



umbrella

Birmingham and Solihull Sexual Health




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CHLAMYDIA INVADERS

70% of women and 50% of men with chlamydia will have no obvious symptoms



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HIV is most dangerous, when you don't know it's there



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Umbrella Summary Report

Period: 01 August 2021 to 31 July 2022

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Umbrella's 5 Objectives

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1) Executive summary and 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.

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

Umbrella achieved this greater access through an innovative combination of training, education, health promotion and partnership working, building the most integrated sexual health service for all of its service users. Umbrella is now in its seventh year and this year 7 summary report focuses on the service's 5 key outcomes from 1 August 2021 to 31 July 2022.

2) Contractual Arrangements

The 2015 contract award was for 5+ 2 years. The two year option to extend was initiated with a further contract amendment on 8th July 2021. The two councils planned to tender the service in 2021 with a completion date of March 2022.

However, instead of going out to tender the commissioners recommended three Quality Improvement (QI) programmes to be undertaken over a 6 month period, from October 2022 to March 2023. The service is in the process of working with the councils to take the recommendations forward. The three QI areas are outlined below.

QI AREA	AIM
LARC (Long Lasting Reproductive Contraception)	Improving the provision of LARC across Birmingham and Solihull.
PrEP (Pre-Exposure Prophylaxis)	Ensuring the service is engaging everyone.

Business Continuity	Review of clinic provision , communication, website and delivery partners

Outcome 1: Reducing under-18 conceptions

Why this outcome is important

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

Ensuring that under-18 year olds are aware of Umbrella services and are provided with access to services is an essential aim for Umbrella.

Figure 1 identifies emergency hormonal contraception (EHC) as the most frequently used form of contraception in Birmingham at 67% (a marginal decrease from year 6 at 69%).

Figure 1: Period: 01-Aug 21 to 31-Jul 2022

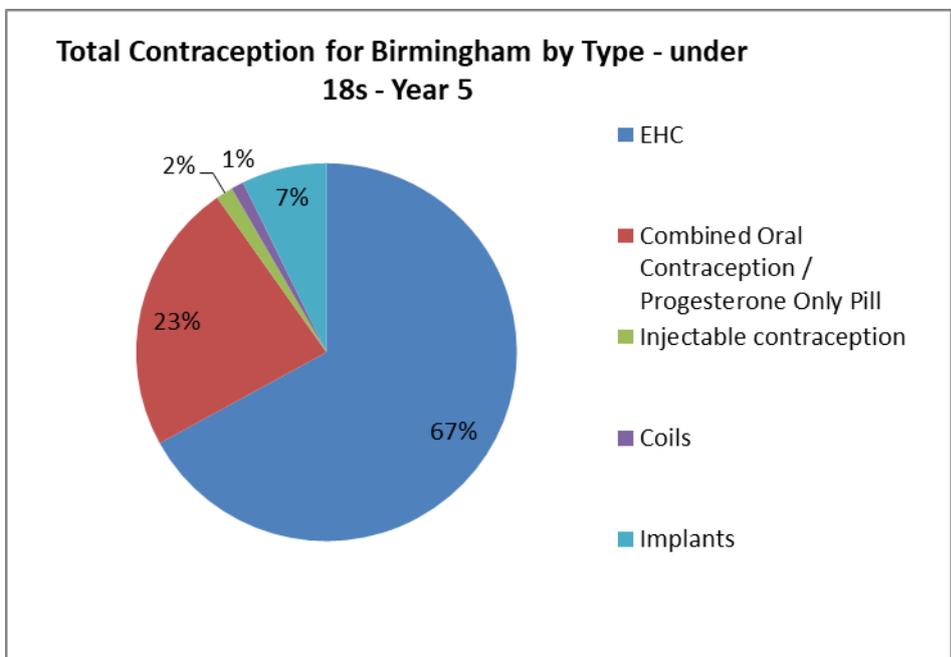
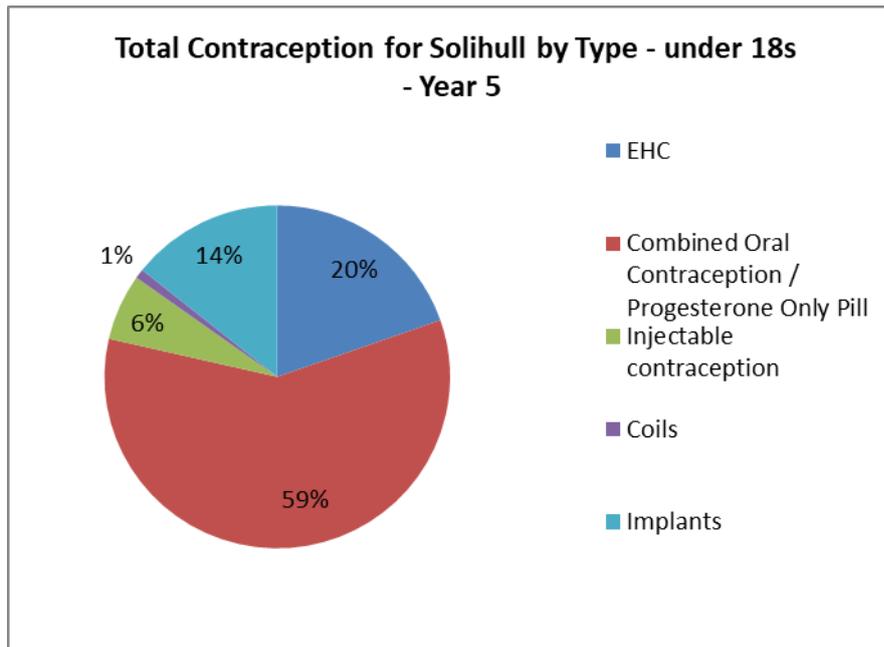


Figure 2 indicates that in Solihull the most widely used contraception is the Progesterone - only pill (POP)/Combined Oral Contraception at 59 % of the total in year 7. This is a marginal reduction in the number of the Progesterone only Pill from

year 6 which recorded an uptake of 64%. The rate of uptake of EHC in Solihull is significantly lower at 20% than in Birmingham, this is in part due to the fact that Solihull Council does not commission Umbrella GP's and Pharmacies.

Figure 2: Period: 01-Aug 2021 to 31-Jul 2022



All age Contraception. Year 7: Period: 01 Aug 21 to 31 Jul 22

Umbrella will work to increase the use of reliable forms of contraception for all age groups, including LARCs and oral contraception in both Birmingham and Solihull as one of our key Quality Improvement objectives. This will include a focus on a combination of health promotion campaigns and increased activity within clinics.

In year 7 a total of 51,964 contraceptions were administered cross Birmingham and representing a 31% increase compared to Year 6.

