher than the England average at 19.8 per 1,000 population aged 16–64 against the England average of 7.1 per 1,000 population aged 16–64

2.2. Sustainability and Transformation Partnership

Health and care leaders in Birmingham and Solihull are working together to develop a Sustainability and Transformation Partnership (STP) to support a healthier future for the people the Trust serves. The STP shows the system's thinking and proposals for the future of health and care services for Birmingham and Solihull.

The delivery of the STP is being led by Dame Julie Moore, Chief Executive of UHB and Interim CEO at Heart of England NHS Foundation Trust. The organisations involved in the STP firmly believe that, by working together in a way that they have not done before, they can deliver great changes to the health and wellbeing of their communities.

The priorities of the Local Plan Board, formed from the leaders of local health and local authority organisations and also general practitioner representatives, are as follows:

- To develop community-based models of joined-up care. For defined communities, the aim is to deliver improved access to local services for everyone when their need is urgent, and more supportive and consistent care which aims to keep people well for those who need more support, including social care. The new models have not yet been agreed, however they will involve collaborations between primary care, hospital staff, social care and voluntary and independent sectors
- Through closer working between providers, to develop a co-ordinated system of hospital services through Birmingham and Solihull which reduces differences which can't be explained, improves efficiency and delivers better outcomes
- To focus upon the issues faced by children within Birmingham and Solihull, a Maternity, Children and Young People programme will be established. This will include links to other footprint plans as well as maximising the impact of the outstanding Children's Hospital influence within the city
- To give those with mental health problems and the services which support them the same priority as other areas
- To work with the West Midlands Combined Authority and our two local authority Health and Wellbeing Boards to improve the health and wellbeing of our population, particularly focusing on the wider determinants of health such as employment, education, housing and work.

- To work together on key enablers who will help us deliver better health and care including our approach to a truly integrated care system which will include new payments and measures of success as well as joint workforce developments, digitalisation and estates.

2.3. Case for Change

Against the challenging local health economy, UHB and Heart of England (HEFT) NHS Foundation Trust have developed a Case for Change for the two organisations to become a single entity. If formalised this merger by acquisition will create a single legal entity, which will deliver more equitable patient access to better quality and integrated healthcare across the Umbrella footprint.

The merged organisation will provide beneficial local and regional effects within the acute healthcare market and is aligned with regional and national healthcare strategies.

In addition to the clinical benefits, a preliminary review of IT has been undertaken and an infrastructure survey is underway. The introduction of a common Electronic Patient Record (EPR) system across the unified Trust will allow the same degree of quality monitoring currently enjoyed by UHB and will improve patient safety more widely across the combined catchment area.

3 Umbrella – its second year

This annual report covers the period of August 2016-2017 and focuses on the key achievements to date and plans for Year 3 and beyond.

In 2016-17 Umbrella employed 300 staff and provided services from:

- Fourteen clinics, including six community-based clinics and five outreach clinics, helping to ensure increased accessibility
- 132 pharmacies (across Birmingham only)
- 92 GP practices (across Birmingham only)

Umbrella continued to work with a number of partner organisations that were specifically selected for the access that they provide to priority and hard-to-reach groups within the community. This partnership approach extends the network of support services and enables us to provide sexual violence counselling, sexual health advice, contraception advice and provision, STI and HIV testing and STI treatment to a far wider section of vulnerable groups than would be achievable through a traditional sexual health service model.

In Year 2, Umbrella has successfully built on the foundations laid down in Year 1. In Year 2, there were 27,510 STI kits ordered through the Umbrella website, up from 15,500 in year one. 33% of the Birmingham chlamydia screens and 30% of the Solihull chlamydia screens were as a result of STI kits that were ordered through the website and we have seen a significant and sustained increase, month on month since the inception of Umbrella, with over 2000 STI kits per month now being ordered and a return rate of 58%.

Umbrella's target performance in supporting eight out of the 10 outcomes was either met or exceeded in Year 2. Delivering towards the outcome relating to increased diagnosis of chlamydia in 15-24 year olds continues to be a challenge; however our performance in this area significantly improved in Year 2, with measures put in place for Year 3 that should enable further dramatic improvement.

With regard to Outcome 7: LARCs make up 35% of contraception in Birmingham, a decrease from Year 1 when it was 43%, whereas EHC accounts for 37%, an increase from Year 1 when it was 29%. There are plans in place for Year 3 to promote referral pathways for LARCs, particularly through pharmacies where EHC is most accessed and through GPs.

3.1. Delivery partners

A key innovation of the Umbrella service is 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 2, Umbrella signed up an additional 17 community partner organisations to deliver, expand and support our service and will continue to add more partners to our network in Year 3
- A total of 5,966 face-to-face contacts were made between November 2016 and March 2017 within the BME community
- Rape and Sexual Violence Project (RSVP) 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 CSE, disclosure of sexual assault, and sexual intimacy after trauma
- Loudmouth, our education through drama partner, delivered 115 sessions to 13,329 young people across Birmingham and Solihull
- BCHT Young Person's Health Advisers reached 8,778 young people during the year
- Between August 2016 and June 2017, Birmingham LGBT supported 3,974 individuals on site and 4,309 individuals within outreach settings, visiting 133 venues during this period
- BCC Careers Services, through their NEET and young parent workers, had 9,220 contacts with young people

- 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. During Year 2, 4,712 young people accessed sexual health services as a result of the partnership working between Umbrella and BCC Youth Services.

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. Contractual agreements have been formalised in Year 2 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 they work with to the partnership. 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 via the Umbrella condom distribution 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.

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 chlamydia testing
- Expand the provision of Umbrella clinics and GPs offering LARCs
- Increase 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 new and existing pharmacies, through existing clinics, through an increased partner network and through increased use of self-sampling kits
- Expand on the current SAFE service to include services for male and transgender sex workers
- Complete a full clinical service review, taking into account capacity and flow requirements across the system
- Increase access to long-acting reversible contraception (LARC) and chlamydia screening through GPs by tendering directly with all GPs across Birmingham
- Birmingham LGBT will be holding outreach one-to-one sessions in bars and saunas to engage with service users and deliver health promotion

- Pilot dry blood spot testing in specific venues to help us reach those engaged in high-risk sexual activity
- Continue to meet and engage with prospective third sector organisations to build the Umbrella partnership network
- Develop a dedicated research program providing 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 second year and an exciting third year lies ahead. The key areas that Umbrella will focus on in Year 3 include:

- Complete a clinical service review, examining capacity and flow to help us identify the best mix of booked and walk-in appointments to meet the needs of our service users
- Commission services from GPs directly, to increase access to LARCs and chlamydia screening
- 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
- Birmingham LGBT will be holding more outreach one-to-one sessions in bars and saunas
- A pilot to research the impact of dry blood spot testing in venues known for high risk sexual activity will be undertaken
- A review of the Umbrella website will be undertaken to ensure that it is as easy to navigate as possible
- The Umbrella partners' extranet will be developed. This will be a password protected website where there will be a wealth of 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

Indicator	Period	England	West Midlands	Birmingham	Solihull
Syphilis diagnostic rate/100,000	2016	10.6	6.4	10.1	4.8
Gonorrhoea diagnostic rate/100,000	2016	64.9	58.7	110.2	63.2
Chlamydia detection rate/100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900-2,300 ≥2,300	2016	1882	1714	1658	1918
Chlamydia proportion aged 15-24 screened	2016	20.7	16.4	14.3	17.1
New STI diagnoses (exc chlamydia aged <25)/100,00	2016	795	686	953	658
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) <80% 80% to 90% ≥90%	2015/16	87.0	85.4	78.4	86.3
Under 25s repeat abortions (%)	2016	26.7	28.1	31.2	34.4
Abortions under 10 weeks (%)	2016	80.8	80.0	80.3	79.1
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)	2015	20.8	23.7	25.4	19.0
Under 18s conceptions leading to abortion (%)	2015	51.2	51.1	46.2	67.6
Sexual offences rate/1,000 (PHOF indicator 1.12iii)	2015/16	1.7	1.7	1.7	0.9

Source: PHE Fingertips Tool: <https://fingertips.phe.org.uk/>



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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 Sexually Transmitted Infections (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); and
- 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; and
- 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; and
- 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 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. Training

Umbrella has a team of 12 training staff plus a clinical lead working with partners and UHB employees to deliver training to achieve the best levels of competence.

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 advisers, 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 BCHT 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)

For the first two years, Umbrella has worked in partnership with Badger, an out-of-hours GP medical service provider, to establish a link with general practice. As part of the relationship, Umbrella has provided the Badger GPs with specialist training and ongoing support. As we approach the mid-way point of the contract, the arrangement is being reviewed, to ensure that we are achieving best value and providing the widest network to facilitate access.

5.8. Partners

Umbrella now has partnership contracts in place with 32 organisations across Birmingham and Solihull, with work spanning all 17 locally identified priority groups, helping to ensure an equity of access to integrated sexual health services and related support services for all (Appendix D).

5.9. Research and Development

Current Umbrella R&D projects include an investigation into the sexual health screening and testing preferences of young people, research to help understand the costs and benefits of online screening for STIs in asymptomatic patients, a review of patient experience when receiving care after sexual violence, and an evaluation of pharmacy-delivered sexual health services.

Umbrella has developed strong links with Birmingham, Aston and Warwick universities, and, in Year 3, will co-fund two PhD students to evaluate new approaches to service delivery.

- 1 Identifying and developing approaches for understanding the costs and benefits of sexual health programmes, to inform local decision-making
- 2 Measuring and assessing patient experience and satisfaction with sexual health services

In addition to the work that is funded by Umbrella, the Sexual Health and HIV Academic Unit at UHB is engaged in numerous projects that are funded externally and supported by Umbrella. In the past year, Umbrella has been awarded £1.5 million by the National Institute for Health Research to investigate a new treatment for bacterial vaginosis, and has also successfully bid for funding to develop patient outcome measures.

This work, on-going over several years, is firmly rooted in providing the evidence which will improve service provision and service user experience.

The planned merger by acquisition of UHB and HEFT will further strengthen Umbrella's access to a rich, diverse patient database to support delivery of robust research projects across the Umbrella footprint.

6 Key achievements – Year 2

Year 2 key achievements	Umbrella outcomes covered by achievement
The number of Tier 2 Umbrella pharmacies increased from 13 to 45 and the overall number of Umbrella pharmacies increased to 132, providing a wide network of easily accessible sexual health service providers across Birmingham	(1) Reduce under-18 conceptions; (7) Increase the use of effective good quality contraception; and (9) Reduce the number of abortions, in particular repeat abortions under the age of 25
In Year 2, Umbrella identified 83% of all positive chlamydia diagnoses in Birmingham and 85% of all positive chlamydia diagnoses in Solihull	(2) Increase chlamydia diagnoses in the 15-24 age group
Umbrella carried out 24,133 chlamydia screens in Birmingham and 3,550 screens in Solihull, exceeding planned activity for Year 2 in both areas	(2) Increase chlamydia diagnoses in the 15-24 age group
The online STI kit ordering increased to 27,510 kits and Umbrella achieved a return rate of 58%	(2) Increase chlamydia diagnoses in the 15-24 age group; (3) Reduce the late diagnosis of HIV; and (10) Reduce the transmission of HIV, STIs and blood borne viruses (BBV)
Umbrella carried out 52,636 HIV tests in the period August 2016-July 2017, which was a 30% increase on our activity in Year 1 and exceeded the planned volume of testing	(3) Reduce the late diagnosis of HIV; and (10) Reduce the transmission of HIV, STIs and Blood Borne Viruses (BBV)
The numbers of patients disclosing about their experiences of rape and sexual assault and seeking support has increased by 33% in Year 2	(4) Improve support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation

Year 2 key achievements	Umbrella outcomes covered by achievement
There were over 105,000 sexual health contacts through our clinics in Year 2 and more than 166,000 contacts through the Umbrella Network, including GPs, Pharmacies and STI testing kits ordered	All
Umbrella continued to recruit new community partners, enabling us to reach our priority groups, increasing their access to condoms and testing for chlamydia, gonorrhea, HIV and syphilis through increased distribution of self-care STI testing kits	All
Umbrella now provides the first commissioned Trans service in the country	All
There were 14,000 Umbrella contacts through our pharmacy network, representing an over-performance of 71% on planned activity	All
Umbrella has had a series of hugely successful health promotion campaigns that have led to increased STI self-sampling activity and website hits	All
Training, covering over 100 sessions, has been delivered to individuals across the whole Umbrella system, including clinical staff, primary care and community-based partners on a range of sexual health topics from safeguarding to LARC specific training	All
Loudmouth and BCHAT Young Persons Health Advisers delivered sessions to over 22,000 young people in schools and colleges across Birmingham and Solihull	All
The website has had 360,195 hits from 217,467 users with 1,180,799 page views	All

7 Umbrella's Objectives

7.1. Outcome 1: Reducing under-18 conceptions

7.1.1. 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'.

7.1.2. How is it 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 (<http://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.

Under 18 Conception Rates 2016 – released on 22 August 2017

The Office for National Statistics (ONS) under 18 conception data 2011-2016 was published on 22/08/2017. Nationally under-18 conceptions continue to decline year on year and are at the lowest since 1998.

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

Area	2016			2017		% Change 2015 to 16
	Q2	Q3	Q4	Q1	Q2	
	June	Sept ^P	Dec ^P	Mar ^P	Jun ^P	
Birmingham	28.8	23.7	21.7	20.5	21.1	-26.7
Solihull	19.5 ^U	21.5	20.5	11.5 ^U	16.7 ^U	-14.4
West Midlands	24.0	23.0	24.0	21.5	22.0	-8.3
England	21.6	19.6	20.3	19.8	19.3	-10.6

P – Provisional data

U – Data unreliable due to small number

Table 2 above shows the quarterly conception rates for Birmingham and Solihull for 2015 and 2016 with the percentage change from 2015 to 2016:

Birmingham rates have continued to reduce over 2015-16 with a slight rise in the most recent quarter.

Solihull rates increased in Q3 2015 then decrease for the next two quarters, with a small rise in this most recent quarter – although data for Q1 and Q2 2016 should be read with caution due to reported small numbers.

With the exception of Q3 in 2015, both Birmingham and Solihull remain below the West Midlands rate.

Figure 1 illustrates the trends. Solihull variation is greater – likely due to small numbers.

Figure 1: Quarterly conception rates for women aged under 18, 2015-2017

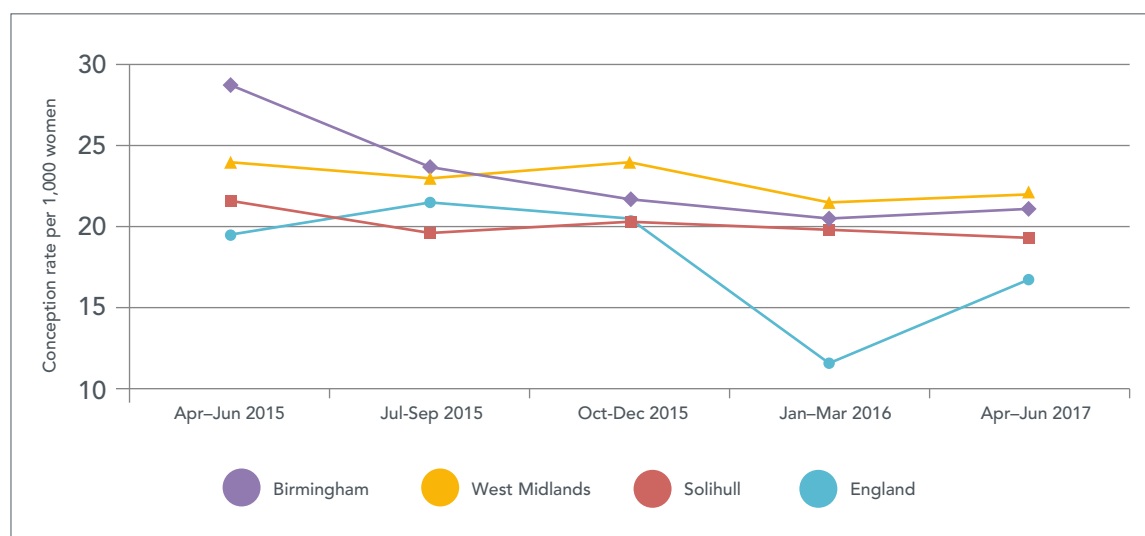
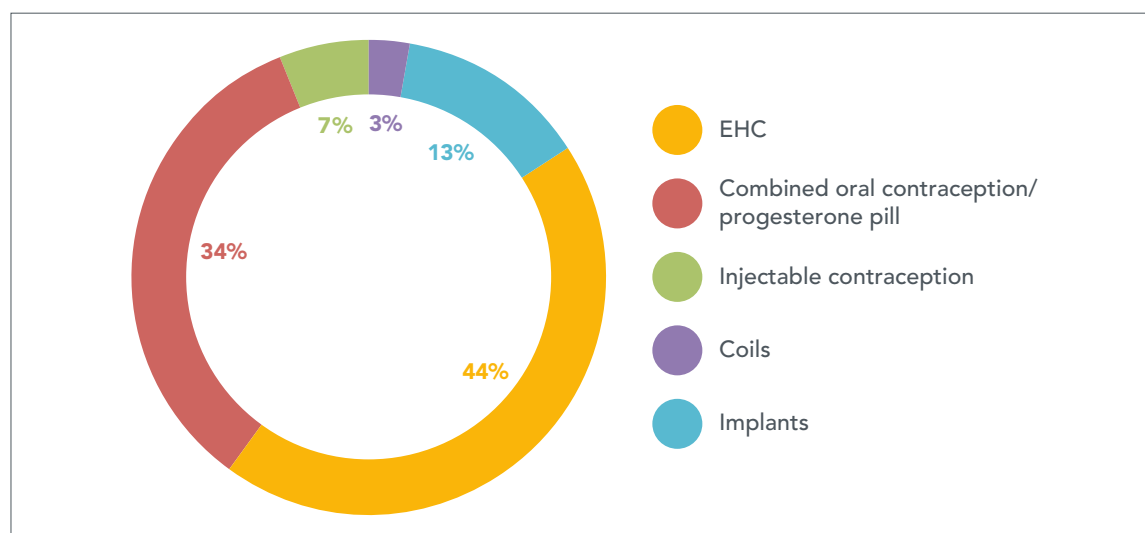
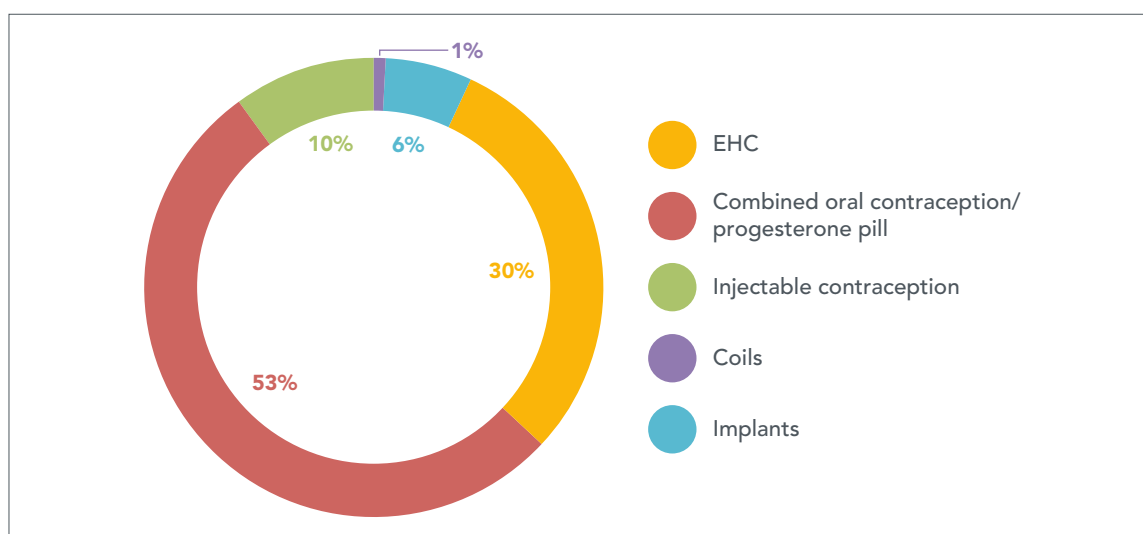


Figure 2: Contraception to Birmingham residents by Umbrella – under-18s



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



The graphs above identify that emergency hormonal contraception (EHC) is the most frequently used form of contraception in Birmingham at 44% (an increase from 40% in Year 1), illustrating that there is more work to be done to increase the use of good quality contraception. In Solihull the most widely used contraception is POP/COC at 53% of the total (55% in Year 1).

7.1.3. Year 2 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 linked up with termination of pregnancy (TOPS) providers, offering a referral service to women who are pregnant and have concerns.

We have increased access to EHC (commonly known as the morning after pill) through our entire network of pharmacies (currently 132 pharmacies are offering EHC) and increased access to injectable long-acting contraception through the increased number of Tier 2 pharmacies. (The number of Tier 2 pharmacies increased in Year 2 from 13 to 45).

We have run several health promotion campaigns to make people aware of the free condom and EHC provision and to increase brand awareness, so that people are able to recognise where they can access Umbrella services.

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 coils is disseminated to those relevant practitioners, with clear referral guidance to enable clients to access local and timely interventions. Through training, Umbrella is continuously increasing the number of staff who are able to perform this procedure, thereby constantly increasing the number of Umbrella staff able to perform this skill, thereby increasing capacity in clinics.

To further aid an increase in clinic appointments for coil fittings in Year 2 and to provide our service users with greater choice, we instigated a telephone LARC counselling service. 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 Sayana Press trial, which is a new form of the injectable contraception that allows women to self-inject every three months. Once the trial is complete, we will be implementing this option into our Umbrella service.

