

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 22 NOVEMBER 2016 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING

The Chair to advise/meeting to note that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The whole of the meeting will be filmed except where there are confidential or exempt items.

2 APOLOGIES

3 - 6

3 HEALTH, WELLBEING AND THE ENVIRONMENT ACTION NOTES 25TH OCTOBER 2016

To confirm the action notes of the meeting held on 25th October 2016.

4 DECLARATIONS OF INTERESTS

7 - 110

5 BIRMINGHAM SEXUAL HEALTH SERVICES, UMBRELLA (UHB) - 1 YEAR REPORT INTO NEW CONTRACT

John Denley, Assistant Director - Commissioning Centre of Excellence; Daniel Brown - Commissioning Manager - Commissioning Centre of Excellence; Steve Cumley, Director of Operations, UHB; Dr Keith Radcliffe, Consultant - Sexual Health & HIV Medicine. Clinical Service Lead for Sexual Health Services, UHB; Kymm Skidmore, Umbrella Project Manager, UHB.

- 111 - 124**
- 6 **REACH OUT RECOVERY**
- Max Vaughan, Head of Service, Universal & Prevention; Patricia Merrick, Assistant Director - Operations Commission; Nic Adamson, Regional Director, CGL; Sian Warmer, Head of Service, CGL.
- 125 - 128**
- 7 **CARE CENTRES AND ENHANCED ASSESSMENT BEDS - UPDATE**
- Geoff Sherlock, Assistant Director, Specialist Care Services; Maria B Gavin, Assistant Director, Commissioning Centre of Excellence; Alison Malik, Head of Service, Complex & Statutory Services, Commissioning Centre of Excellence.
- 129 - 132**
- 8 **TERMS OF REFERENCE: THE IMPACT OF POOR AIR QUALITY ON HEALTH IN BIRMINGHAM**
- For discussion.
- 133 - 140**
- 9 **WORK PROGRAMME - NOVEMBER 2016**
- For discussion.
- 10 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALLS FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for "call in"/Councillor calls for action/petitions (if received).
- 11 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.
- 12 **AUTHORITY TO CHAIR AND OFFICERS**
- Chair to move:-
- 'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT O&S

COMMITTEE

1400 hours on 25th October, Committee Rooms 3 & 4 – Actions

Present:

Councillor John Cotton (Chair)

Councillors Uzma Ahmed, Deirdre Alden, Sue Anderson, Mick Brown, Carole Griffiths, Andrew Hardie (Deputy Chair), Kath Hartley, Mohammed Idrees, Simon Jevon, Karen McCarthy and Robert Pocock

Also Present:

Mark Rogers, System Lead (STP)

Dame Julie Moore, (Vibrant Secondary and Tertiary Services STP Workstream)

Sarah-Jane Marsh, (Maternity and Newborn STP Workstream)

John Short, (Mental Health STP Workstream)

Les Williams, (Community Care First STP Workstream)

Robert Devlin, Senior Strategic Commissioning Manager – Mental Health

Baljit Bahi, Commissioning Manager, Joint Commissioning Team – Mental Health

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy Officer, Scrutiny Office

1. NOTICE OF RECORDING

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The whole of the meeting would be filmed except where there were confidential or exempt items.

2. APOLOGIES

None

3. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 27th September were noted.

The Chair told Members that he and the Deputy Chair had met with the Head of Scrutiny Services regarding the environmental remit of the Committee. It had been agreed that a Task and Finish Working Group would be established to deal with environmental issues and Terms of Reference were currently being drawn up.

4. DECLARATIONS OF INTEREST

Members were reminded that they must declare all relevant interests relating to any items of business to be discussed at the meeting. Councillor Andrew Hardie declared an interest as a registered GP working as a locum in Birmingham. Councillor Karen McCarthy declared an interest as the City Council's Stakeholder Governor to the Birmingham Women's Hospital.

5. BIRMINGHAM AND SOLIHULL SUSTAINABILITY AND TRANSFORMATION PLAN

Mark Rogers, System Lead (STP) provided an overview of the plan followed by each of the System Leads, Dame Julie Moore, (Vibrant Secondary and Tertiary Services), Sarah-Jane Marsh, (Maternity and Newborn), John Short (Mental Health) and Les Williams (Community Care First), outlining the projects/detail within each workstream. The session concluded with a summary discussion.

RESOLVED:-

Mark Rogers agreed that a copy of the STP June submission would be circulated to the committee.

Dame Julie Moore would provide information/figures relating to pressures from patients attending hospital from outside Birmingham.

To enable all Members of the City Council to take part in a debate around the STP an interim report be presented to City Council in December.

6. MENTAL HEALTH RECOVERY, LEARNING AND WORK SERVICES CASE FOR CHANGE PROPOSAL

Robert Devlin, Senior Strategic Commissioning Manager – Mental Health and Baljit Bahi, Commissioning Manager, Joint Commissioning Team – Mental Health presented a report for approval to proceed to consultation on a proposal to redesign Birmingham-wide mental health day and employment services.

RESOLVED:-

The proposal to go to consultation was approved and it was agreed that a further report on the outcome of the consultation be brought back to committee when available.

7. HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016-17

The work programme was submitted:-

The Chair drew attention to the two scheduled committee visits to Reach Out Recovery and the West Midlands Ambulance Service and asked Members to confirm their attendance.

A further informal meeting should be scheduled to consider the draft interim STP report which will be taken to City Council in December.

RESOLVED:-

That the work programme be noted.

8. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None

9. OTHER URGENT BUSINESS

None

10. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED:-

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 17.03 hours.

Information briefing

Report From: John Denley, Assistant Director – Commissioning Centre of Excellence

Max Vaughan, Head of Service, Universal and Prevention – Commissioning Centre of Excellence

Report To: Health, Wellbeing and the Environment Overview and Scrutiny Committee

Date: 22 November 2016

Title: Birmingham Sexual Health Services, Umbrella (UHB) – 1 year Report into New Contract

Summary:

Attached to this briefing is an Annual Report, presented by University Hospitals Birmingham. The Annual Report covers progress against Birmingham's Sexual Health Service outcomes, during year one of the five-year contract, which commenced in August 2015.

The report presents performance data for each of the 10 outcomes, along with commentary on strategies undertaken and areas for development going forward.

Key Commissioning Intentions

In line with the Health and Social Care Act (2012), local authorities are responsible for the provision of comprehensive, open access sexual health services – as such, BCC continues to deliver the following mandated services: testing and treatment of STIs, testing for HIV and all forms of contraception. Services are available to everyone over the age of 13, regardless of their residence or status (e.g. NRPF).

Outcomes

The Umbrella Sexual Health services in Birmingham continue to work to the 10 agreed outcomes, including 3 which are monitored nationally in the Public Health Outcomes Framework (PHOF). Each of these outcomes is discussed in detail in the attached report.

As Commissioning Managers, we are satisfied with what has been achieved during year one, with 9 of the 10 outcomes performing in line with expectations. In the case of the outcome related to Chlamydia diagnosis, we are confident that Umbrella's planned actions will produce improved results in year two and beyond.

From ongoing discussions between commissioners and UHB, there is confidence in the strategy going forward, including the continued promotion of STI testing via home-testing kits and pharmacies; more focused GP activity incentivising chlamydia and HIV testing; and further work with priority groups and at risk populations.

Joint work is also underway between UHB and commissioners to examine the 100+ key performance indicators currently reported on. The intention of this work is to ensure that progress against outcomes is accurately reflected in a meaningful way, without being unduly burdensome on UHB and their delivery partners.

Mobilisation, Transition and Transformation

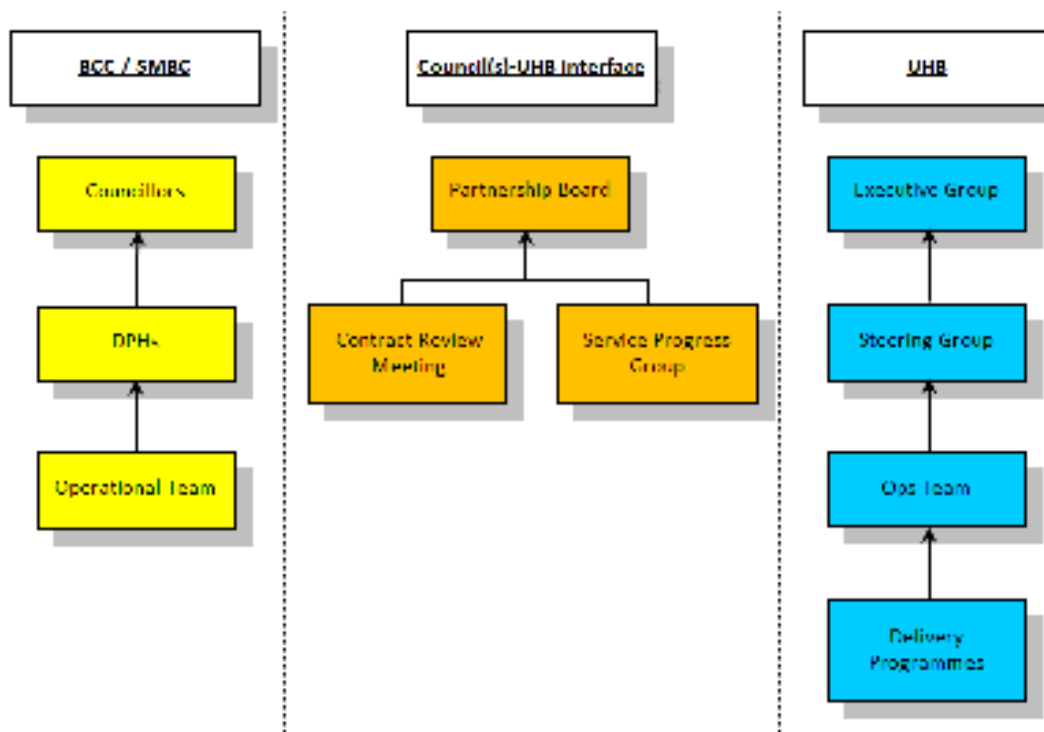
Since the commencement of new services in August 2015, a major mobilisation effort has taken place, successfully aligning formerly fragmented services under the Umbrella brand, including access to contraception and treatment and testing for sexually transmitted infections. This has been a significant undertaking to deliver an integrated system of this scale, which other local authorities are now looking to replicate. Public Health England fully endorse the Umbrella concept which is now in place and are planning to use it as an exemplar of an integrated model of delivery.

During this first year, contracts have been finalised, posts successfully recruited to, and a range of training delivered; all of which is likely to see further improvements in year two.

With the support of Public Health England, commissioners and UHB have continued to use nationally available data and support, in order to develop, for example, the Chlamydia Care Pathway programme, which is designed to improve detection rates, transmission, and coverage of eligible populations.

Single System of Governance

The sexual health contract is a major partnership, with Birmingham City Council, Solihull Metropolitan Borough Council and UHB collaborating to focus on achieving outcomes. The governance arrangements are illustrated by the following diagram:



Service User Engagement

As a method of quality testing, towards the end of year one, BCC initiated Mystery Shopping of the Umbrella service with the support of Public Health Interns. This was undertaken in two phases: (i) the Umbrella website and (ii) visits to clinics and focused on the priority groups. General feedback was positive and critical observations were shared with UHB at the most recent Partnership Board. UHB will share the feedback with their operational team, for learning and improvement.

Background information:

The attached document provides detailed analysis of year one activity and progress in Sexual Health services.



umbrella

Birmingham and Solihull Sexual Health

Annual Report and OSC Report 2015-16

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A person is sitting on a ledge, looking out a window. The image is heavily overlaid with a yellow color and numerous white circles of varying sizes, some of which are semi-transparent. The person is wearing a dark, ribbed sweater and dark pants. The background outside the window is blurred, showing what appears to be a building or structure.

Executive summary

Executive summary

1 Background

Umbrella is the new, unique, outcomes-based sexual health service commissioned by Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) from August 2015 (please refer to Appendix A for glossary terms).

Umbrella's vision is to create the most integrated sexual health service.

It will do this by encouraging 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 through an innovative partnership model.

Over the five-year duration of the contract, Umbrella's 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, repeat abortions under the age of 25
- 10 Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

To achieve its objectives Umbrella will redesign the traditional fragmented, treatment-based model, delivered predominantly in specialist clinical centres, into a prevention-based, community-focussed service where education, empowerment and self-care are central to its success.

2 Wider context

It will do this in a geographical footprint that is facing unprecedented health, social and well-being challenges.

- Birmingham is the youngest core city in Europe (46% of the population are under 30);
- Solihull has an ageing population (19% of the population are over 65, 13% in Birmingham);
- Birmingham is a diverse city (42% of residents come from an ethnic group other than white);
- Solihull has increasing diversity (11% of the population identify as Black, Asian or Mixed Ethnic Minority – BAME);

- Birmingham is a growing city linked in part to migration (9.9% increase since 2004, Solihull has increased by 3.6% since 2001);
- Birmingham has a homelessness level more than three times the England average;
- 440,000 (46%) of the footprint population live in the 'bottom 10%' most deprived areas in England. 1 in 3 children live 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 (7.1 in Birmingham, 4.9 in Solihull – Deaths/1,000 live births);
- Birmingham has a long-term unemployment rate around 2.5 times higher than the England average (19.8 per 1,000 population aged 16-64 against the England average of 7.1 per 1,000 population aged 16-64);
- 90% of the Birmingham adult population owns a smart phone (the highest coverage in Europe), offering significant opportunities for use of new technology;
- Solihull hosts significant economic hubs for the footprint – NEC, Land Rover, Birmingham Airport, and the future HS2 hub and associated development (UK Central) – currently drawing in 85,000 worker's daily;
- Birmingham hosts 5 universities;
- The combined 2016/17 planned financial position for the health and care economy amounts to an overall deficit of £21m; and
- The forecasted financial gap, if the current models of health and social care continue, has been identified £699m by 2020.

3 Umbrella – its first year

This annual report covers the period of August 2015-2016 and focusses on the key achievements and plans for Year 2.

In 2015–16 Umbrella employed 250 staff and provided services from:

- 8 Clinics
- 97 Pharmacies
- 92 GP Practices
- 5 Community locations in accessible areas across the city

Umbrella work with a number of partner organisations who complete the network of support services such as; sexual violence counselling, advice, contraception, treatment, STI and HIV testing, to name just a few.

Umbrella met almost all of the 10 key objectives shown below, in Year 1. Performance exceeded delivery expectations in some areas with targets being met in all but one.

Umbrella slightly under achieved against the chlamydia targets set but are already looking at new ways of working with action plans in place to improve performance in Year 2.

3.1. Key achievements against these objectives, were

Year 1 key achievements	Umbrella outcomes covered by achievement
LARCs made up 37% of all Birmingham Umbrella contraception and 50% of contraception (excluding EHC) provided during Year 1. This 50% is considerably higher than 37% all England and 30.7% West Midlands figures for 2014/15	(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
The (GP and Pharmacy) primary care element of contraception provision performed above plan	(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
Growth in general practice activity, including more LARC fittings than ever before	(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 1 Umbrella contributed 76% of the total chlamydia positive screens across the city	(2) Increase chlamydia diagnoses in the 15–24 age group
A new on line service established that allows residents of Birmingham and Solihull to request a free STI/HIV screening kit. In Year 1, 24,500 kits were requested and issued, with 10,804 tested.	(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)
Service user surveys – feedback card from STI self-sampling kits issued. Of these, over 90% of those who replied said the instructions were 'clear' or 'very clear'	(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 40,443 HIV tests in the period August 2015 – August 2016, this activity exceeded the plan	(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 since the introduction of routine enquiry	(4) Improve support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
Easy access, Umbrella saw 109,902 individuals in clinics across Birmingham and Solihull	(5) Provide better access to services for high risk communities

Year 1 key achievements	Umbrella outcomes covered by achievement
Umbrella increased access for service users by providing options which give individuals immediate easy access whilst also reducing the pressures on hospital led services	(5) Provide better access to services for high risk communities
Expansion of Sexual Health delivery in Primary Care through a network of 97 Pharmacies and 92 General Practitioners	All
Umbrella clinics now open longer hours at more locations than before.	All
Pharmacy activity exceeded the projected target by over 50%	All
Campaigns prove positive for targeting public awareness, including resulting in increased STI self-sampling activity and website hits	
Training covering over 100 sessions delivered to individuals across the whole Umbrella system, including clinical staff, primary care and partners on a range of sexual health topics from safeguarding to LARC specific training	All
£5m of national and European research grants to review current practice in Umbrella and develop future treatments and techniques.	All
Improved, bespoke, specific services for young people opened at Boots City Centre in Birmingham	All
Loudmouth and BHCT Young Persons Health Advisors delivered sessions to over 25,000 young people in Schools and Colleges across Birmingham and Solihull	All
Commencement of the Senate, an Umbrella body comprising of representatives from throughout the system, who set Umbrella's strategic direction.	All
The website has had 106,549 hits from 64,745 users with 403,205 page views.	All

3.2. Delivery partners

- Over the first 12 months of Umbrella's sexual health service, Umbrella has built up strong partnerships with other organisations to deliver, expand and support our service. We have trusted relationships and engagement with communities and priority groups with greater risk of sexual ill health, or with who previously had poor access to services.
- 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 locations.
- 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 delivered 106 sessions to 12,892 young people across Birmingham and Solihull.
- BCHT Young Person's Health Advisors undertook 257 sessions reaching 12,610 young people through 49 schools and colleges across Birmingham and Solihull.
- Between December 2015 and August 2016 Birmingham LGBT supported 2,145 individuals on site and 3,864 within outreach settings. They also visited 135 venues between January and August 2016.
- BCC Careers Services, through their NEET and young parent workers had 11,689 contacts with young people.
- BCC Youth Services have been working through 16 youth centres across Birmingham. They also host and run a service user group which has assisted in Umbrella service user engagement with young people.

4 Umbrella's strategy

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

- To increase chlamydia testing;
- Expand the provision of Umbrella clinics and GP offered LARCs;
- Increase number of and activity by Tier 2 Pharmacies ;
- Increase number of Tier 1 Pharmacies from the current 97 to the proposed 180. This will increase the availability of emergency contraception provision and referral pathway for LARCs;
- Developing an online C-Scheme database which will allow service users to access condoms;
- Expand Partnership working and training for screening;
- Provide more access to STI testing through new and existing Pharmacies and through existing clinics and self-sampling kits;
- Safeguarding – develop a training schedule to include a range of sexual assault, violence, coercion, exploitation and domestic violence, honour based violence, and FGM training sessions for all staff; and
- Expand on the current SAFE service to include services for male sex workers
- Upgrade online booking to go live at the end 2016. This will allow service users to choose which clinic they want to attend and to cancel appointments online.
- Complete a full clinical service review, taking into account capacity and flow requirements across the system, through engagement with partners, other stakeholders and service users.

- GP pilot in targeted HIV and chlamydia screening;
- Birmingham LGBT will be holding outreach one-to-one sessions in bars and saunas to engage with service users and deliver health promotion;
- Delivery partners to appoint their final posts (Trident Reach, WAITS and BCHT – except YPHA who are already in post)
- Commence the specific, wider BME work and finalising the contracts as soon as possible
- To continue meeting with and engagement with prospective third sector organisations; and
- New telephone call centre system to be put into place by the end of 2016 to improve response times, service user experience and data quality going forward.

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

Overall, Umbrella has had a successful first year and an exciting second year lies ahead. There have been some hurdles along the way, however, these have resulted in a stronger approach to our second year and will allow Umbrella to further continue to work towards its outcomes.

The strategy is flexible enough for Year 2 to allow Umbrella to be reactive and respond as quickly as possible to the needs of our service users. The key areas that Umbrella will focus on at the beginning of Year 2 include:

- Completing the updated online booking, this will allow service users to choose which clinic they want to book an appointment at and to cancel appointments online.
- New call centre system to be put into place in late 2016 to further improve the communication with our service users.
- The clinical service review is already underway and includes reviewing capacity and flow as well as the conclusion of the sex worker service review. The review of the sex worker service has included outreach and service user engagement with both male and female sex workers.
- GP pilot to introduce targeted HIV and chlamydia screening to practices serving our most deprived areas. This will assist in the further developments of outcomes 2 and 3.
- Pharmacy procurement to be completed early 2017. This will increase the numbers of total Umbrella pharmacies across Birmingham and in particular the number of Tier 2 Pharmacies. The coverage will allow all residents to access services at their choice of location, be that at a local pharmacy or a larger pharmacy in a retail setting. This will further develop outcome 5.
- Birmingham LGBT will be holding more outreach one-to-one sessions in bars and saunas.
- The final delivery partner posts will be appointed to (Trident Reach, WAITS and BCHT – except YPHA who are already in post).
- Commence the specific, wider BME work and finalising the contracts for these organisations. This work will include one-to-one and group interventions, counselling and attendances at cultural events as well as training across the Umbrella partnership. This will impact on all outcomes and in particular outcomes 3, 5 and 10.
- The meetings and work with third sector organisations will continue and develop. A new Communications Specialist post will start in the latter part of 2016 to specifically input into the network Umbrella has established.