Table -2- overall Umbrella contraception

	Umbrella			
	Clinic	Pharmacy	GP	total
LARC Total Fittings (Coil,Implant,Injectable)	2,828	377	6,431	9,636
EHC Provided	998	29,958	-	30,956
POP/COC	3,282	8,090	-	11,372
Total	7,108	38,425	6,431	51,964

Table 3 outlines the number of contraception delivered in Solihull within Umbrella clinics. Solihull does not commission Umbrella services within Pharmacies and GPs

Table -3- Contraception Solihull

Solihull			
Clinic	Pharmacy	GP	Total
340	-	-	340
89	-	-	89
378	-	-	378
807	0	0	807

Figure 1 – Contraception by type Birmingham.

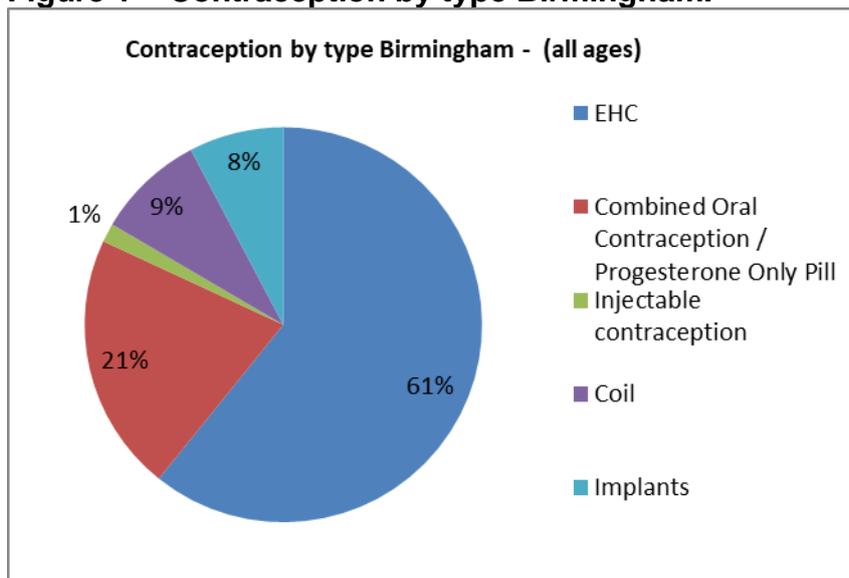
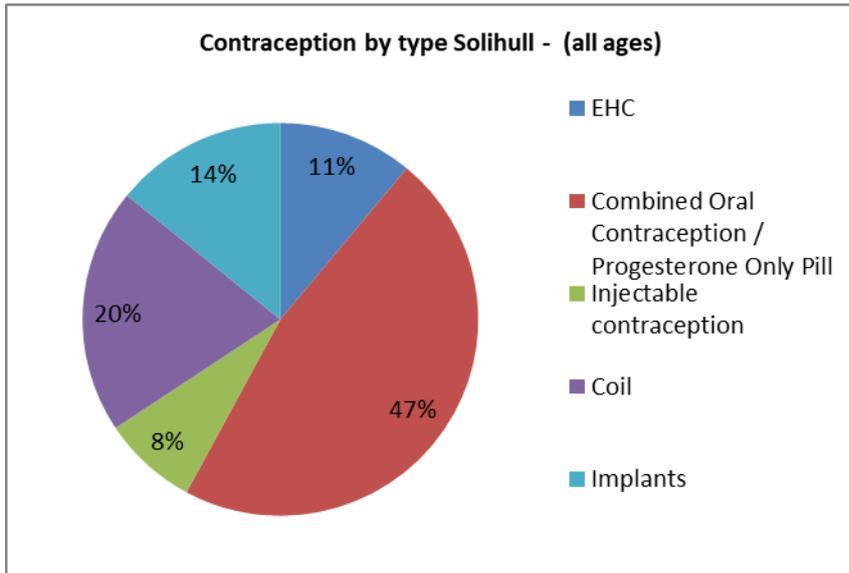


Figure 2 Contraception by type Solihull.



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

Why this outcome is important

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

As can be seen in Figure 1 and 2 below, the majority of screening takes place through home sampling STI testing kits 58% for Birmingham City and 61% for Solihull.

Figure 1: Birmingham chlamydia screening 15-24 year old

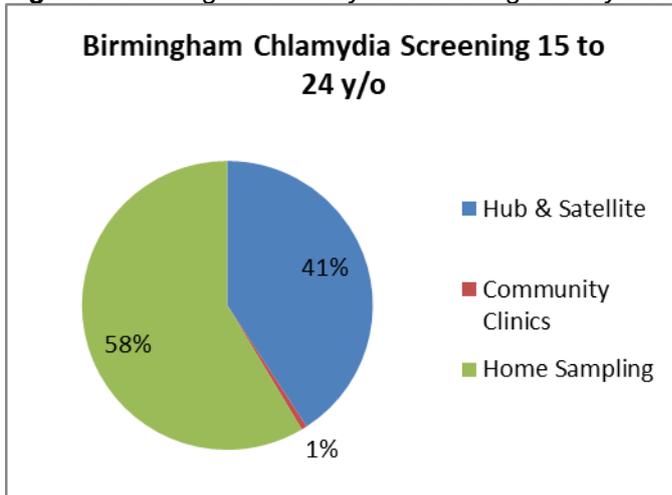


Figure 2: Solihull chlamydia screening 15-24 year olds

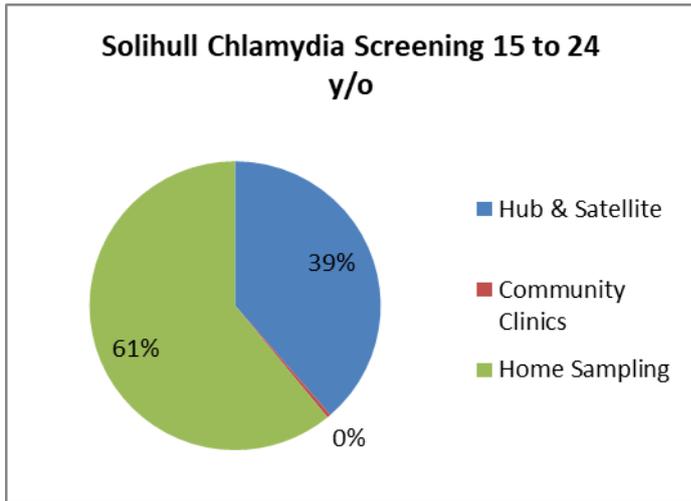
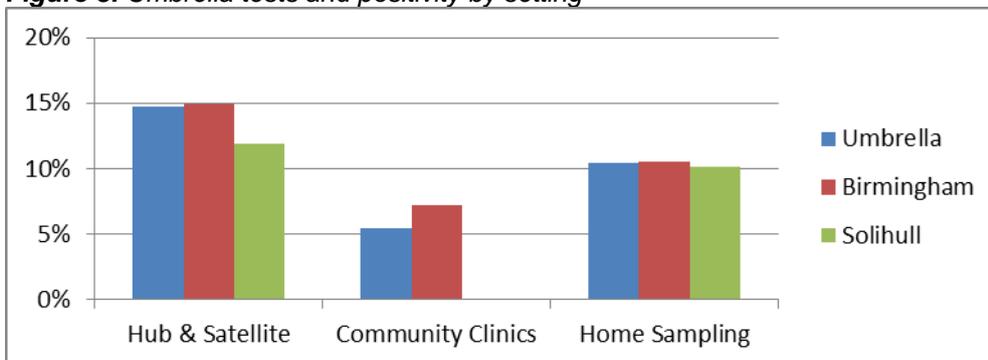