7.1.4. Umbrella's strategy – Year 3 and beyond

The following campaigns will be part of our campaign calendar in Year 3 of our service:

- Work to increase the use of LARCs in both Birmingham and Solihull during Year 3 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**
It is anticipated that the new online booking system will help to streamline the Umbrella clinics, creating greater capacity to see women requiring a coil fitting. The training team will continue to train additional clinical staff in coil fitting procedures to further increase capacity within clinic.
 - ▶ **Pharmacies**
We have increased the number of Tier 2 pharmacies that can offer injectable contraception, from 13 in Year 1 to 45 by the end of Year 2, with a final recruitment drive currently underway to add additional Tier 2 pharmacies to the Umbrella network during Year 3. This will provide a significant increase in capacity to provide injectable contraception in Birmingham.
 - ▶ **GPs**
It is anticipated that the new tendering process for recruiting GPs directly to the Umbrella network will lead to an increase in LARC activity through GP practices.
 - ▶ **Health promotion**
The Communications Team will continue to develop innovative marketing campaigns to raise awareness of the services that are available.

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

7.2.1. Why is this outcome important?

The prevalence of bacterium 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 of asymptomatic infection and to prevent further transmission of infection.

7.2.2. How is it 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)

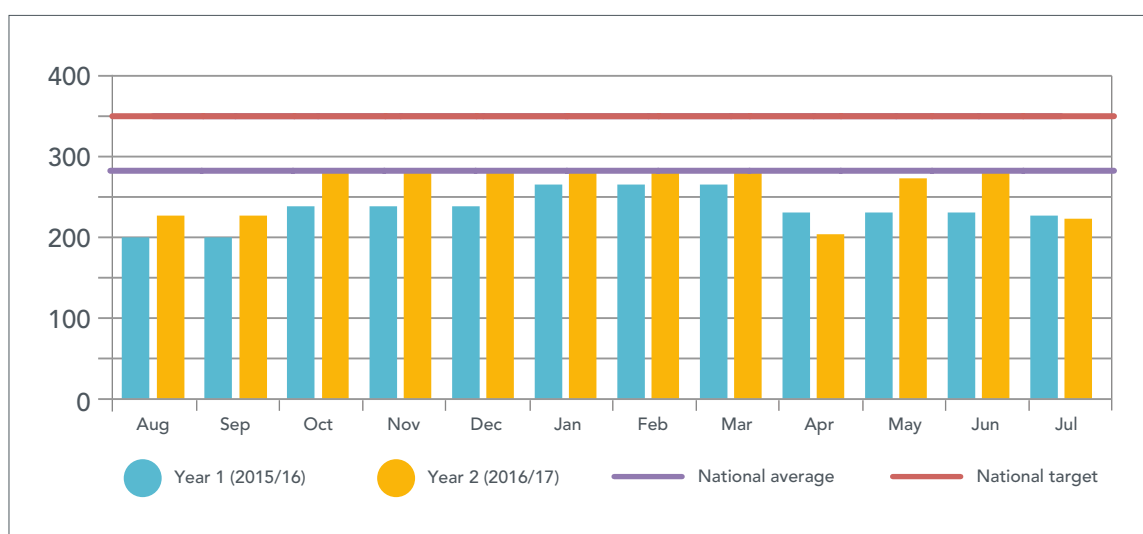
7.2.3. Year 2 performance and analysis

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, 3,384 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 March 2017. The remainder of the year is based on a projection. Given this, we anticipate a total of 3,161 positive tests will have been identified in Birmingham in Year 2. As can be seen from Figure 4 on page 26, the service has significantly improved on the position achieved in Year 1.

■ 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 2 Umbrella contributed 83% of the positive screens across the city. In Year 1, Umbrella contributed 76% of the positive screens.

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

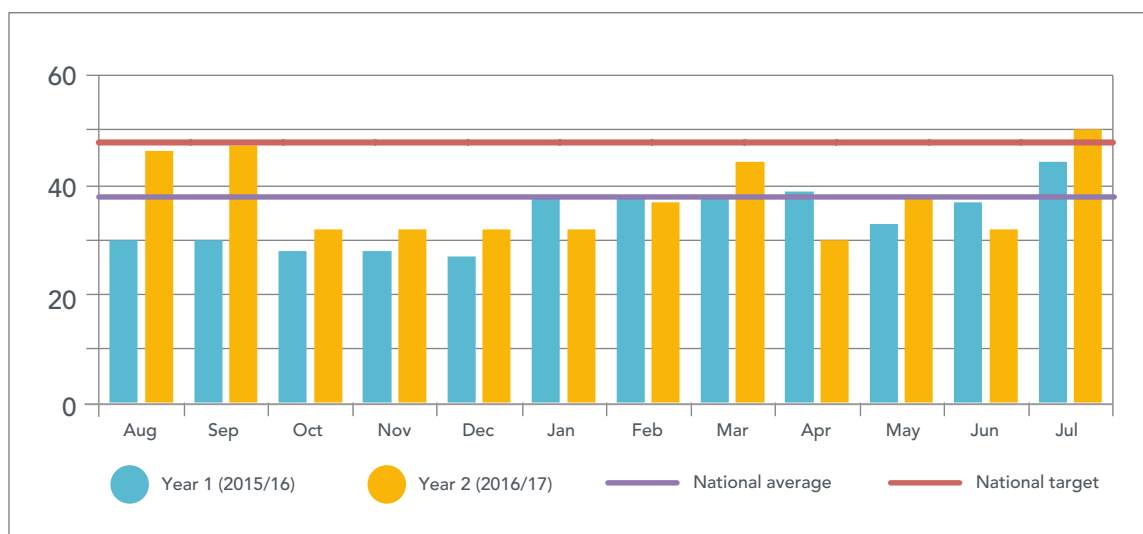
The population of 15-24 year olds in Solihull is 24,310. Therefore:

- 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 March 2017. The remainder of the year is based on a projection. Given this, we anticipate a total of 449 positive tests will have been identified in Solihull in Year 2. Again, this represents an improvement on the Year 1 position as can be seen in Figure 5 on page 27.

Umbrella contributed 85% of the positive screens across Solihull. In Year 1, this figure was 74%. The current positivity rate within Solihull Umbrella is 12%, exceeding the national average of 10%.

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



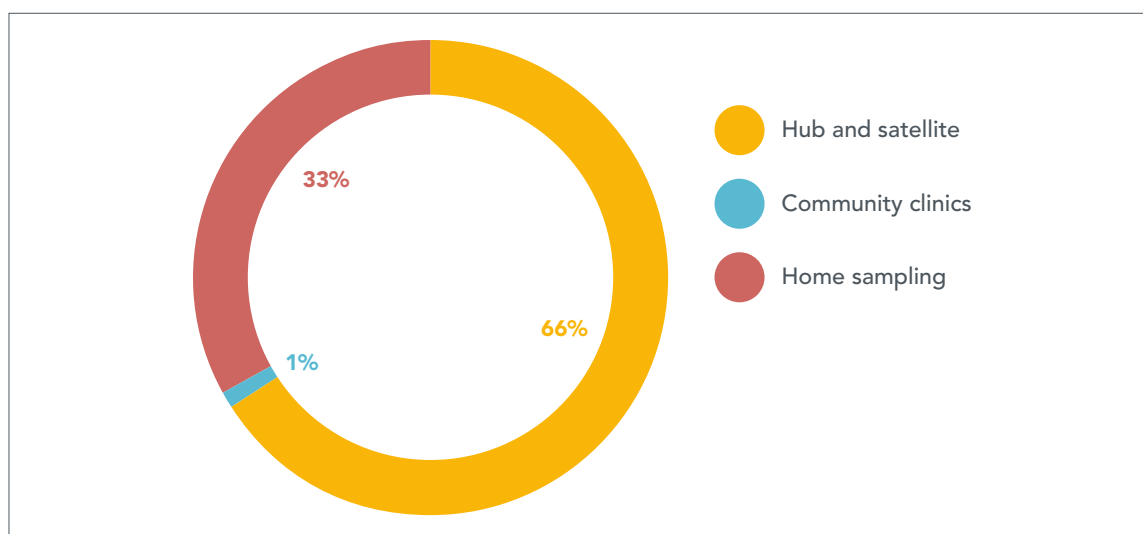
■ Table 3: Proportion of population aged 15-24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile

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

The pie chart below shows that 66% of Birmingham Umbrella samples are coming from hub and satellite clinic activity, which is a decrease from 72% in Year 1.

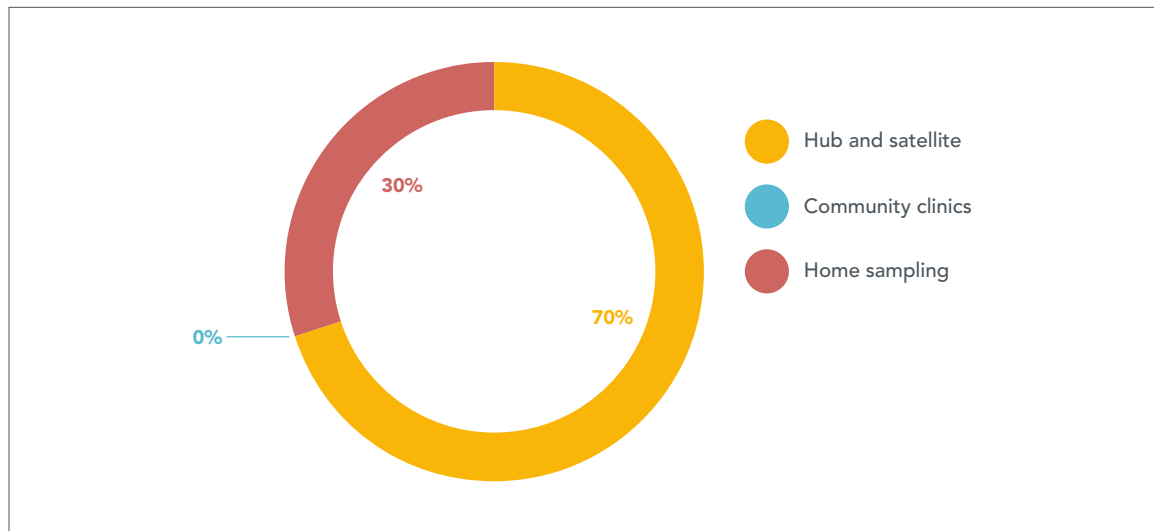
In Year 2, 33% of the samples came from home sampling (i.e. from kits ordered on the Umbrella website). Last year, 25% came from home sampling. This is a clear illustration that the Umbrella strategy of reducing clinic attendances and increasing self-care is working.

■ Figure 6: Birmingham Chlamydia screening 15-24 year olds



Again, Solihull is showing a reduction in chlamydia screening in clinic, down from 75% in Year 1 to 70% in Year 2, with 30% of the screening happening through home sampling, as opposed to 24% home sampling in Year 1.

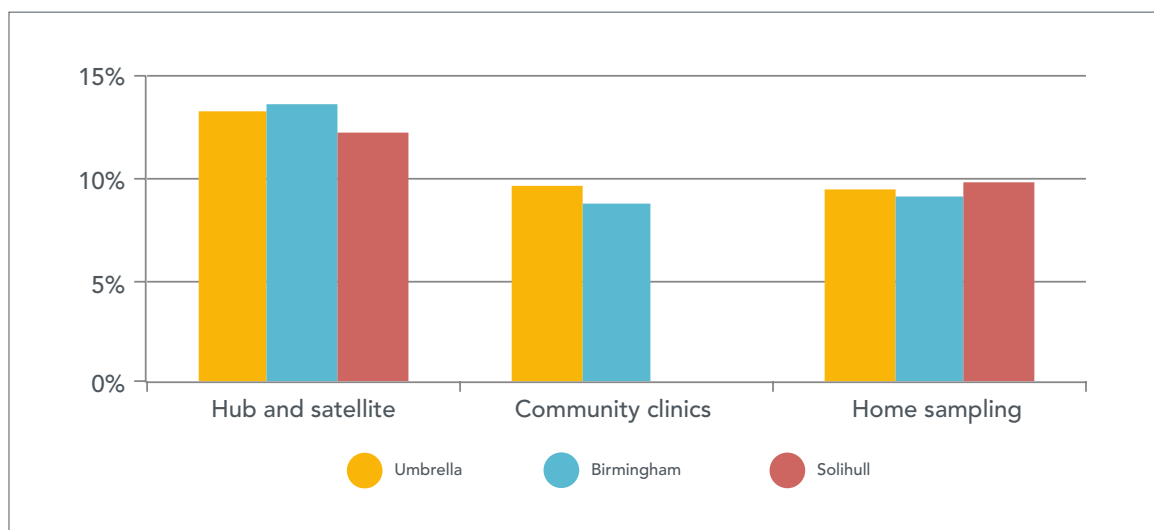
■ *Figure 7: Solihull chlamydia screening 15-24 year olds*



Umbrella tests

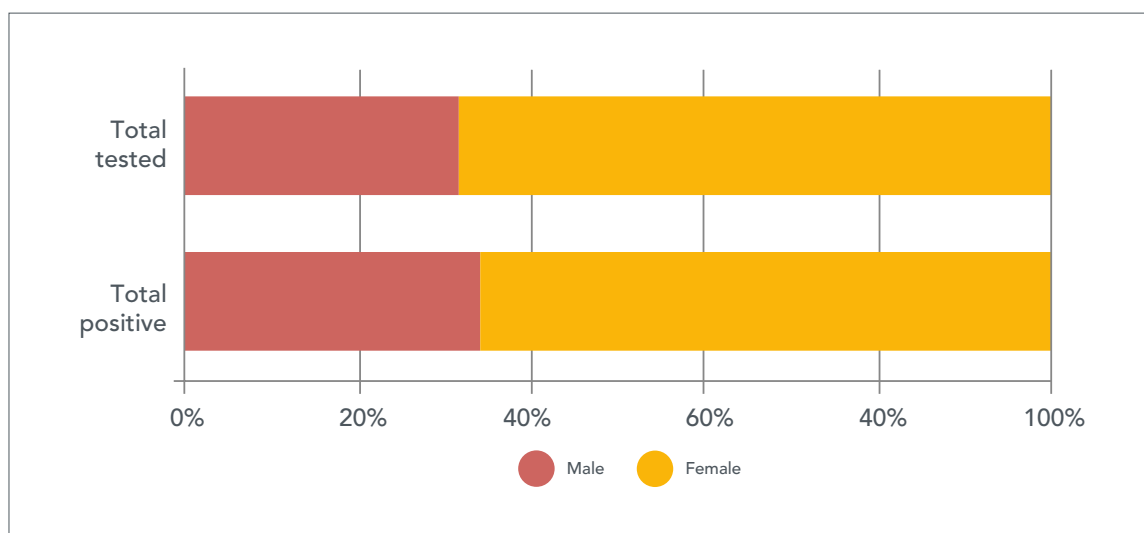
Figure 8 shows the positivity rates for all Umbrella activity, Umbrella Birmingham and Umbrella Solihull based on where the test was initiated. It would be anticipated that clinics would see a higher positivity rate than home sampling but, at just under 10% positivity, the rate achieved through the STI kits ordered on the website is high, indicating 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*

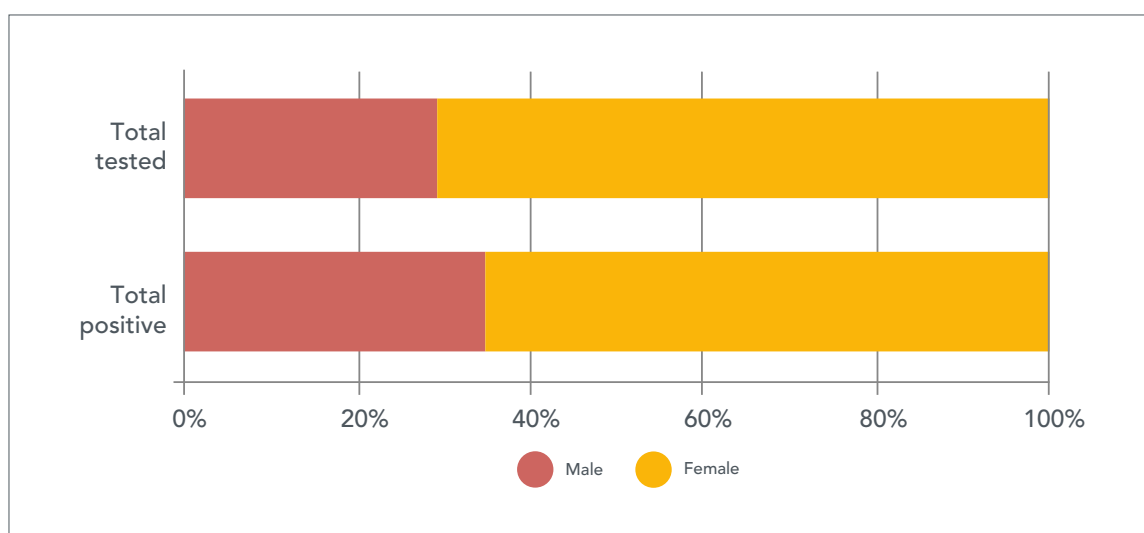


The graphs below show that both Birmingham and Solihull continue to show a two thirds female, one third male split for testing and positive results. As Umbrella is an integrated service, offering both contraception and GU services, it is understandable that more women are using the service than men. 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 3.

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



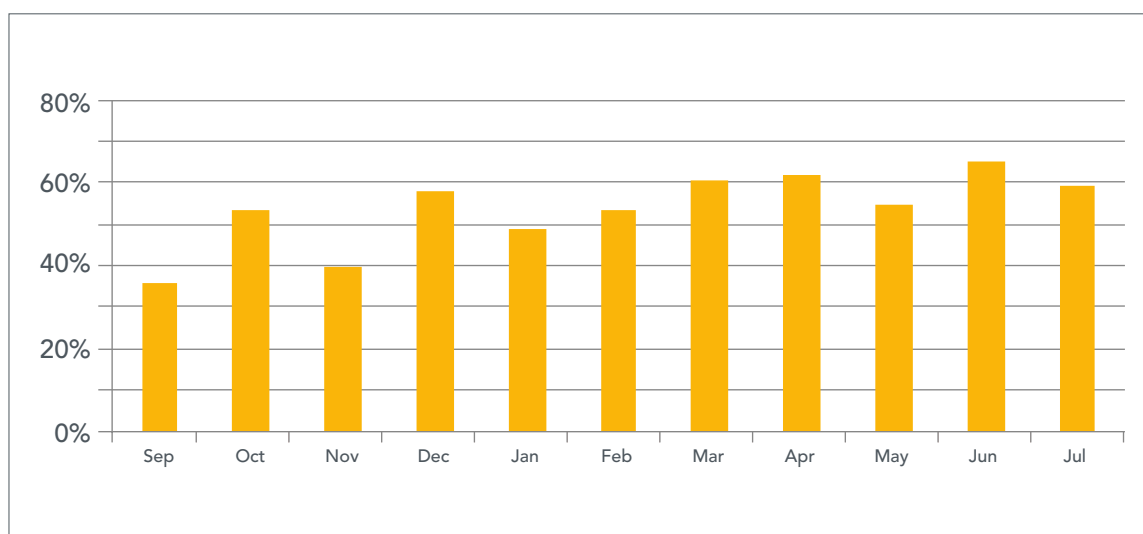
■ *Figure 10: Chlamydia – Solihull tests and positivity*



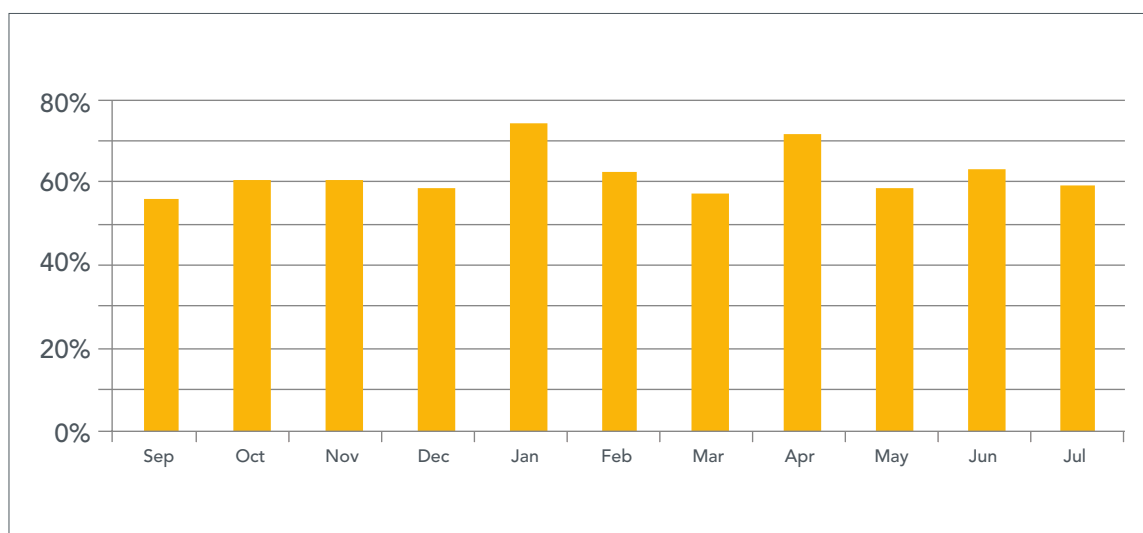
Umbrella Website

The Umbrella website is a crucial aspect of the Umbrella model of care, providing an easy, modern entry point for clients. In Year 2, there were 27,510 STI kits ordered through the Umbrella website, up from 15,500 in year one. 33% of the Birmingham chlamydia screens and 30% of the Solihull chlamydia screens were as a result of STI kits that were ordered through the website and we have seen a significant and sustained increase, month on month since the inception of Umbrella, with over 2000 STI kits per month now being ordered and a return rate of 58%.

■ *Figure 11: Percentage of STI kits returned – Year 1 (2015/16)*



■ *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 2016 and July 2017, the website received over 360,000 hits (up from 286,000 in Year 1) from nearly 218,000 users (up from 169,000), with well over 1 million page views during the year.

It's estimated that 39% of visits were made by users under 25 years of age, and around 78% by users under 35 years of age. The split of visitors by gender was estimated to be 67% female to 33% male (the reporting software used does not currently report other gender identities).