- Further develop the chlamydia screening strategy within primary care and in the community. Work will take place with all of our partners, and in particular those who work with young people. This work is in relation to outcome 2.
- Review of the Umbrella website, including service user survey and engagement. This will include how the website is used as well as further developments going forward.
- Umbrella has developed an extranet for all partners. This is a password protected website where there will be a wealth of information about Umbrella for all those who are part of the network. This will go live towards the end of 2016 and will include a calendar of training and events, useful materials, directories and statistics about how Umbrella is performing.

A young man with light brown hair is shown in profile, looking down at a tablet computer he is holding with both hands. He is wearing a white t-shirt. The background is a soft-focus indoor setting with green plants. The entire image has a dark blue overlay. White confetti, consisting of small circles and irregular shapes, is scattered across the top and bottom of the page.

Annual Report 2015-16

Annual Report 2015–16

1 Introduction

In 2014, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) re shaped the model of Sexual Health Services by re 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 a full service provision incorporating secondary and primary care services through Pharmacies and general practice, plus third sector partnership organisations to enable engagement within a diverse population, such as with; BME and LGBT. This single contract is led by University Hospitals Birmingham Foundation Trust (UHBFT).

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

This report describes the performance against outcomes to date and our plans to improve outcome delivery going forward to achieve our 10 key outcomes for the people of Birmingham. It should be noted that this is an annual report for BCC and therefore focusses on services delivered to the Birmingham population.

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 a 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:

- Secures services that meet defined needs;
- Secures services that meet current and future demand;
- Secures services that are best value (cost and quality); and
- Prioritises the types of services that are required to make a difference for Birmingham citizens, 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 ensure that partners can identify and support victims of sexual coercion, exploitation and violence objectives.

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 one was spent recruiting and training the Umbrella workforce. Umbrella now employs approximately 250 members of staff with a wide range of skills and expertise as follows:

5.1. Training

Umbrella has a team of 10 training staff plus a clinical lead working with partners and UHB employees to deliver training to 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 (as listed in Appendix G) who 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 Childrens' nurses employed by BCHT and ISVAs employed by RSVP.

5.4. Health promotion and education

The Trust Communications Team lead 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

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, provide 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 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 who are at risk. This will ensure that users get the most appropriate and effective support necessary.

5.7. General Practitioners

The 92 general practices supporting Umbrella are all part of the Badger network with whom the Umbrella team works closely, not only in offering specialist training and ongoing support, but also continued contractual support, liaising directly with Badger, which represents all partner GPs. The relationship between Umbrella and Badger is an important contribution to successful partnership working.

5.8. Partners

Umbrella is currently working with approximately 50 partner organisations across Birmingham and Solihull to ensure a single system provision for individuals with access to all onward and related support services (Appendix G).

6 Key achievements – Year 1

Year 1 key achievements	Umbrella outcomes covered by achievement
LARCs made up 37% of all Birmingham Umbrella contraception and 50% of contraception (excluding EHC) provided during Year 1. This is considerably higher than 37% all England and 30.7% West Midlands figures for 2014/15	(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
The (GP and Pharmacy) primary care element of contraception provision performed above plan	(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
Growth in general practice activity, including more LARC fittings than ever before	(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 1 Umbrella contributed 76% of the total chlamydia positive screens across the city	(2) Increase chlamydia diagnoses in the 15–24 age group
A new on line service established that allows residents of Birmingham and Solihull to request a free STI/ HIV screening kit. In Year 1, 24,500 kits were requested and issued, with 10,804 tested.	(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)











Year 1 key achievements	Umbrella outcomes covered by achievement
Service user surveys – feedback card from STI self-sampling kits issued. Of these, over 90% of those who replied said the instructions were ‘clear’ or ‘very clear’	(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 40,443 HIV tests in the period August 2015 – August 2016, this activity exceeded the plan	(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 since the introduction of routine enquiry	(4) Improve support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
Easy access, Umbrella saw 109,902 individuals in clinics across Birmingham and Solihull	(5) Provide better access to services for high risk communities
Umbrella increased access for service users by providing options which give individuals immediate easy access whilst also reducing the pressures on hospital led services	(5) Provide better access to services for high risk communities
Expansion of sexual health delivery in primary care through a network of 97 Pharmacies and 92 General Practitioners	All
Umbrella clinics now open longer hours at more locations than before.	All
Pharmacy activity exceeded the projected target by over 50%	All
Campaigns prove positive for targeting public awareness, including resulting in increased STI self-sampling activity and website hits	
Training covering over 100 sessions delivered to individuals across the whole Umbrella system, including clinical staff, primary care and partners on a range of sexual health topics from safeguarding to LARC specific training	All
£5m of national and European research grants to review current practice in Umbrella and develop future treatments and techniques.	All

Year 1 key achievements	Umbrella outcomes covered by achievement
Improved, bespoke, specific services for young people opened at Boots City Centre in Birmingham	All
Loudmouth and BHCT Young Persons Health Advisors delivered sessions to over 25,000 young people in Schools and Colleges across Birmingham and Solihull	All
Commencement of the Senate, an Umbrella body comprising of representatives from throughout the system, who set Umbrella's strategic direction.	All
The website has had 106,549 hits from 64,745 users with 403,205 page views.	All




7 Umbrella's Objectives

The following section describes Umbrella's current performance and strategy for each of the 10 outcomes described in 4.3.

The table below summarises how Umbrella have performed, against these outcomes:

NATIONAL REQUIREMENTS		UMBRELLA'S PERFORMANCE
1	Reducing under-18 conceptions (full data set not available until 2017)	
2	Increasing chlamydia diagnoses in the 15–24 age group	
3	Reducing the late diagnosis of HIV	
LOCAL PRIORITY OUTCOMES		UMBRELLA'S PERFORMANCE
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 (full data set not available until 2017)	
10	Reducing the transmission of HIV, STIs and Blood Borne Viruses (BBV)	

KEY

-  Achieved or exceeded the target or outcome for the year
-  Achieved more than 85% of the target or outcome for the year
-  More work required to achieve the required levels

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 well-being and the likelihood of both the parent and child living in long-term poverty.

One of PHE's 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 to 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:

- Rate of conceptions per 1,000 females aged 15–17:
 - ▶ Reported Nationally 2 years in arrears;
- Rate of GP prescribed LARC/1,000 registered female population 15–17:
 - ▶ Reported Nationally 2 years in arrears;
- Percentage that use a LARC for ≥ 12 months, as a proportion of all using LARC (females aged 15–17 years of age):
 - ▶ This is under review between BCC and UHB to determine the appropriateness as KPIs and delivery partners ability to capture data; and
- Number of females aged 13–17 and 18+ years of age receiving EHC in clinical in/ outreach, Pharmacy, general practice, other supply chain settings.

7.1.3. Year 1 performance and analysis

Under-18 conceptions are reported by Public Health one year in arrears. As a result the graph below demonstrates deterioration in performance in Birmingham and Solihull prior to Umbrella going live in 2014/15.

Under-18 conceptions (2011–15)

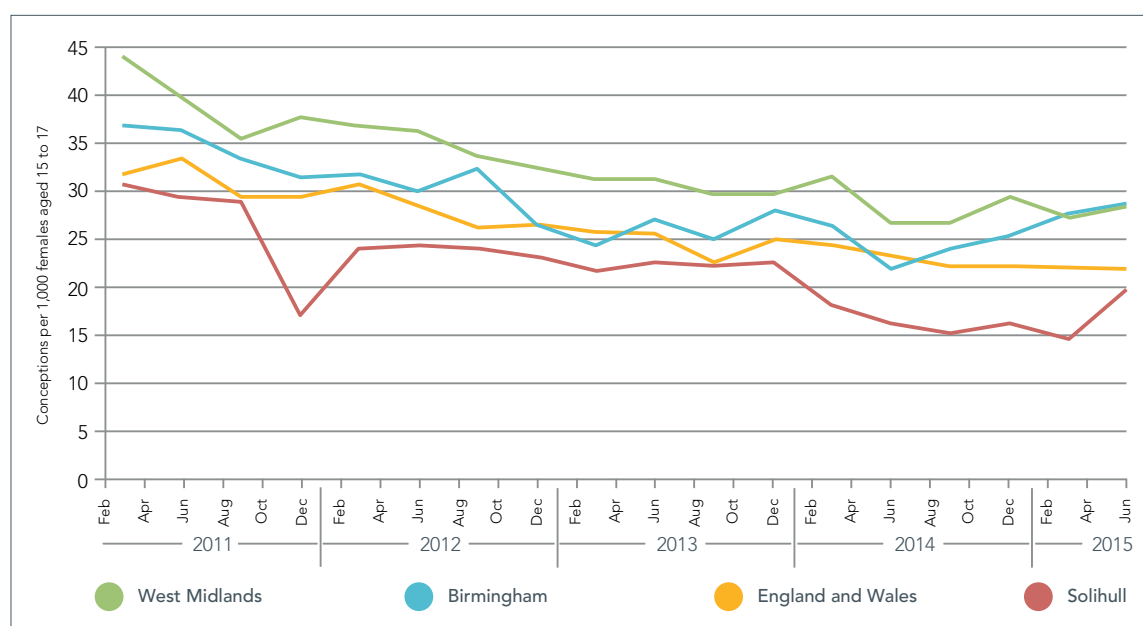


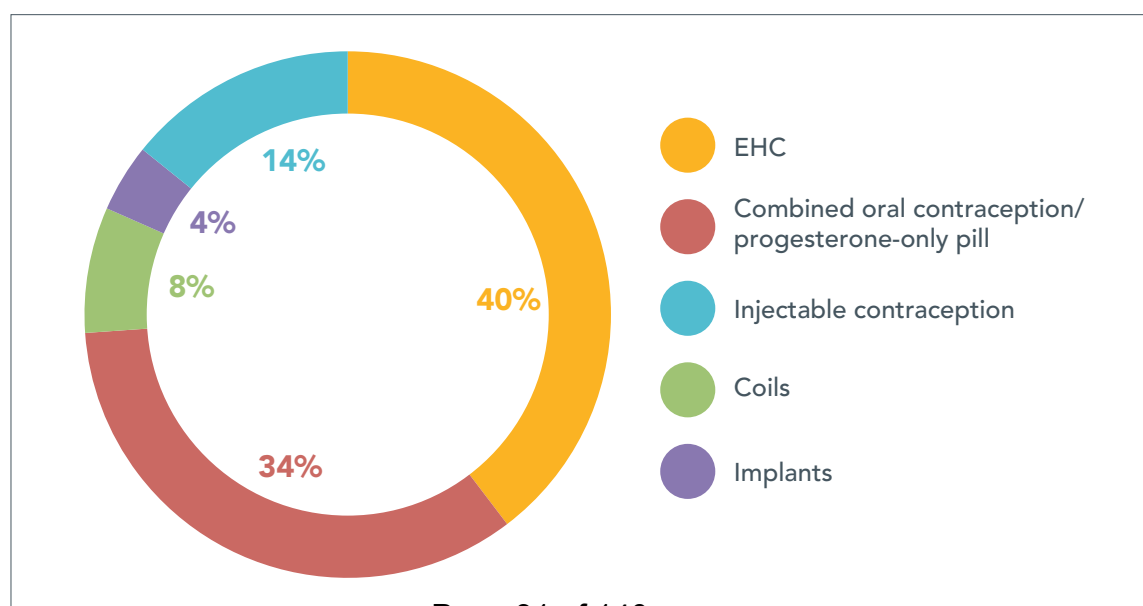
Table showing the numbers of contraception issued to under 18s

	Year 1 (10.08.15 to 09.08.16)	
	Umbrella Actual U18*	Birmingham Actual U18>
LARC total fittings (Coil, Implant and Injectable)	1,096	873
EHC provided	1,223	754
POP/COC	713	575
Total	3,032	2,202

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

>Birmingham shows activity to Birmingham only.

Contraception to Birmingham residents by Umbrella – under-18s



7.1.4. Umbrella's strategy – Year 1

Services

- Condoms are available through ALL Umbrella services, including clinics, general practice, pharmacies and partners;
- Umbrella linked with BPAS (CS kits);
- Provided TOPs (termination of pregnancy) referrals;
- Provided EHC, contraception and LARC; and
- Engaged actively in Health Promotion work.

Training

Bespoke training has been designed and provided to primary care, including GPs and pharmacies, and in house clinical staff.

This training was delivered alongside nationally recognised organisations such as the Centre for Post graduate Pharmacy Education (CPPE) and the Faculty of Reproductive and Sexual Health (FRSH) to ensure services are evidence based and are at a nationally agreed standard.

Badger work collaboratively with Umbrella to provide GP training for LARCs – this is a continuous training programme that is supported both externally and internally within the service.

The Umbrella training team develop, deliver and facilitate training within clinical services to increase the number of staff over time 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 audience – priority has been given to those organisations who work with priority groups.

Campaigns

The following campaigns were part of our campaign calendar in Year 1 of our service:

- Young people – September 2015; and
- Pharmacy – May 2016.



Examples of materials for the campaigns

7.1.5. Umbrella's strategy – Year 2 and beyond

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 2 and beyond Umbrella intend to expand the provision of Umbrella clinic and GP offered LARCs through increased training capacity.
- Increased number of LARC clinical appointments – this will be achieved by offering an additional complementary telephone LARC counselling service to offer an alternative consultation rather than having a face to face appointment.
- An increase in the number of Tier 2 Pharmacies from the current 13 to the proposed 50 will increase the availability of contraception provision within an easily accessible service.
- Umbrella Training team will continue to provide regular training on contraception to GPs but to 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 and respond effectively to new trends and target where identified as necessary, especially emergency contraception, LARCs and condoms.
- Umbrella is currently developing an online C-Scheme database which will allow service users to access condoms from any Umbrella service provider that is signed up to this scheme, as well as ensuring that all the correct processes are undertaken. This will also provide improved data to be available for service development and monitoring.
- Umbrella will work with all aspects of the system to educate and direct individuals to the most appropriate service provision to meet their needs. This includes initiating referral pathways from clinic based services to those that can be provided by pharmacies.

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 to 24 years olds). The aim is to reduce the infection rate across the city 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 1 year in arrears (latest data available is April to June 2015);
- Proportion of population aged 15–24 i) screened for chlamydia (measured separately in GUM and non GUM settings) ii) by deprivation quintile:
 - ▶ Nationally reported 1 year in arrears (latest data available is April to June 2015); and
- 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)
 - ▶ GP Data to be collected from October 2016 under the new HIV and chlamydia screening initiative in GP practices.

7.2.3. Year 1 performance and analysis

Chlamydia National Performance Information 2015

In 2015, over 1.5 million chlamydia tests were carried out in England among young people aged 15 to 24 years. A total of 129,022 chlamydia diagnoses were made among this age group, equivalent to a detection rate of 1,887 per 100,000 population. The National target is to deliver 2,300 positive screens per 100,000 population. The population of 15–24 year olds in Birmingham is 179,065. Therefore:

- To achieve the national target, 4,118 positive tests per year need to be identified across Birmingham
- To exceed the current England average performance, 3,379 positive tests per year need to be identified across Birmingham.

There were 3,205 positive tests identified in Birmingham in Year 1.

The number of positives identified includes all of the screening carried out by Umbrella across its network in Birmingham, and activity carried out on Birmingham residents in general practices that are not part of the Umbrella Network. In Year 1 Umbrella contributed 76% of the positive screens across the city.

The current positivity rate within Umbrella is 10.25% (exceeding the national average). If the number of screens on Birmingham residents completed outside of Umbrella remains the same, Umbrella need to carry out an additional 8,907 screens per year (2,227 per quarter) to achieve the national target of 2,300 positives per 100,000 population.

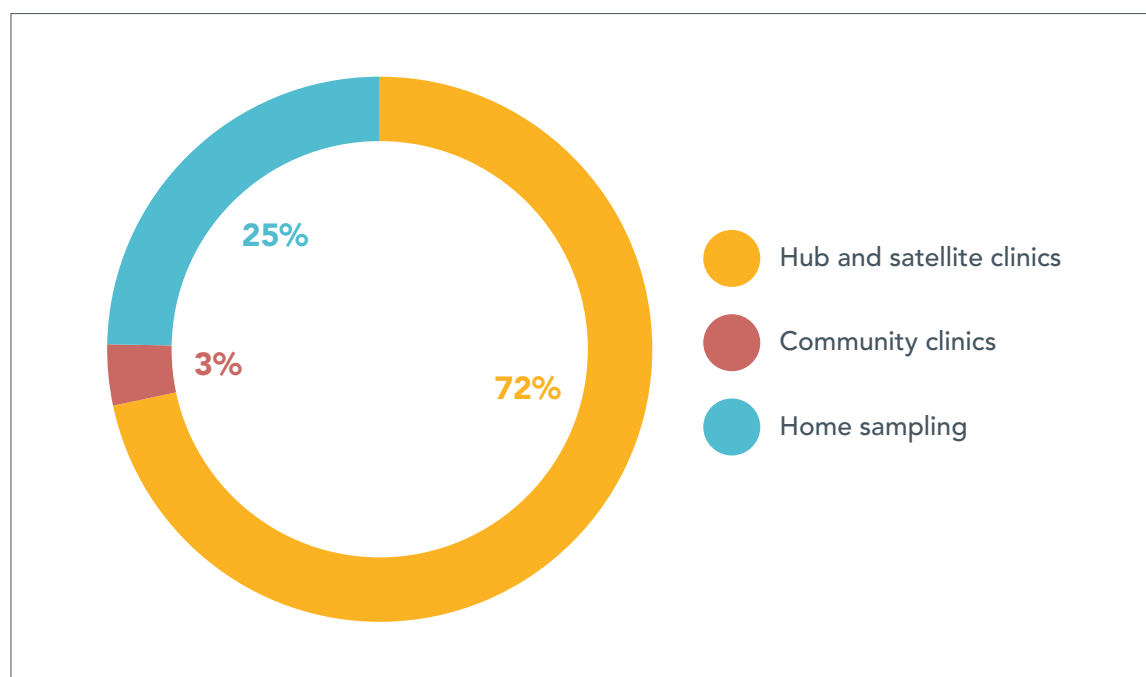
Data sources:

Public Health England, (2015). Health Protection Report (Weekly Report). Infection Report. Vol 9, Number 22.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559993/hpr2216_stis_CRRCTD4.pdf

Birmingham population – 179,065 people aged 15–24. Public Health England, (2015). Health Protection Report (Weekly Report). Infection Report. Vol 9, Number 22.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559993/hpr2216_stis_CRRCTD4.pdf

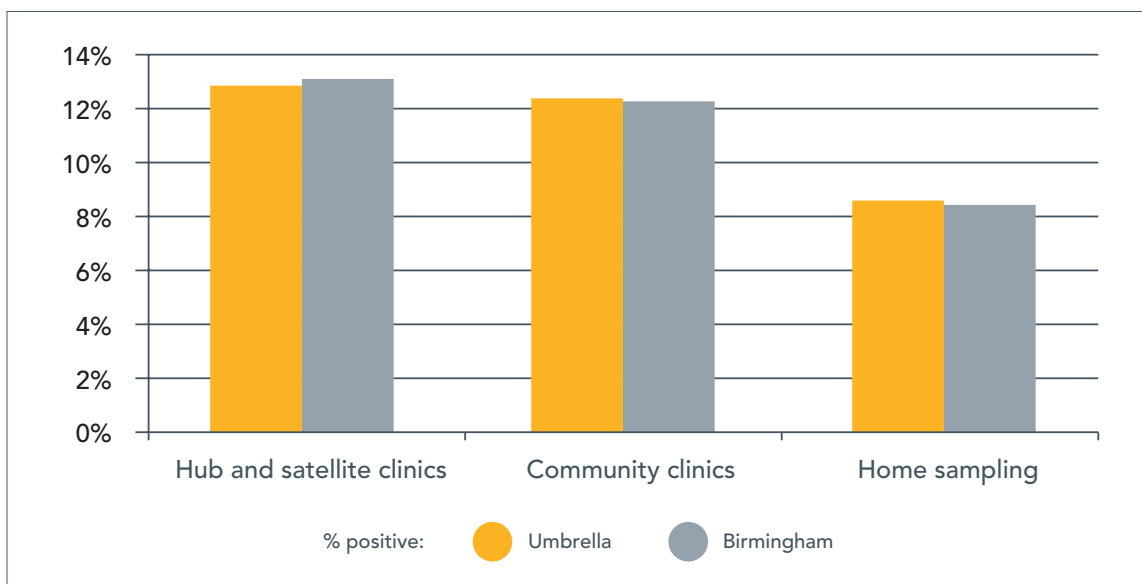
**The Umbrella percentage of population tested and detection rate data only includes those people who live in Birmingham or Solihull that have been tested and recorded as positive through an Umbrella service. This excludes those tested in GP or out of area.*

This pie chart below shows that 72% of Umbrella samples are coming from satellite clinic activity, 25% is from home sampling and 3% is through community settings within Umbrella: 10 Aug 2015 to 31 Aug 2016:

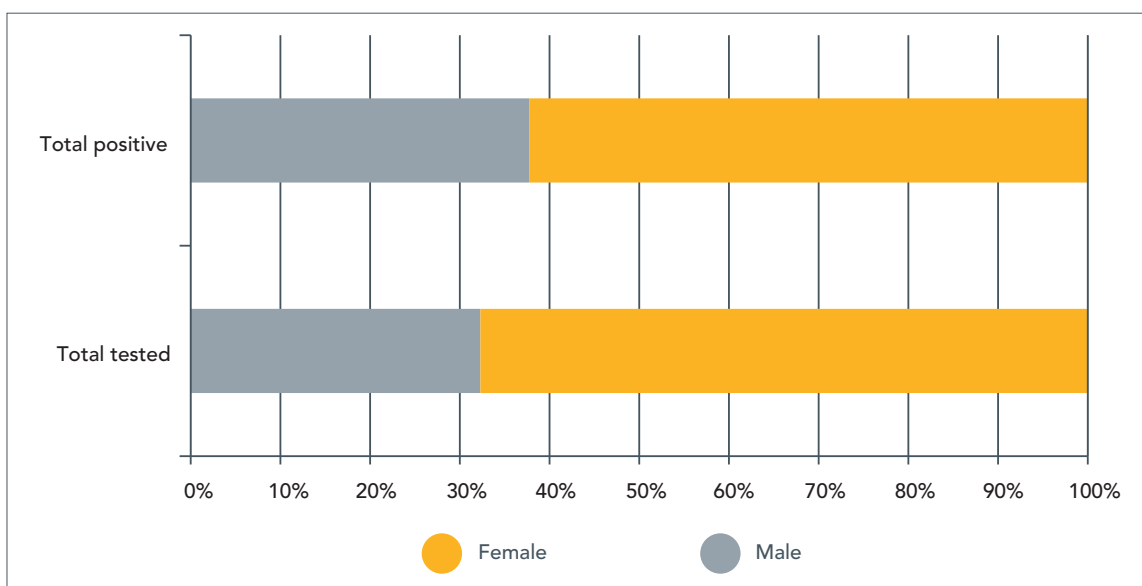


Birmingham Umbrella tests

The graph below shows the total number of 'positive' rates for all Umbrella and Umbrella Birmingham based on where the test was initiated. The Umbrella Birmingham and all Umbrella data levels are aligned. (Note: this excludes chlamydia screening via ASH GP services).