Figure 3 below outlines the positivity rates for all Umbrella chlamydia activity across Birmingham and Solihull based on where the test was initiated. There was a 7% positivity rate within the Birmingham community clinics. The Birmingham and Solihull hub and satellite clinics saw a 15 % and 12% positivity rate with a 10% positivity rate for STI self-sampling screening for Birmingham and Solihull.

The overall positivity rate for Birmingham was 12% and 11% for Solihull. This high level of positivity indicates that our health promotion campaigns are targeting the right people and encouraging those with the highest need to get tested.

Figure 3: Umbrella tests and positivity by setting



Umbrella Chlamydia Tests and Positivity by Gender

Figures 4 and 5 below highlight the gender split for chlamydia testing in Birmingham and Solihull to be approximately two thirds female, and one third male.

Of those tested in Birmingham, 13,559 were female with a 12% positivity rate. This represents a 37% increase in the number of females tested compared to year 6.

The number of males tested in Birmingham increased by 33% compared to Year 6 with a corresponding increase in the positivity rate of 14% compared to 12.25% in year 6.

In Solihull, 1,315 females were tested for Chlamydia representing an increase of 25% compared to Year 6 with a positivity rate of 10%.

There was an increase of 35% for Males tested in Solihull compared to year 6. The male positivity rate remains the same at 12%.

Figure 4: Birmingham positivity by gender

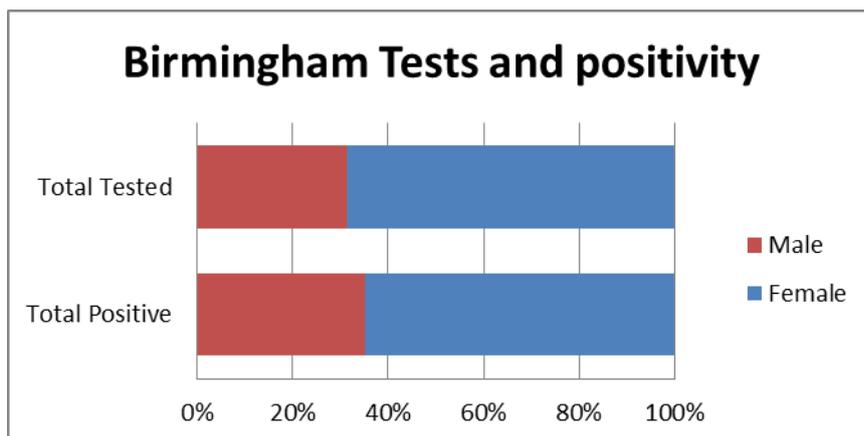
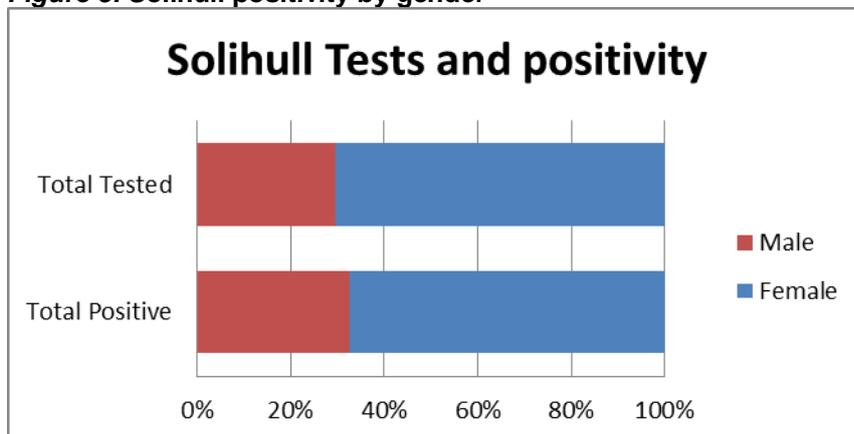


Figure 5: Solihull positivity by gender



Outcome 3: Reducing the late diagnosis of HIV

Why this outcome is important

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

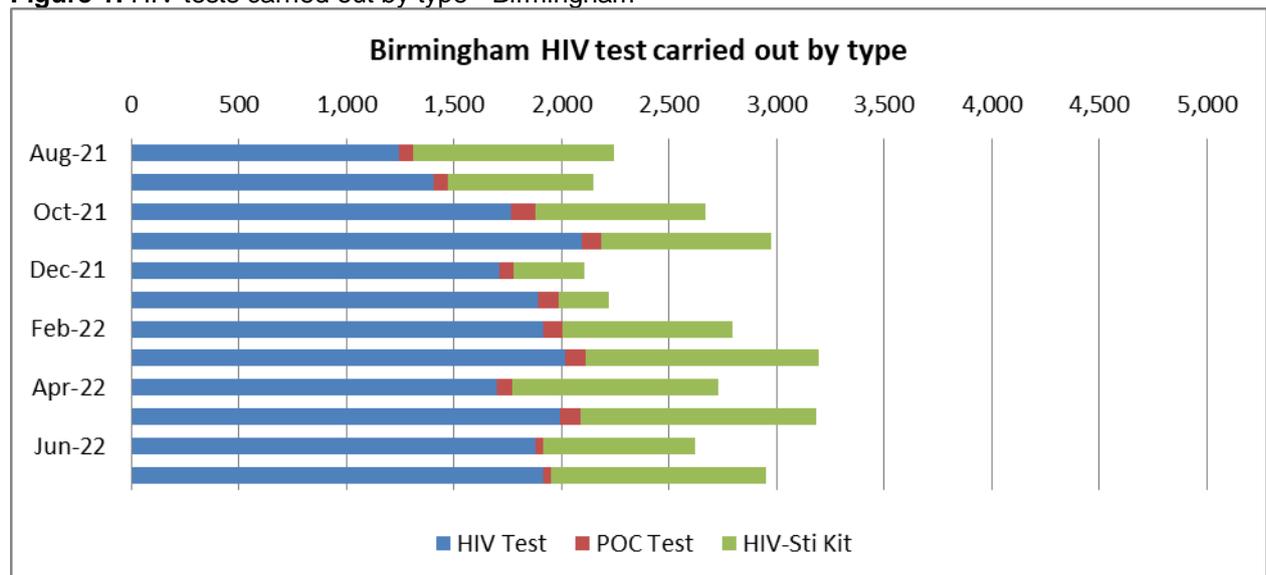
HIV treatments have seen significant improvements over the past few years and one of the key messages that Umbrella is seeking to communicate is that HIV is now a chronic disease that can be managed and that the medication now available, if accessed early enough, can enable an infected individual to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

Umbrella carried out a total of 38,193 HIV tests in year 7. This is an increase of 58% compared to year 6.