7.2.4. Umbrella's Strategy – Year 3 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

We will be undertaking 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 will be offering a base tariff with a banding payment that will increase 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 2, we increased the number of Umbrella pharmacies to 132. Each one of these offers EHC and, between August 2016 and July 2017, 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

Umbrella is linked with BPAS service providers to supply chlamydia screening kits to service users. From August 2016-July 2017, the four BPAS providers Umbrella is working with were issued with 1,498 kits. We received 1,040 chlamydia kits back, giving us a 69% return rate.

7.3. Outcome 3: Reducing the late diagnosis of HIV

7.3.1. 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 trialed 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 6,095 new HIV diagnoses in the UK in 2015. Of these, 54% of diagnoses were among gay/bisexual men; 22% were among heterosexual women; 15% were among heterosexual men; 3% were among people who inject drugs.

Year 2 Performance and analysis

In Year 2, Umbrella carried out over 52,500 HIV tests (40,433 in Year 1) in our clinics, in outreach settings and through our self-sampling STI kits and we identified 92 (100 in Year 1) new cases of HIV, equating to a 0.17% positivity rate (0.25% in Year 1).

Nearly 41,000 of the HIV tests were carried out in Birmingham (30,928 in Year 1) and over 5,000 (4,392 in Year 1) 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 opposite 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

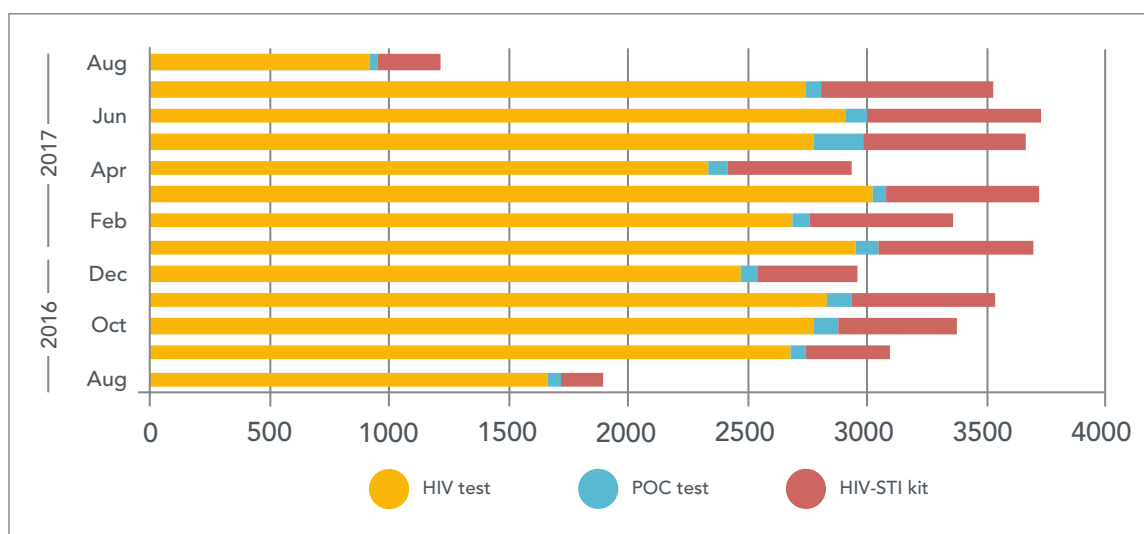


Figure 14: Solihull HIV test carried out by type

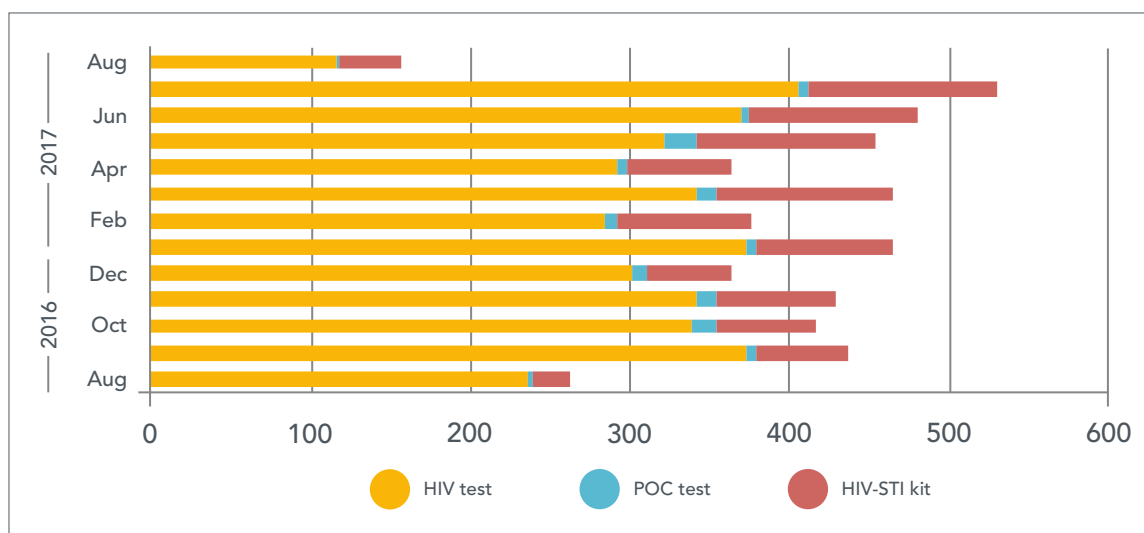
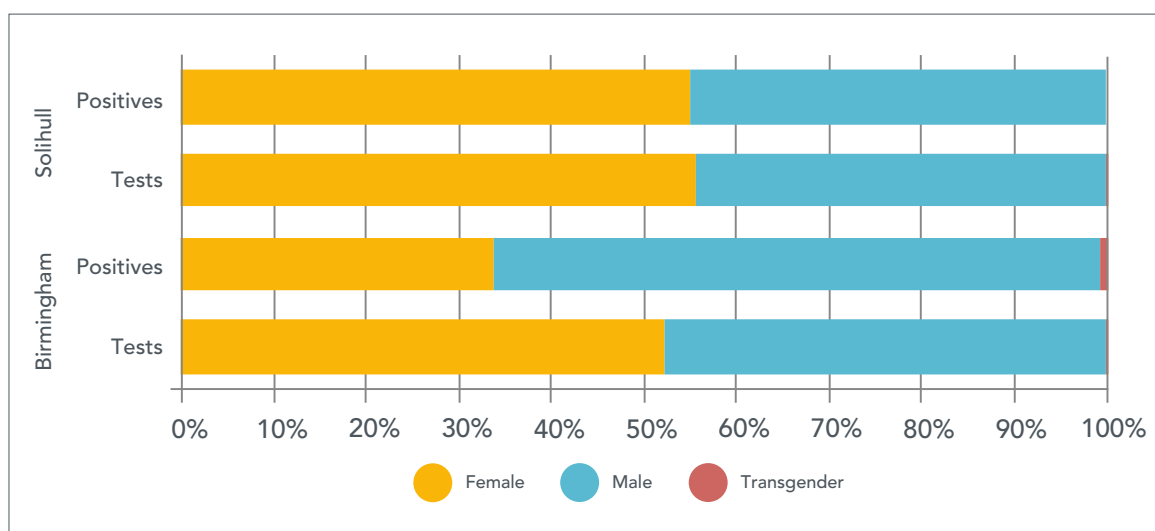


Figure 15: Proportion of tests and positives split by gender*



*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 (%)	2016	67.7	69.0	69.9	69.6
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2014-16	40.1	44.1	39.2	35.0
New HIV diagnosis rate/ 100,000 aged 15+	2016	10.3	8.6	16.0	5.8
HIV diagnosed prevalence rate/ 1,000 aged 15-59 <2 2 to 5 ≥5	2016	2.31	1.79	2.85	0.78

Source: PHE Fingertips Tool: <https://fingertips.phe.org.uk/>

7.3.2. Umbrella's Strategy – Year 3 and beyond

Birmingham is classified as a high prevalence HIV area, with between 2 and 5 cases per 1,000 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) 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 Department 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 3, 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 GP training, to help them identify HIV indicators in patients and promote early HIV testing.

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

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.

One of the settings in which the first disclosure of rape or sexual assault occurs is often a NHS Sexual Health Clinic. Within Genitourinary 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

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6. Domestic violence and abuse: multi-agency working. NICE February 2014. <https://www.nice.org.uk/guidance/ph50>
Last accessed 19 Aug 2017

7.4.1. How is it 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; and
- 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

7.4.2. Year 2 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 33% 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	67	227	50
F	18–25	170	1279	203
F	>25	147	1308	214
M	<18	4	16	2
M	18–25	38	192	33
M	>25	47	378	66
Trans	18–25	1	4	2
Trans	>25	1	7	0
Total		475	3,447	768

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 2016-17 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 2017
Sexual health staff – nursing/counsellor/advisor	65 %
Sexual health staff – doctors	51 %
Sexual health staff – clerical	40 %
Totals	56 %

For the year 2016-17, the safeguarding team delivered level 2 safeguarding adult and children training, which was available to all sexual health staff. In March 2017 compliance was 79%. From April 2017, all sexual health staff have to attend the Trust mandatory training sessions where safeguarding is delivered. These sessions will be delivered throughout 2017-18, so compliance will increase.

Over the past 12 months, the Safeguarding Team has trained the sexual health staff in relation to Child Sexual Exploitation (CSE), as per Table 7:

Table 7: Safeguarding Team training for sexual health staff in relation to Child Sexual Exploitation (CSE)

Child Sexual Exploitation Level 3	End July 2017
Sexual health staff – nursing/counsellor/advisor	91%
Sexual health staff – doctors	86%
Sexual health staff – clerical	100%
Totals	89%

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 Birmingham Multi-Agency Safeguarding Hub (MASH).

Number of referrals made to the Multi Agency Safeguarding Hub (MASH) – August 2016-end July 2017	138
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Adults can also be referred as necessary. However, unlike children, where adults have capacity, it is their choice as to whether they receive support. Many adults have received support and signposting to other agencies and 31 adults were referred to the Adult Communities Access Point (ACAP).

Year 2 performance and analysis

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 fortnightly in Whittall Street Clinic;

Number of patients (13 years and over) referred to Abuse Survivors Clinics (ASC) August 2016-August 2017	151
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- SAFE project with ISVA support from RSVP on outreach evenings (fortnightly);
- Trans clinic with specialist ISVA support from RSVP, at LGBT centre.

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.

Umbrella, in partnership with WAITS, has developed a more streamlined pathway for those who disclose domestic abuse. The WAITS IDVA will receive Umbrella referrals from patients disclosing domestic abuse and arrange for a risk assessment and provide on-going support for these individuals in the community.

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 in a face-to-face training sessions from the safeguarding team
- Further training sessions on Child Sexual Exploitation, Making a Good Referral, and FGM have been delivered to Umbrella Partners via the Sexual Health Awareness Promotion Education (SHAPE) programme
- All 16 and 17 year olds now have a "Spotting the Signs" risk assessment carried out on attendance at sexual health clinics. This is documented on Excellicare
- An updated level 1 leaflet on safeguarding adults, children, and Prevent has been developed and given to all sexual health staff via their payslips, and distributed online to all partner agencies
- Factsheets on various types of abuse, abuse identification, referral pathways and further support have been developed and are available for reference to all staff within clinical areas
- A referral pathway flowchart for Solihull clinics has been developed and disseminated
- A CSE pathway flowchart has been updated to incorporate the new CSE screening tool
- A domestic abuse pathway flowchart has been developed and disseminated
- Group supervision continues to be delivered to sexual health clinic staff with 1-to-1 supervision always available for those staff who request it or who are identified as requiring it by line managers
- The Safeguarding team visit clinics regularly to support staff and provide supervision

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.

7.4.3. Umbrella's strategy – Year 3 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:

- Improving access to ISVA support in the areas of Chelmlsey Wood and Solihull, through the development of ISVA-led Umbrella clinics; continuation of the ISVA work to develop the Umbrella partners and services
- Direct Umbrella referrals to the WAITS IDVA following disclosures of domestic violence. The IDVA will arrange any required follow-ups. This may include meeting for a risk assessment and discussion of ongoing support
- Work with partner agency, WAITS, to develop the care pathways for BME clients experiencing domestic abuse
- 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; and
- Strengthening links with partner agencies to ensure better joined-up working for very vulnerable groups e.g. link between SAFE and CGL

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

7.5.1. 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.

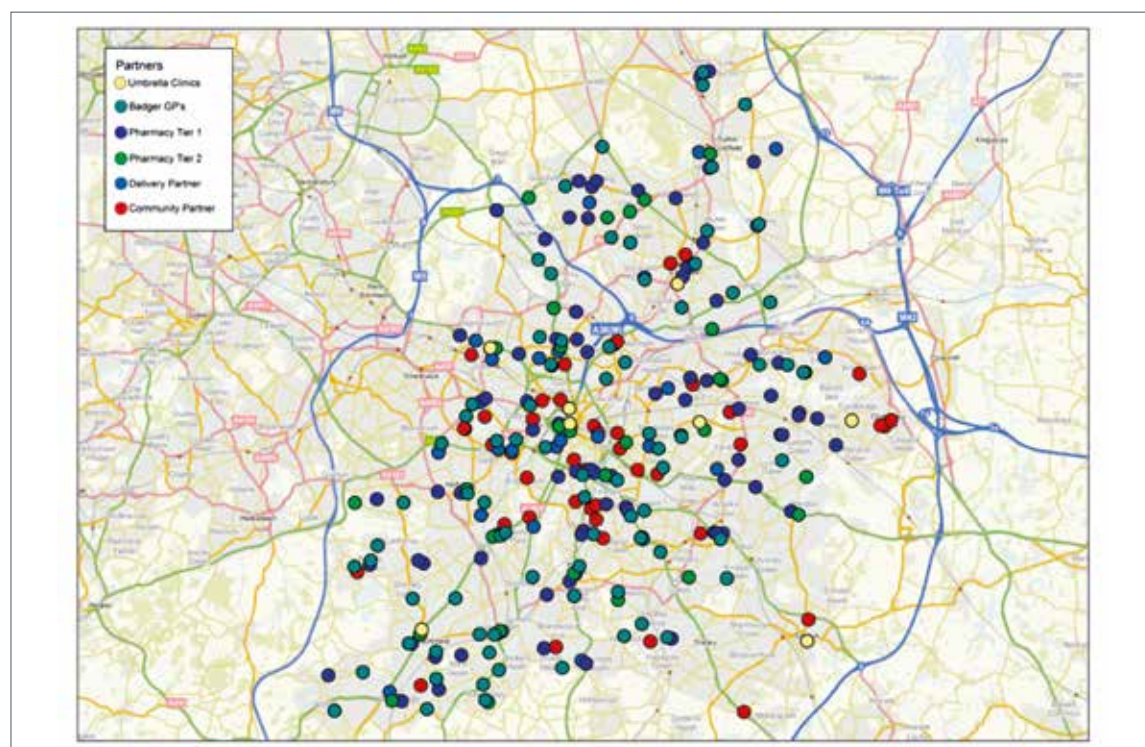
Umbrella has targeted these groups to ensure better access to sexual health services by forging partnerships with organisations that are already closely connected to these high risk communities. A primary example is Umbrella's partnership with the Birmingham Lesbian, Gay, Bi-Sexual and Transgender (Birmingham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

7.5.2. Year 2 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 does 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**

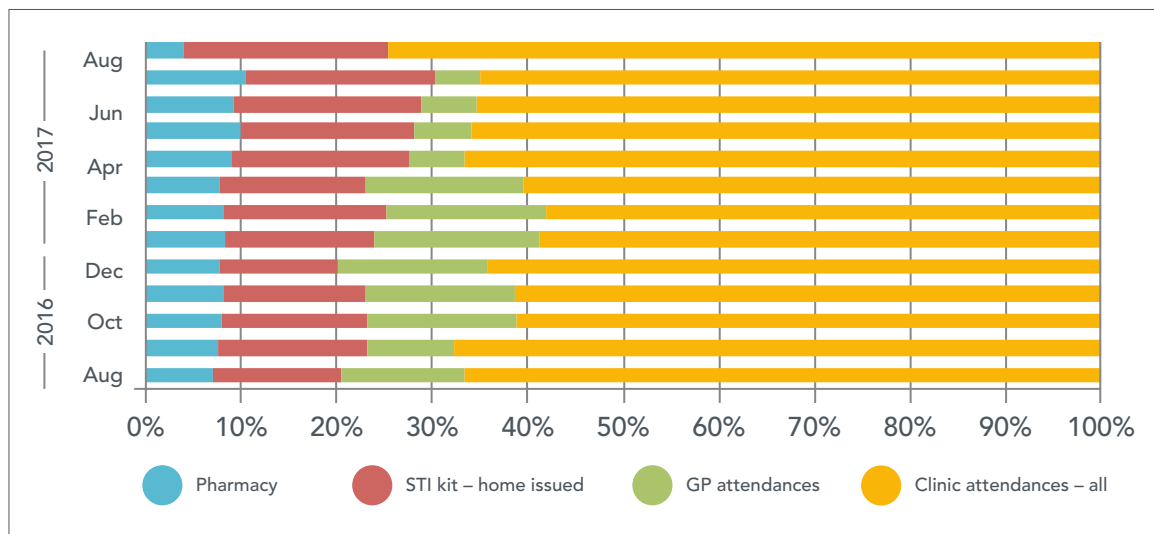
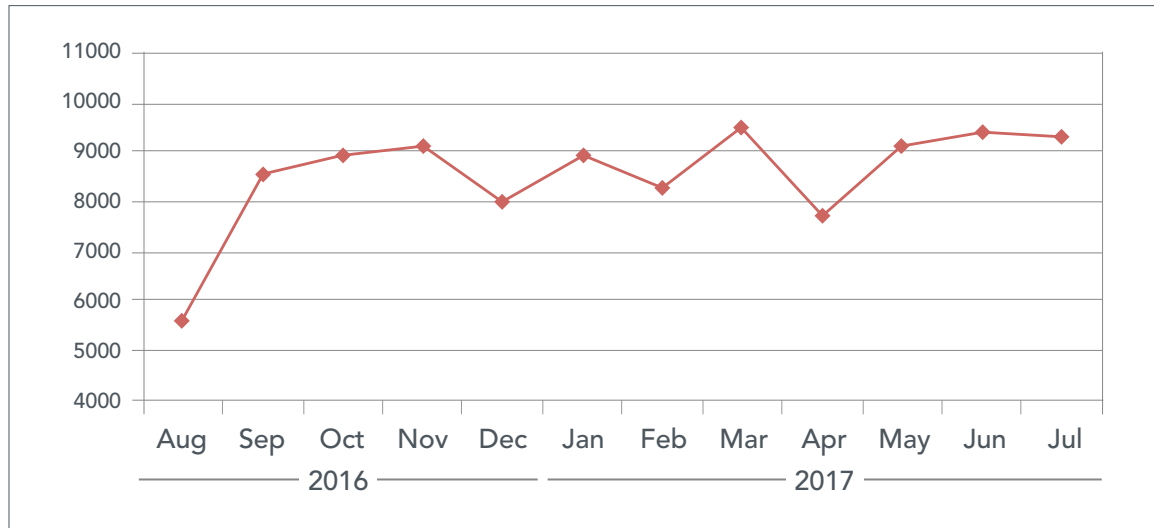
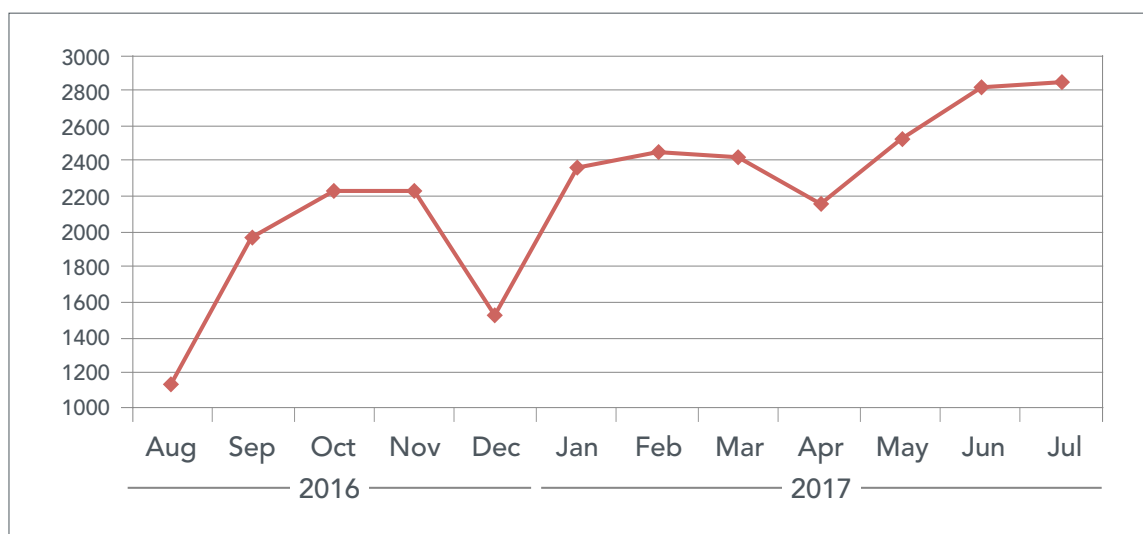


Figure 17 shows the total Umbrella activity in Year 2, broken down by the various access points. The Umbrella clinics continue to see the highest level of activity, but the volume of activity through the clinics has remained relatively constant, whilst the home testing and sexual health service provision 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.