The graph below shows that more females were tested and resulted positive for chlamydia than males, in Birmingham in Year 1.



7.2.4. Umbrella's Strategy

In Year 2 Umbrella will increase the number of chlamydia tests carried out overall, particularly in the community. There will also be more targeted screening through primary care access and an increased focus on chlamydia screening kits being available to service users in pharmacies.

general practice

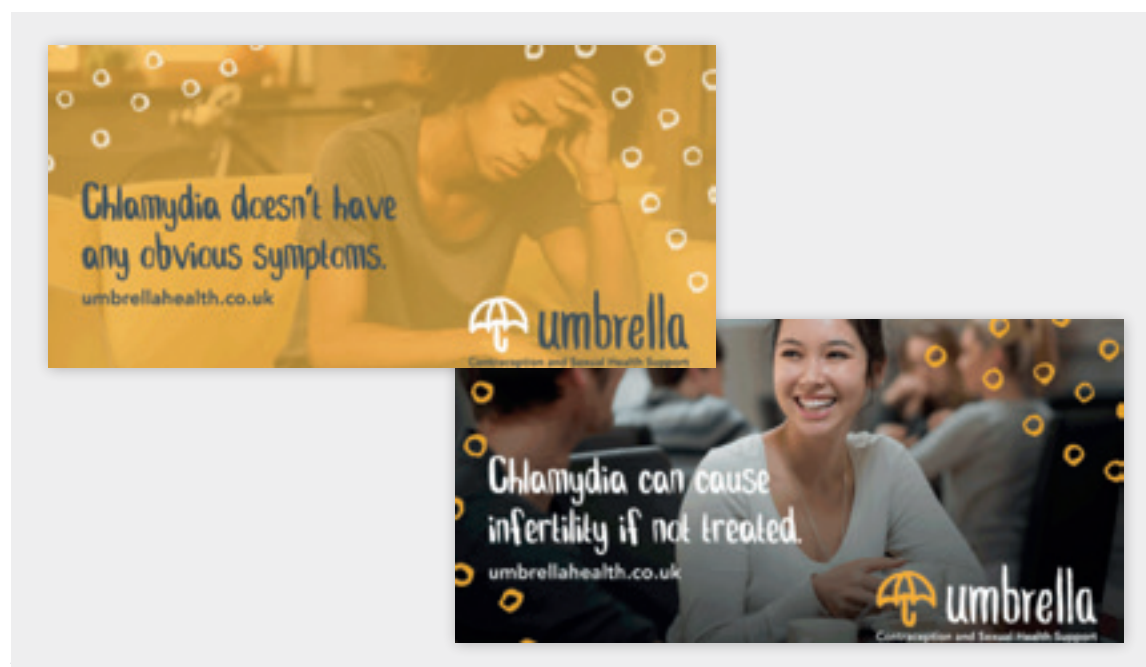
Umbrella is currently working with general practices in known at risk areas of Birmingham to deliver chlamydia screens on all practice members within the age group 15–24 year olds. This will see Umbrella provide targeted GPs with free testing kits, free postage, free laboratory testing and an incentive payment for every sample taken. It is hoped that this will deliver 4,000 more screens across the regions of Birmingham that are most likely to have high positivity rates.

Pharmacy

Target chlamydia screening through pharmacies (linking with EHC service users) and expansion of pharmacies through a pharmacy procurement, this includes increasing treatment uptake and recording in positive diagnosis by better links to chlamydia treatment in pharmacies

Website and campaigns increased number of Chlamydia and HIV tests

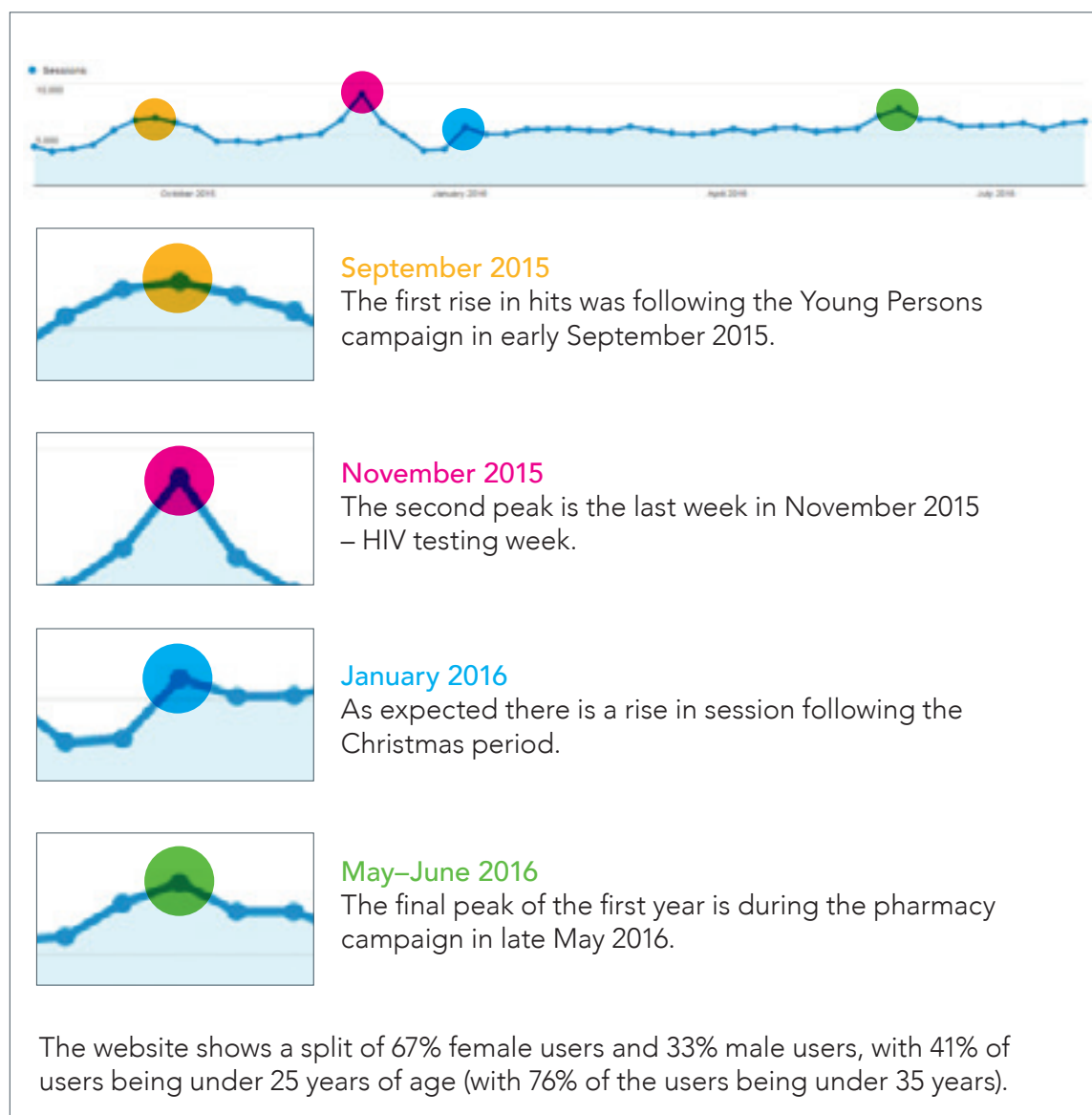
The Umbrella website is an important feature of the new model of care, providing an easy modern entry point for clients where they can not only order self-sampling STI kits, but provides lots of information about all aspects of sexual health as well as details of all Umbrella services and booking appointments online.



Examples of chlamydia health promotion materials

From 10 August 2015 to 9 August 2016, the website has had 285,908 hits from 168,554 users with 1,031,530 page views. The website is popular with young people and well used for appointment bookings. To date 14,550 STI self-sampling kits have been ordered for delivery via the website.

Number of website sessions per week from 10 August 2015 to 6 August 2016



Social Media

Umbrella has a growing social media presence, including Facebook and Twitter. During the first year Umbrella has 773 retweets, 415 likes and 119 replies to their tweets. These included questions, information, advice and statistics around sexual health.

Other strategies to increase screening rates

- Increase partner notification rates and testing utilising our online testing and pharmacy links to offer convenient ways for partners to be tested and treated.
- Expand Partnership working and training (see Appendix C), this includes recruitment of more young people partners who can offer screen to the YP with whom they work.
- Further development of the young persons' offer, particularly the Boots Clinic in Birmingham.

- Health promotion campaigns for Year 2 (See Appendix B):
 - ▶ Campaign for 'Fresher's' week – September 2016;
 - ▶ Vulnerable Young People (YP) and LACs – November 2016;
 - ▶ YP – November 2016;
 - ▶ STI testing and contraception – February 2017; and
 - ▶ School nurses toolkit – June 2017.

- In addition to the campaigns, there will be an increased 'marketing' of chlamydia screening via the Umbrella website (and ongoing health promotion campaigns) to encourage chlamydia testing in the target group via online STI self-sampling kits.

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 testing and treatment can help reduce transmission of the virus. People who find out they have HIV may change their sexual behaviour as a result. Testing also provides an opportunity to address any unmet HIV prevention needs that people may have such as understanding and awareness of HIV risk.

7.3.2. How is it measured?

Umbrella are targeting high risk populations in deprived areas such as: gay and other men who have sex with men and black African heterosexuals.

Public Health England (PHE) runs a number of HIV surveillance systems and publishes data for each local authority on late diagnosis, highlighting disparities between different areas nationally.

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

- Proportion of HIV diagnoses (aged 15 and above) where CD4 cell count is $< 350/\text{mm}^3$ (late) at time of diagnosis by i) ethnicity ii) Gender iii) Sexual orientation iv) Deprivation quintile (LATE)
 - ▶ Nationally reported two years in arrears;
- Number and proportion of HIV diagnoses (aged 15 and above) where CD4 cell count is $< 200/\text{mm}^3$ (very late) at time of diagnosis by i) ethnicity ii) Gender iii) Sexual orientation iv) Deprivation quintile (VERY LATE):
 - ▶ Nationally reported two years in arrears; and
- Number of HIV tests completed by setting (including self testing).

7.3.3. Year 1 performance and analysis

HIV testing and positivity table

	Pre Umbrella (Birmingham)	Year 1(10.08.15 to 09.08.16)		
		Plan from Bid – (All Umbrella)	Actual all Umbrella*	Actual Umbrella Birmingham>
Tested	28,380	40,000	40,443	30,928
% Population Tested	4.11%	N/A	N/A	4.48%
Positive	112		100	83
% of Tests Positive	0.39%		0.25%	0.27%
Newly diagnosed HIV diagnosis rate	(National 2014 – 1.0 per 10,000)>			1.2 per 10,000

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

> Birmingham shows activity to Birmingham only.

The table above shows that Umbrella carried out 40,443 HIV tests in the period August 2015–August 2016 and that this activity exceeded plan. Of the newly diagnosed HIV infected patients, 20 (32%) had a CD4 count of less than 350 cells/mm³.

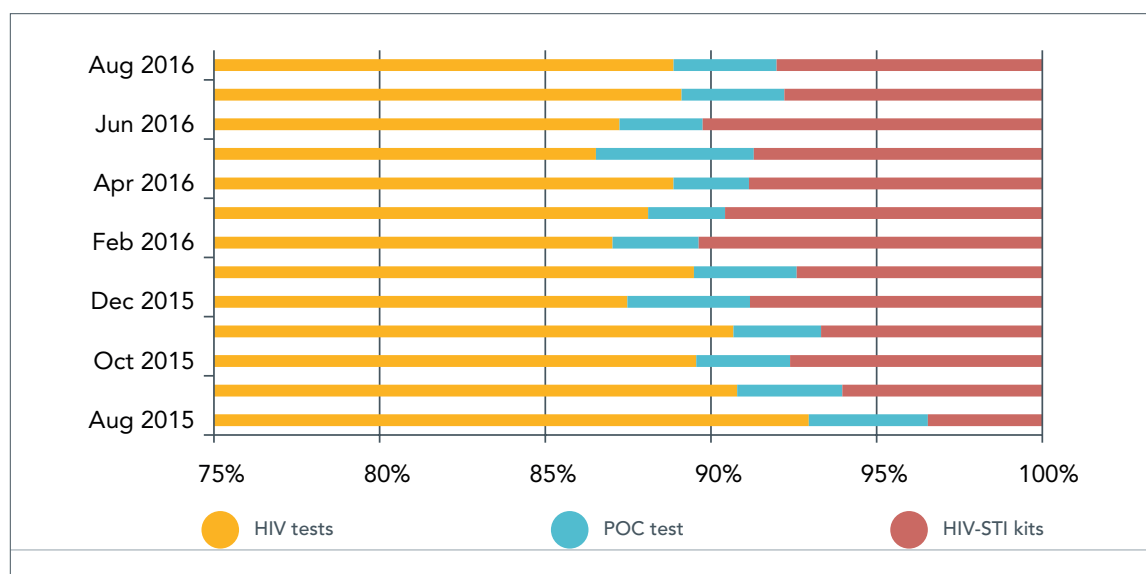
Data sources

Birmingham Population aged 16-64 (2011 Population Census: https://www.birmingham.gov.uk/downloads/file/79/census_2011_key_statistics_profile) = 690,150

> HIV in the United Kingdom: 2014 Report(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf)

NB. Between 2013 and 2014, the rates of late HIV diagnosis in Birmingham (37%) and Solihull (33%) have been less than those for West Midlands' (45%) and England's (40%).

Percentage (%) of Birmingham HIV tests being carried out by type of test

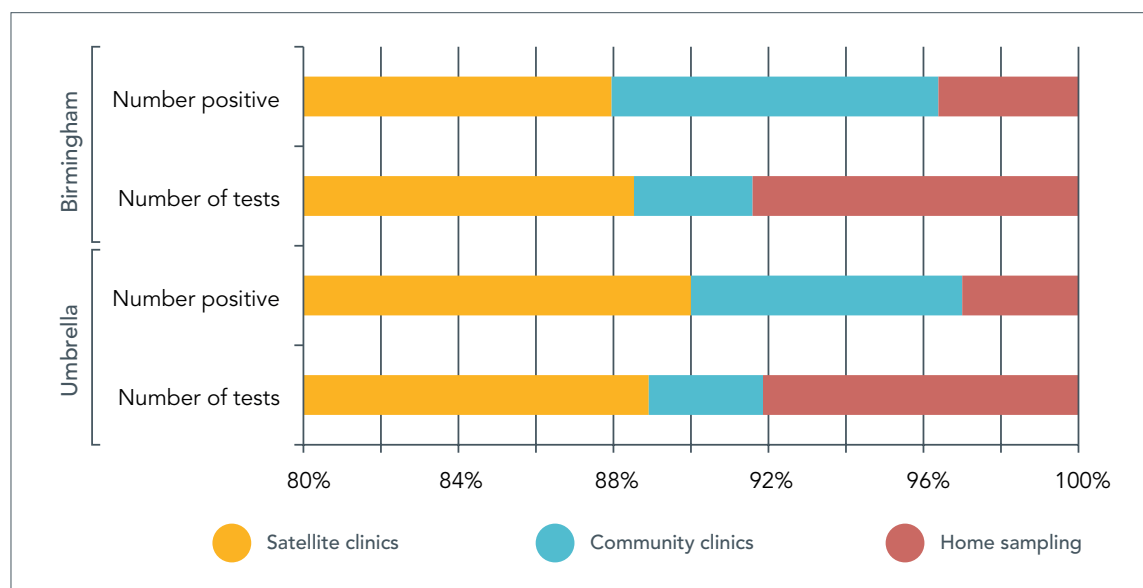


(Please note August 2015 data is from 10th August 2015 and August 2016 data is for 01–09 August 2016)

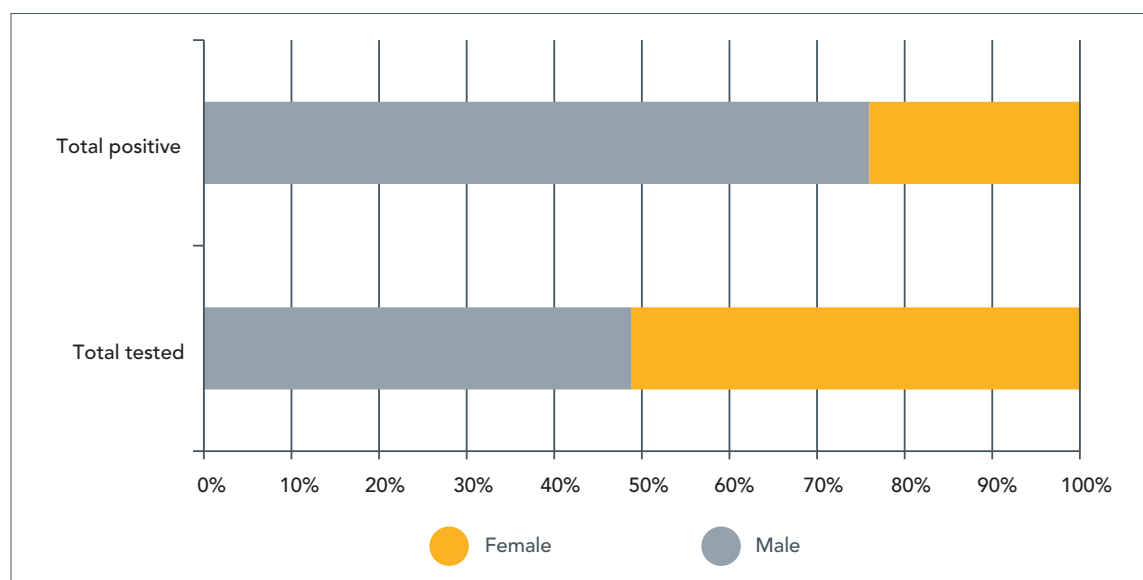
HIV tests initiated as percentages

	Satellite Clinics	Community Clinics	Home Sampling
% of total tests carried out	88.50%	3.06%	8.40%
% positive of total positive results	88.00%	8.43%	3.61%
% positive (of samples tested)	0.24%	0.65%	0.10%

Proportion of tests and positives by where the sample was initiated



By gender – percentage tested and positive by gender split – 10 Aug 2015 to 9 Aug 2016



Home self-sampling

Of those tested within the first 12 months of the Umbrella service, approximately 3,706 individuals were tested for HIV via self-sampling kits and three of these tests were diagnosed 'positive'.

7.3.4. Umbrella's strategy – Year 1

Website and campaigns increased number of chlamydia and HIV tests

The number of website hits, type of enquiry and success of website utilisation, is reported in full earlier against Outcome 7.2.



Example of media for HIV testing

In summary

Services

HIV tests were carried out in clinics (HIV and POC), through STI self-sampling kits, Umbrella website, partners and pharmacies, CDU, GP (ASH practices), and POC/ community outreach (via Birmingham LGBT) which included PRIDE.

N.B. PRIDE is a two day annual LGBT festival held in Birmingham in May. Umbrella attended alongside Birmingham LGBT and handed out thousands of condoms and lube as well as completing point of care and self-sampling with individuals and providing information and signposting to other Birmingham LGBT and Umbrella services.

Training

Umbrella trained clinic staff and partners around STI kits

Campaigns Year 1

- Umbrella campaigned for the national HIV testing week – November 2015; and
- PRIDE and pharmacy campaigns – May 2016.