Figures 1 & 2 below outlines the route of testing within Birmingham and Solihull. The majority of testing for Birmingham takes place within Umbrella clinics (21,519). However, a significant proportion is also carried out through self-sampling STI kits (9,394). There was also 935 Point of Care Tests (POCT) undertaken. These take place in a small number of high-risk outreach settings and provide an immediate result, rather than the sample needing to be sent back to the laboratories.

There were 31 confirmed positive test results within Birmingham and 5 within Solihull

Figure 1: HIV tests carried out by type - Birmingham



Within Solihull a total of 2,107 tests were carried out in Umbrella clinics, 64 POC tests and 1,065 HIV STI tests

Figure 2: HIV tests carried out by type – Solihull

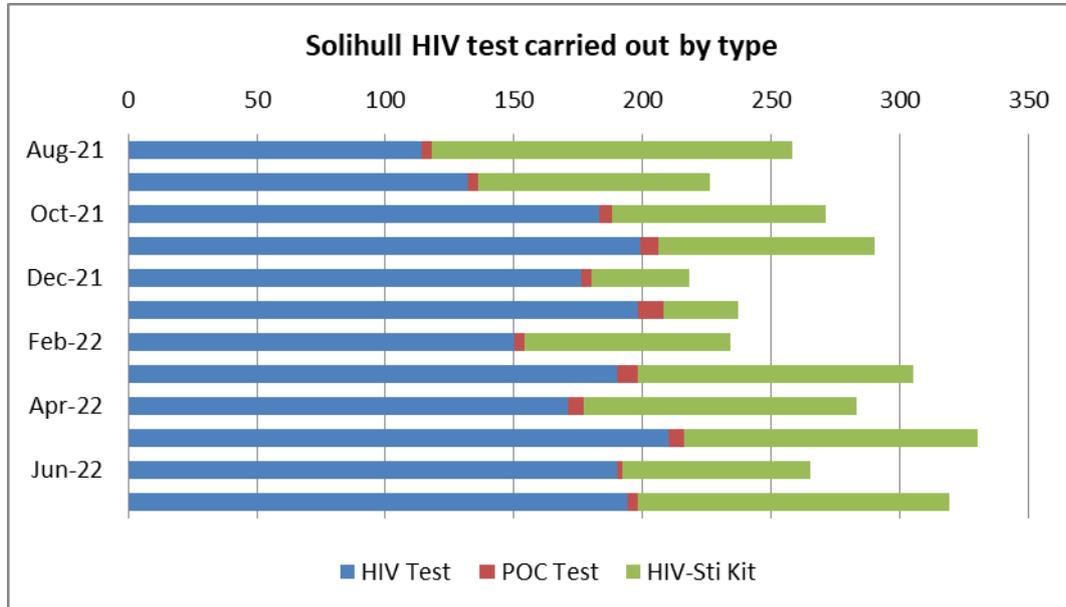
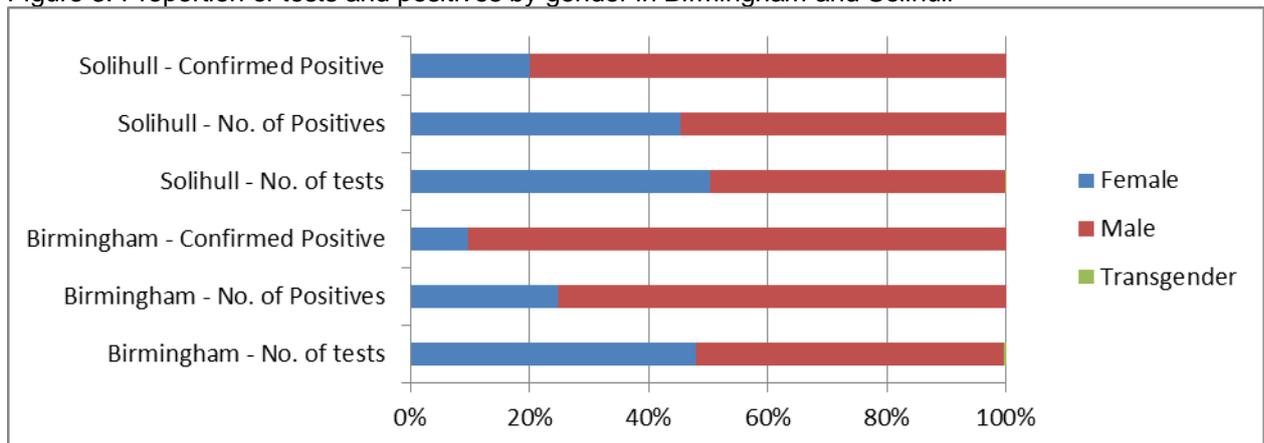


Figure 3 below outlines the number of female and male HIV tests carried out in year 7. There is an almost even split between both male and females testing in both Birmingham and Solihull. Within Birmingham 15,276 females were tested, 16,414 males and 141 transgender patients. In Solihull 1,627 female and 1,602 males were tested and 6 transgender patients

Figure 3: Proportion of tests and positives by gender in Birmingham and Solihull



HIV Pre-Exposure Prophylaxis (PrEP)

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

Umbrella introduced PrEP as part of mainstream service delivery in October 2020. This followed Umbrella's successful involvement in the national PrEP Impact Trial from March 2018 to March 2020. In year 7 a total of 913 new patients were started on PrEP (August 2021 July 2022) representing an increase of 17% from Year 6.

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

Why this outcome is important

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

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

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

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

During 2021-2022, 3,818 interventions were carried out by Umbrella's Independent Sexual Violence Advisors (ISVA).