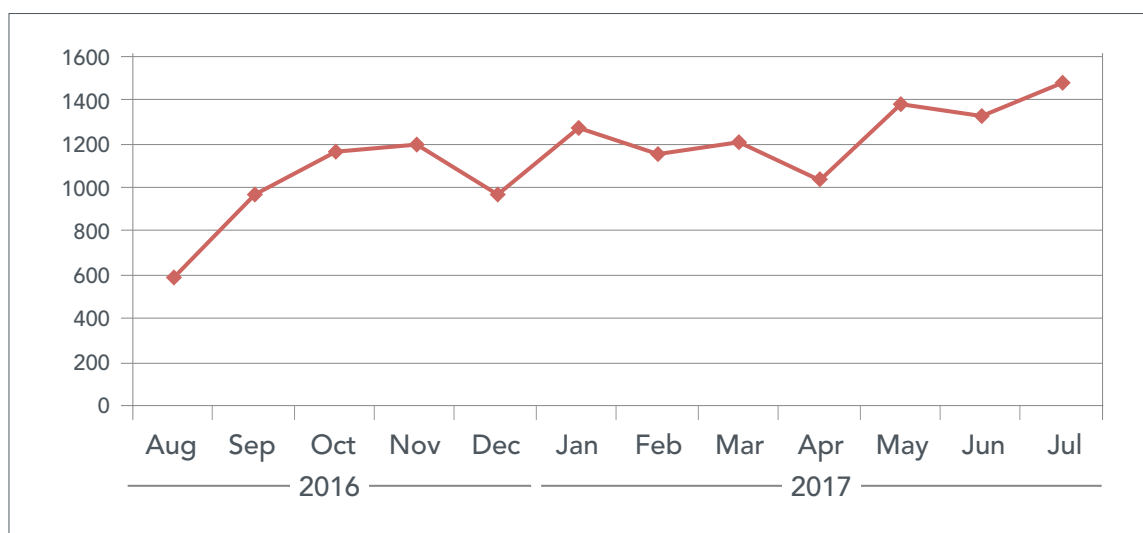
■ **Figure 18: Umbrella clinic activity for Year 2**



■ *Figure 19: STI Kits ordered through website in Year 2*



■ *Figure 20: Umbrella Pharmacy Activity in Year 2*

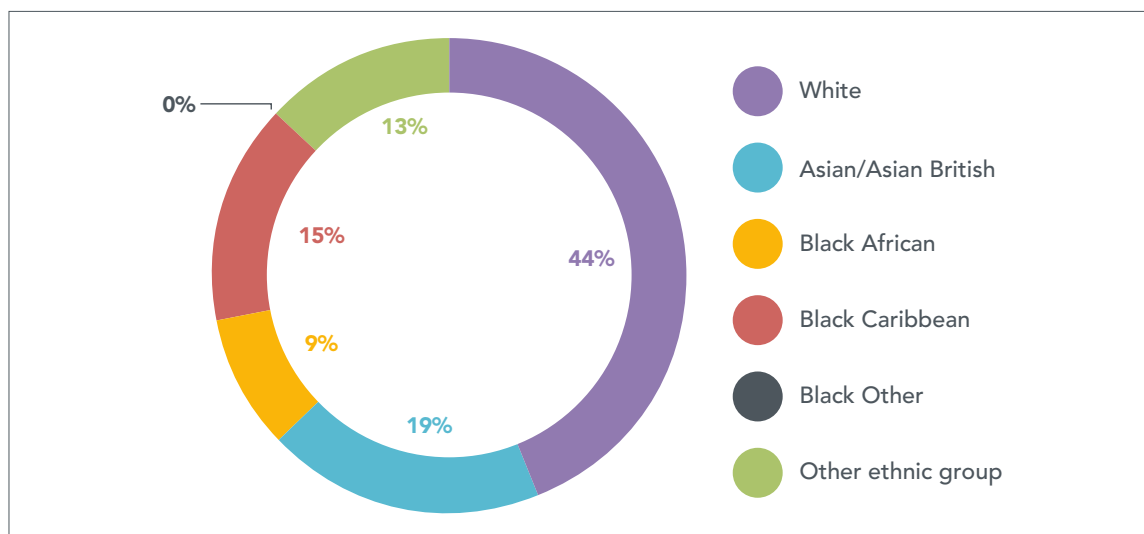


Umbrella serves an ethnically diverse population and recognises the need to ensure that all groups within our community feel that Umbrella is a service that is there for them. We have engaged four specialist BME partners to assist us with our BME outreach work. Each of these partners is now fully signed up and has agreed a set of challenging targets around BME partnership work, which should enable us to make significant progress with our ambitions to provide better access to high risk communities in Year 3.

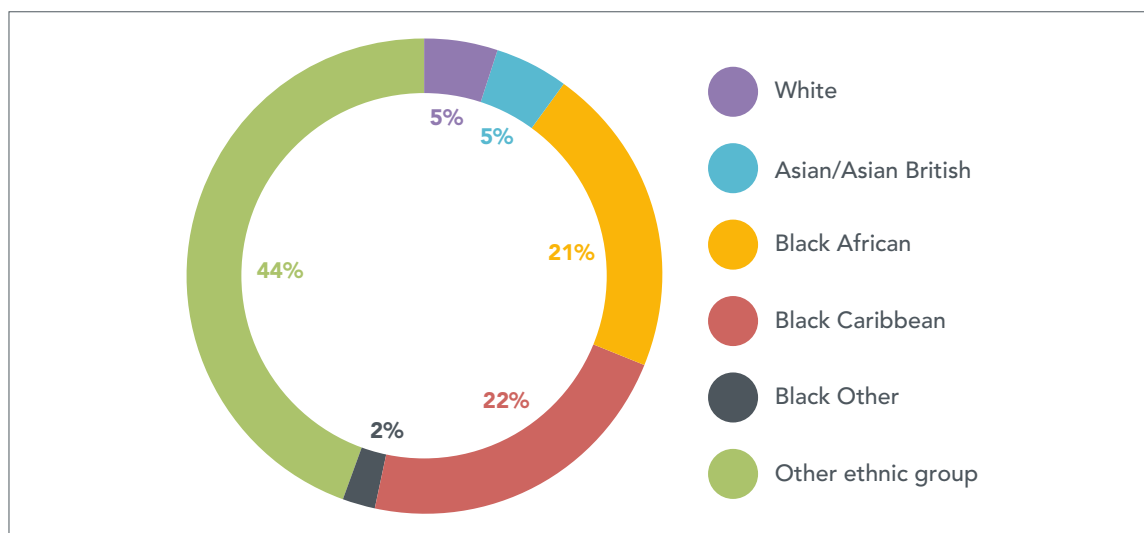
Attendance in clinic is monitored to help us understand which population groups are accessing our service. This helps us to evaluate which communication messages are working with which groups, to enable us to target our campaigns more effectively.

In Year 2, Umbrella saw over 53,000 individuals in clinics across Birmingham and Solihull. Of these, 40% of attendees identified as White, 6% as Black African, 10% as Black Caribbean, 13% as Asian/British Asian and 11% as Other. 20% did not state an ethnicity on their registration form.

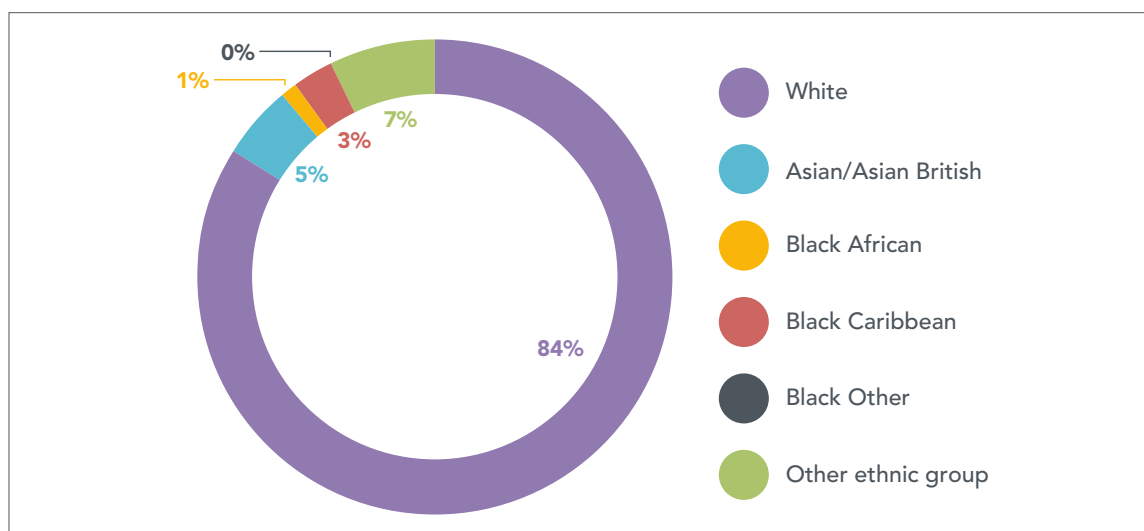
■ *Figure 21: Attendances in Birmingham Umbrella Clinics by ethnicity*



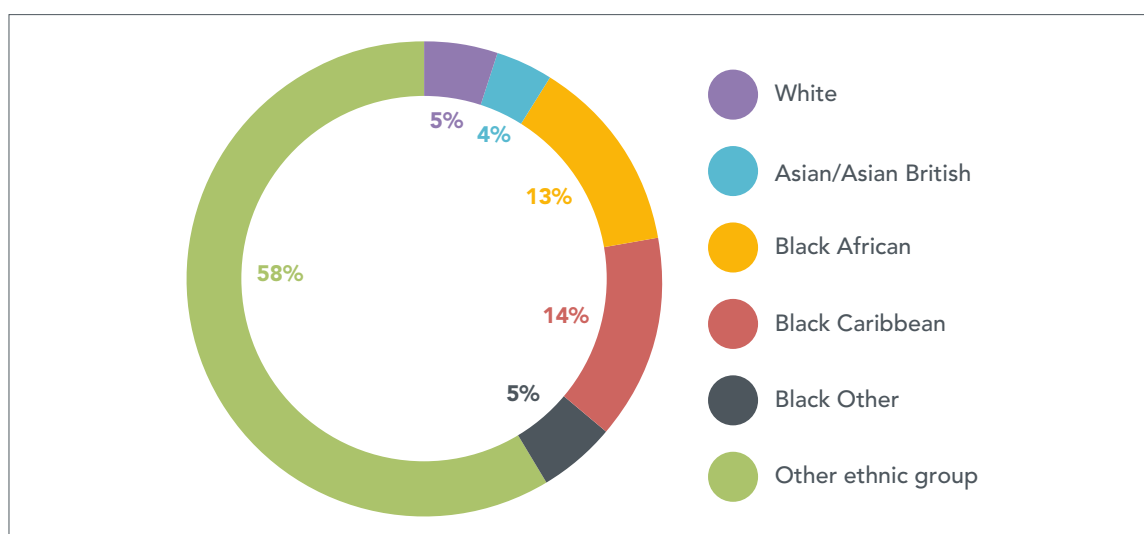
■ *Figure 22: Attendances at clinic by ethnicity – per 100,000 of the population (Birmingham)*



■ *Figure 23: Attendances in Solihull Umbrella Clinics by ethnicity*



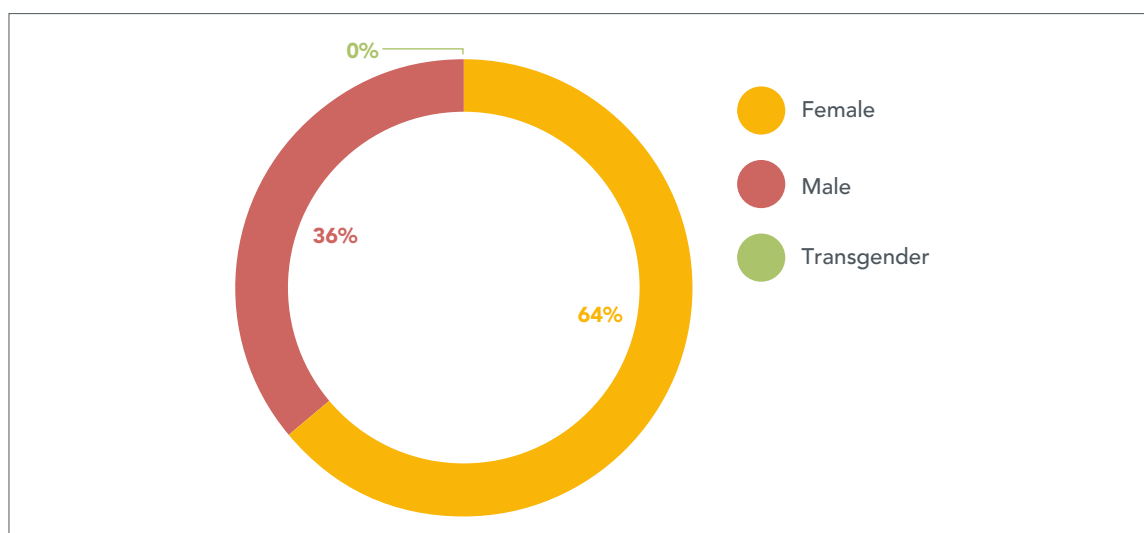
■ **Figure 24: Attendances at clinic by ethnicity – per 100,000 of the population (Solihull)**



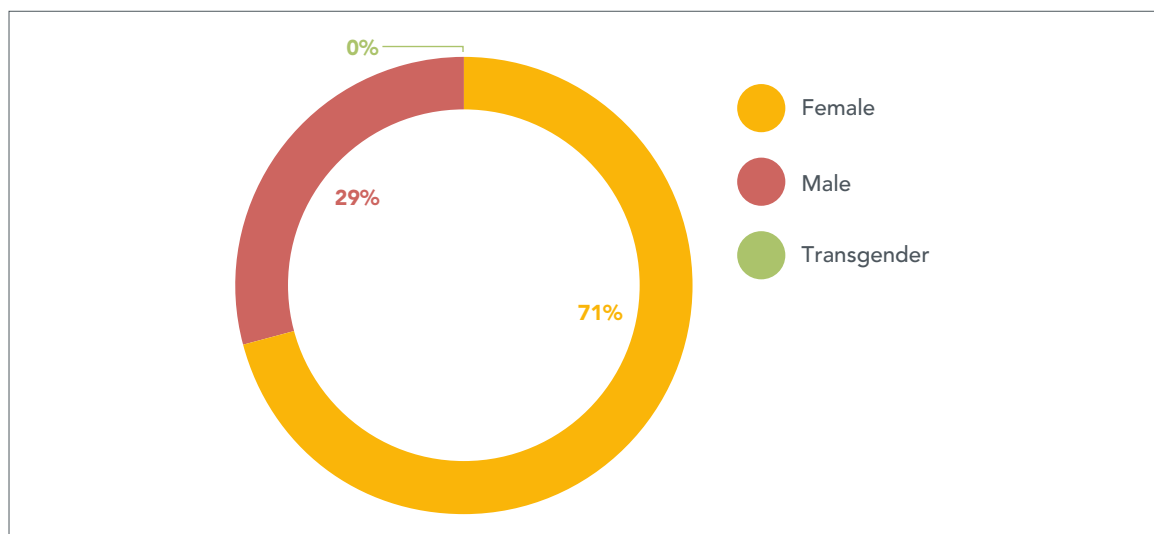
Figures 21–24 illustrate that Umbrella is successfully engaging with and providing access to services for high risk communities, including black and mixed minority communities.

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	09.00– 18.30	10.30– 18.30	09.00– 18.30	09.00– 18.30	09.00– 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	11.00– 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– 17.30	10.30– 17.30	09.00– 17.30	10.00– 18.30	09.00– 17.30	10.00– 13.00	Closed
Chelmsley Wood†	34 Crabtree Drive, Birmingham B37 5BU	No clinic	13.30– 18.30	11.00– 18.30	09.00– 16.30	Closed	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

† Chelmsley Wood hours have increased following a review of the service which included patient engagement and feedback.

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

Some pre-existing clinics taken over from HEFT required extensive remodelling and the introduction of new patient management and other IT solutions and systems during mobilisation. 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 coils and implants.

Community clinic	Location	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Birmingham LGBT (clinics only)	38–40 Holloway Circus, Birmingham B1 1EQ	—	—	—	12.30–18.30	16.00–18.30*	—	—
SAFE Project	Ladywood Community Centre, St. Vincent Street West, Ladywood, Birmingham B16 8RP	12.00–15.30	—	—	—	—	—	—
SIFA Fireside	48–52 Allcock Street, Digbeth, Birmingham B9 4DY	—	—	09.00–12.00	—	—	—	—
The Lighthouse/ The Factory	100 Alma Way, Aston, Birmingham, B19 2LN/5 Devon Way, Longbridge, Birmingham B31 2TS	—	—	—	16.30–18.30**	—	—	—

* Monthly ** Alternate weeks

Website and self-sampling kits

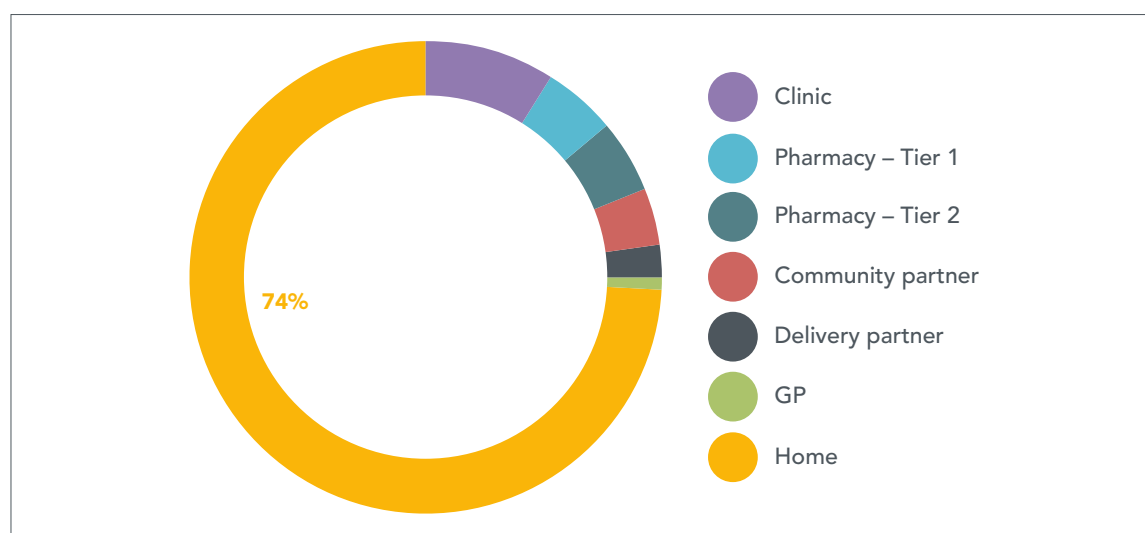
Umbrella offers free STI self-sampling kits as an alternative to attending a clinic. These kits are accessible via the Umbrella website or through partner organisations.

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).

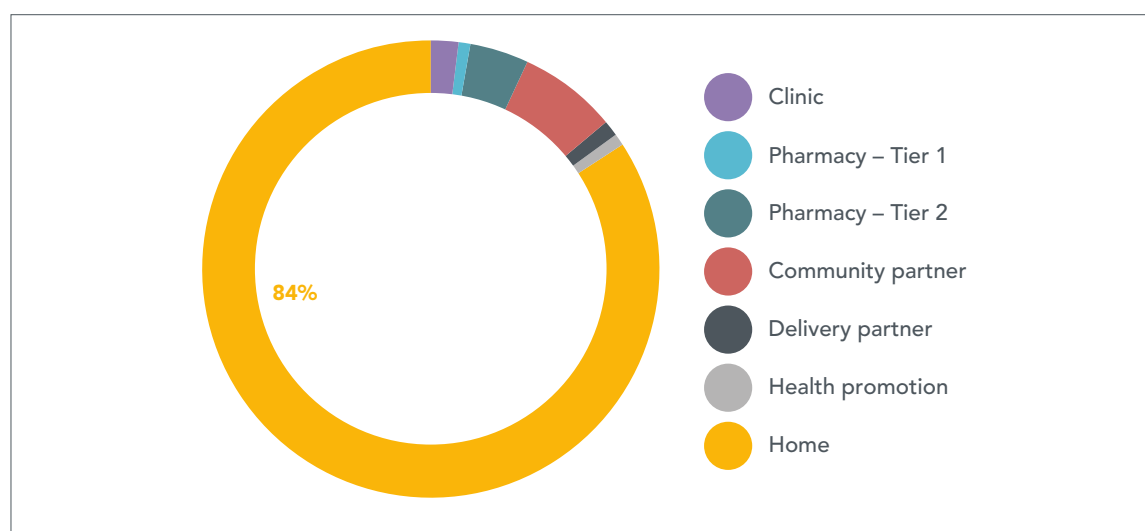
Kits can also be posted to the client's home or a designated address, or collected from an Umbrella pharmacy or other venue.

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 2016 – 9 August 2017*



■ *Figure 28: Kits – recieved by type of location 10 August 2016 – 9 August 2017*



The rate of return for kits ordered to home addresses was 58%, with an average 1,775 kits returned each month over the year. Of the kits issued by all other locations, the rate

of return was 32%. The combined average number returned each month (from home and all other locations) was 2,397: 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: <http://bmjopen.bmj.com/content/7/10/e017978>

Umbrella General Practice activity

During Year 2, GP practices in Birmingham (via the 'Badger' group), offered a LARC service to both registered and unregistered residents in Birmingham under the Umbrella service.

GP practices also offered an STI testing service under the Advanced Sexual Health (ASH) service, which was decommissioned by Umbrella as of 31 October 2016, due to concerns about inequality of access.