Example of professional resources for clinicians to promote HIV testing



Young People's WAD art project from HIV testing week campaign November 2015

- An art installation in John Lewis, Grand Central. Created by young people to raise awareness and understanding of HIV and AIDS. A display of umbrellas designed by young people.
- Artist, Garry Jones, visited 10 schools for art workshops

7.3.5. Umbrella's Strategy – Year 2 and beyond

Umbrella has delivered strong performance against this objective in Year 1. Umbrella will continue to work with partners around testing; including increasing number of partners we work with, signposting individuals to the website to order testing, increase health promotion and include the number of partners who are able to distribute STI self-sampling kits.

Umbrella will work with subcontracted partners such as; Kikit, THT, SIFA and WAITS around wider BME groups. (See Appendix G for information about priority groups these partners work with).

Umbrella will roll out a scheme to incentivise HIV testing by GPs in parts of the city known to have high rates of HIV (>4 cases per 1000 population). This will include providing GPs with free testing kits, free postage, free laboratory work and incentivisation payment for every test returned. GPs within the scheme will be asked to test all new sexually active registrants, men who have sex with men and black Africans. HIV will also be promoted through the following campaigns:

- National HIV testing week – November 2016;
- STI testing and contraception (YP) – February 17;
- Birmingham PRIDE – May 17; and
- Men only campaign – July 17.

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

7.4.1. Why is this outcome important?

Sexual violence covers a wide range of abusive acts directed towards an individual's sexuality, including sexual assault, rape, sexual coercion, honour based marriage 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 January 2013, the Ministry of Justice, Office for National Statistics and Home Office released its first joint Official Statistics bulletin on sexual violence, entitled 'An Overview of Sexual Offending in England and Wales', reporting that 1 in 5 women (aged 16–59) has experienced some form of sexual violence since the age of 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.¹ A group who were found to have experienced particularly high rates of sexual assault compared to other demographic groups were younger women (for example, 9.0% of women aged 16 to 19 were victims of sexual assault).² Men also experience sexual violence and can find disclosure more difficult.

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.² 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.³

Domestic abuse is strongly linked to rape. We know much higher rates of domestic abuse have been shown in female attendees of sexual health clinic setting, with one anonymous prevalence study giving a lifetime prevalence of 46.6%.⁴ NICE guidelines now recommend Sexual Health Services routinely enquire about experiences of domestic abuse to aid with disclosure and so support can be offered.⁵

References

1. Ministry of Justice, Home Office and the Office for National Statistics. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf. Last accessed 19 June 2016
2. <http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter1overviewofviolentcrimeandsexualoffences>
3. (White J.; Biros N.; Holland D. Sexually Transmitted Infections, June 2012, vol./is. 88/, 1368-4973 Prevalence and correlates of sexual violence in female attendees at genitourinary medicine clinics)
4. Loke WC, Torres C, Bacchus L, Fox E. Domestic violence in a genitourinary medicine setting – an anonymous prevalence study in women. International journal of STD and AIDS, Nov 2008 vol19 no11 p747-751 Nov 2008
5. <https://www.nice.org.uk/guidance/ph50>

7.4.2. 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

7.4.3. Year 1 performance and analysis

The numbers of patients disclosing about their experiences of rape and sexual assault and seeking support has increased since the introduction of routine enquiry (compared to local audit data pre-Umbrella). More than one child per week and more than one adult per day attend Umbrella services to seek support after rape. The table below shows the numbers of individuals attending Umbrella clinical services who have reported an incident through a routine enquiry.

Clinical Services sexual violence and assault data from 10 Aug 2015–30 Sep 2016

Gender	Age	Rape/sexual assault	Violence	Support
F	<18	67	264	46
F	18–25	157	1369	203
F	>25	132	1455	203
M	<18	7	24	6
M	18–25	30	174	29
M	>25	40	381	73
Trans	18–25	1	6	1
Trans	>25	1	6	2
Total		435	3,679	563

Training

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

The table below indicates the training delivered to sexual health staff within Umbrella: Level 2 training delivered to sexual health staff.

Level 2 Safeguarding Adults and Children	August 2016
Sexual health staff – nursing/counsellor/advisor	90 %
Sexual health staff – doctors	83 %
Sexual health staff – clerical	72 %
Totals	84 %

Over the past 12 months, the Safeguarding Team has trained the sexual health staff in relation to Child Sexual Exploitation (CSE).

This table indicates the number of staff trained regarding child sexual exploitation as at August 2016.

Child Sexual Exploitation Level 3	August 2016
Sexual health staff – nursing/counsellor/advisor	74%
Sexual health staff – doctors	70%
Sexual health staff – clerical	100%
Totals	74%

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

UHB's Safeguarding Team will work to reduce the percentage of untrained staff across all areas of the service.

Referrals

The Safeguarding Team review 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 sign posting as necessary has taken place. The team ensure that where appropriate social workers for these children are informed and also school nurses where necessary. 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 2015–August 2016	51
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Adults can also be referred as necessary however, unlike children, where adults have capacity it will be their choice as to whether they receive support. Although many adults have received support, and sign posting to other agencies, data is not available for this. However, the number of adults referred to the Adult Communities Access Point (ACAP) is shown in the table below.

Number of adults referred to Adult Communities Access Point (ACAP)– August 2015–August 2016	8
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7.4.4. Umbrella's Strategy – Year 1

Partnership Working

Umbrella, in partnership with RSVP, (and with Birmingham LGBT for the community and trans clinics), have 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;
- SAFE project with ISVA support from RSVP on outreach evenings (fortnightly);
- Trans clinic with specialist ISVA support from RSVP, at LGBT centre; and
- LGBT Community Clinic with specialist ISVA support from RSVP, at Birmingham LGBT centre.

RSVPs 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. This has included CSE, disclosure of sexual assault, and sexual intimacy after trauma.

SAFEGUARDING

Advice line telephone number

All sexual health staff, delivery partners, GPs, pharmacies and community partners have access to advice and support during working hours (Mon to Fri, 09:00 to 17:00) from the Safeguarding Team. Out of hours this is provided by Birmingham City Council.

Referral Processes

All sexual health staff, delivery partners, GPs, pharmacies and community partners have access to flow charts regarding referral processes to ensure that they follow local and national guidelines.

Risk Register

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

Training Needs Analysis

A scoping exercise has been devised and completed by the Safeguarding Team to identify levels of training required, and number of staff who require it.

Training

- Level 1 safeguarding adults and children's awareness information leaflet has been developed and distributed to all sexual health staff, delivery partners, GPs, pharmacies and community partners
- PREVENT awareness leaflet has been developed and circulated to all sexual health staff, delivery partners, GPs, pharmacies and community partners

Delivery Partners

Each partner has submitted their policy and procedure on safeguarding children, young people and adults. These have been reviewed by UHB Safeguarding Team.

Policy Review

UHB has reviewed its own safeguarding policies and procedures.

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.

7.4.5. Umbrella's strategy – Year 2 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, especially young people, sex workers, disabled people and lesbian, gay, bisexual and trans people and so ensuring these groups are targeted will be important

Specific examples of projects include:

- Young Persons ASC (YP ASC) – Established September 2016. This occurs monthly in Boots City Centre clinic;
- Work with partner agency, WAITS, to develop the care pathways for BME clients experiencing domestic abuse;
- RSVP and WAITS are working with the Umbrella training team to develop a training schedule for Year 2 and beyond, which will include a range of sexual assault, violence, coercion, exploitation and domestic violence, honour based violence, and FGM training sessions to be delivered to all staff across the Umbrella partnership;
- The current SAFE service for female sex workers is being reviewed and the new service will include services for male and transgender sex workers and a more holistic approach to delivering integrated services to this high risk group;
- Continue with all safeguarding training, with the aim to improve the knowledge, skills and confidence across the whole partnership.
- All sexual health staff will be trained during a face to face session in Female Genital Mutilation (FGM) and domestic abuse;
- ISVAs continue to develop and work with other partners and Umbrella services;
- Expansion of safeguarding supervision to satellite services, empowering and supporting more staff in making high-quality referrals and identifying the most vulnerable attendees within Umbrella;
- Refinement of the pathways for safeguarding adults, recognising that there is currently an undue emphasis on mental capacity meaning that wider aspects of vulnerability are sometimes missed;
- Evaluating 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 is important because we need 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 early cross-infection

It is well documented that high rates of infection persist in key high risk communities, such as MSM, the black and mixed minority communities, and young adults. Umbrella has targeted these to ensure better access to sexual health services by forging partnerships with those groups that are 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. How is it measured?

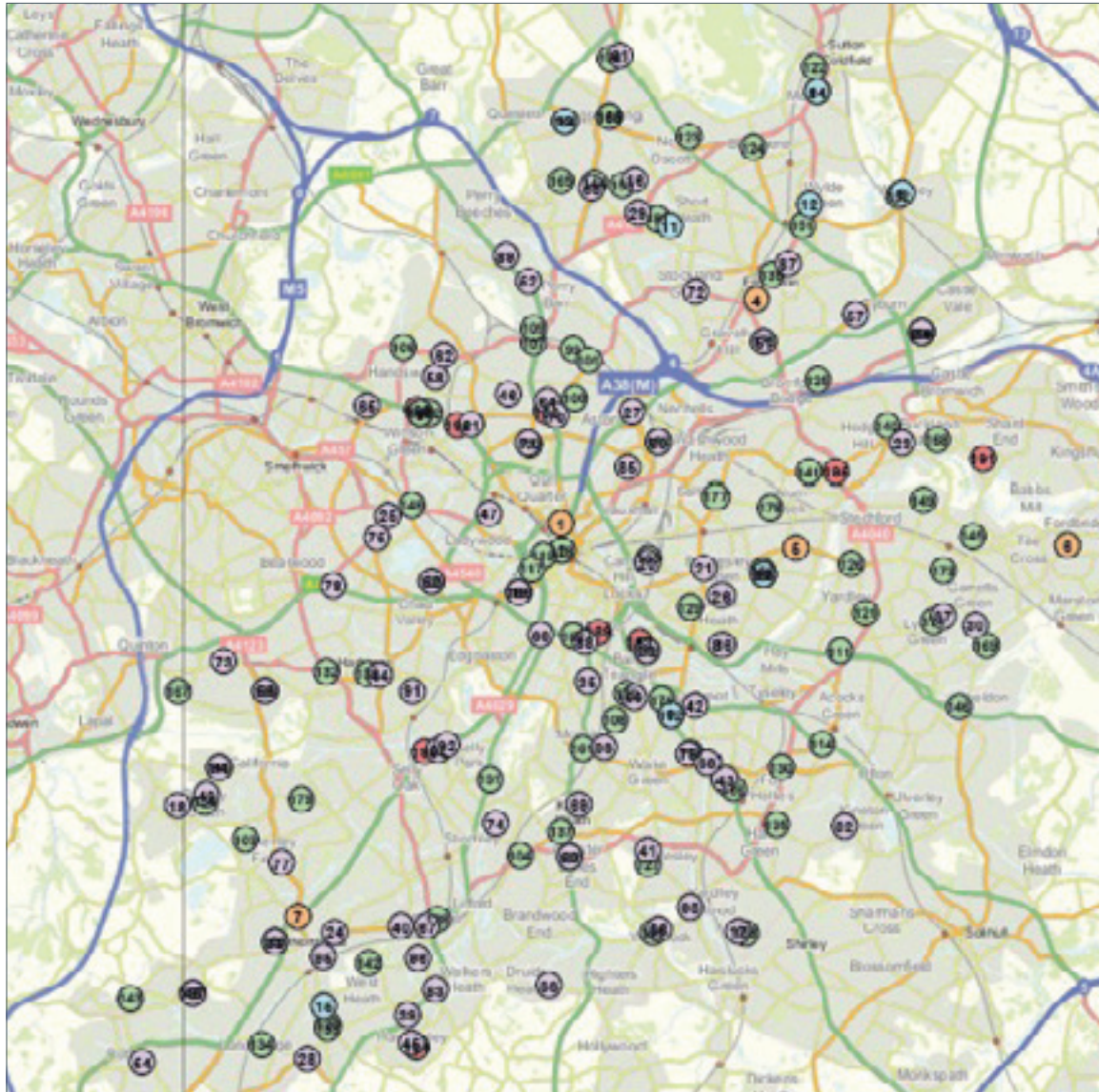
Umbrella reports quarterly to the commissioner, against a number of national and local KPIs (Key Performance Indicators). These include:

- Number of organisations engaged in capacity building and training within each of the priority groups and other relevant groups;
 - ▶ This is under review between BCC and UHB to determine the appropriateness as KPIs and delivery partners ability to capture data; and
- Reported by setting/venue, type of intervention and number of people receiving services.

7.5.3. Year 1 performance and analysis

The map below illustrates the early success of Umbrella, with improved access to services within communities. This has been achieved through: pharmacies, GPs, partners, the website and self-sampling.

Map showing locations of clinics (satellite and clinic), pharmacies (tier 1 and 2), GPs, delivery partners and community partners.



Key: Blue= ASH practices, Orange= Satellite clinics, Purple=GP Practices
Green= Pharmacies, Red = Community

Birmingham: Service levels in Year 1 represent a significant shift from estimated current year activity, summarised below:

Setting	Pre Umbrella	Year 1 Estimated (at Bid stage) Number of contacts/ attendances	Actual Figures – Umbrella	Actual Figures– Birmingham
Self-care/ sampling kits issued*	0	15,280	22,997*	28,745>
Pharmacy	2,500	6,087	9,233	9,233
General practice*	14,000	15,352	14,571*	14,571*
Specialist services	112,387	123,384	99,058	76,760
Total	128,887	160,103	145,589*	129,309*>

* – STI kits and GPs ¼ of Aug 16 data as the figures cannot be broken down at this time

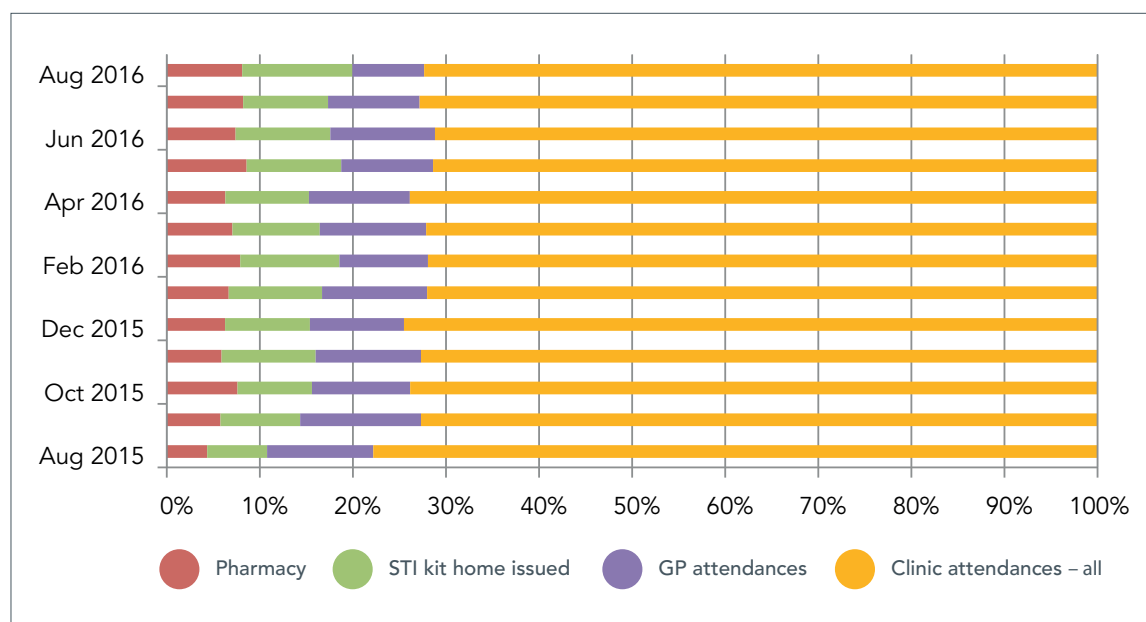
> – For STI kits used 80/20 split for Birmingham/Solihull

Umbrella Actual – All activity provided by the service, including Birmingham, Solihull and Out of Area.

Birmingham shows activity to Birmingham only.

The table above shows the total patient contacts have gone up slightly in Year 1. Umbrella has also demonstrated a shift of activity away from specialist hospital led services into the community. Overall at bid stage, Umbrella was anticipating higher specialist activity in Year 1. As the brand develops and health promotion increases, we expect to see further growth, particularly around self-sampling and community services.

Overall Umbrella clinical contacts histogram by percentage showing growth in new areas of Umbrella e.g. pharmacy and STI kits.



(Please note that August 2015 covers only 21 days)

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, West Midlands, 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, West Midlands, 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, West Midlands 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, West Midlands B37 5BU, UK	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

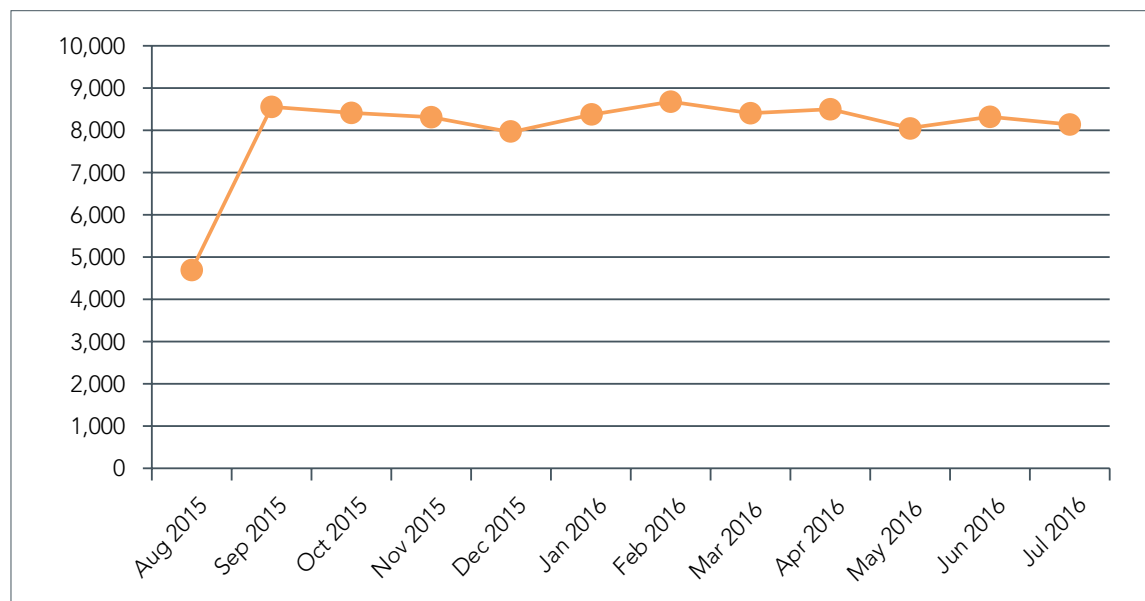
(*Chelmsley Wood hours have increased following a review of the service which included patient engagement and feedback)

Some clinics are completely new and have been set up from scratch – marked *. 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 (see Appendix I), 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 of coils and implants.

Satellite Clinic	Location	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Birmingham LGBT (clinics only)	38–40 Holloways Circus, Birmingham, B1 1EQ				12.30–18.30	Monthly 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				Altweeks 16.30–18.30			

Total clinic attendances 10 August 2015 to 31 July 2016



Between 10 August 2015 and 9 August 2016, Umbrella saw 109,902 individuals in clinics across Birmingham and Solihull.

Of these, 64.9% reported as female, 34.83% male and 0.27% as transgender. In addition, 35.2% (38,686) reported as white, 10.71% (11,770) black Caribbean, 5.31% (5,831) black African, 9.82% (10,789) Asian, and 15.23% (16,738) from 'other' ethnic backgrounds. 26,088 (23.74%) individuals did not state or record their ethnicity.

Website and self-sampling kits

Umbrella was the first sexual health service to offer STI self-sampling kits as an alternative to attending a clinic. This innovative idea has increased and improved access more efficiently. These kits are accessible via the Umbrella website or through partner organisations.



STI kit information card and promotional materials

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 and over who do not have symptoms.