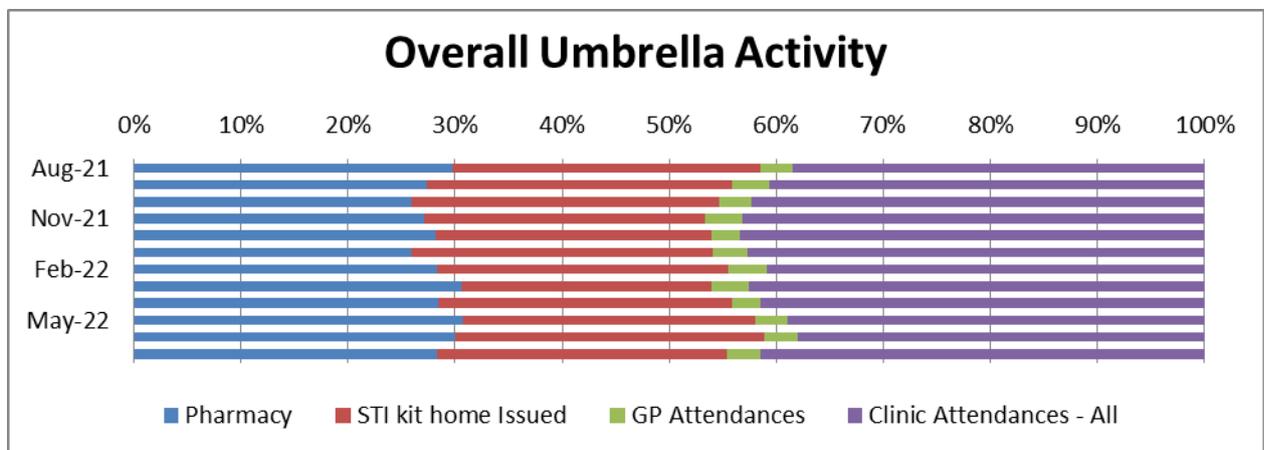
Umbrella's partnership with Birmingham and Solihull Women's Aid (BSWAID) provides Umbrella with an Independent Domestic Violence Advisor (IDVA) to support victims of domestic abuse. From August 2021 to July 2022, the Umbrella IDVA had 291 contacts. The inter-relation with RSVP and BSWAID as key delivery partners provides a complementary and integrated service for patients who have experienced sexual or domestic violence.

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

Why this outcome is important

This outcome will help to reduce the stigma associated with STIs by ‘normalising’ testing among sexually active people. To do this, services need to be easily accessible. Umbrella see this outcome as central to increasing the rate of testing and reducing the risk of transmission. To deliver on this outcome, we engage with partners across the system as well as providing access within Umbrella clinics. As seen in **figure 1 below** the overall activity for year 7 broken down by various access points was 203,108, representing a 13% increase from year 6

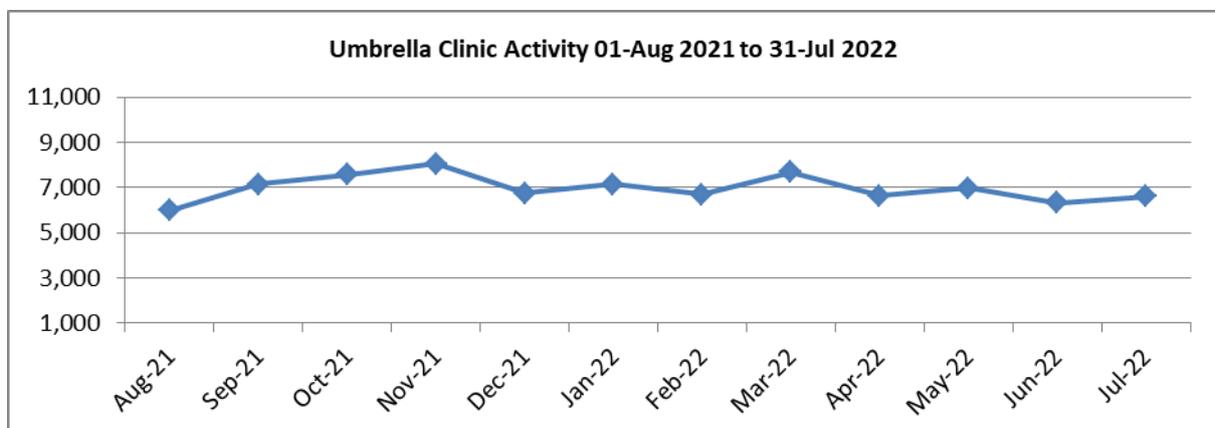
Figure 1 below outlines overall Umbrella activity 01-Aug 21 to 31-Jul 22



Clinic Activity

Within Umbrella clinics there were 83,670 attendances which is a 14% increase from year 6.