Figure 29: Total Umbrella Badger activity per month from August 2016 to July 2017
(note August 2016–October 2016 includes ASH data)

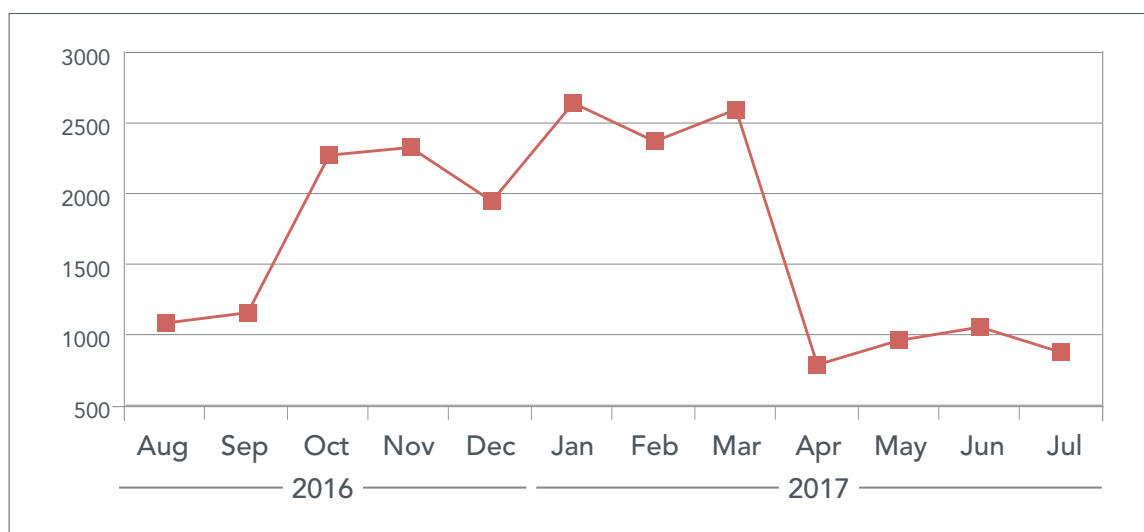
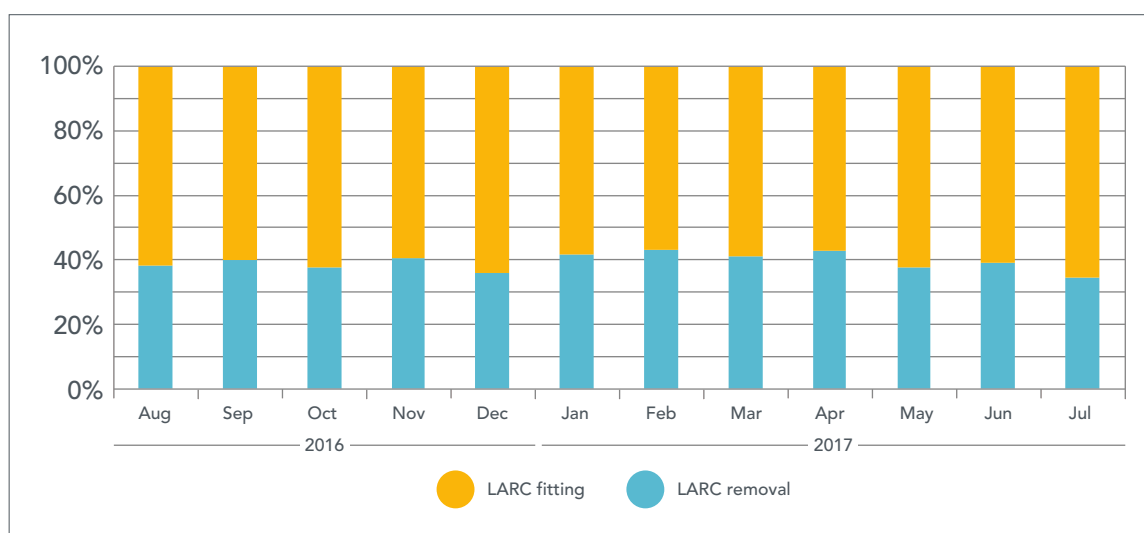


Figure 30: Total LARC fittings and removals per month from August 2016 to July 2017



Following a review of the current arrangements with GP commissioning, a decision has been taken to re-procure and invite all GPs to bid to provide both LARCs and chlamydia screening. The current system limits activity to the 92 practices that are members of the Badger Group. The new approach will open the market to both Badger and non-Badger practices. This will lead to a wider network, providing easier access and increased activity.

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.

In Year 2, Umbrella welcomed three new delivery partners and commissioned an existing delivery partner, WAITS, to expand their service provision to the BME community.

Table 8: Delivery partners commissioned by Umbrella in Year 2

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
BCHT (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 Two WTE Young Person Health Advisors
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

Achieving better access to services for high risk communities: Impact of the new BME partnerships in Year 2

A total of 5,966 face-to-face contacts were made between November 2016 and March 2017 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.

The greater return for health promotion, i.e. the number of individuals willing to engage in discussions around sexual health was seen in the smaller community events and groups. Feedback from our partners was that individuals seen at the smaller community

events in groups were more likely to lead to further engagement via one-to-one. Going into Year 3, Umbrella is therefore encouraging and upskilling BME partners to enable them to deliver sexual health interventions, in the form of STI kit training. Partners will not only signpost individuals to the Umbrella clinics and the Umbrella website to access STI kits but the training will also enable staff to distribute STI kits where appropriate and return the kit once completed by the individual, on site, as part of the one-to-one consultation.

Achieving better access to services for high risk communities: Partner engagement in Year 2

Loudmouth (Theatre and Education)

The theatre and education group has remained popular amongst young people and has 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; and
- 'Working for Marcus' programme on Child Sexual Exploitation

During the period from August 2016-March 2017, Loudmouth has delivered 115 sessions to 13,329 young people.

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

The Young Person's Health Advisor team and Children in Care nurses at Birmingham Community Healthcare Trust have reached 8,778 young people in Year 2, between August 2016 and June 2017.

Birmingham LGBT (Lesbian, Gay, Bisexual and Transgender)

Birmingham LGBT (BLGBT) remains one of our biggest and most integrated Umbrella partners. Between August 2016 and June 2017, Birmingham LGBT supported 3,974 individuals on site and 4,309 individuals within outreach settings, visiting 133 venues during this period.

In Year 2, BLGBT acquired 778 volunteer hours, with the number of volunteers, trained and assisting with providing sexual health services in both inreach and outreach settings ranging between 18 and 28 throughout the year. Of these volunteers, 5 have been selected to undergo further training to develop the peer mentoring service being offered by BLGBT.

Access to services for clients was improved as of September 2016 as the BLGBT centre moved to a 7 day-extended hours service, giving clients access to services 12 hours a day, Monday to Friday and 10 hours a day, Saturday-Sunday. The change in opening hours has been well-received in the community and after careful monitoring, BLGBT have been able to ensure that services are available at times in the day where the demand is greatest.

BLGBT also introduced pop up clinics in Year 2, taking sexual health interventions out into the community via point of care testing (PoCT), which has proved to be a popular choice by clients. Clients who received PoCT also opted for further STI testing via the assisted STI self-sampling kit service BLGBT offer.

Health promotion has remained an integral part of the services offered by BLGBT with the outreach teams visiting LGBT venues, bars, nightclubs and club events. The teams have also maintained an online presence on various dating sites as well as a presence at PSEs (Public Sex Environments) which continue to pop up across the city.

BLGBT is working closely with RSVP offering a much utilised in-house direct access service to RSVP ISVAs.

Service user feedback remains very positive; over the year, 96% of clients accessing BLGBT services said they would recommend their services to others.

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. In Year 2, between August 2016 and June 2017, BCC CS had 9,220 contacts with young people. Their online presence has continued to grow in Year 2, with the service reaching 4,880 young people through Facebook and Twitter.

The service identified a need for an advocacy element to the services they provide for newly-arrived young parents whose first language is not English. The young parent advisers provide additional support to these young parents by arranging and accompanying them to clinic, which has proved invaluable.

BCC Youth Services

BCC Youth Services are one of Umbrella's largest providers serving young people in Birmingham. 4,712 clients accessed sexual health services via their 18 youth centres and out of a total of 9,254 attendances, 5,050 were direct referrals to sexual health services.

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. Contractual agreements have been formalised in Year 2 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 they work with to the partnership. 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.

7.5.3. Umbrella's strategy Year 3 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. In 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 3 Umbrella will focus on:

- Clinic review – including looking at capacity within the system and improve access to all services as well as improving data quality, especially when considering multiple sources of data
- 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
- Increasing GP services through a directly-commissioned service, which will include chlamydia screening. This will help to identify the areas of high prevalence
- 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 3 – 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 3, 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
- The online booking system will go live, allowing service users far greater autonomy in managing their appointments

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

7.6.1. 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.

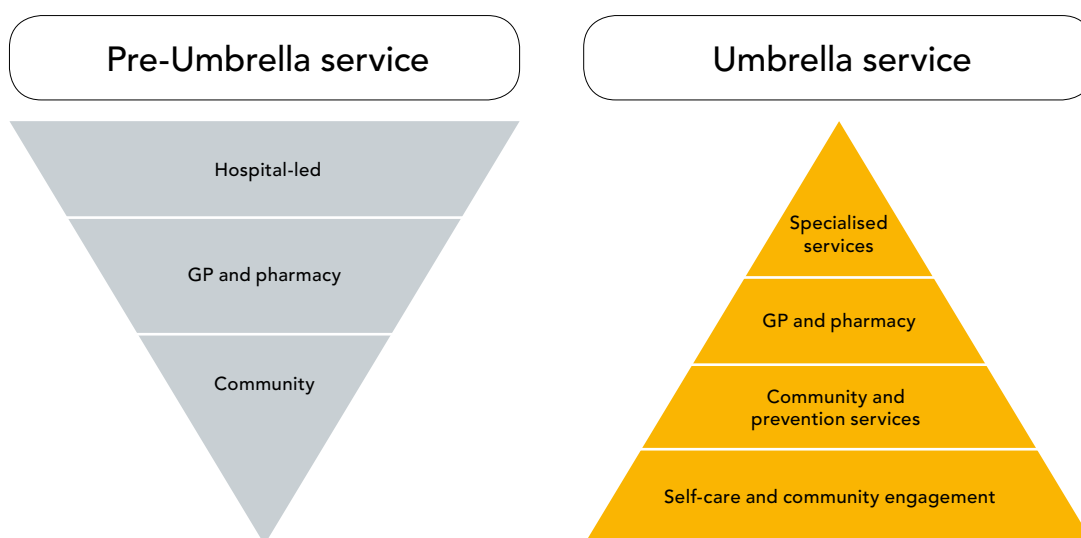
7.6.2. How is it measured?

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; and
- Percentage of patients seen within 48 hours from contacting the integrated sexual health service

7.6.3. Year 2 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 2016	14378/16966 84.7%	2164/2438 88.8%	18206/21466 84.8%
Q4 2016	15748/18447 85.4%	2329/2567 90.7%	19680/23042 85.4%
Q1 2017	15067/17536 85.9%	2396/2636 90.9%	19064/22145 86.1%
Q2 2017	16091/18632 86.4%	2937/3189 92.1%	21159/24095 87.8%

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

7.6.4. 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 incentivised chlamydia and HIV screening
- Health promotion to ensure that individuals know where to go and that they can access services by their preferred routes
- Online booking. This is due to be completed early in Year 3 and will ensure that service users have easy access to appointments. There is also a feedback option on the website and an Umbrella email address. These are all monitored and feed into service developments and improvements going forward

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

7.7.1. 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 about 30% of pregnancies are unplanned. 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.

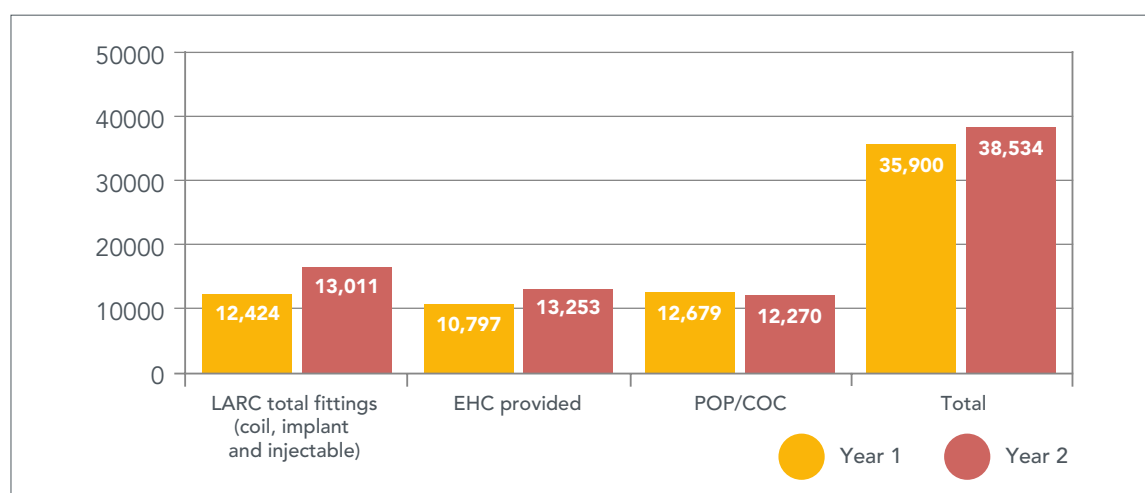
7.7.2. How is it measured?

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 Partnership; and
- Number of females aged 13–17 and 18+ years of age receiving EHC in clinical/ outreach, pharmacy, general practice and other supply chain settings

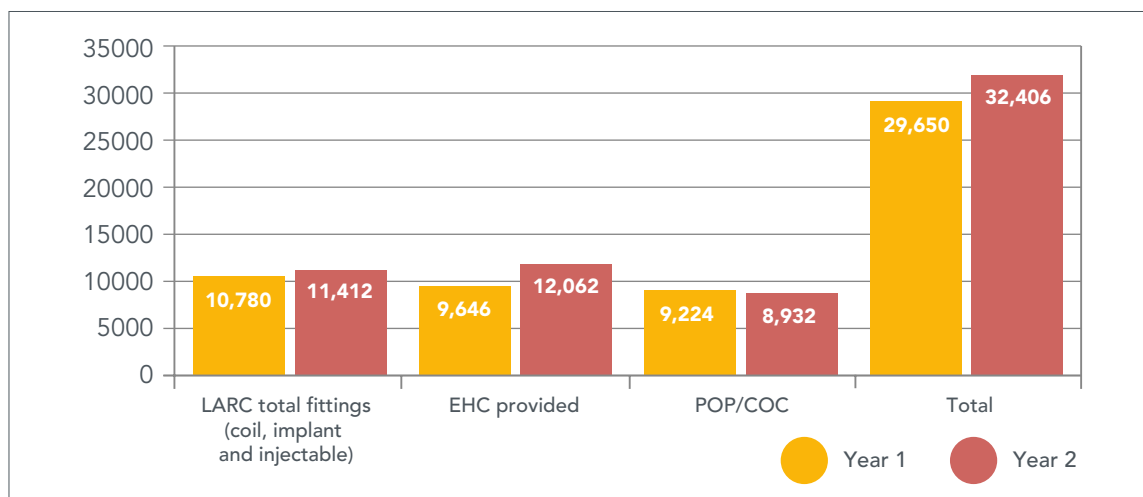
7.7.3. Year 2 performance and analysis

Figure 31: Contraception issued by Umbrella overall, by type



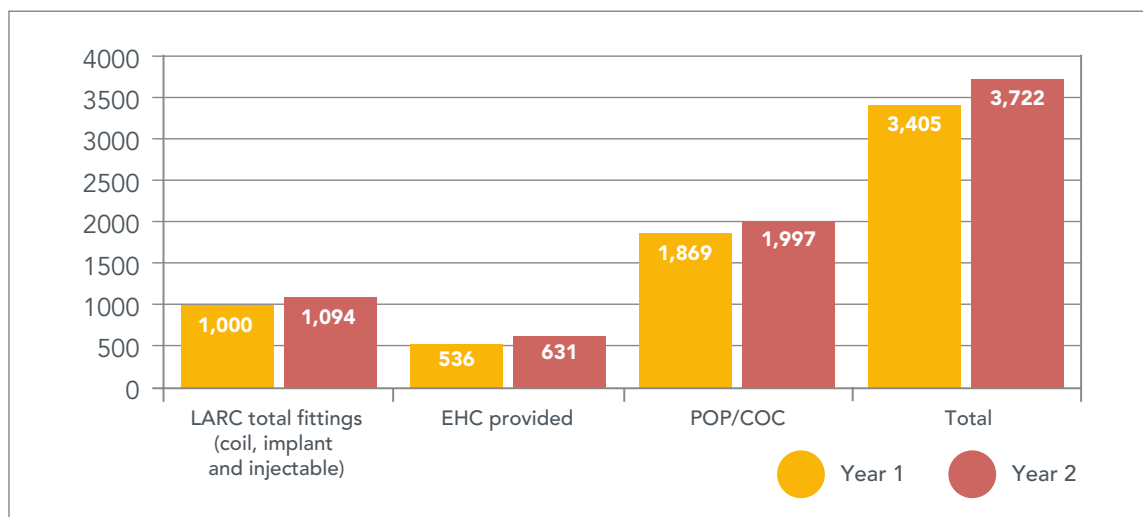
Umbrella – All activity provided by the service, including Birmingham, Solihull and out of area.

■ **Figure 32: Contraception issued in Birmingham, by type**



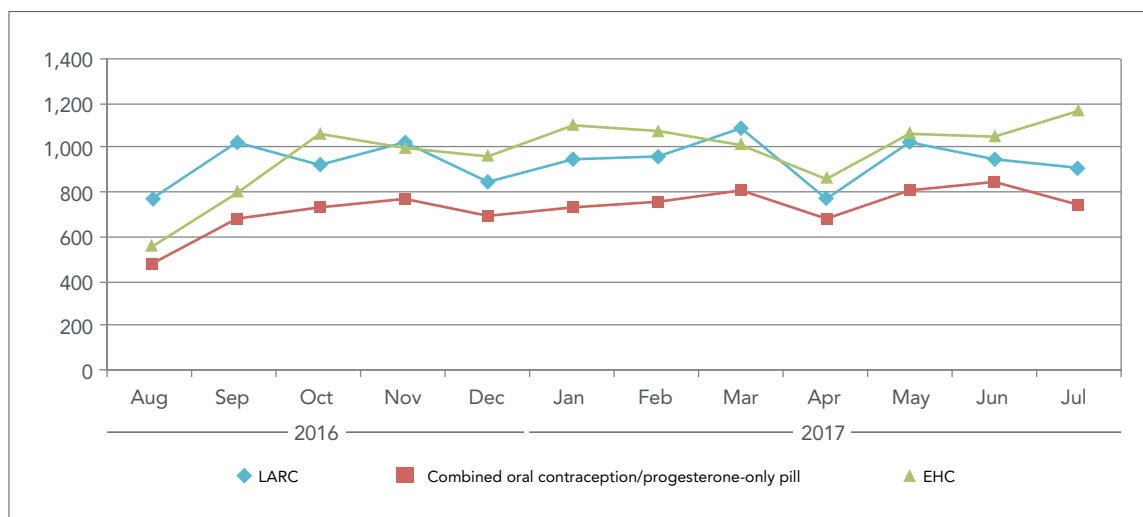
Birmingham shows activity in Birmingham only.

■ **Figure 33: Contraception issued in Solihull, by type**

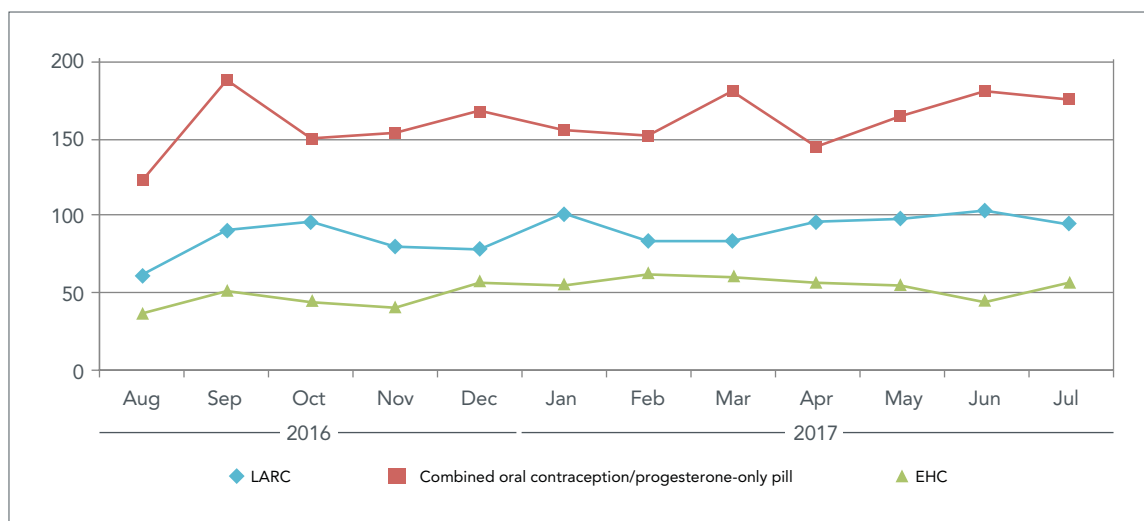


Solihull shows activity in Solihull only.