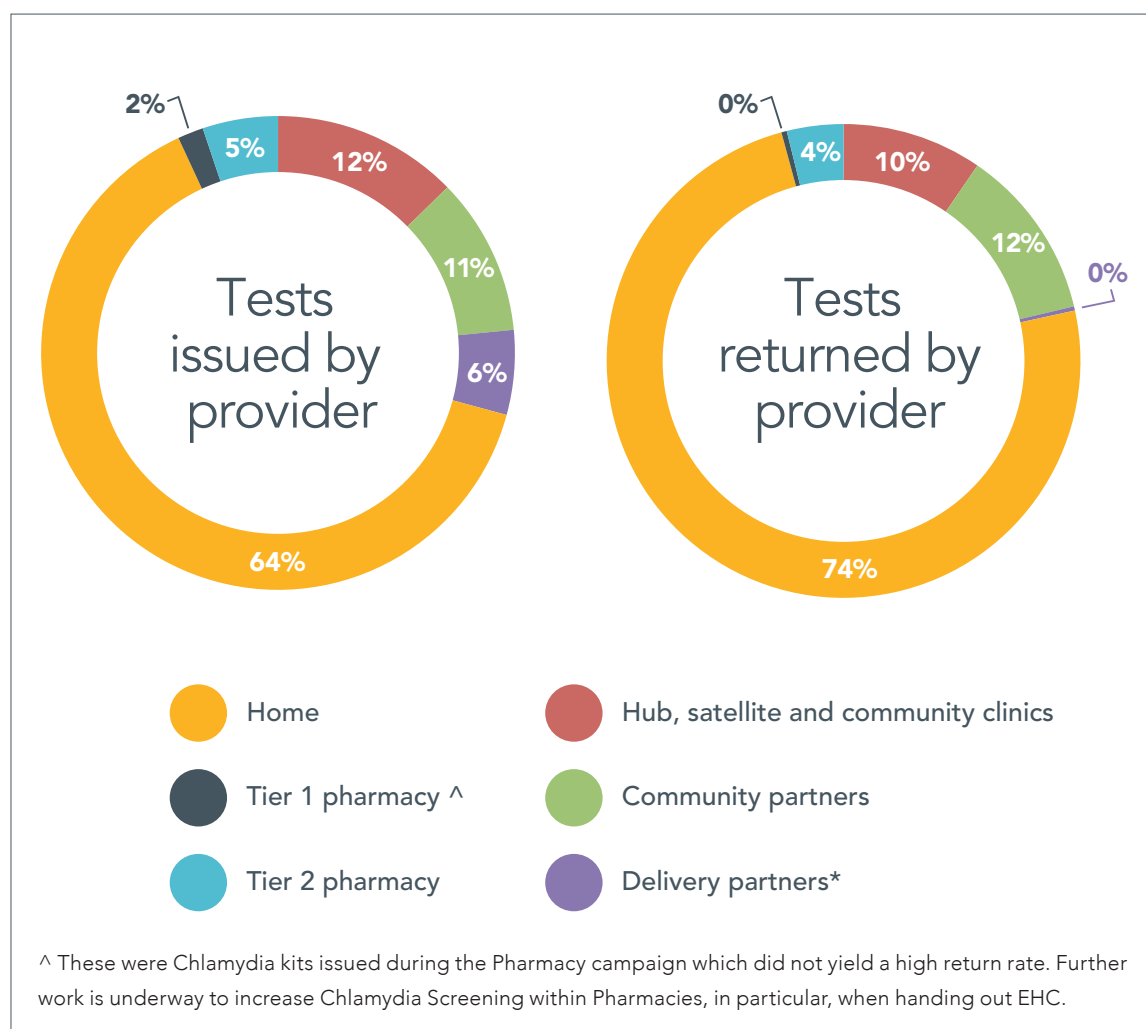
They are then issued with a self-sampling kit which is returned to the laboratory by post for analysis, and results are sent back to the service user by text (if negative) or by telephone call (if reactive).

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 direct by Tier 2 pharmacies and by some partner organisations where their staff have been competently trained to triage a service user.

During the first year, Umbrella conducted two service user surveys about the STI self-sampling kits, which included a feedback card sent out with all kits. Of these, over 90% of those who replied confirmed that the instructions provided were clear or very clear. Umbrella listened to this feedback and amended the instructions to improve them further, added instructional videos onto the website and replaced part of the kits to make it easier to obtain the required amount of blood for testing.

Kits – issued and received by type of location

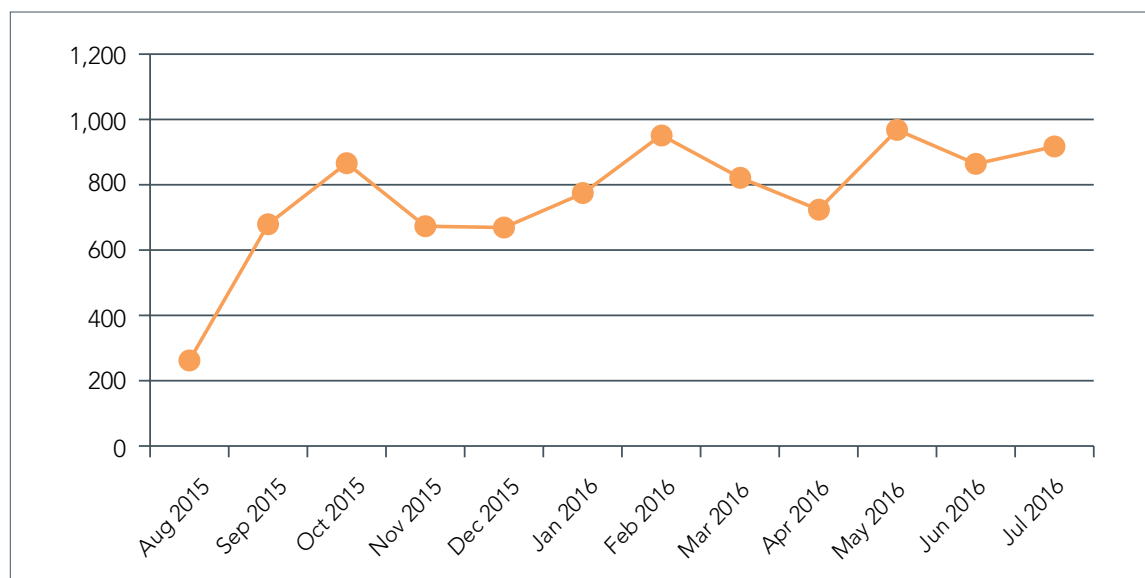


Between 10 August 2015 and 9 August 2016, Umbrella tested 10,804 STI self-sampling kits. Of these, 7,194 (66.59%) were of white ethnicity and 2,982 (27.6%) were reported as being BME.

Pharmacy activity

Services offered by pharmacies are referenced at Appendix H.

Pharmacy activity by tier and total 10 August 2015 to 31 Aug 2016



(Please note that August 2015 covers only 21 days)

The graph shows an increase in uptake of pharmacy services since go live. The spikes during September, February and May/June are following the young persons, chlamydia and pharmacy campaigns (respectively). The reduction in Tier 2 services during the summer was not totally unexpected. This evidences the fact that campaigns have a positive impact on Umbrella services.

Between 10 August 2015 and 9 August 2016, 8,959 service user contacts were recorded across Umbrella's 97 pharmacies. Of these, 1,236 (13.8%) reserved the right not to declare their ethnicity. 3,682 (41%) individuals recorded their ethnicity as white and 4,041 (45%) recorded, were from a BME group.

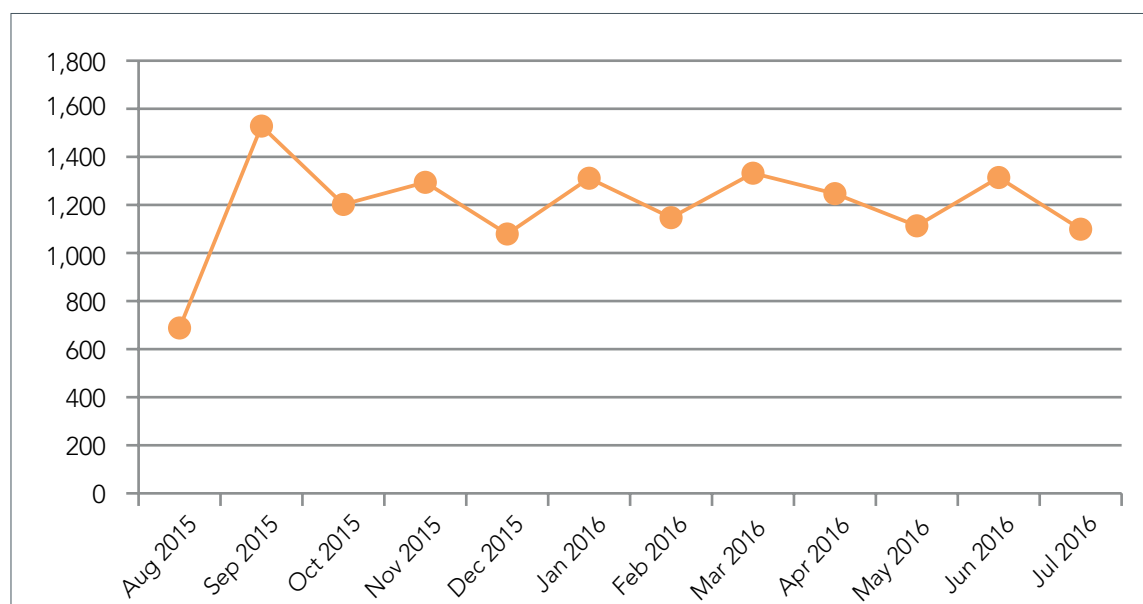


Example of pharmacy advertising materials

Umbrella general practice activity

During Year 1, Umbrella GP practices (via the 'Badger' network), offered LARCs and STI testing to the population of Birmingham under the Umbrella service.

Total Umbrella Badger activity per month from 10 Aug 2015 to 31 July 2016



Our delivery partners

Delivery partners are sub-contracted to provide specific elements of service and work across the Umbrella partnership providing specialist expertise in their topic area.

Delivery partners commissioned to work with Umbrella are:

Partner organisation	Posts/work commissioned by Umbrella
BCC Careers Service	1 WTE NEET Worker 2 WTE Teenage Parent Advisors
BCC Youth Service	2 WTE Youth Workers working out of 16 Youth Centres across Birmingham
RSVP (Rape and Sexual Violence Project)	4 WTE ISVAs General (Independent Sexual Violence Advocate) 1 WTE Young Person ISVA 1 WTE LGBT ISVA 0.5 WTE Training post
Birmingham LGBT	6 WTE Sexual Health Promotion Officers
BCHT (LAC, LD and YP in schools) [Birmingham Community Healthcare Trust]	0.8 WTE Looked after Children Nurses 1.72 WTE Learning Disabilities Nurses 2 WTE Young Person Health Advisors
Loudmouth	Commissioned to provide Theatre in Education programmes – delivery programmes across schools and colleges throughout Birmingham

Partner organisation	Posts/work commissioned by Umbrella
Trident Reach	1 WTE Project Worker
WAITS (Women in Action in Today's Society)	0.5 WTE IDVA (Independent Domestic Violence Advocate) 0.5 WTE Training post Commissioned to provide interventions (One-to-one and group) to the BME community
Terence Higgins Trust	Commissioned to provide interventions (One-to-one and group) to the BME community
Kikit	Commissioned to provide interventions (One-to-one and group) to the BME community
SIFA Fireside	Commissioned to provide interventions and counselling (One-to-one and group) to the BME community

Of the 11 listed above, three new partners came on board in August 2016 (plus one contracted partner who is increasing their existing Umbrella services), to support wider BME work. Prior to this, BHA worked closely with Umbrella to map and consider the needs of the Black and Minority Ethnic communities (BME) within Birmingham. This included a market engagement event held in July 2016.

7.5.4. The following describes how partner engagement improves better 'access':

Loudmouth (Theatre and Education)

During the period from October 2015 to September 2016 Loudmouth delivered 106 sessions to 12,892 young people across Birmingham and Solihull. These sessions covered the following:

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

The sessions were delivered through schools, colleges, pupil referral units and youth settings.

BCHT (Young Person's Health Advisors)

BCHT Young Person's Health Advisors undertook 257 sessions between October 2015 and July 2016, reaching 12,610 young people through 49 schools and colleges across Birmingham and Solihull. The sessions included the following topics:

- Consent and the law
- Contraception
- CSE
- Healthy relationships
- HIV
- Risk Taking
- Sexting
- STIs
- Teen parenthood

Birmingham LGBT (Lesbian, Gay, Bisexual and Transgender)

Birmingham LGBT serves the community with health, wellness and community connections. In April 2016, 14 new sexual health volunteers joined Birmingham LGBTs volunteer team. At the end of the first year there were 28 LGBT volunteers trained to assist in providing sexual health services. They are delivering a number of health promotion interventions and activities throughout Birmingham and Solihull, both on site and within outreach sessions.

Between September 2015 and August 2016 Birmingham LGBT supported 2,145* individuals on site and 3,864* within outreach settings. They also visited 135 venues between January and August 2016. The activity increased in January 2016 as this was when all of the Umbrella posts were filled. The outreach team have established a regular pattern of outreach work at LGBT venues in Birmingham, where there is a well-established and vibrant commercial LGBT scene. This outreach work includes sexual health promotion work in bars, nightclubs and club events, as well as sex on premises venues. There is also regular outreach carried out at PSEs (Public Sex Environments) across Birmingham and Solihull – cruising and dogging sites. Outreach via the internet has also been developed by creating profiles promoting the service on various dating and hook up sites.

* The numbers for the one-to-one interventions are missing data for December 2015



Example of partnership branding

BCC Careers Services

Through their NEET and young parent workers, between August 2015 and June 2016, BCC CS had 11,689 contacts with young people. In addition to this, through their social media presence, they had 3,232 reaches through Facebook.

BCC Youth Services

BCC Youth Services have been working across 16 youth centres throughout Birmingham. Two of their centres also host Umbrella clinics (the Factory and the Lighthouse) and have staff trained to initiate and dispense STI self-sampling kits. They also host and run a service user group which has assisted in Umbrella service user engagement with young people.

Our community partners

Community partners have a contractual agreement with Umbrella and work to promote sexual health within their day to day operations, daily work and/or engagement with communities. This might involve encouraging testing for STIs through distribution of self-sampling kits, screening for sexual exploitation, or helping access to EHC (see Appendix G for detail around priority groups and community partners). Community partners also attend Umbrella training and partnership events.

For the purposes of Umbrella, BME is much wider than traditional black and ethnic minority groups and indeed almost all of the priority groups have an element of minority work. Umbrella's BME focus also includes working with new arrivals to the country, asylum seekers and gypsies and travellers. Organisations with whom Umbrella work, who specialise in these areas include British Red Cross, the Big Issue, The Children's Society

and Freedom from Torture. One of the other key areas for Umbrella is homelessness and Umbrella is working with Trident Reach and SIFA Fireside as delivery partners as well as St Basils, YMCA, Midland Heart, The Big Issue, The British Red Cross and The Children's Society, to name a few. Further details of the partners and priority groups are included within Appendix G.

7.5.5. Umbrella's strategy

Over the first 12 months of Umbrella's sexual health service, Umbrella has built up 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 worked hard engaging 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, care leavers. In working in partnership Umbrella are 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 2 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.
- Pharmacy procurement will increase the number of pharmacies offering Umbrella services, including increasing the number of pharmacies that can offer enhanced services.
- Increasing GP services, including a GP pilot for targeted chlamydia and HIV screening as well as continuing with LARC training for GPs and developing the LARC services provided through GPs further.
- STI self-sampling kits and website – continued review and development of the kits and the website. A full review and survey of the website is being undertaken, ensuring that both clinical and service user input is considered.
- Campaigns and health promotion Year 2 (see Appendix B) – 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.
- Online booking and telephone line. These projects are due to be completed early in Year 2 and will ensure that service users are able to easily contact Umbrella when required. There is also a feedback option on the website and an Umbrella email address. These are all monitored and fed into service developments and improvements going forward.

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 more rapid initiation of partner notification to bring additional persons at risk into contact with services for testing and treatment in their turn leading to a 'multiplier effect' on 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?

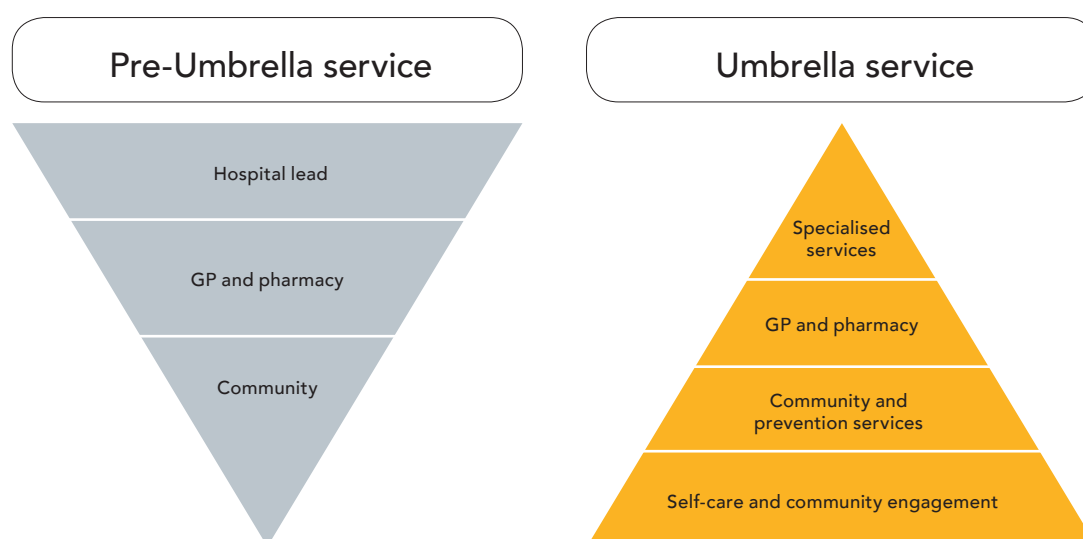
Umbrella reports quarterly to the Commissioner, against a number of national and local KPIs (Key Performance Indicators). These include:

- 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 1 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.

Figure showing proportion of sexual health services and where they are accessed



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 lead services.

Year 1 appointments offered and patients seen within 48 hours in hub, satellite and clinics

	2015/16			2016/17	
	Q2 (10 Aug– 30 Sep 15)	Q3 (1 Oct– 31 Dec 15)	Q4 (1 Jan– 31 Mar 16)	Q1 (1 Apr– 30 Jun 16)	Q2 (1 July– 30 Sep 16)
Percentage of appointments offered within 48 hours from contacting the integrated sexual health service	100%	100%	100%	100%	100%
Percentage of patients seen within 48 hours from contacting the integrated sexual health service	83.20%	83.40%	73.79%	74.82%	73.38%

Umbrella's strategy

Umbrella aims to further improve access by:

- Releasing capacity in clinics by promoting use of the on line 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 to reflect demand.
- Using clinic data and client surveys to understand client preferences.
- Continue to expand the investment in general practice through incentivised chlamydia and HIV Screening.
- Improved telephone line access with the introduction of call handling systems due to be completed early in Year 2.
- Health promotion to ensure that individuals know where to go and can access services by their preferred routes.
- Improved online booking. This is due to be completed early in Year 2 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 fed 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 2 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 EHC, clinical in/outreach, Pharmacy, general practice, other supply chain settings

7.7.3. Year 1 performance and analysis

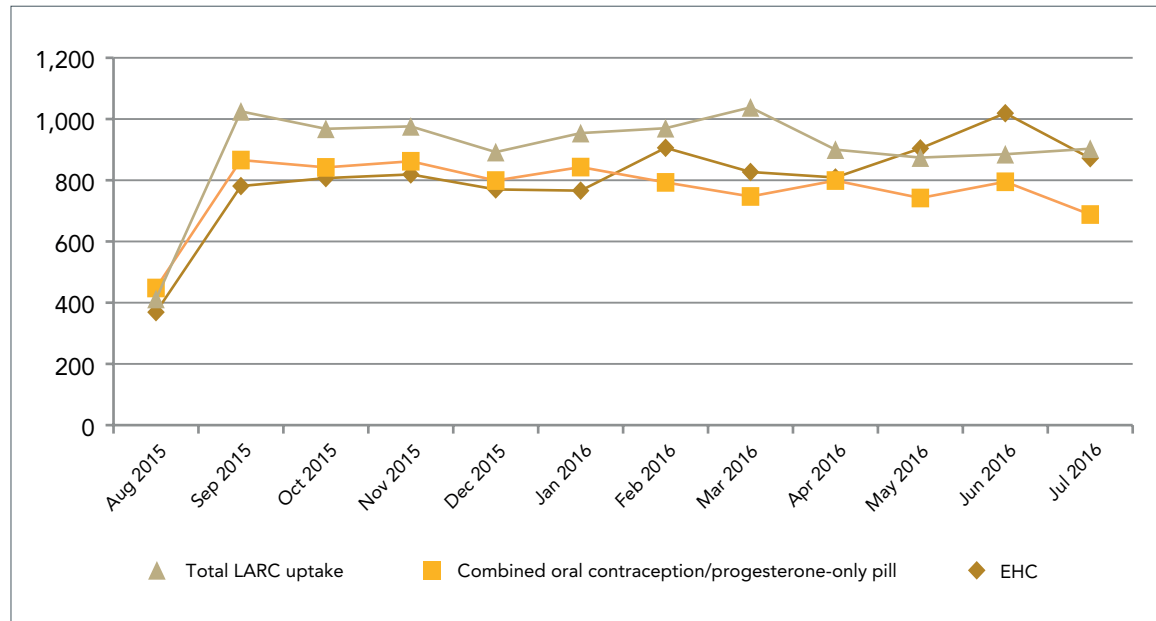
Table showing the number of contraception issued, by type

	Year 1(10.08.15 to 09.08.16)		
	Plan	Umbrella Actual All Ages*	Birmingham Actual All Ages ^{>}
LARC total fittings (Coil, Implant and Injectable)	10% increase	15,886	14,438
EHC provided	30% increase	10,674	9,649
POP/COC		12,357	9,224
Total		38,917	33,311

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

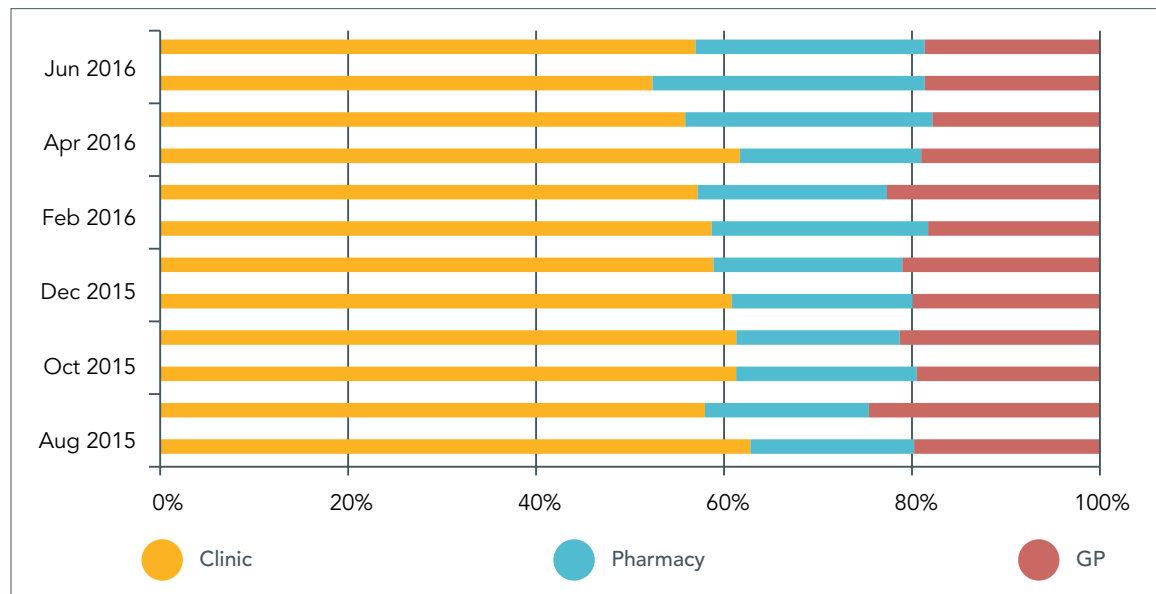
[>]Birmingham shows activity to Birmingham only.