Figure 1: Umbrella clinic activity



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

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

Figure 1: Birmingham attendances by ethnicity

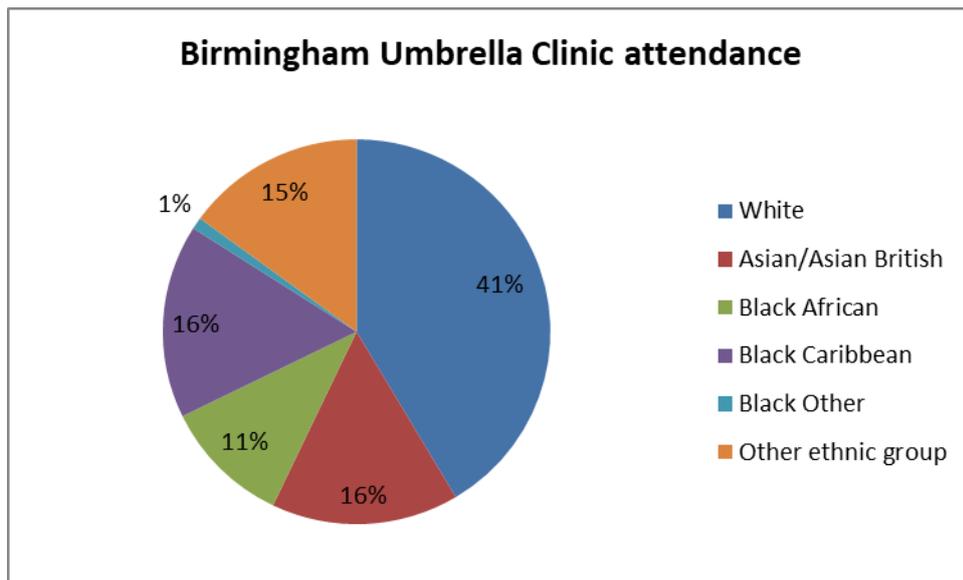


Figure 2: Birmingham attendances by ethnicity per 100,000

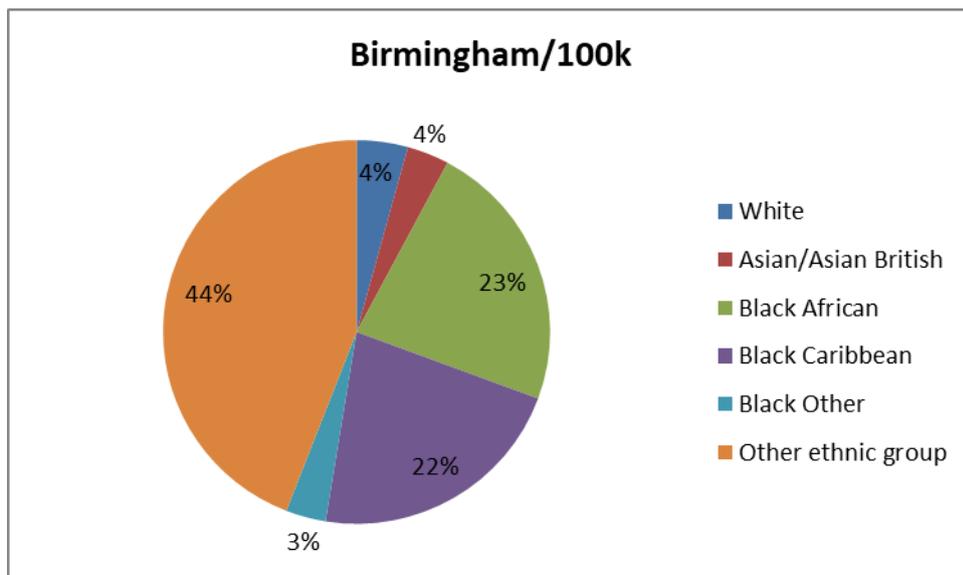


Figure 3: Solihull attendances by ethnicity

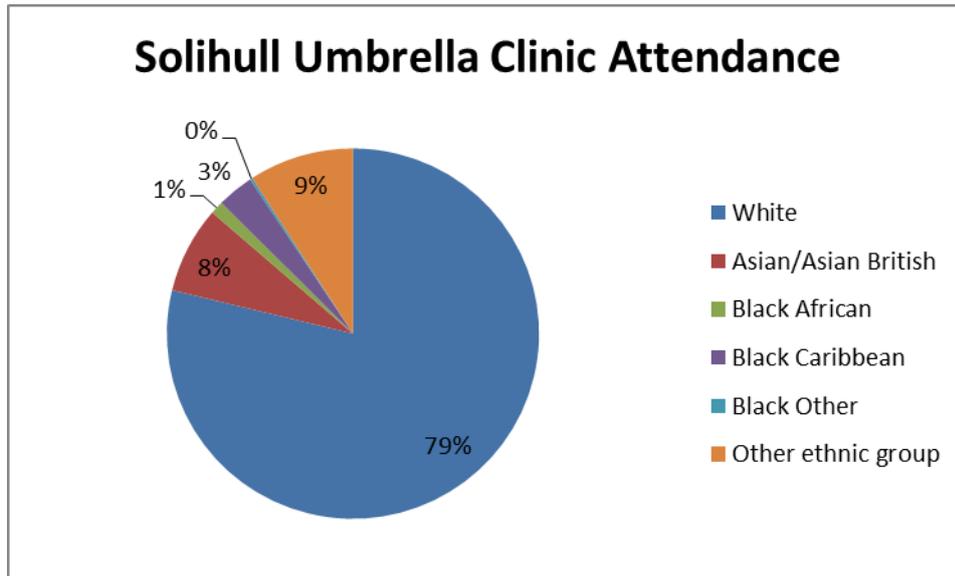
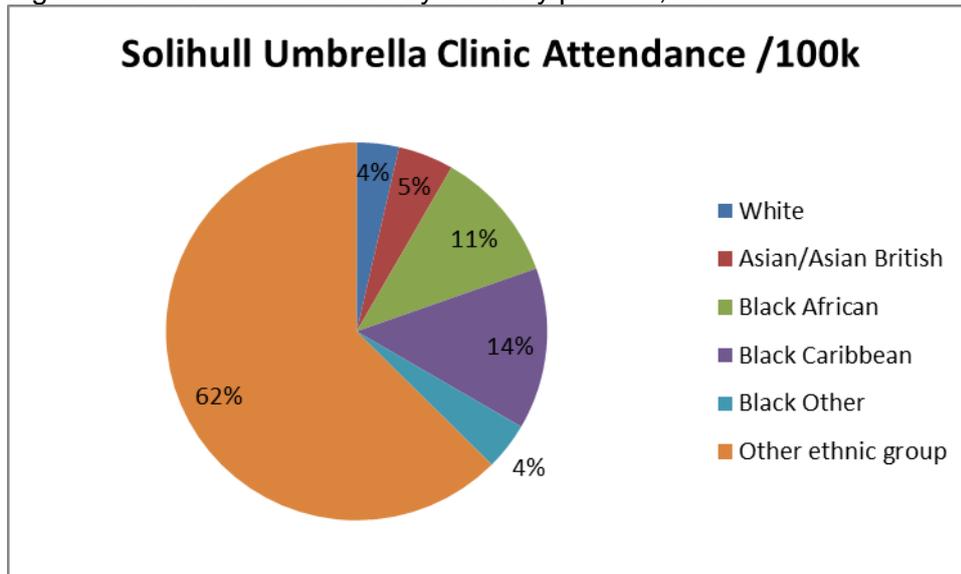


Figure 4: Solihull attendances by ethnicity pre 100,000



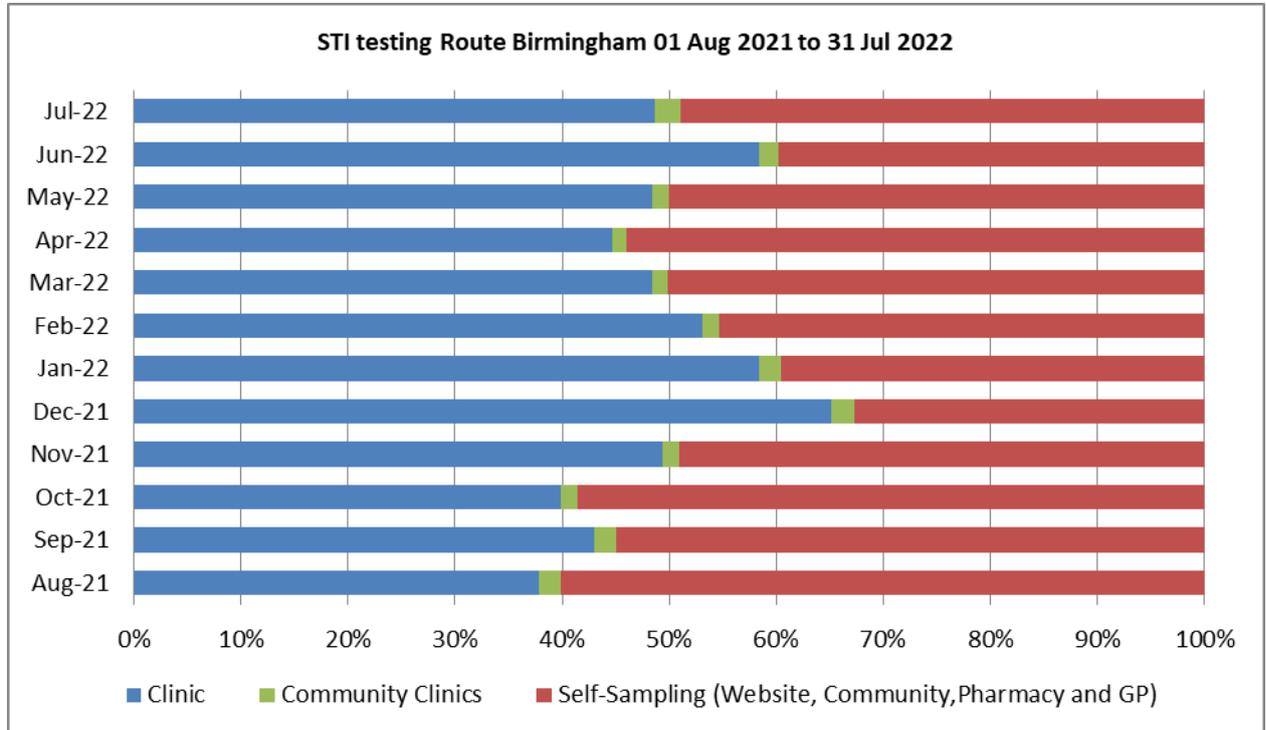
Reducing the number of people repeatedly treated for STI's.