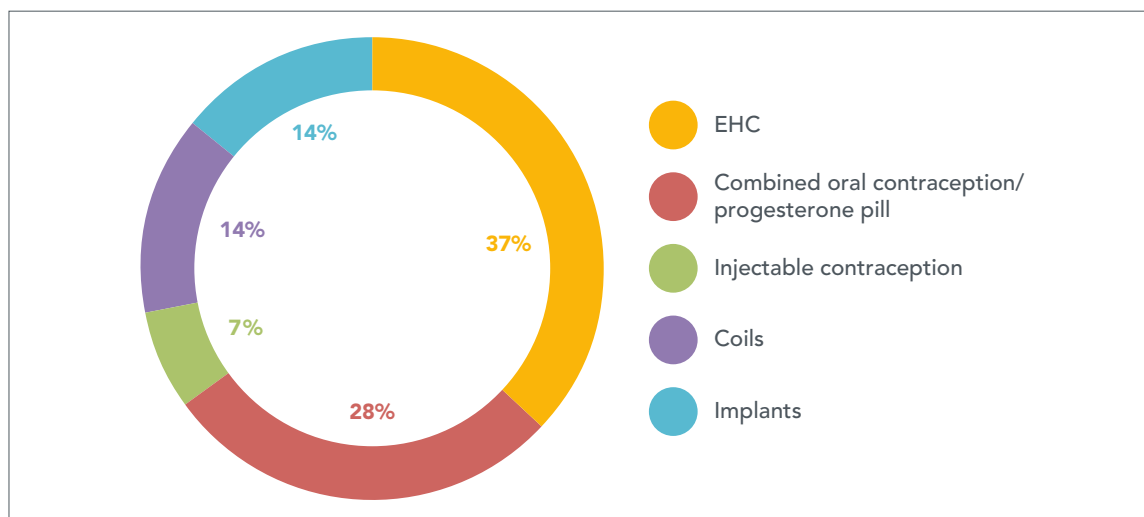
■ **Figure 34: Uptake of contraception by type per month (Birmingham)**



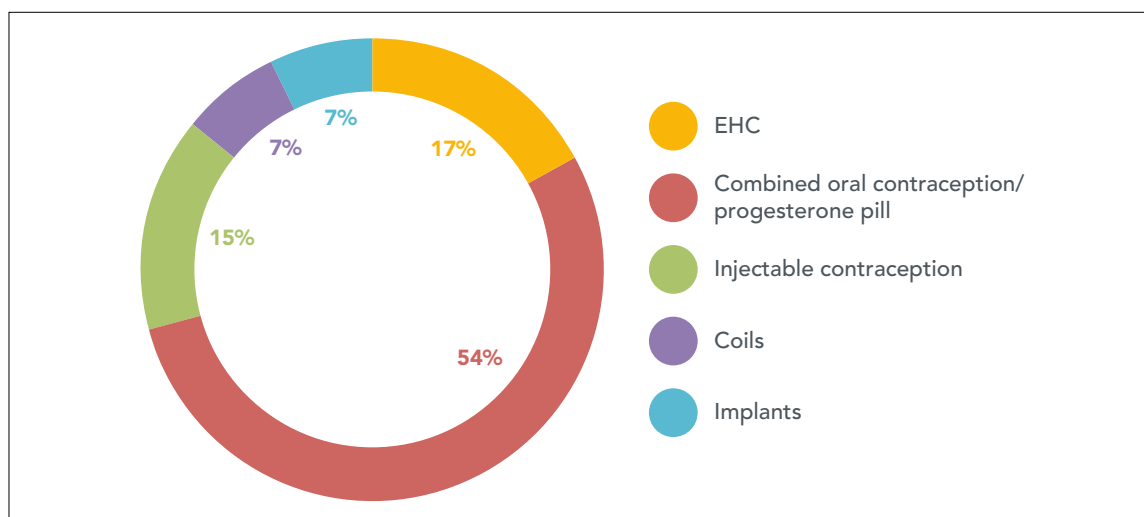
■ Figure 35: Uptake of contraception by type per month (Solihull)



■ Figure 36: Contraception by type (Birmingham) all ages



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



When combined, LARCs make up 35% of contraception in Birmingham (Year 1 43%), whereas EHC accounts for 37% (Year 1 29%). In Solihull POP/COC remain the largest proportion of contraception at 54% (Year 1 55%). The Birmingham figures include contraception provided through Umbrella pharmacies and GPs and the Solihull data is just for the Umbrella clinics.

7.7.4. Umbrella's strategy Year 3 and beyond

Over the next year Umbrella will:

- Increase the number of Tier 1 pharmacies. This will increase the availability of emergency contraception provision and promote referral pathways for LARCs. Additionally it will increase the number of locations that offer free condom provision
- Expand the range of services offered by Tier 2 pharmacies which will allow pharmacists to not only initiate the oral and injectable method, but to continue the provision of these contraceptives
- Increase the number of Tier 2 pharmacies. This will increase the availability of EHC, oral and injectable contraceptives
- Increase the number of partners who have been trained to deliver the condom scheme, which will expand geographical spread and further improve access
- Widen the network of GPs providing LARC services
- Further develop referral pathways from clinics and pharmacies to GPs for emergency coil fittings, following the use of EHC

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

7.8.1. 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 Sexually Transmitted Infections 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

7.8.2. How is it measured?

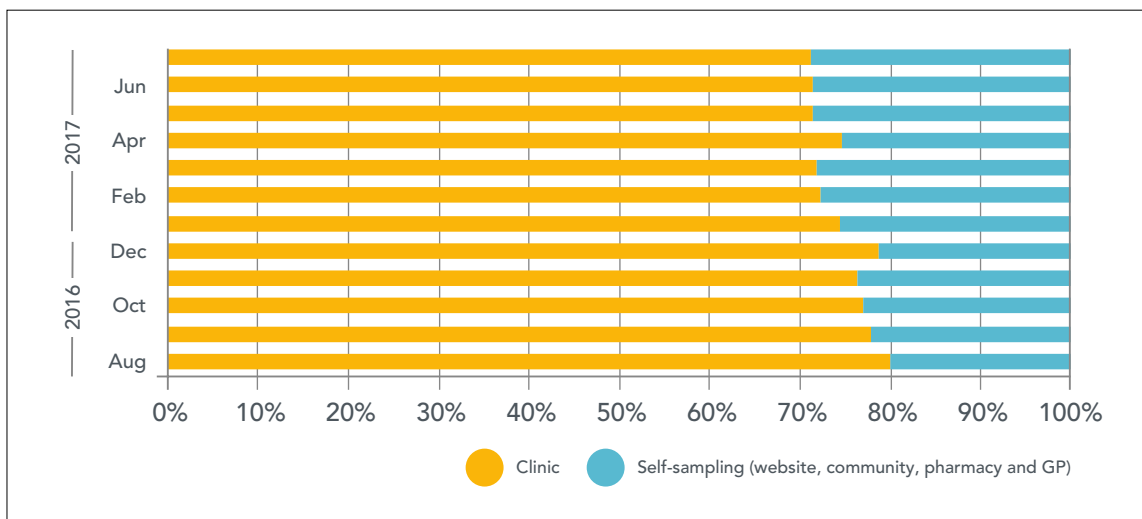
Umbrella reports quarterly to the Commissioner, against a number of national and local KPIs (Key Performance Indicators). This includes:

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

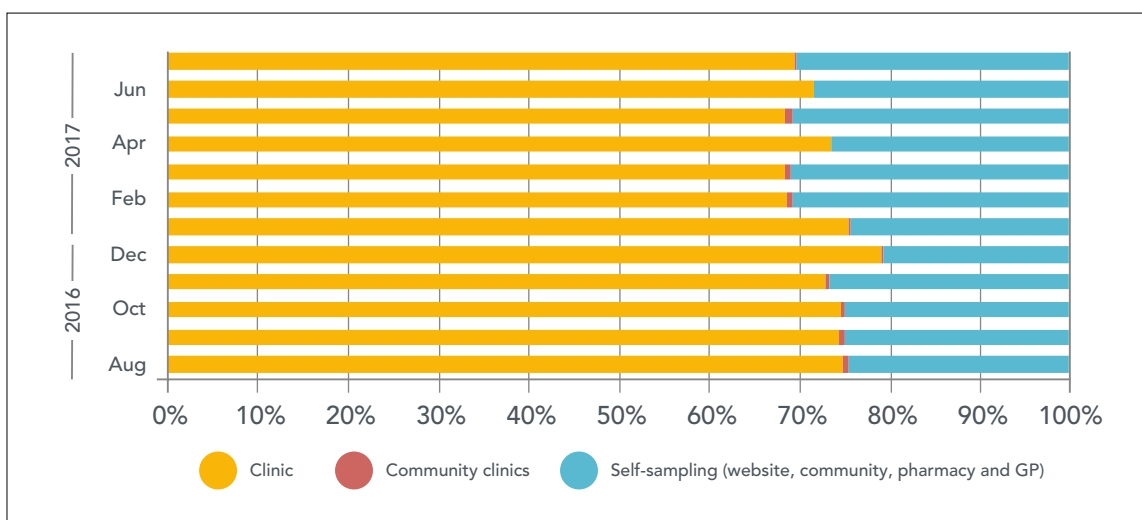
7.8.3. Current performance

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.

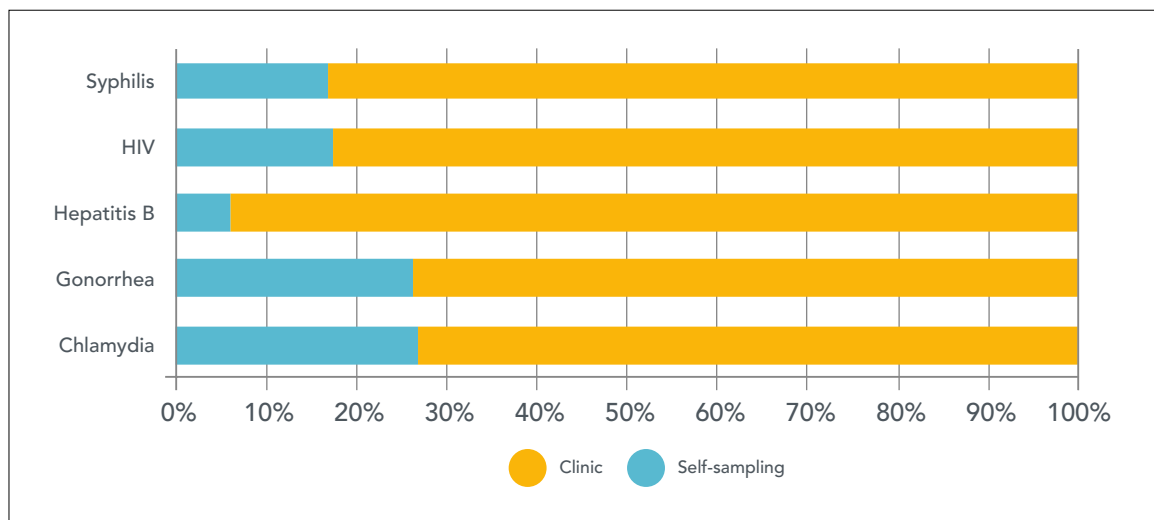
■ *Figure 38: STI testing route Birmingham 10 Aug 2016–31 Jul 2017*



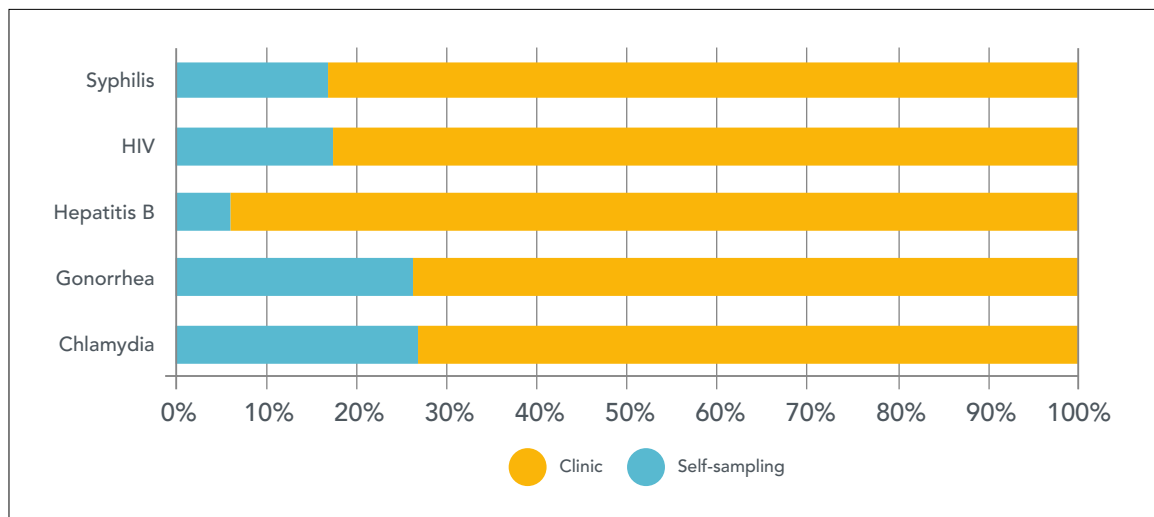
■ *Figure 39: STI testing route Solihull 10 Aug 2016–31 Jul 2017*



■ *Figure 40: Birmingham Umbrella – type of STI test carried out 10 Aug 2016–09 Aug 2017*

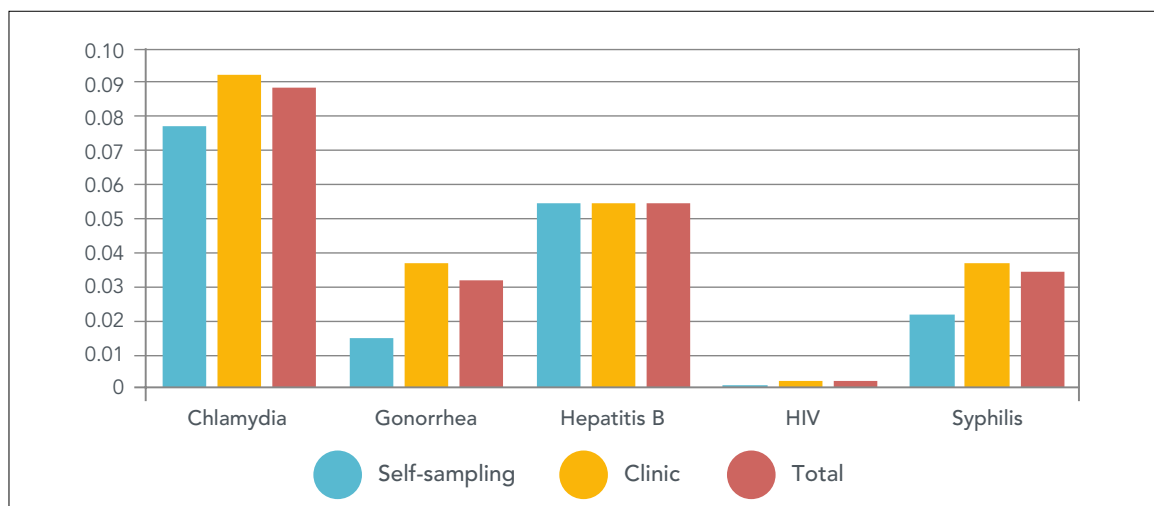


■ *Figure 41: Solihull Umbrella – type of STI test carried out 10 Aug 2016–09 Aug 2017*

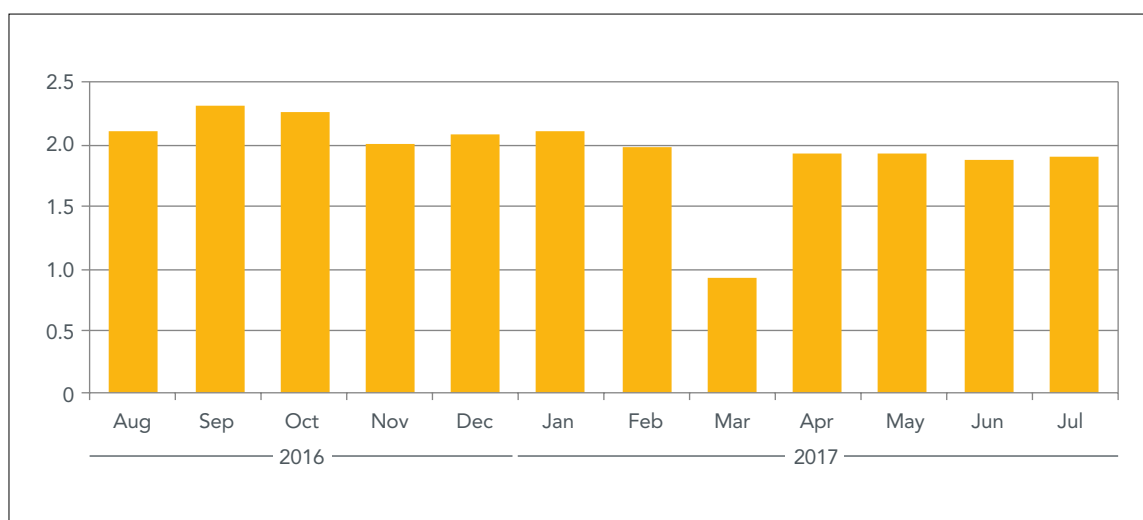


The self-sampling in Solihull is from the website only. In Birmingham the self-sampling kits include those obtained via the website and those initiated via pharmacies.

■ *Figure 42: STI positivity rate per infection 10 Aug 2016–09 Aug 2017*



■ Figure 43: Ratio of New to Follow Up (FU)



The average ratio of new to follow-up over Year 2 was 1.95.

7.8.4. Umbrella's strategy – Year 3 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 3, 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.

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

7.9.1. Why is this outcome important?

Most teenage pregnancies are unplanned and around of 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.

7.9.2. 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 (<http://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

Year 2 performance and analysis

In 2014, in Birmingham and Solihull the under-18 conception rates were 24.4 and 16.7 per 1,000 respectively, whereas the figures for England and the West Midlands were 22.8 and 28.6 per 1,000 respectively.

For the same year (i.e. 2014), the abortion rates for under-18s in Birmingham and Solihull were 11.8 and 11.9 per 1,000 respectively, which were at par with the England rate of 11.7 per 1,000. They were below the West Midlands rate of 13.5 per 1,000.

In Year 1 of Umbrella (2015-16), Umbrella provided a range of contraception types from the various Umbrella services. LARCs made up 26% of Birmingham Umbrella contraception for under-18s. The figure for Solihull was 25%.

Table 10: Number of contraception issued, by type and age for Year 2

Type	Plan	Umbrella Actual		Birmingham Actual		Solihull Actual	
		All ages*	U18*	All ages†	U18†	All ages‡	U18‡
LARC total fittings (Coil, Implant and Injectable)	10% increase	13011	600	11,412	459	1094	107
EHC provided	30% increase	13253	1161	12,062	901	631	185
POP/COC		12270	1149	8932	686	1997	334
Total		38,534	2,910	33,311	2046	3,722	626

* 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 2 LARCs made up 22% of Birmingham Umbrella contraception for under-18s (if you exclude EHC). For Solihull the figure was 17%. The table above shows that, of the range of contraception types provided by Umbrella to under-18s, the largest percentage was EHC (40%). This breaks down to 44% EHC in Birmingham and 30% in Solihull. The most-issued type of contraception for Solihull under-18s was POP/COC at 53%.

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 EHC 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
10 Aug 2015–09 Aug 2016	Pharmacy	444	5684	No data for GP and other supply chain settings		444	5684
	Clinic/Outreach	429	3197	166	370	652	4026
10 Aug 2016 – 09 Aug 2017	Pharmacy	490	8091	No data for GP and other supply chain settings		490	8091
	Clinic/Outreach	411	3070	185	446	671	4001

Services

- The provision of condoms through all Umbrella services, including clinics, general practice, pharmacies and partners
- Engage actively in health promotion work

➤ Provide TOPs (Termination Of Pregnancy) referrals

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

Contraception Type	Pharmacy	GP	Clinic
EHC	✓	✗	✓
Combined Oral Contraception/ Progesterone Only Pill	✓	✗	✓
Injectable contraception	✓	✗	✓
Coils	✗	✓	✓
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 training team will continue to develop, deliver and facilitate training within clinical services to increase, over time, the number of staff that are dual trained in both contraception and sexual health, including LARCs, and to increase the number of partner organisations that have training and are able to provide free condoms to their respective communities/ target.

Umbrella pharmacies are key in delivering contraception services within Umbrella, particularly in relation to providing EHC.

- To achieve the overall outcome of reducing under-18 conceptions, continuation, expansion and support of services already offered is essential, as well as ensuring promotion is aimed at the intended audience effectively
- Throughout Year 3 and beyond, Umbrella intends to expand the provision of LARCs offered through Umbrella clinics, GPs and pharmacies, through increased training capacity
- Increased number of LARC clinical appointments – this will be achieved by offering telephone LARC counselling, rather than service users having to attend to see a clinician in person
- An increase in the number of Tier 2 pharmacies will increase the availability of contraception provision within an easily-accessible 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
- The Umbrella Clinical Team, with support and direction from the Training Team, will train and support women so that they are able to self-administer the injectable LARC at home, giving them more autonomy and preventing DNAs
- Targeted health promotion campaigns and the recognition of the Umbrella brand are essential for the development of the service and to increase knowledge of service user expectations and awareness of service availability. Health promotion will continue to respond effectively to new trends and target specific areas, such as emergency contraception, LARCs and condoms, where necessary

The Umbrella service will ensure the availability of an efficient referral process to TOPs via the local service providers and, in turn, ensure the service providers are able to offer contraception and chlamydia screening.

Further meetings are being arranged with the BPAS providers, in order to develop the way the existing partnership works. This includes ensuring that there is a seamless pathway between TOPs services and Umbrella services, as well as efficient signposting and the provision of condoms where appropriate.

7.10. Outcome 10: Reducing the transmission of HIV, STIs and Blood Borne Viruses (BBV)

7.10.1. 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.

7.10.2. 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:

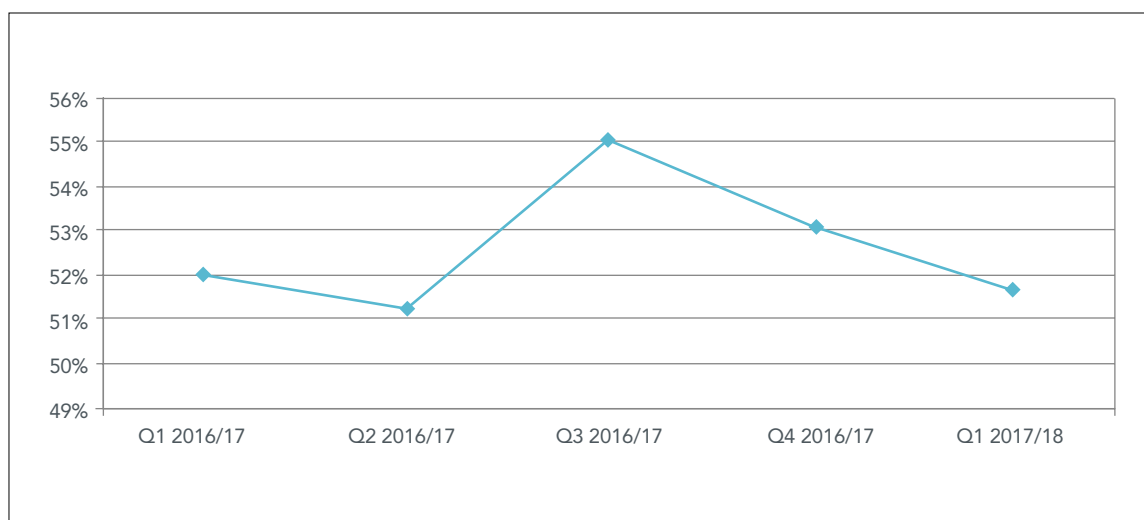
- Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening; and
- Percentage of at risk patients offered and take up Hep B vaccination

(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.