Uptake of contraception by type per month



(LARC includes injectable contraception, coils and implants) (Please note that August 2015 covers only 21 days)

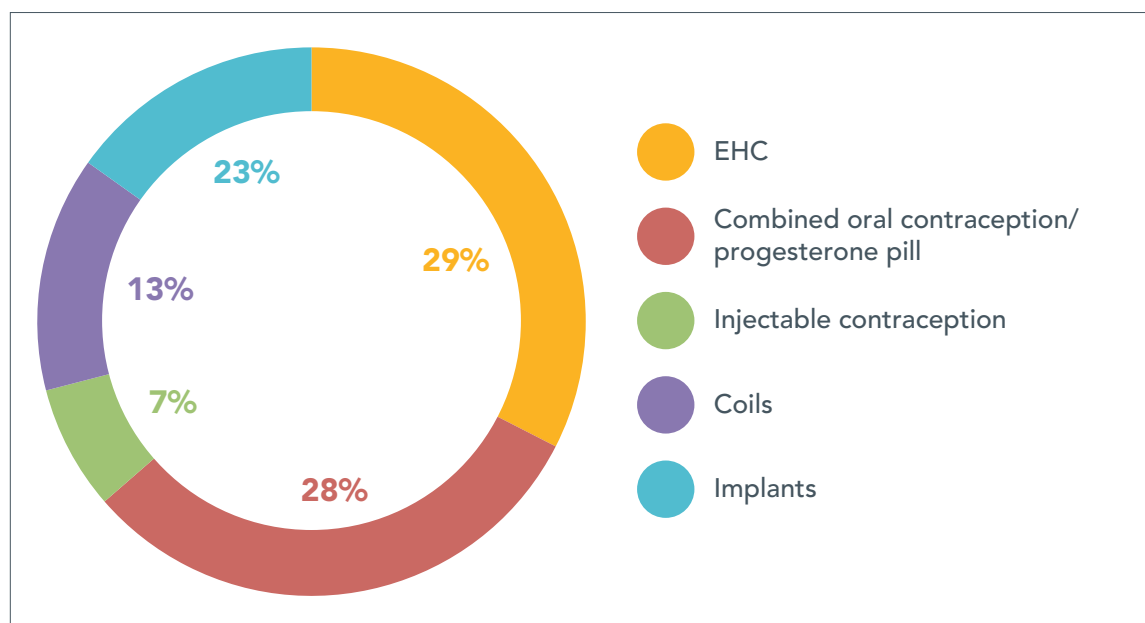
Total contraception by service provider per month



(Please note that August 2015 covers only 21 days)

From this graph we can see the primary care element of contraception provision is increasing. This will continue to increase as the numbers of pharmacies (Tier 2) increases and the number of GPs trained and providing LARCs increases.

Contraception by type Birmingham Umbrella 10 Aug 2015 to 9 Aug 2016 (all ages)



7.7.4. Umbrella's strategy

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.

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

7.8.1. Why is this outcome important?

This outcome is critical to Umbrella's aim of reducing the number of people who are repeatedly treated for STIs and 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 – so-called 'chem sex'.

7.8.2. How is it measured?

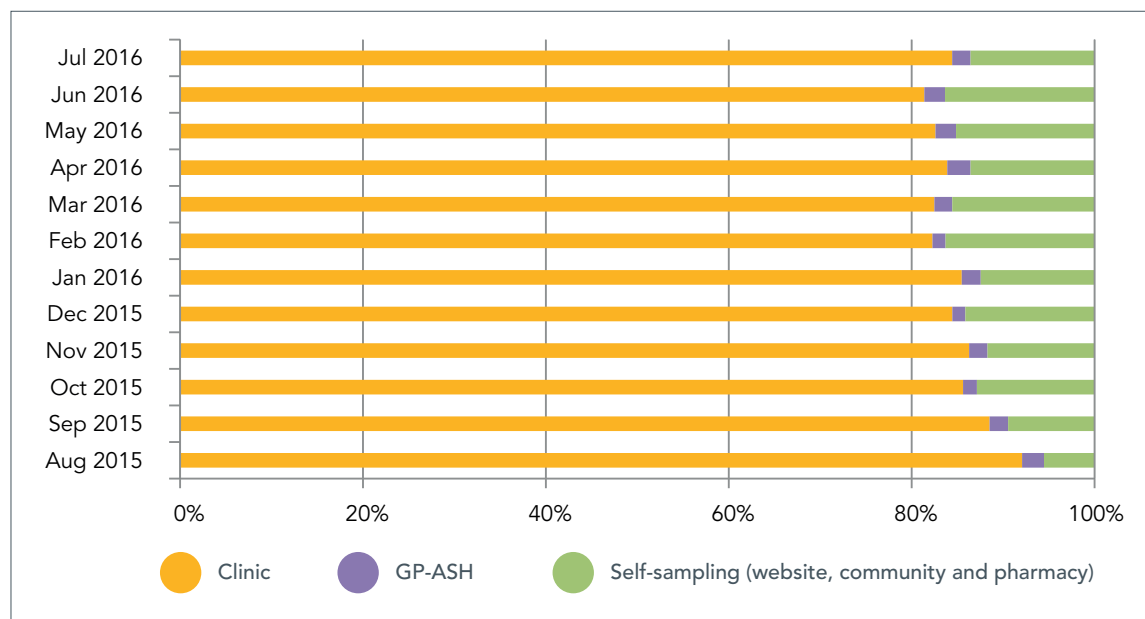
Umbrella reports quarterly to the Commissioner, against a number of national and local KPIs (Key Performance Indicators). This includes:

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

7.8.3. Current performance

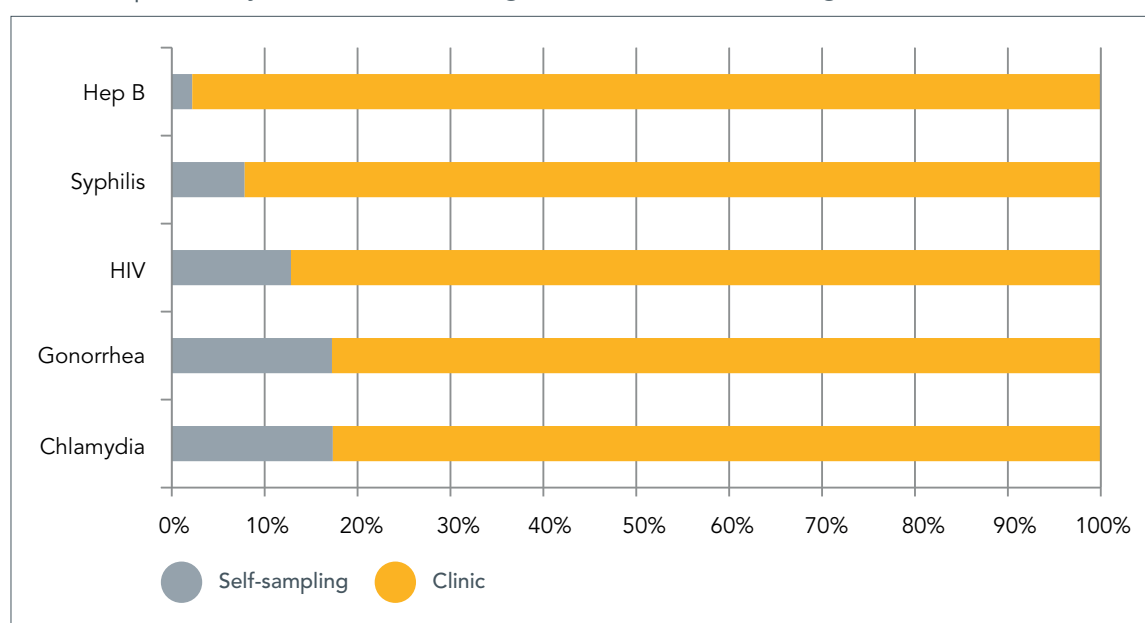
The main routes for STI testing in Umbrella are clinics (hub, satellite and community settings), self-sampling (through website, community settings and pharmacies) and up until 31 October 2016 ASH services through GP practices.

STI testing route into Umbrella Aug 2015 to July 2016 (Birmingham Umbrella tests only)

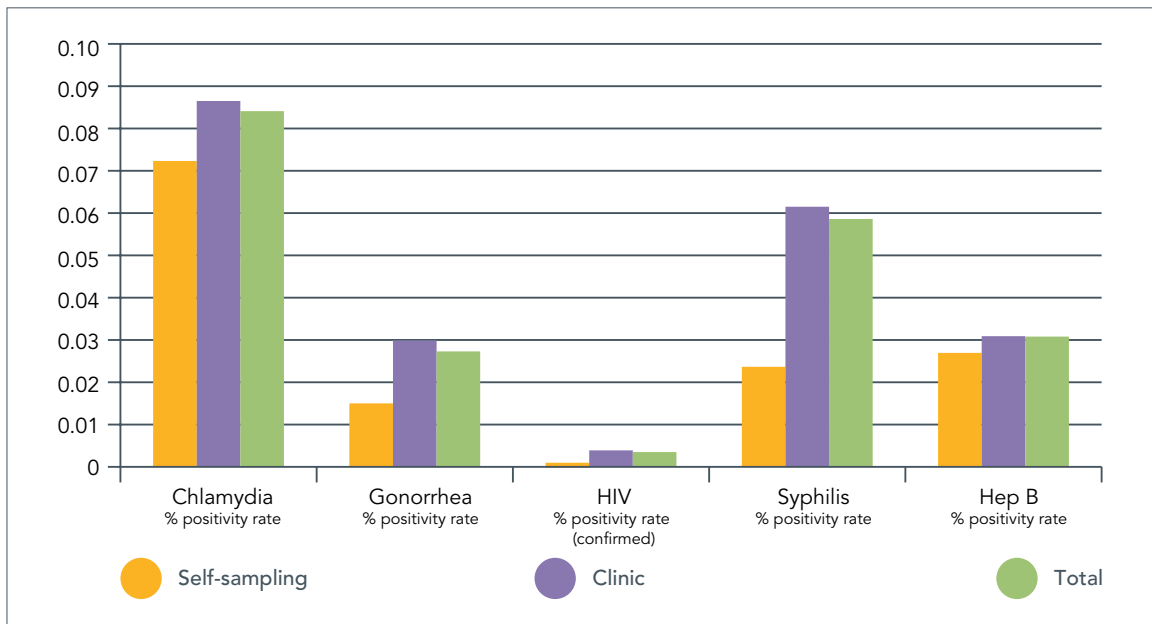


(Please note that August 2015 covers only 21 days)

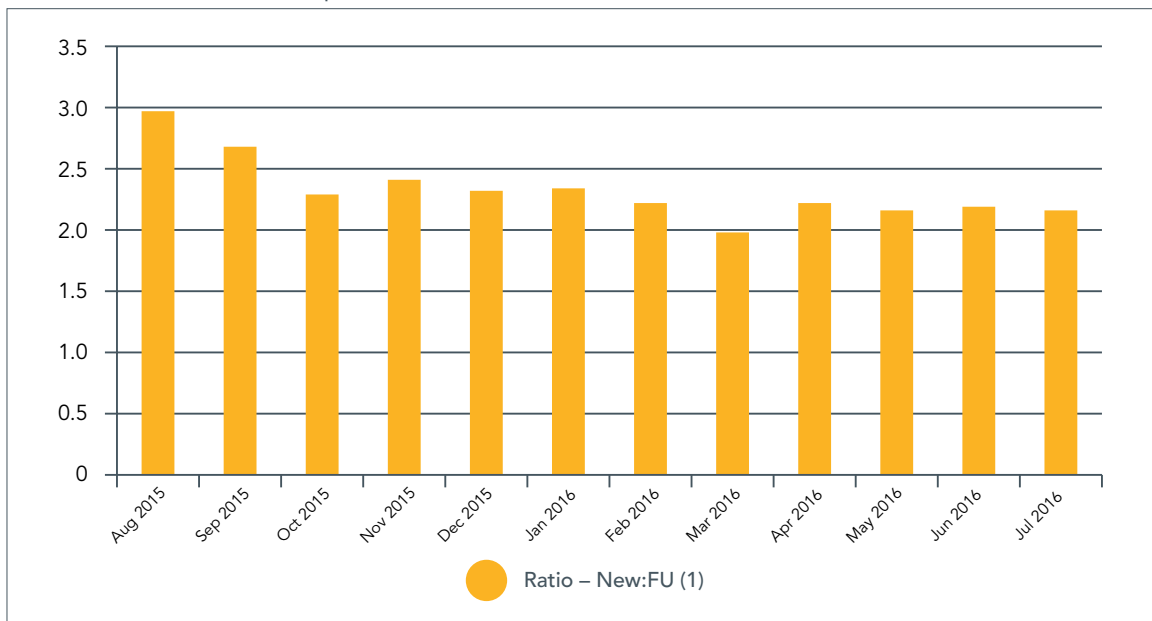
Birmingham Umbrella: type of STI test carried out in clinic and self-sampling (Includes pharmacy initiated STI testing but excludes GP testing)



STI positivity rates per infection for clinic, self-sampling and totals for all Umbrella STI tests



Ratio of new to Follow Up (FU) where FU is 1



(Please note that August 2015 covers only 21 days)

7.8.4. Umbrella strategy – Year 1

Umbrella's efforts in Years 1 and 2 has been to focus on testing as many people as possible who fall within the high risk categories in terms of sexually transmitted diseases. Included in this approach has been Umbrella's strategy to provide broad access for testing and treatment in Satellite clinics in areas of high risk as well as comprehensive web-based access to self-testing.

Aligned to this approach are the key partnerships that have been forged to ensure Umbrella is targeting areas of unmet need with the highest prevalence in sexual health diseases.

7.8.5. Umbrella strategy – Year 2 and beyond

Umbrella's strategy beyond Years 1 and 2 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 STI's.

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 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 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 half of these 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 well-being 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 to 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 clinical in/outreach, Pharmacy, general practice, other supply chain settings.

7.9.3. Year 1 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.

Table showing the number of contraception issued, by type and age

	Year 1 (10.08.15 to 31.07.16)				
	Plan	Umbrella Actual All Ages*	Umbrella Actual U18*	Birmingham Actual All Ages>	Birmingham Actual U18>
LARC total fittings (Coil, Implant and Injectable)	10% increase	15,886	1,096	14,438	873
EHC provided	30% increase	10,674	1,223	9,649	754
POP/COC		12,357	713	9,224	575
Total		38,917	3,032	33,311	2202

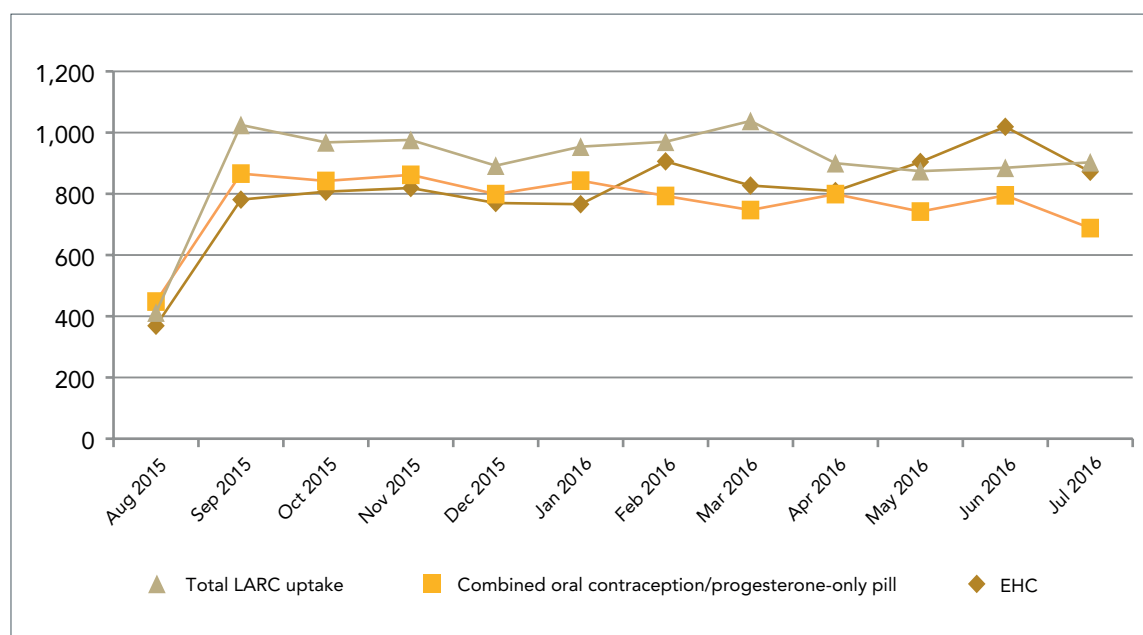
*Umbrella Actual – All activity provided by the service, including Birmingham, Solihull and Out of Area.

>Birmingham shows activity to Birmingham only.