By encouraging more people to be tested via all Umbrella access routes, we can reduce the number of people repeatedly treated for STI's.

Figure 1 outlines the various access points in which patients are tested for Sexually Transmitted Infections (STI's). The Umbrella clinics continue to test the highest number of patients. As indicated below, in year 7, 24,307 patients were tested within Umbrella clinics, representing an increase of 102% compared to year 6.

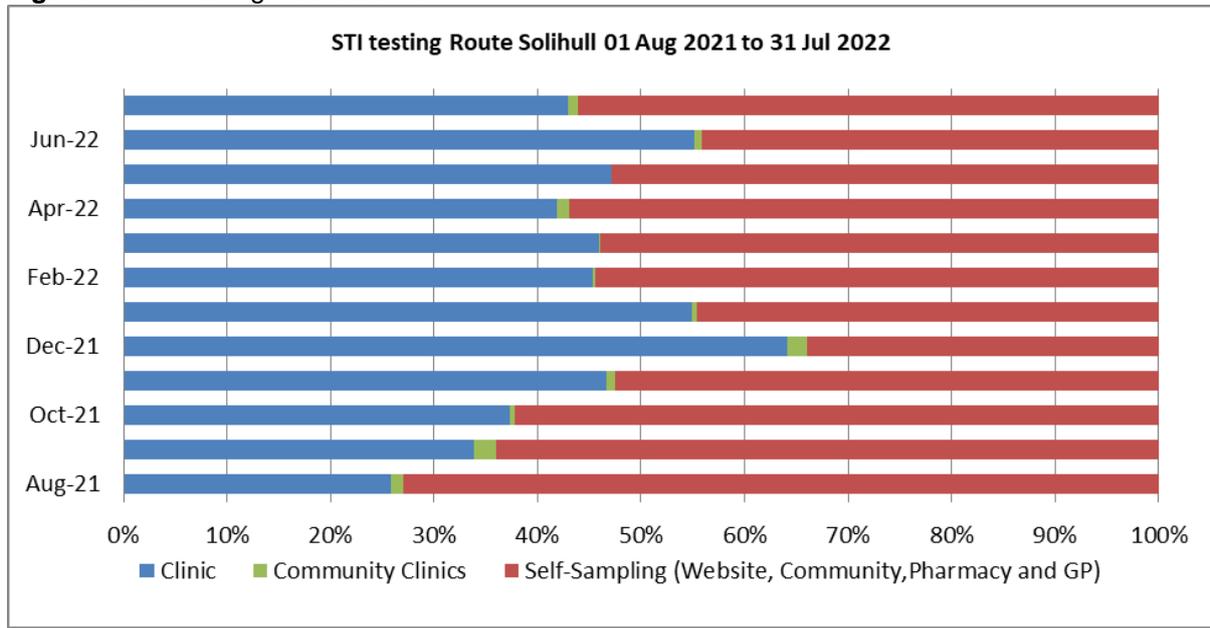
Patients also use the STI self testing kits as an accessible method of testing. Throughout year 7, there were 24, 346 tests carried out via the home sampling STI Kit ordering route, representing an increase of 32% compared to year 6

Figure 1: STI Testing Route Birmingham



There were 5,704 tests carried out within Solihull across all testing routes, representing an increase of 56% compared to year 6. When broken down by testing access routes 3,133 comprised kits ordered via the Umbrella website indicating an increase of 24% compared to year 6 and 2,526 were tested within Umbrella clinics, representing an increase of 129% compared to year 6.

Figure 2: STI Testing Route Solihull.



Figures 3 and 4 below outline the type of tests carried out for Birmingham and Solihull.

Figure 3: Type of Tests - Birmingham

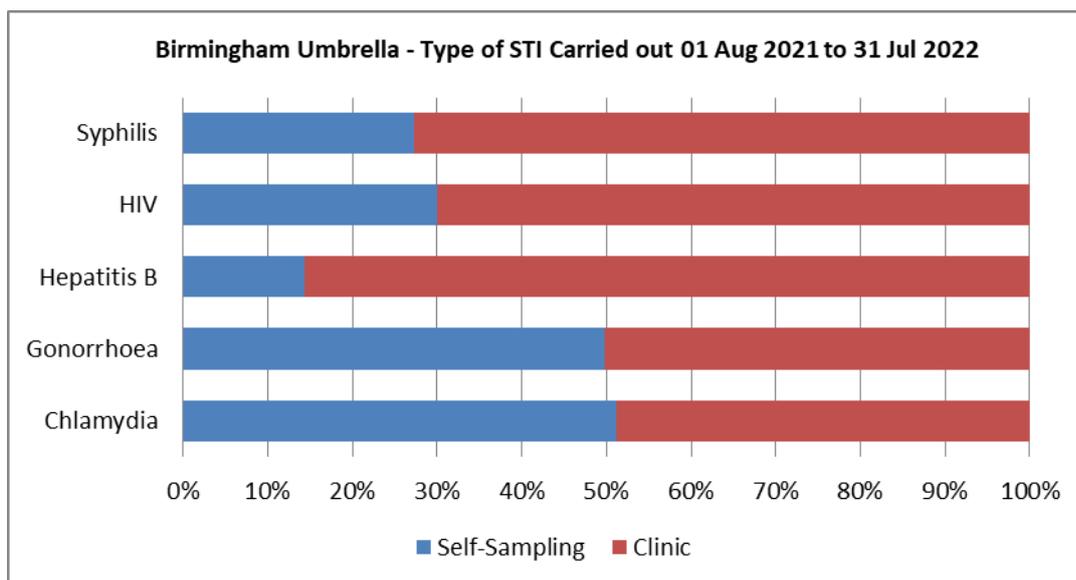
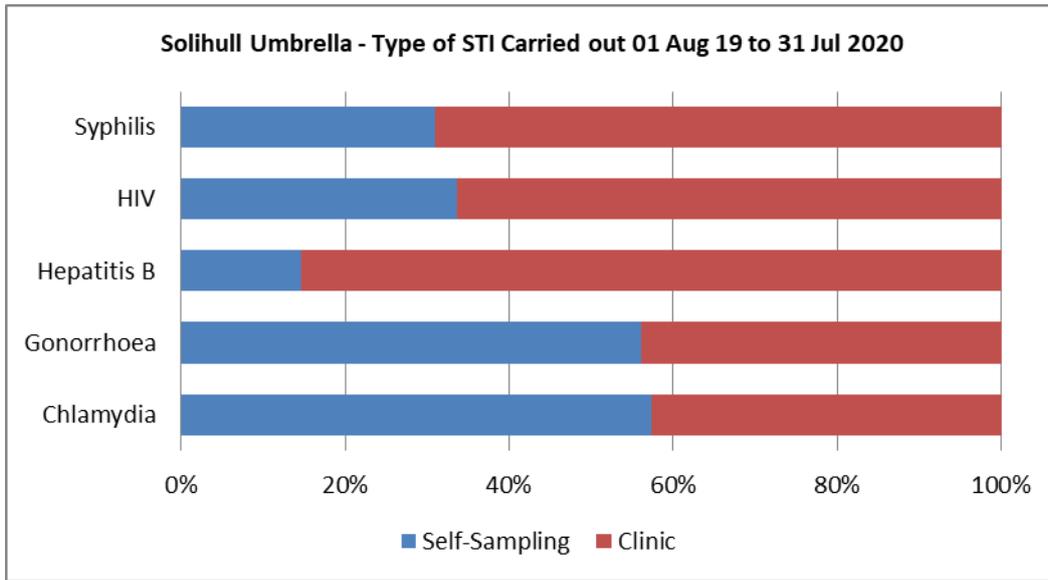