7.10.3. Year 2 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 44: 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 up until 31 October 2016, ASH services through general practices. See section 7.8.3 on page 63.

Figure 45: Partner Notification for Chlamydia – Birmingham only Umbrella

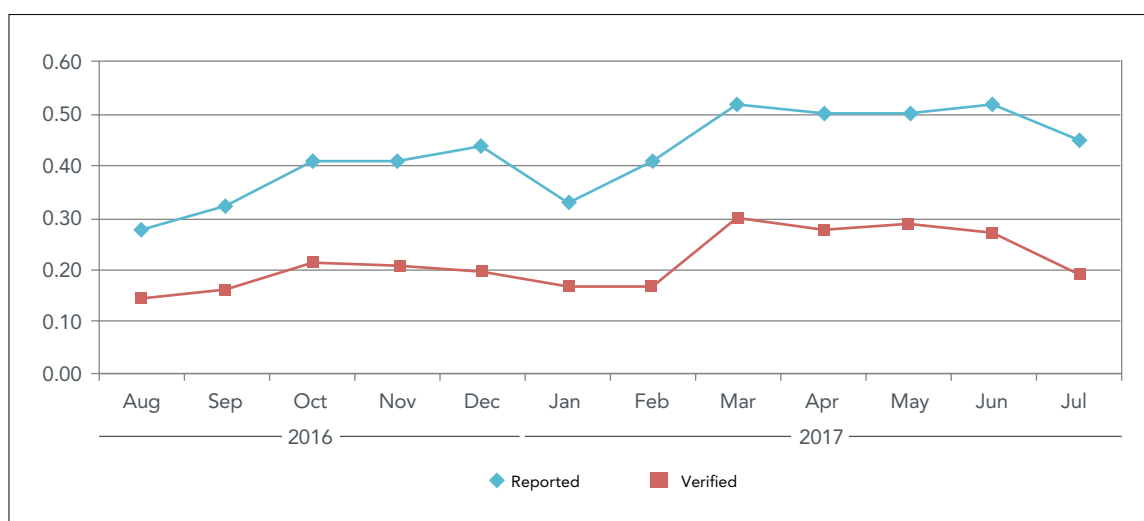


Figure 46: Partner Notification for Chlamydia – Solihull only Umbrella

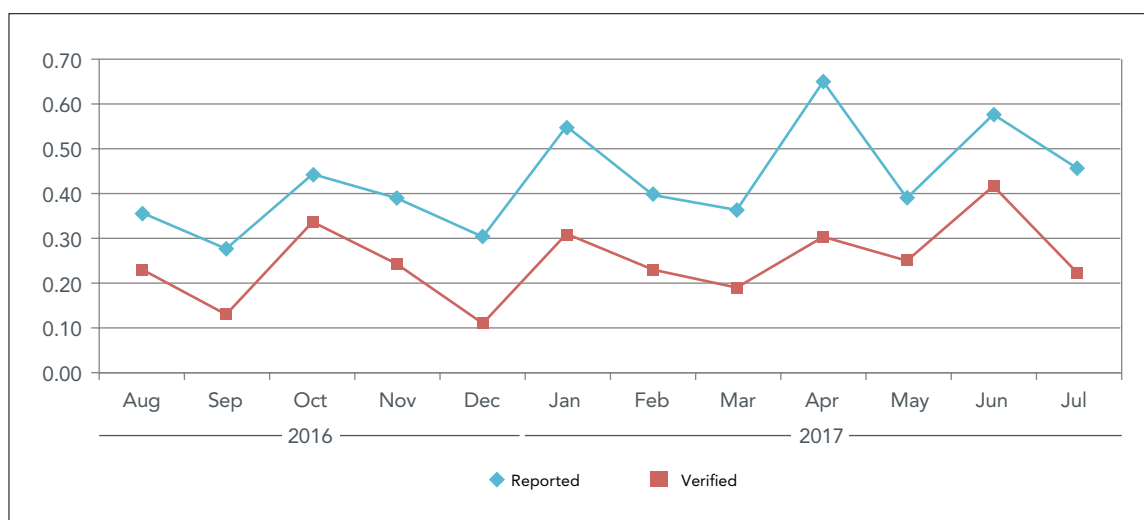


Figure 47: Partner Notification for Gonorrhoea – Birmingham only Umbrella

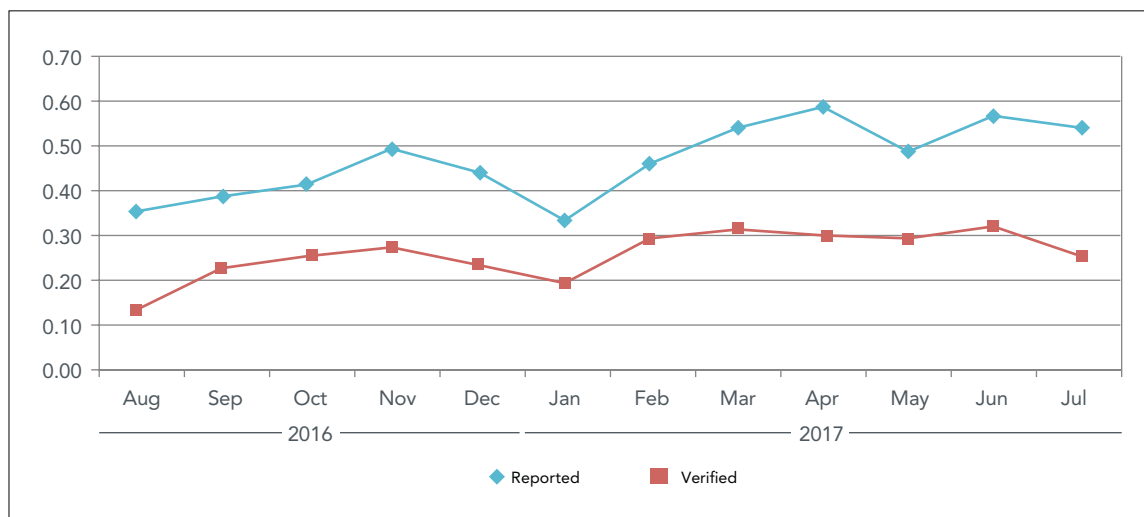


Figure 48: Partner Notification for Gonorrhoea – Solihull only Umbrella

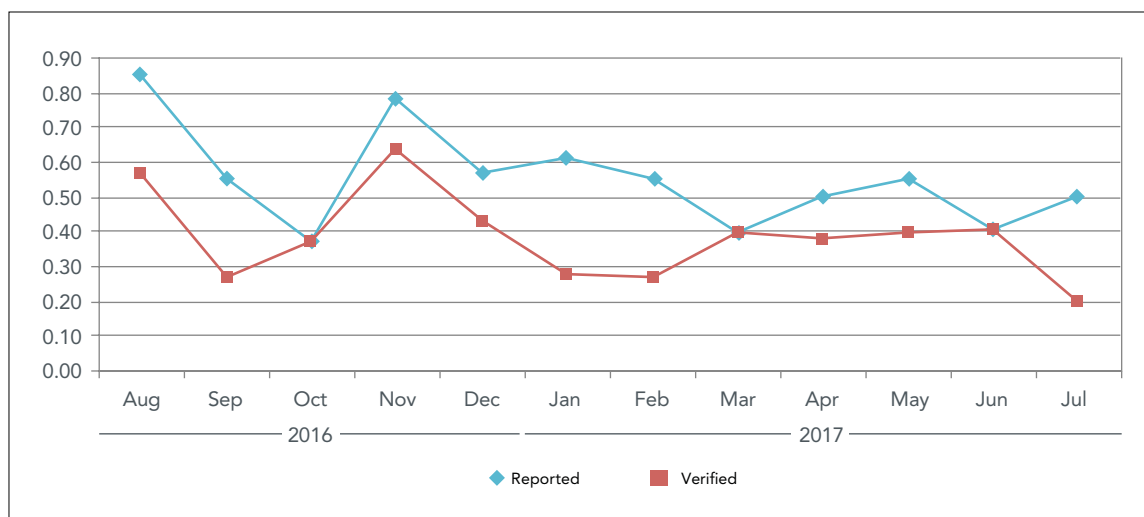
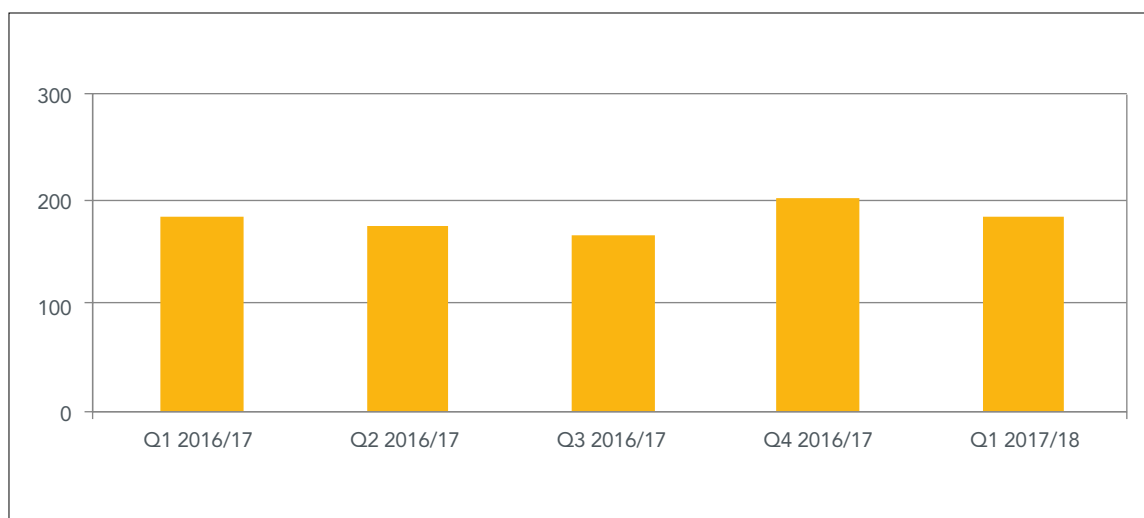


Figure 49: Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening



Umbrella is currently reaching and screening approximately 175 sex workers each quarter. This service is being reviewed as at present only female sex workers are covered by the service.

7.11. Umbrella's strategy Year 3 and beyond

- Umbrella's health promotion campaigns have increased and are increasing awareness of such infections and promoting safer sexual behaviour to reduce transmission (note that blood-borne viruses can also be transmitted sexually, especially hepatitis C)
- Umbrella has improved access to testing for STIs (including HIV) through both attendance at the expanded number of Umbrella sexual health clinics and by people at-risk being tested using the new self-sampling kits which can be ordered free (for residents of Birmingham and Solihull) via the Umbrella website, to be delivered to the person's home, or for collection at an Umbrella Clinic or participating pharmacy
- All people attending Umbrella sexual health clinics are offered testing for STI and HIV. In addition, the electronic patient record routinely asks patients 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

8 Health promotion campaigns

8.1. Introduction

A key aspect of the Umbrella model is the health promotion work undertaken by the Communications Team. Throughout Year 2, Umbrella ran a series of six campaigns and a number of support events. Each campaign targeted specific audiences and there was a direct correlation between the campaigns and activity on the Umbrella website. Examples of this can be seen in September, when Umbrella ran a campaign targeting the new university students in mid-late September and June-July 2017, when back-to-back campaigns around pharmacies and chlamydia saw a sharp rise in the number of visits to the website and saw the highest number of visits in a week. (Please note that, due to an error with reporting software, we were unable to record statistics for the week commencing 08/01/17).

8.2. Year 2 performance and analysis

1 September/October 2016 – Freshers’ and Young People’s Campaign

Audience	Students/freshers aged 18-24, 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 for orders of STI testing kits and those that are returned • Raise awareness of risk of chlamydia
Targeting	<ul style="list-style-type: none"> • Campaigns will mainly focus on students at five universities in Birmingham • Target 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 • Pay Per Click: Google Search • Press: BBC Radio 1 newsbeat
Highlights	<ul style="list-style-type: none"> • Distribution of 48,000 condoms at Freshers’ events • Partnership with three nightclubs, distribution of 12,000 welfare packs • BBC Radio 1 Newsbeat interview with Dr Clare Robertson • Extensive distribution of posters and information cards at university sites

2 November 2016 – national HIV Testing Week – testing for and raising awareness of HIV

Audience	Individuals most at affected by HIV, with a specific focus on MSM, Black Africans and African Caribbean Communities
Aims	<ul style="list-style-type: none"> • Promote access points to HIV testing, and remind of the importance of repeat testing • Increase the number of requests for orders of STI testing kits and those that are sent back • Communicate to those service users most affected by HIV and encourage them to take a HIV test during national testing week • Raise awareness of access to HIV testing in both community and clinical settings in order to improve early diagnosis and treatment of HIV • Drive visits to umbrellahealth.co.uk • Promote outreach activity for priority communities during HIV testing week
Targeting	<ul style="list-style-type: none"> • 18-55 year old males and females within Birmingham with a focus on MSMs and Black Africans
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter and Instagram advertising • Social media boosting: Facebook and Twitter • Pay Per Click: Google Ad Words • MSM online sites: Squirt.org Digital Ads & e-blast
Highlights	<ul style="list-style-type: none"> • Almost 7,000 visits to HIV campaign website landing page

3 February and June 2017 - Young People, Chlamydia Campaign

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 for orders of online STI testing kits and those that are sent back • 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, Twitter and Instagram advertising • Social media boosting: Facebook and Twitter • Pay Per Click: google search • Outdoor: interior bus panel and interior train posters • Radio: Capital FM • Nightclub washrooms: poster sites • New Street Station washrooms: poster sites • Train station poster sites: Selly Oak, University, New Street, Sutton, Bournville College and Solihull College
Highlights	<ul style="list-style-type: none"> • Extensive distribution of marketing materials to universities, colleges, GPs, pharmacies, nightclubs, bars, gyms and Umbrella partners within high priority areas • February 2017 campaign: highest Facebook reached • June 2017 campaign: reached highest number of Twitter impressions

4 May 2016 – Umbrella campaign for PRIDE – MSM, online testing/condoms

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

5 June 2017 – HIV Campaign – focus on hard-to-reach groups

Audience	Individuals most affected by HIV, with a specific focus on MSM, Black African, African Caribbean and Indian Sub-Continent communities.
Aims	<ul style="list-style-type: none"> • Promote access points to HIV testing, and remind of the importance of repeat testing • Increase the number of requests for orders of STI testing kits and those that are sent back • Communicate to those service users most affected by HIV and encourage them to take a HIV test during national testing week • Raise awareness of access to HIV testing in both community and clinical settings in order to improve early diagnosis and treatment of HIV • Drive visits to umbrellahealth.co.uk • Promote outreach activity for priority communities during HIV testing week
Targeting	<ul style="list-style-type: none"> • 18-55 year old males and females within Birmingham with a focus on MSMs, Black Africans, African Caribbean and Indian Sub-Continent communities • Heterosexuals, aged 45–54
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram and Grindr advertising • Social media boosting: Facebook and Twitter • Pay Per Click: google search • Point of sale: 92 pharmacists • Radio: New Style Radio (African Caribbean) and Unity FM (Indian Subcontinent)
Highlights	<ul style="list-style-type: none"> • Highest performing Pay Per Click impressions since Umbrella's launch

6 July 2017 – Pharmacy Campaign: Young people's campaign focusing on free condoms and emergency contraception

Audience	15–24 year olds living in Birmingham and Solihull
Aims	<ul style="list-style-type: none"> • Promote the new pharmacy access points • Increase footfall to Umbrella pharmacies and reduce reliance on clinics, specifically for EHC and condom provision • Increase the pharmacy provision of EHC & condoms to target audience • Refer target audience to umbrellahealth.co.uk to download a free STI kit as even though they have received the treatment, they still haven't been tested for STIs • General brand awareness of Umbrella sexual health services
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, Twitter, Instagram and Grindr advertising • Social media boosting: Facebook and Twitter • Pay Per Click: google search • Radio: Capital FM • Outdoor: bus stops, StreetTalk sites, 48 sheets and 6 sheets • Point of sale: 92 pharmacists, window vinyls, posters, wobblers, bag seals and info cards

8.3. Examples of health promotion collateral/messages

■ Figure 50: Pharmacy campaign advertising



■ Figure 51: Example of Umbrella 'street-talks' used in pharmacy campaign



■ Figure 52: HIV campaign, June 2017 – signposting to pharmacies



■ Figure 53: Examples of digital advertising for YP/Freshers Campaign September 2016



■ Figure 54: Chlamydia, Feb 2017, train advertising

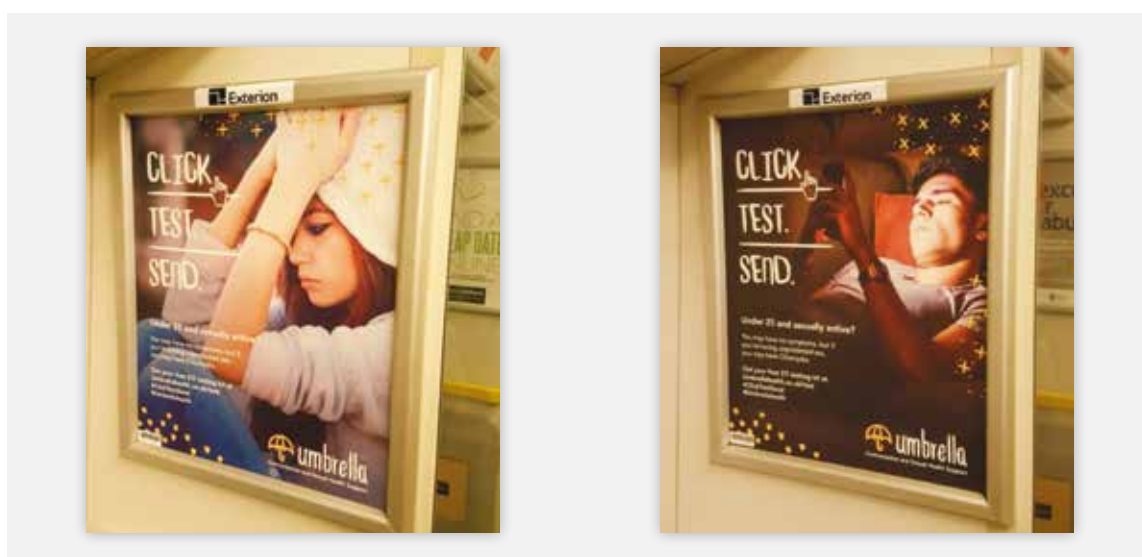


Figure 55: PRIDE advertising



Figure 56: Example of HIV Testing Week advertising



Figure 57: Example of joint branded Terrence Higgins advertising



8.4. Social Media impacts

■ *Table 12: Freshers –Sept/Oct 2016*

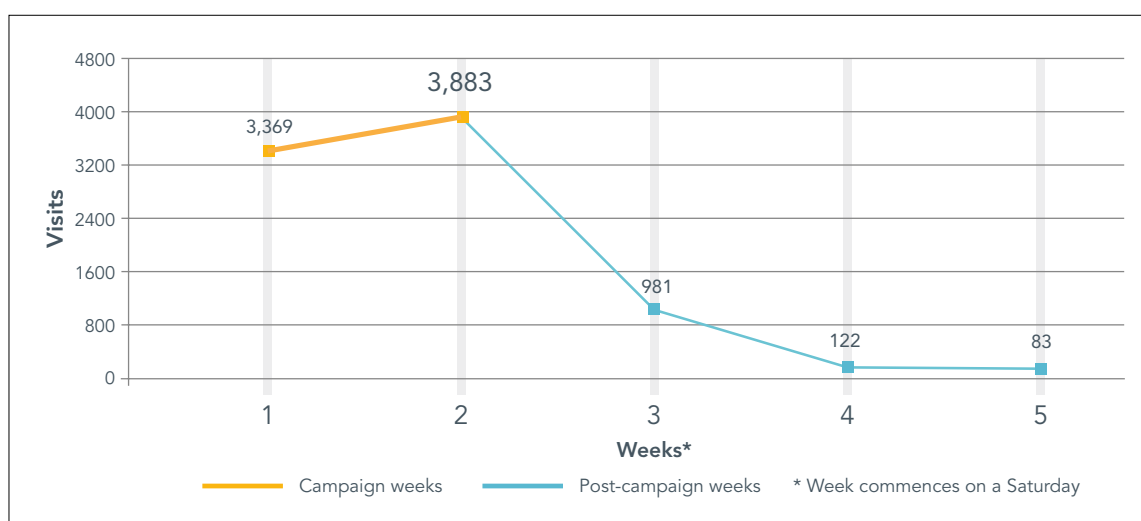
Pay per click (PPC)	11,990 impressions
Facebook/Instagram	123,432 reach
Twitter	185,528 impressions*
Spend	£3,000

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

■ *Table 13: HIV Testing Week – Nov 2016*

Pay per click (PPC)	34,744 impressions
Facebook/Instagram	128,594 reach
Twitter	185,528 impressions
Spend	£12,500