The figures above indicate that Umbrella has provided a range of contraception types from the various Umbrella services. LARCs make up 37% of all Birmingham Umbrella contraception and 50% of contraception (excluding EHC) provided during Year 1. The 50% is considerably higher than the 37% All England and 30.7% West Midlands figures for 2014/15*

*(Sexual and Reproductive Health Services, England – 2014-15 [NS] (2015) <http://content.digital.nhs.uk/catalogue/PUB18597>)

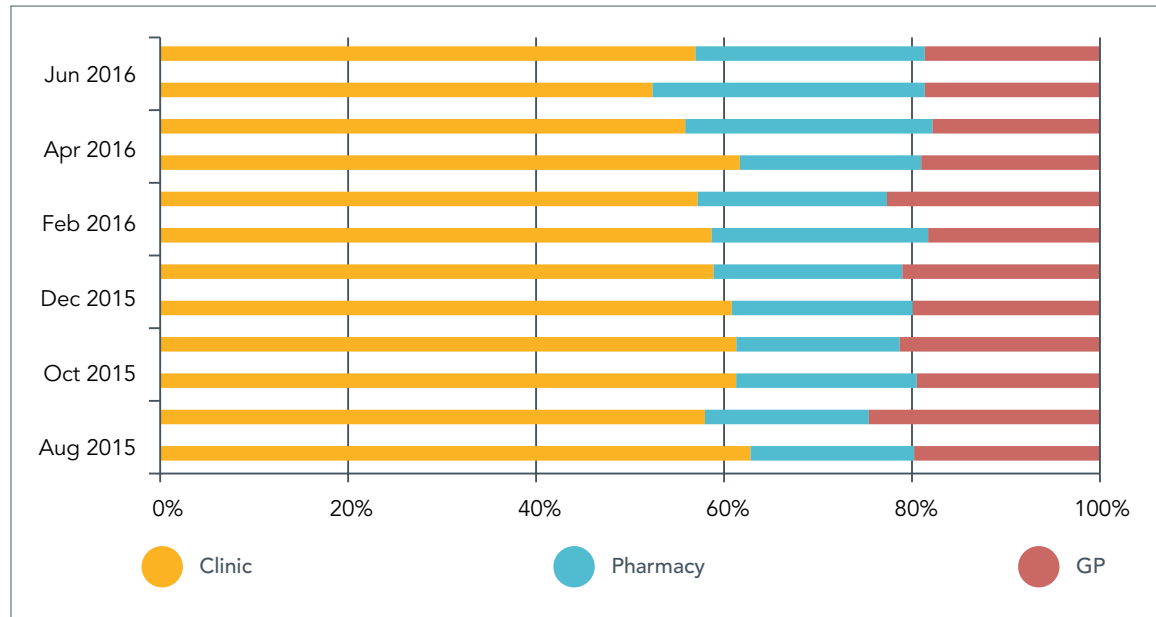
Contraception by type to Birmingham residents by Umbrella – all ages



(LARC includes injectable contraception, coils and implants)

(Note that August 2015 covers only 21 days)

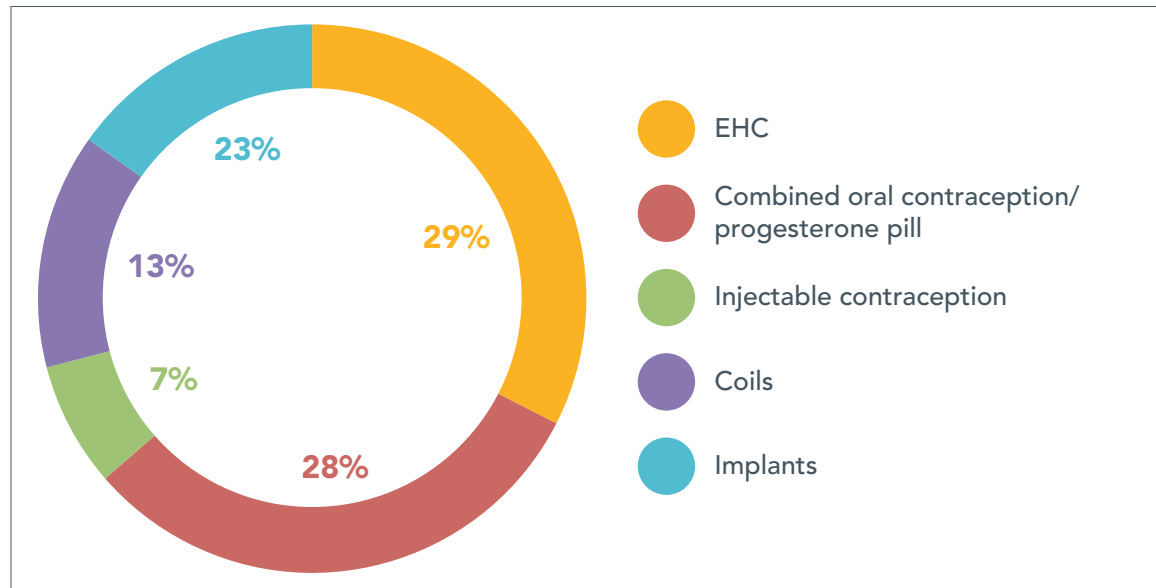
Total contraception by service provider per month



(Please note that August 2015 covers only 21 days)

From this graph we can see the primary care element of contraception provision is increasing. This will continue to increase further as the numbers of pharmacies (Tier 2) increases and the number of GPs trained and providing LARCs increases.

Contraception by type Birmingham Umbrella 10 Aug 2015 to 9 Aug 2016 (all ages)



7.9.4. Umbrella's strategy – Year 1

Services

- The provision of condoms is available through ALL Umbrella services, including clinics, general practice, pharmacies and partners.
- Engaged actively in health promotion work
- Provided TOPs (Termination Of Pregnancy) referrals

Umbrella is linked with BPAS service providers to supply chlamydia screening kits to service users. During the first year the four BPAS providers Umbrella are working with have had just under 2,000 Chlamydia kits with a return rate of 62%.

Umbrella has provided EHC, contraception and LARC through the services listed below:

Contraception Type	Pharmacy	GP	Clinic
EHC	Yes	No	Yes
Combined Oral Contraception / Progesterone Only Pill	Yes	No	Yes
Injectable contraception	Yes	No	Yes
Coils	No	Yes	Yes
Implants	No	Yes	Yes

Please see outcome 7 for further data in relation to contraception provided by Umbrella.

Training

See 'Outcome 1 – Reducing under-18 conceptions' for more details.

Bespoke training has been designed and provided to primary care, including GPs and pharmacies, and in house clinical staff. This training was delivered alongside nationally recognised organisations such as the Centre for Postgraduate Pharmacy Education (CPPE) and the Faculty of Reproductive and Sexual Health (FRSH) to ensure services are evidence based and are at a nationally agreed standard.

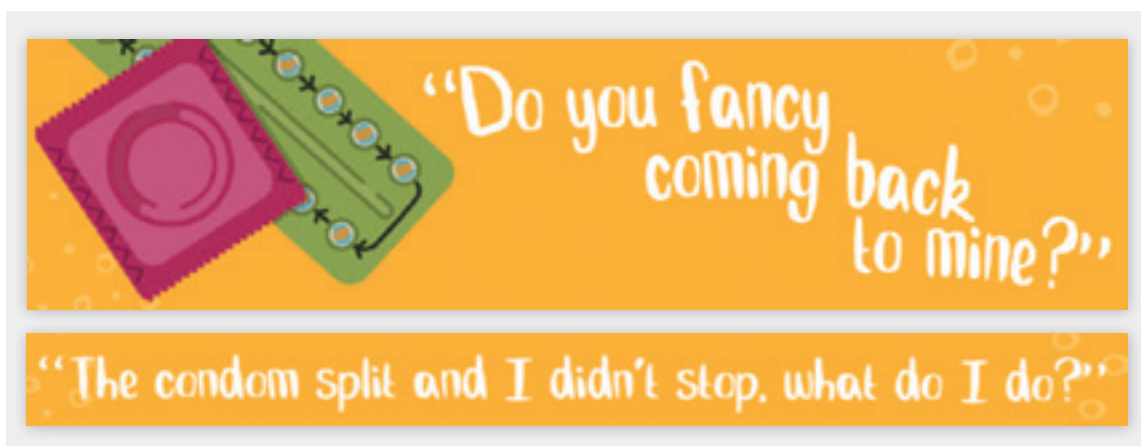
Badger works collaboratively with Umbrella to provide GP training for LARCs – this is a continuous training programme that is supported both externally and internally within the service.

The Umbrella training team develop, deliver and facilitate training within clinical services to increase the number of staff over time 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 audience – priority has been given to those organisations who work with priority groups.

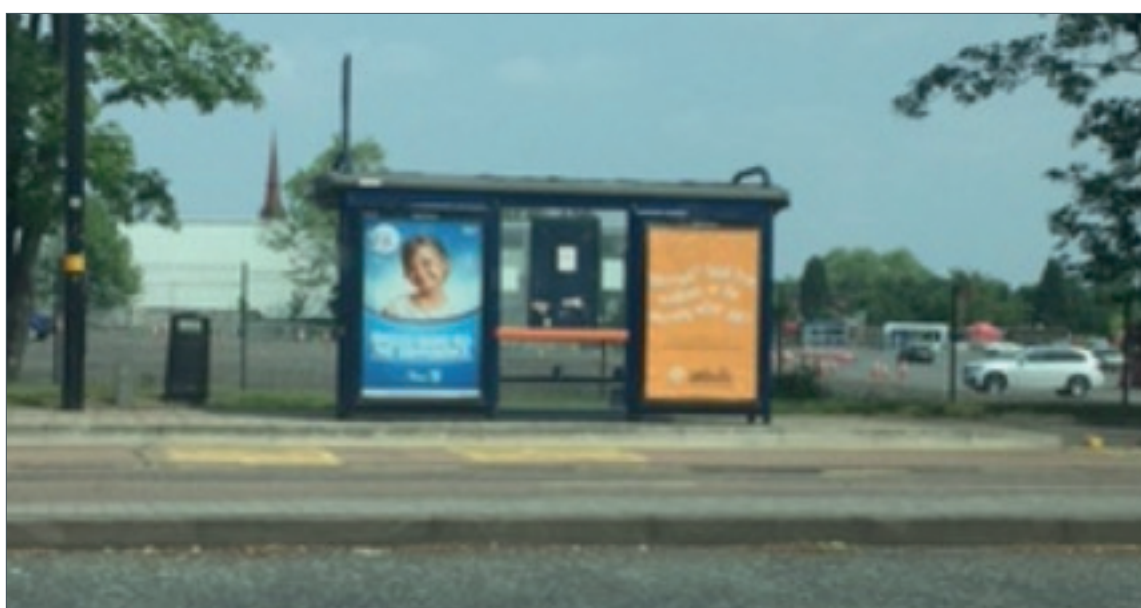
Umbrella pharmacies were key in delivering contraception services within Umbrella, particularly in relation to providing EHC.

Campaigns

- The following campaigns were part of our campaign calendar in Year 1 of our service and impacted on this outcome;
 - ▶ Young people – September 15: this campaign included promotion around Umbrella's contraception services; and
 - ▶ Pharmacy – May 16: This campaign included street talk on bus stops in key areas directing individuals to specific Umbrella pharmacies. This campaign was aimed at young people and letting service users know that they can get free condoms and the morning after pill (EHC) from their local Umbrella pharmacy.



Examples of digital advertising for YP Campaign September 2015



Example of Umbrella 'street-talk' used in pharmacy campaign.

7.9.5. Umbrella's strategy – Year 2 and beyond

See 'Outcome 1 – Reducing under-18 conceptions'

- 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 2 and beyond Umbrella intend to expand the provision of Umbrella clinic, GP and pharmacy offered LARCs 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 from the current 13 to the proposed 50 will increase the availability of contraception provision within an easily accessible service.
- Umbrella training team will continue to provide regular training on contraception to GPs but to 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 and respond effectively to new trends and target where identified as necessary, especially emergency contraception, LARCs and condoms.

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 to develop the existing partnership working. 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 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:

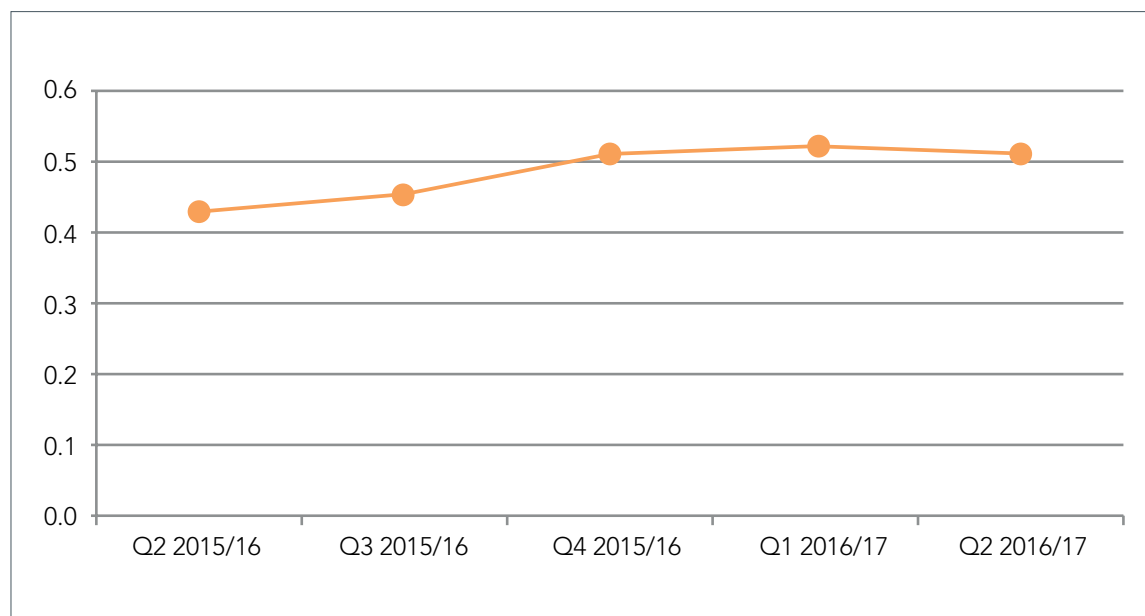
- Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening; and
- Percentage of at risk patients offered and take up Hep B vaccination

(Information around chlamydia is covered within outcome 2 and HIV within outcome 3) Umbrella are utilising 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. Current performance and analysis

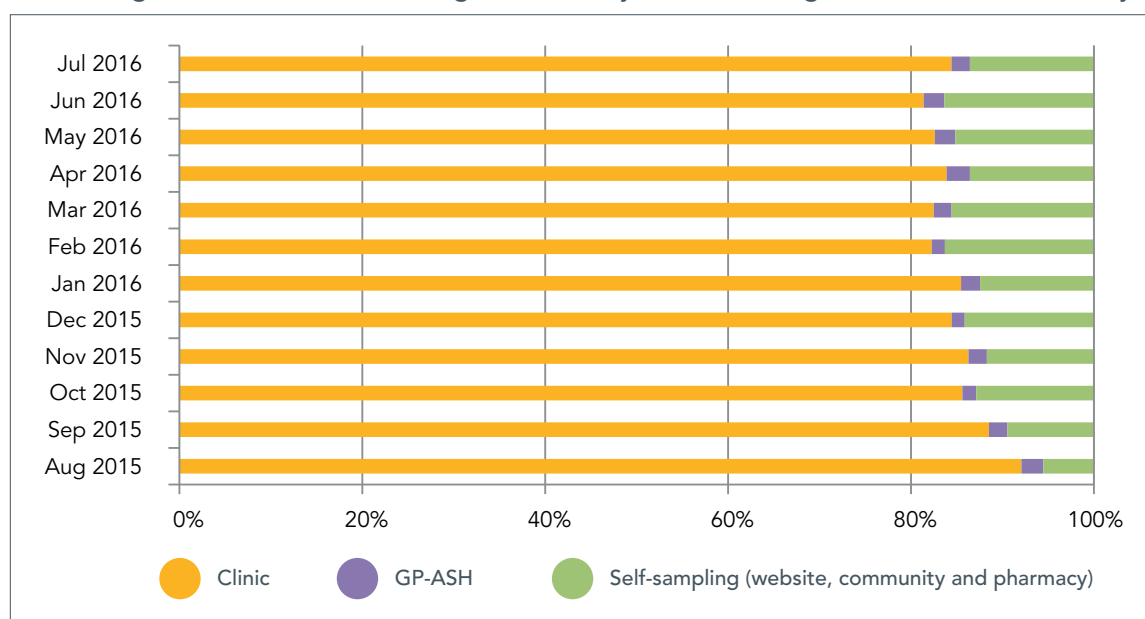
100% of at risk patients are currently offered Hep B vaccinations when attending clinical services. Of these approximately half accept and take up the vaccination.

Percentage of Umbrella Birmingham patients that have accepted the update of the initial Hep 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.

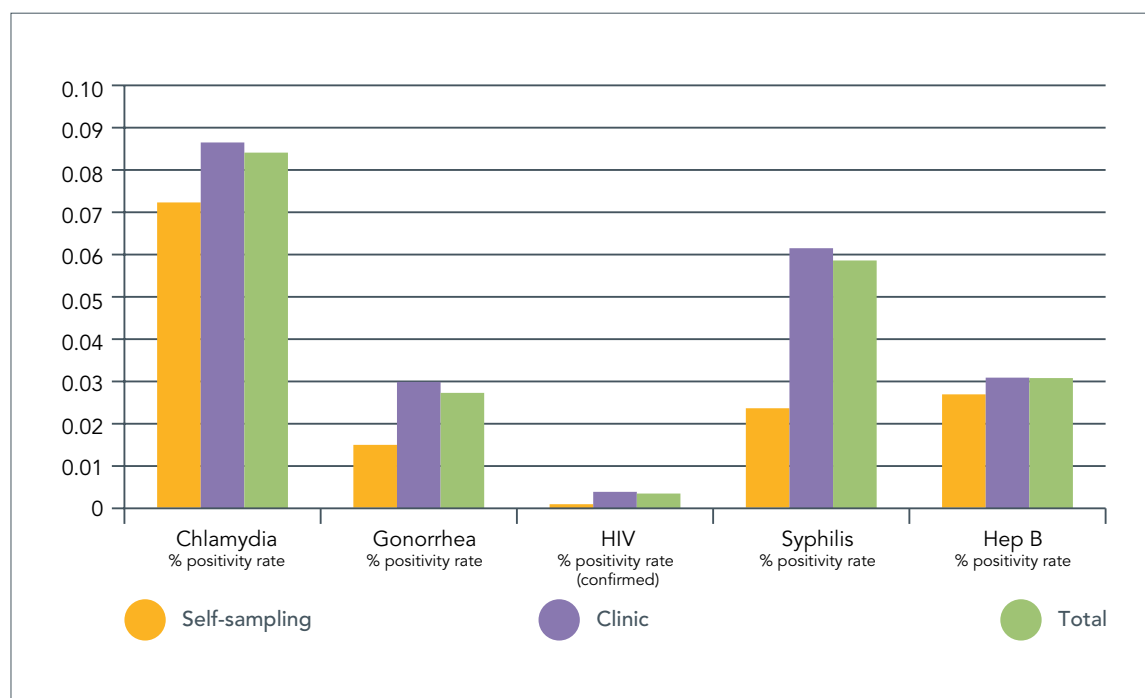
STI testing route into Umbrella Aug 2015 to July 2016 (Birmingham Umbrella tests only)



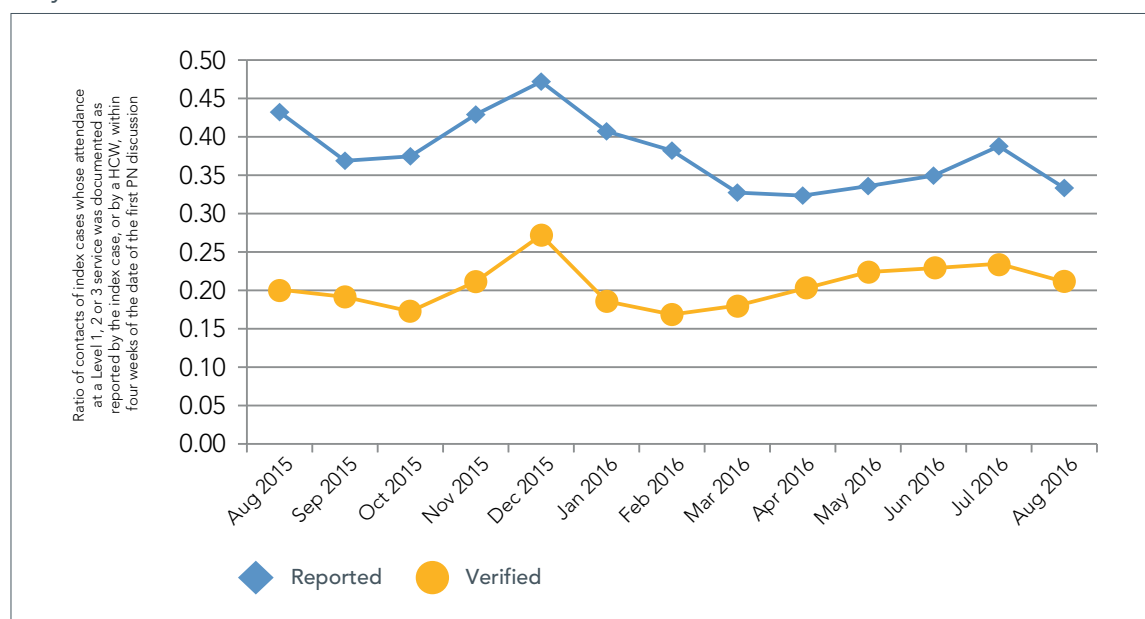
(Please note that August 2015 covers only 21 days)

This shows that the number of STI tests carried out through the self-sampling is increasing. One of the aims of the self-sampling is to reach those at-risk groups that have not historically attended clinics for testing or treatment.