Figure 4: Type of Tests – Solihull



Umbrella Highlights Year 7

The Umbrella service has been through a number of changes throughout the past 7 years, mainly due to the impact of the COVID-19 pandemic, and to a lesser degree MonkeyPox, but also as a result of reflecting on what has worked well and introducing improvements, for example mainstreaming the provision of PrEP and the introduction of CHATHealth.

Some of the Year 7 highlights are detailed below:

Mainstream introduction of PrEP

Following the success of the PrEP Impact Trial from March 2018 to March 2020. PrEP became embedded within Umbrella's mainstream service delivery. From March 2020 to July 2022, the service provided PrEP to 1,694 new patients. In year 7, there were 913, new PrEP patients, all of whom continue to have follow up monitoring and prescriptions.

Partnership with Birmingham and Solihull Women's Aid.

The partnership with Birmingham and Solihull Women's Aid (BSWAID) and appointment of an Independent Domestic Violence Advisor (IDVA) working alongside the clinical Health Advisor team is a further highlight. The IDVA compliments the work undertaken by the Independent Sexual Health Advisor (ISVA) in securing support for patients affected by domestic and sexual abuse.

ChatHealth

More recently Umbrella has implemented CHATHealth, a digitally safe platform in which Clinicians can send and receive SMS messages from patients.

This service supports under 18 year old patients and other service users with advice on any of the issues listed below.

- Sexual assault
- Domestic abuse
- Untreated Gonorrhoea, Chlamydia, Syphilis and Mycoplasma Genitalium
- Trichomonas (TV)
- PEPSE

Since the launch in November 2022, the Umbrella Health Advising (HA) team has had 1000 service users with 627 messages received, and 1076 messages sent by the team. This is an excellent outcome with the system currently managed solely by Umbrella HA support staff. Umbrella is keen to harness the opportunities Digital Health can provide without losing the connection and insight that follows face to face interactions.

Older adults 40+ accessing Sexual Health Services.

Although the Umbrella service engages with a large percentage of young people a recent report carried out by the Local Government Association (LGA) has highlighted an increasing number of older adults who are accessing sexual health services.

The report states:

The number of over-65s who caught common STIs rose from 2,280 in 2017 to 2,748 in 2019, an increase of 20%. Latest official data also showed that the age group accounted for the biggest proportional increases in cases of gonorrhoea and chlamydia.

This research signals the importance of reaching out to all age demographics when promoting safe sexual health. We have taken this knowledge on board and included a campaign specifically focused on the over 40 age group in May 2023. The campaign will run for 4 weeks as part of Umbrella's well-established Campaign schedule for 2023.

Monkeypox (MPVX)

The Umbrella service provided opportunistic testing and vaccinations for patients attending clinics who met the MPVX criteria. From July 2022 to December 2022 597 MPVX vaccines were administered, and 130 tests carried out.

Umbrella continues to provide ongoing testing and support to those patients who are eligible.

Year 7 overall increase in activity

The service has demonstrated increases in activity throughout year 7 compared to Year 6. As outlined below.

- ✚ 83,670 Total clinic attendances 14% increase
- ✚ 55,376 Self testing kits issued 26% increase
- ✚ 51,964 all age contraceptives 31% increase
- ✚ 3,661 ≤ 18 year contraceptives 23% increase
- ✚ 23,209 chlamydia screens age 15 -24 yrs 44% increase
- ✚ 38,193 HIV tests 58% increase
- ✚ 913 new PrEP patients 17% increase

Conclusion

A Renewed Umbrella Vision 2023.

The focus throughout 2022 has been to recover the service to pre-Covid levels of activity and ensure the support and well-being of staff who provided so much support throughout the pandemic.

The increases in key activity areas demonstrate the progress made in Year 7 to bridge the 18% gap in clinical activity and 7% gap in overall Umbrella contacts. The latter includes GP's Pharmacies and STI home issued testing kits.

The Umbrella service recognises that the landscape has significantly changed since the service began in 2015. As a service we aim to adapt to the changing profile of sexual health. For example by introducing enhanced digital options, such as ChatHealth and responding to the recent LGA report on the age demographics of older adults accessing sexual health service.

We will also aim to improve the delivery of high quality sexual and reproductive healthcare through Umbrella's program of health care services research.

Umbrella's partnerships play a key role in supporting our outcomes. However, we are keen to extend our reach into groups who find it hard to access sexual health services. For example, the Birmingham Institute for the Deaf (BID) and Birmingham and Solihull Mental Health Trust Services are two community partners we intend to work with in the coming year.

In conclusion, the Umbrella vision has evolved over the past 7 years. As we move forward there will be a renewed focus that reflects the learning accumulated from our experience in providing a fully integrated sexual health service.

Within an ever changing landscape, Umbrella will be adaptive, make quality improvements, listen to our patients and focus on providing an enhanced sexual health service for the population of Birmingham and Solihull.