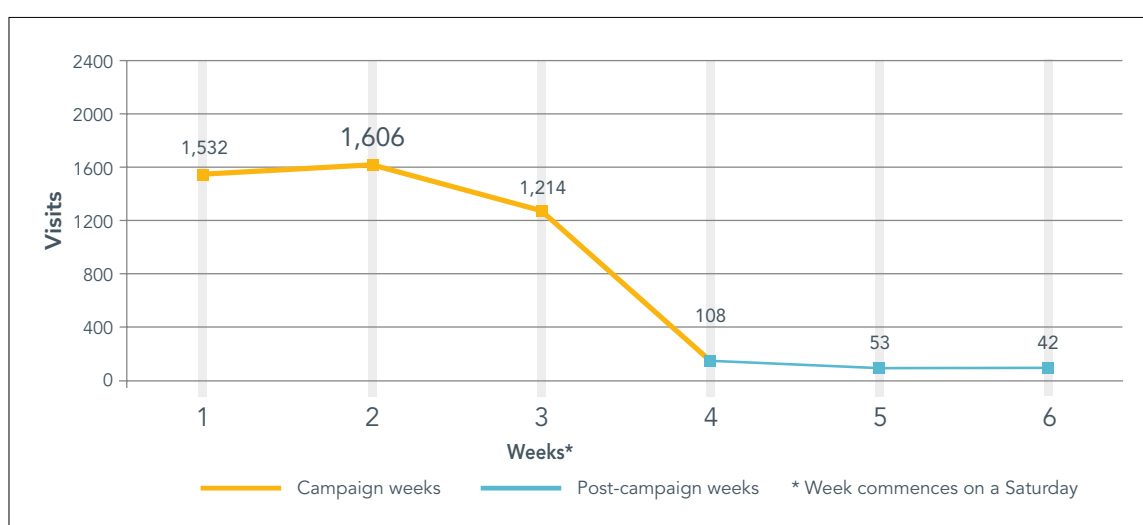
■ *Figure 58: HIV Testing Week 19 Nov-1 Dec 2016 – Landing page stats*



■ **Table 14: Chlamydia – Feb 2017**

Pay per click (PPC)	11,192 impressions
Facebook/Instagram	385,472 reach
Twitter	135,586 impressions
Capital Radio	114 advertising messages were heard by 436,000 listeners aged over 15 (including 175,000 listeners aged 16–24)
Spend	£20,000

■ **Figure 59: Chlamydia – 13 Feb-5 Mar 2017 – Landing page stats**



■ **Table 15: Chlamydia – June 2017**

Pay per click (PPC)	34,744 impressions
Facebook/Instagram	341,960 reach
Twitter	322,911 impressions
Capital Radio	80 advertising messages were heard by 421,000 listeners aged over 15 (including 117,000 listeners aged 16–24)
Spend	£15,000

Figure 60: Chlamydia – 2–19 Jun 2017 – Landing page stats

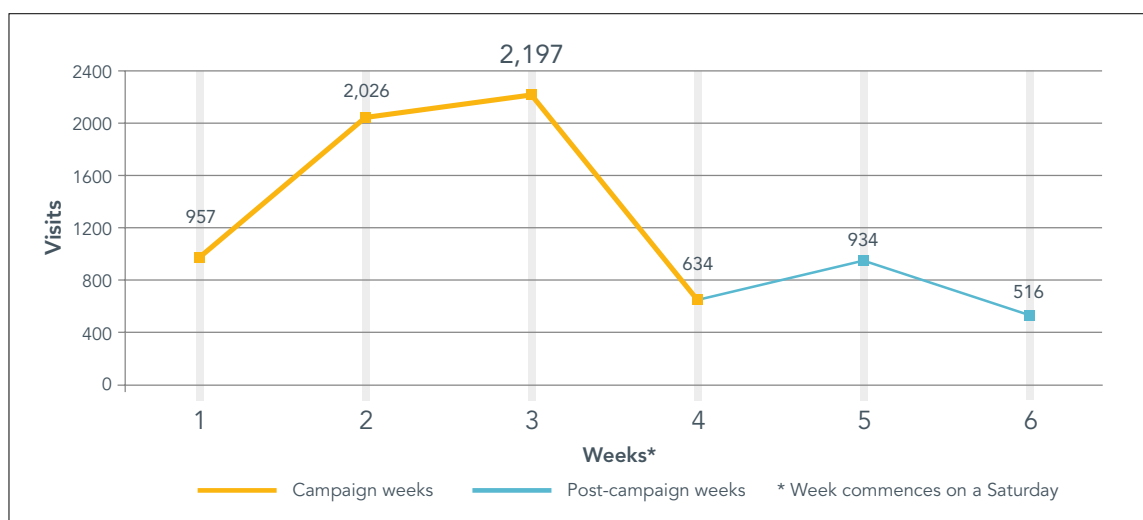
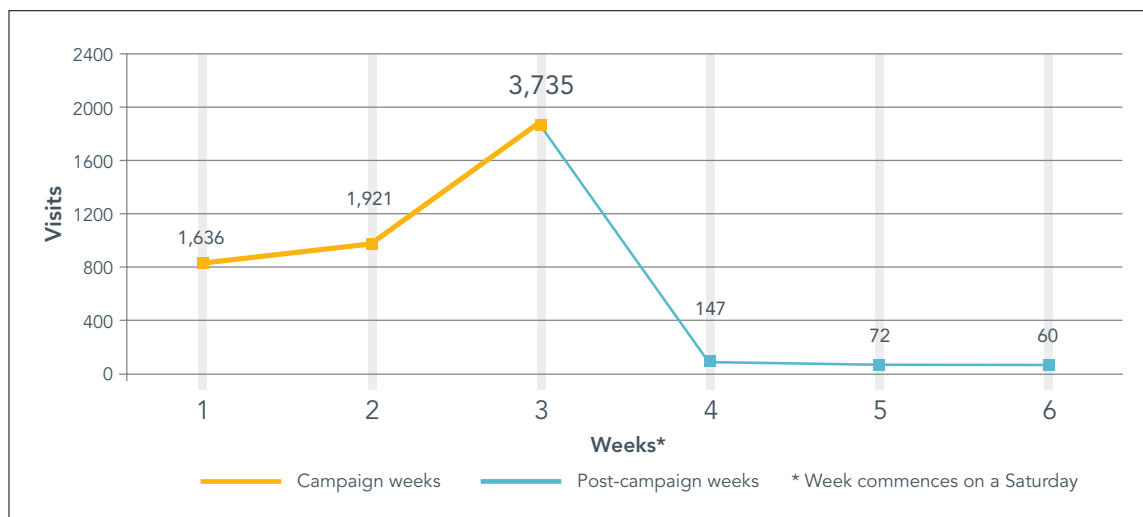


Table 16: HIV – June 2017

Pay per click (PPC)	39,576 impressions
Facebook/Instagram	348,146 reach
Twitter	289,276 impressions
Spend	£22,000

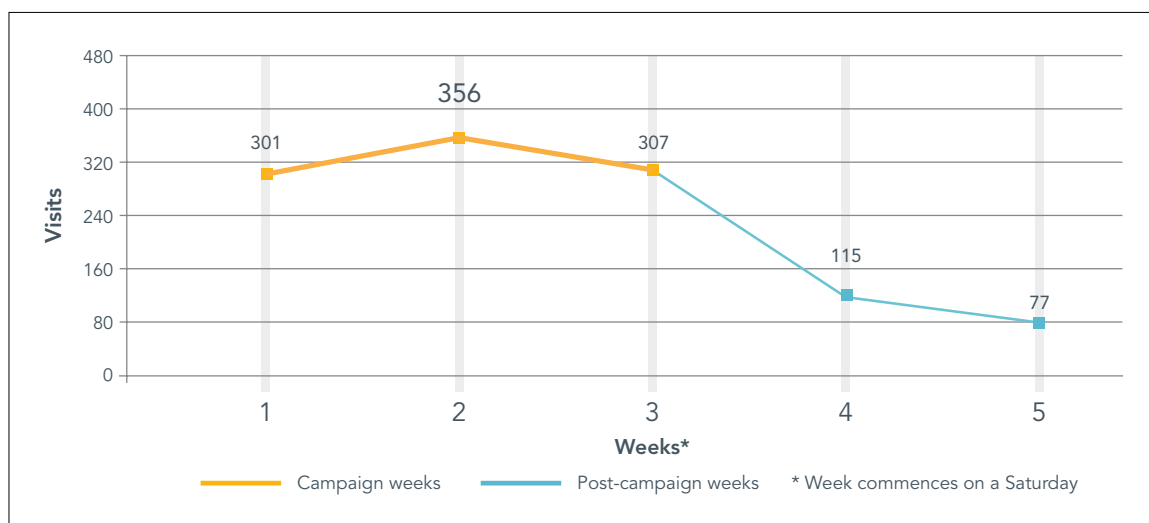
Figure 61: HIV – 16 Jun–3 Jul 2017 – Landing page stats



■ **Table 17: Pharmacies – July 2017**

Pay per click (PPC)	34,744 impressions
Facebook/Instagram	293,676 reach
Twitter	39,145 impressions
Capital Radio	92 advertising messages were heard by 441,000 listeners aged over 15 (including 126,000 listeners aged 16–24)
Spend	£17,000

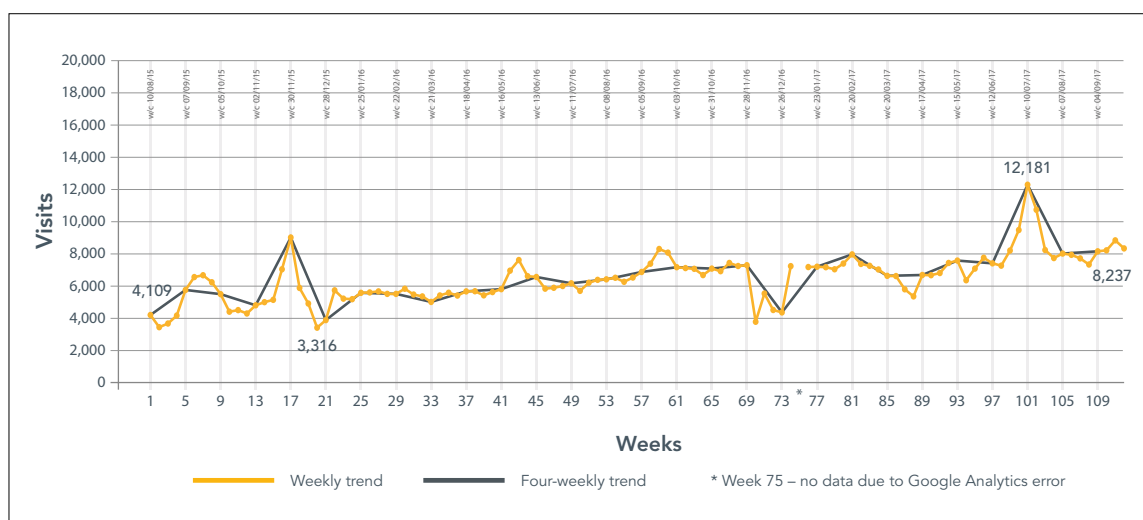
■ **Figure 62: Pharmacies – 1-17 Jul 2017 – Landing page stats**



Year on year, the increase in Pay Per Click (Google Adwords) is promising, as it shows more people are searching for the word 'Umbrella' and actively using the brand name. This shows there is an increase in awareness of the 'Umbrella' brand.

Facebook, Instagram and Twitter continue to perform well for Umbrella. Capital Radio is performing well against service-users who are aged 16–24.

Figure 63: Web usage



8.5. Umbrella's strategy Year 3 and beyond

2017

September	University and College Freshers' welcome events
November	HIV Testing Week and over-40s HIV Awareness campaign
December	Young People's campaign – contraception

2018

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
November	HIV Testing Week

Ongoing campaigns throughout 2017/2018

- Pharmacies
- GPs
- Chlamydia screening/testing

9 Management and governance of Umbrella

9.1. 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.

9.2. 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.

9.3. 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.

9.4. 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, Badger, 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.

Safeguarding

Safeguarding forms a distinct domain within Umbrella's corporate risk assessment procedure and risk log. A robust safeguarding risk register is in place which identifies safeguarding needs to be addressed and actioned.

- UHB's Safeguarding Team advises and supports partners providing care for children, young people and vulnerable adults at risk, including any statutory duties laid out in the Section 11 Children Act (2004) Statutory Responsibilities and in regulation 11 of Statutory Instrument 2010/781, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Care Act 2014
- By developing Umbrella-wide unified processes and pathways, Umbrella ensures that safeguarding is captured throughout the system as part of its governance processes, complying with national framework standards and guidance and reporting key performance indicators utilising recognised dashboard tools
- Transparent and accountable governance arrangements and organisational structures have been implemented in accordance with local Safeguarding for Children and Vulnerable Adult Boards
- All Umbrella partners have their own internal whistleblowing and safeguarding children and vulnerable adult policies and procedures
- All Umbrella partners have their own safeguarding lead (champion) who feeds into the Umbrella Senate's Safeguarding Group, following guidance in the unified policies and procedures

-
- The Lead Nurse for Safeguarding receives details of Datix incidents on a daily basis
 - The Lead Nurse for Safeguarding receives any complaints or Patient Advice and Liaison Service (PALS) concerns relating to safeguarding
 - Adults Safeguarding Policy is in date. The procedure was updated in 2015–16 to reflect the Care Act
 - Children's Safeguarding Policy is in date. The procedure was updated in 2015–16 to reflect local and national changes
 - All children under 16 years of age who attend sexual health clinics are required to have a 'Spotting the Signs' risk assessment completed and it is recorded on the Excellicare records system



Appendices

Appendix A

Glossary of abbreviations

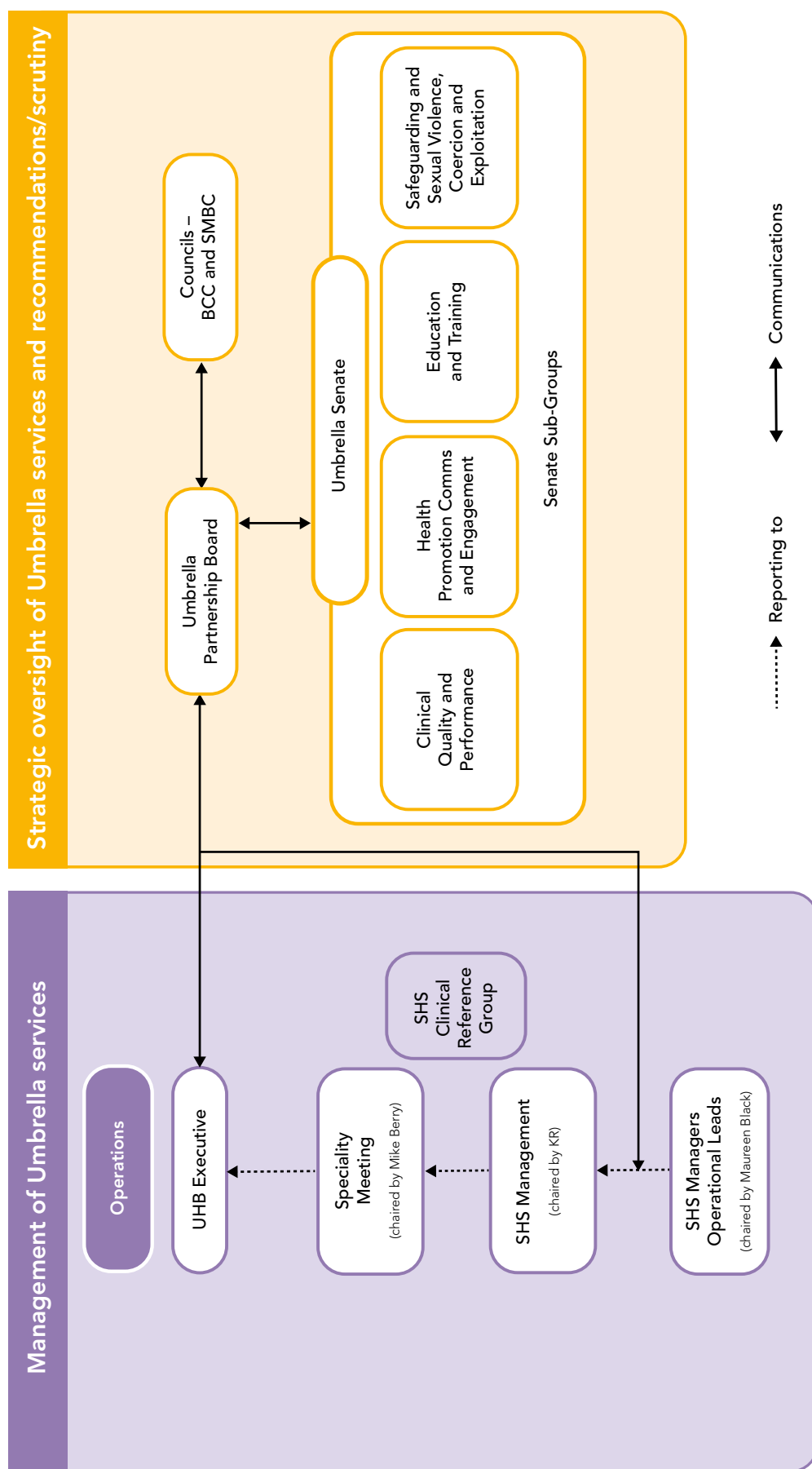
ACAP	Adult Communities Access Point
AIDS	Acquired Immune Deficiency Syndrome
ASC	Abuse Survivors Clinic
ASH	Advanced Sexual Health
BADGER	Birmingham and District General Practitioner Emergency Room
ACM	Afro-Caribbean Millennium (ACM) Centre
BASHH	British Association for Sexual Health and HIV
BBV	Blood Borne Virus
BCC	Birmingham City Council
BCHT	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	Progestrone-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 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

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)

Dr Ashish Singal:

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

Women's Aid

Tel: 0808 800 0028

Website: www.womensaid.org.uk

Other area Multi Agency Safeguarding Hubs (Children)

Sandwell: 0121 5693100

Coventry: 0247 678 8555

Walsall: 0300 555 2866

Worcestershire: 01905 765765

Umbrella Health Advisors

Tel: 0121 237 5737

Young Persons Health Advisors

Tel: 07826 917 449

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

West Midlands SARC

(Sexual Assault Referral Centre)

Healthcare professionals call: 01922 646 709

Self-referral free phone: 0808 168 5698

Manager: Jo Hollinghurst

Email: enquiries@horizonsarc.org.uk

Birmingham South Central Clinical Commissioning Group

Designated nurse team: 0121 255 0669

Designated doctors for child protection:

Dr Jane Armstrong: 0121 424 2000

Dr Caroline Rodrick: 0121 675 6741/07540 674 686

Named GPs:

Dr Najma Mirza Najma.mirza@nhs.net

Dr Helen Scott Cook Helen.scott-cook@nhs.net

Tel: 07834 774 268

Birmingham Child Health

Tel: 0121 466 3300

Young Persons Midwife at Birmingham Women's Hospital

Tel: 0121 472 1377

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

Appendix D

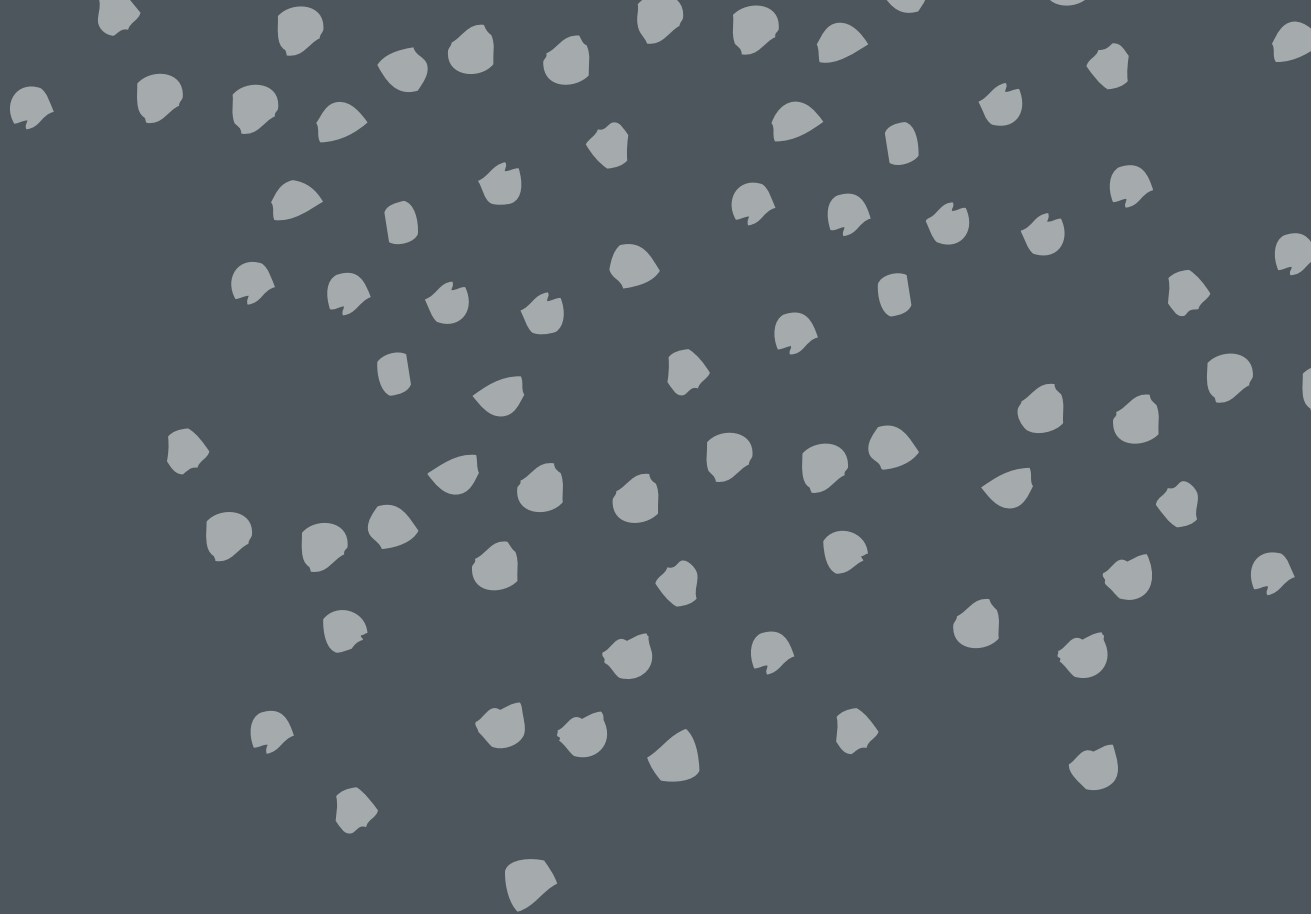
Umbrella delivery and community partners

Delivery partners

BCC Youth Service
BCHCT (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+



umbrellahealth.co.uk