STI positivity rates per infection for clinic, self-sampling and totals for all Umbrella STI tests

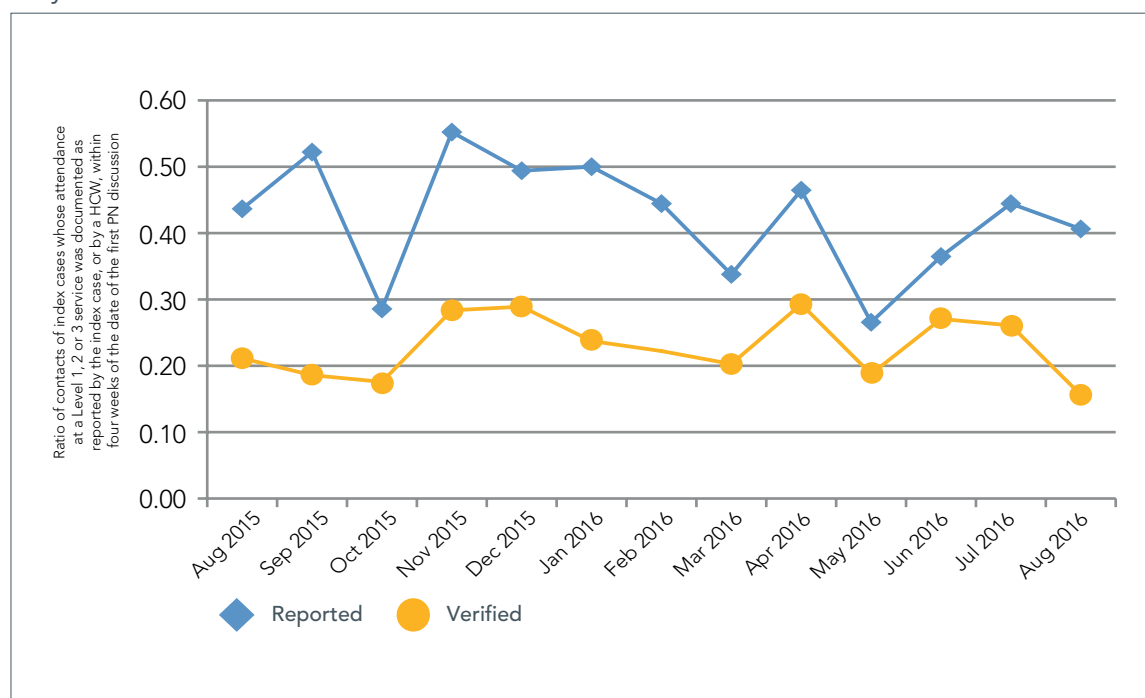


Partner notification of data within four weeks of diagnosis for chlamydia – Birmingham only Umbrella



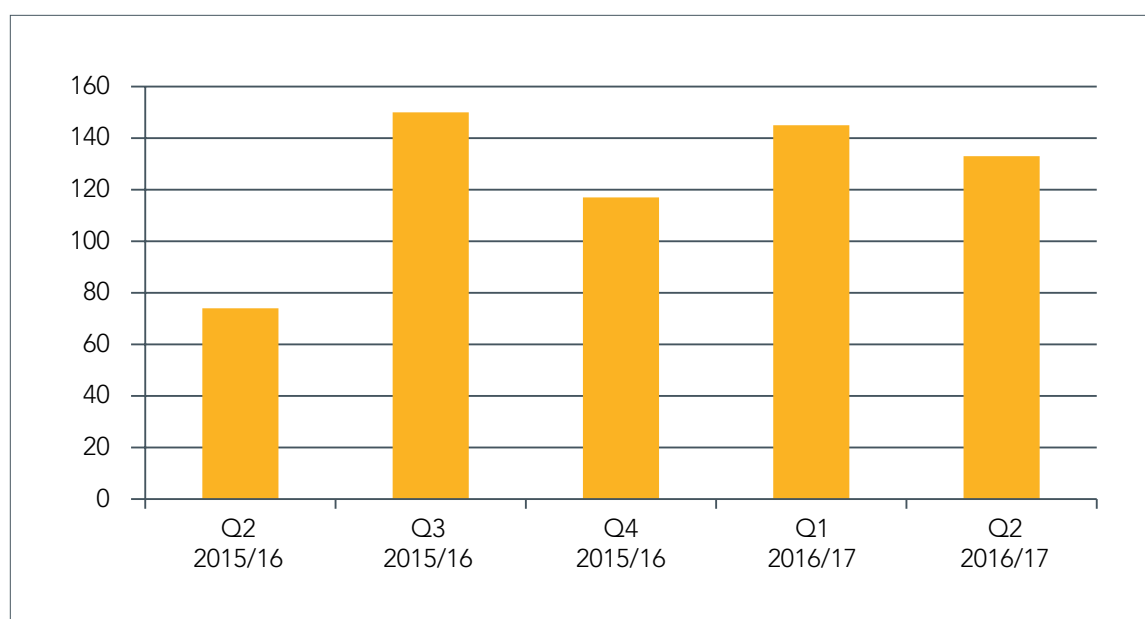
(Please note that August 2015 covers only 21 days)

Partner notification of data within four weeks of diagnosis for gonorrhoea – Birmingham only Umbrella



(Please note that August 2015 covers only 21 days)

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



Umbrella is currently reaching and screening approximately 150 sex workers each quarter. This service is being reviewed as at present only female sex workers are covered by the service.

7.10.4. Umbrella strategy

- Umbrella's health promotion campaigns have 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 have improved access to testing for STI (including HIV) through both attendance at the expanded number of Umbrella sexual health clinics and by persons 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 persons attending Umbrella sexual health clinics will be 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 Management and governance of Umbrella

8.1. Operational management

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

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

- Whittall Street Clinic
- Boots Birmingham (basement)
- Boots Birmingham Young Persons Clinic (first floor)
- Hawthorn House
- Erdington
- Northfield Community Partnership (NCP)
- Boots Solihull
- Chelmsley Wood
- Soho

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

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 UHBT's Divisional Speciality Meetings held every six weeks. The Divisional Speciality Meetings are chaired by the Divisional Director or Director of Operations who in turn report to the Trust Executive Directors and Chief Operating Officer.

8.2. Service user engagement

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

Umbrella addresses this by using innovative approaches to engage with service users and potential service users through the website, social media, advertising and campaigns. For example, young people assisted in the development of the Umbrella branding. This 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 will be a key stakeholder, providing both challenge and support to Umbrella.

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

8.3. Governance

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

In addition to this meeting, there are monthly Service Performance Group (SPG) meetings to ensure that operationally, the new system is working smoothly and is progressing in the direction intended. In the early stages of mobilisation and transformation, similar meetings (known as Operational Management Group) were held weekly and then fortnightly as Commissioners were assured that safe open access services were available.

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 continued 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 D shows the Umbrella Governance structure.

8.4. Corporate governance of the Umbrella system

Senate

Umbrella's strategic direction is set by The Senate, an Umbrella body comprising of representatives from throughout the system including the specialist sexual health services, 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 UHBFT's Finance and Contracts Teams, reported via the UHBFT management structure with ultimate accountability being to the UHBFT 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 auctioned.

- 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.

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

Overall, Umbrella has had a successful first year and an exciting second year lies ahead. There have been some hurdles along the way, however, these have resulted in a stronger approach to our second year and will allow Umbrella to further continue to work towards its outcomes. The strategy is flexible enough for Year 2 to allow Umbrella to be reactive and respond as quickly as possible to the needs of our service users. The key areas that Umbrella will focus on at the beginning of Year 2 include:

- Completing the updated online booking, this will allow service users to choose which clinic they want to book an appointment at and to cancel appointments online.
- New call centre system to be put into place in late 2016 to further improve the communication with our service users.
- The clinical service review is already underway and includes reviewing capacity and flow as well as the conclusion of the sex worker service review. The review of the sex worker service has included outreach and service user engagement with both male and female sex workers.
- GP Pilot to introduce targeted HIV and chlamydia screening to practices serving our most deprived areas. This will assist in the further developments of outcomes 2 and 3.
- Pharmacy procurement to be completed early 2017. This will increase the numbers of total Umbrella Pharmacies across Birmingham and in particular the number of Tier 2 Pharmacies. The coverage will allow all residents to access services at their choice of location, be that at a local Pharmacy or a larger Pharmacy in a retail setting. This will further develop outcome 5.
- Birmingham LGBT will be holding more outreach one-to-one sessions in bars and saunas.
- The final delivery partner posts will be appointed to (Trident Reach, WAITS and BCHT (except YPHA who are already in post)).
- Commence the specific, wider BME work and finalising the contracts for these organisations. This work will include one-to-one and group interventions, counselling and attendances at cultural events as well as training across the Umbrella partnership. This will impact on all outcomes and in particular outcomes 3, 5 and 10.
- The meetings and work with third sector organisations will continue and develop. A new Communications Specialist post will start in the latter part of 2016 to specifically input into the network Umbrella has established.
- Further develop the chlamydia screening strategy within primary care and in the community. Work will take place with all of our partners, and in particular those who work with young people. This work is in relation to outcome 2.
- Review of the Umbrella website, including service user survey and engagement. This will include how the website is used as well as further developments going forward.
- Umbrella has developed an extranet for all partners. This is a password protected website where there will be a wealth of information about Umbrella for all those who are part of the network. This will GO LIVE towards the end of 2016 and will include a calendar of training and events, useful materials, directories and statistics about how Umbrella is performing.



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 Post graduate 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	Progestosterone 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

Health promotion campaigns for Year 2

2016

August	—
September	Fresher's Welcome Week/Fair
October	Midwives Support Toolkit
November	Vulnerable Young People and LACs
December	HIV testing week

2017

January	—
February	<ul style="list-style-type: none"> • Young People – STI testing and contraception • Focus on colleges and sixth form centres
March	—
April	<ul style="list-style-type: none"> • Respect/consent campaign • Link to national campaign by the Home Office (if campaign is being re-run)
May	<ul style="list-style-type: none"> • 'Dating again' campaign aimed at mature adult market • Birmingham Pride
June	School nurses 'toolkit'
July	<ul style="list-style-type: none"> • 'Men only' campaign • STI Testing • Focus on male only market

Ongoing campaigns throughout 2016/2017

- Pharmacies
- GPs
- Chlamydia screening/testing

Appendix C

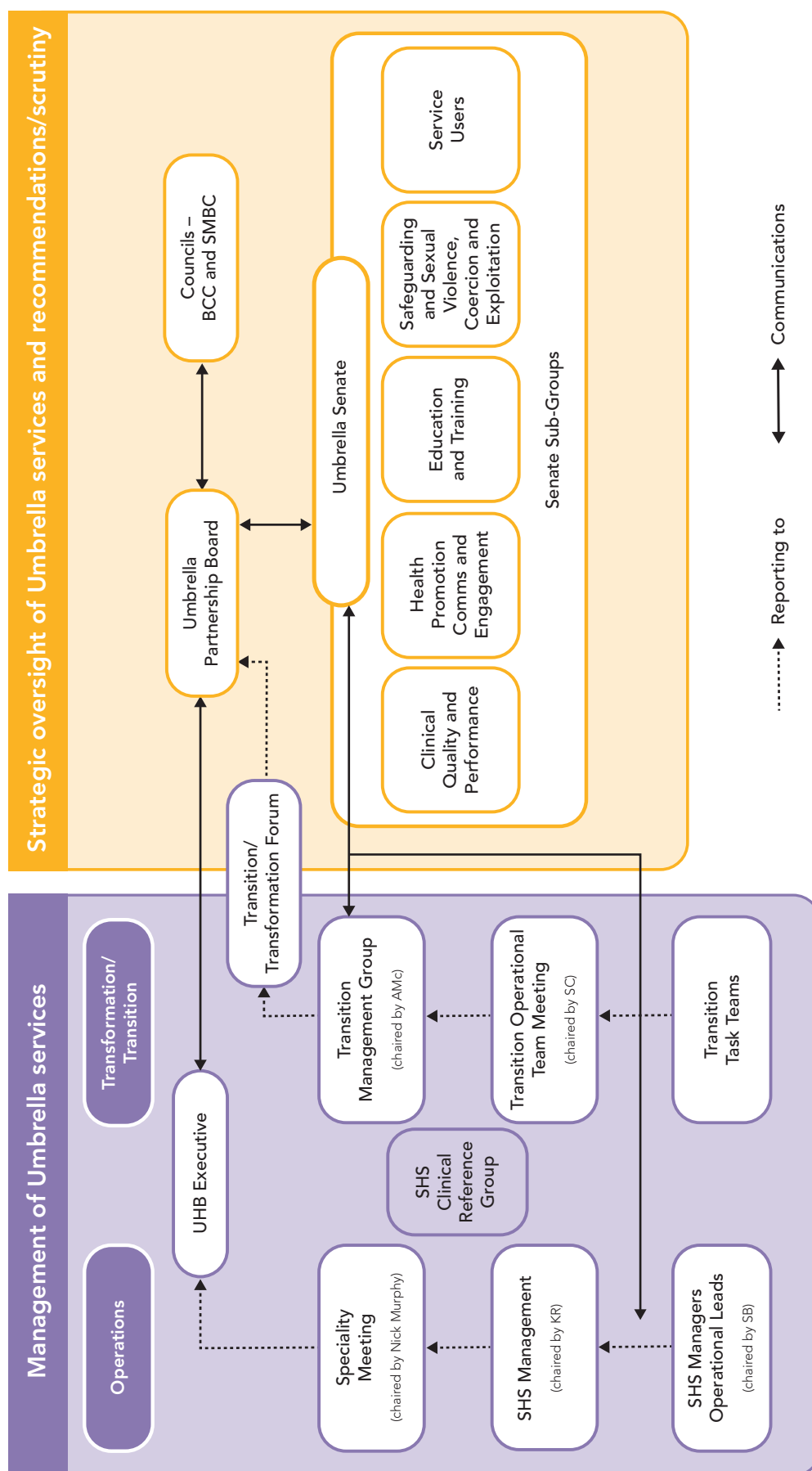
Umbrella training Year 1

UHB staff (85 sessions)	Pharmacies	GPs	Partners
	Service training	Opportunities for Improving Sexual Health in Primary Care	Partner Training Days
Assertiveness Training	Counter Staff Training	Working Positively with Young People & Sexual Health	Umbrella Scheme
Bi Manual Practical Training	Pharmacy Refresher Workshop	Introduction to Contraception	STI kit initiate and dispense training
Bi Manual Theory Training		Opportunities for Improving Sexual Health in Primary Care	Point of Care testing
Caya Contoured Diaphragm Training		Reducing Undiagnosed HIV in general practice	Point of Care refresher training
Conflict Resolution	—	—	—
Customer Service	—	—	—
FGM	—	—	—
Fire Safety (e-learning)	—	—	—
Fire Safety Training	—	—	—
Hepatitis B and Screening	—	—	—
Infection and Control	—	—	—
Information Governance	—	—	—
LGB Awareness training	—	—	—
Load Handling Induction	—	—	—
Load Handling Refresher	—	—	—
Loudmouth	—	—	—
Partner Notification Training	—	—	—
Resus and Anaphylaxis	—	—	—
Safeguarding Level 2	—	—	—
Safeguarding Level 3 – CSE	—	—	—

UHB staff (85 sessions)	Pharmacies	GPs	Partners
Safeguarding Procedures	—	—	—
Sexual Assault (RSVP)	—	—	—
Sub-Dermal Implant Model Arm Training	—	—	—
Trans Awareness Training	—	—	—
Venepuncture Training	—	—	—

Appendix D

Umbrella governance structure



Appendix E

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.

E-mail: 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 e-mail 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 Multi-Agency Safeguarding Hub (MASH), a single point of access for advice, support and referrals:

Monday – Friday 09.00-17.00

Tel: 0121 303 1888

24hr helpline: 0121 675 4806

Secure e-mail address:

secure.mash@birmingham.gcsx.gov.uk

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

NSPCC

24hr helpline: 0808 800 5000

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

www.nspcc.org.uk

Text: 88858

Looked-after Children Team:

Tel: 0121 465 3771

Consider CAF

Birmingham CAF Team

Tel: 0121 303 2291

Named doctor for child protection (UHB)

Dr Ashish Singal:

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

Women's Aid

Tel: 0808 800 0028

www.womensaid.org.uk

Umbrella Health Advisors:

Tel: 0121 237 5737

Young Persons Health Advisors:

Tel: 07826 917 449

Birmingham City Council Safeguarding

Adults Team, adults & communities access point for advice, support and referrals:

Monday – Friday 08.45 - 17.15 (16.15 on Fridays)

Tel: 0121 303 1234

Out of office hours:

Tel: 0121 675 4806

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

West Midlands SARC

(Sexual Assault Referral Centre)

Healthcare professionals call:

Tel: 01922 646 709

Self-referral free phone:

Tel: 0808 168 5698

Manager: Jo Hollinghurst

E-mail: enquiries@horizonsarc.org.uk

Birmingham South Central CCG

Designated Nurse Team:

Tel: 0121 255 0669

Designated doctors for child protection:

Dr Geoff Debelle

Dr Jane Armstrong

Tel: 0121 675 6741

Tel: 0121 424 2000

Dr Caroline Rodrick

Tel: 0121 675 6741 or 07540 674686

Named GPs:

Dr Najma Mirza

Dr Helen Scott Cook

Tel: 07834774268

Najma.mirza@nhs.net | Helen.scott-cook@nhs.net

The Female Genital Mutilation

24/7 Helpline Tel: 0800 028 3550

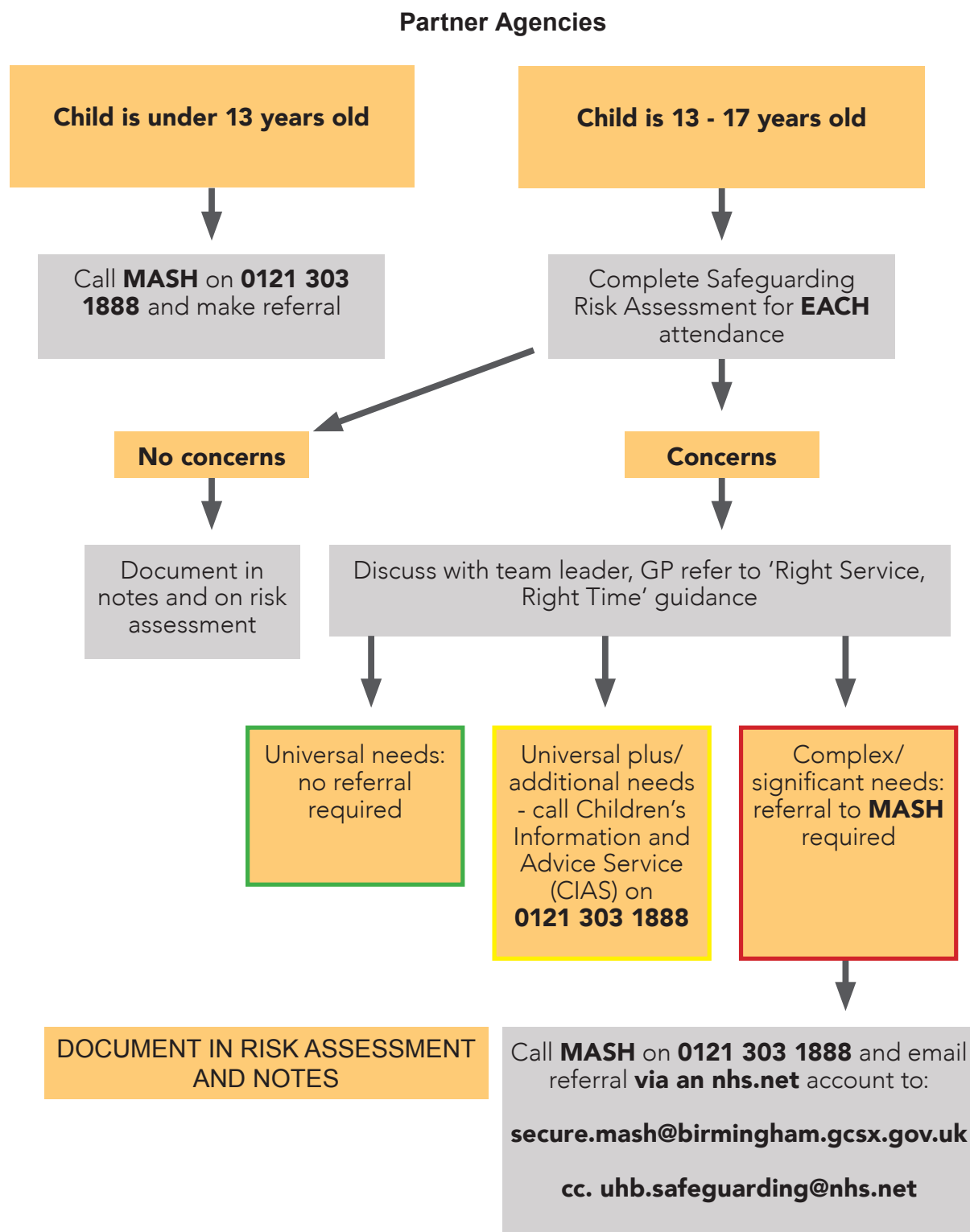
If you have clear evidence of abuse and need urgent advice or assistance, you should contact the Police – ring 101 (non-emergency number) and ask for the Central Referral Unit (CRU) at West Bromwich.

E-mail: 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 e-mail address: uhb.safeguarding@nhs.net
- Ruth O'Leary, Lead Nurse for Safeguarding Adults and Children: 07917 894563
- Jane Lovell, Clinical Nurse Specialist, Safeguarding: 07876 577 770
- Birmingham City Council Multi-Agency Safeguarding Hub (MASH), a single point of access for advice, support and referrals.
Monday – Friday
09.00-17.00 - 0121 303 1888
- Out of Office Hours – 24hr helpline: 0121 675 4806
- Confidential email address for referrals: secure.mash@birmingham.gcsx.gov.uk
- Policies and procedures and referral form - www.lscbbirmingham.org.uk
- NSPCC: 24 hour helpline: 0808 800 5000
help@nspcc.org.uk
(response within 24 hours)
www.nspcc.org.uk clicks on the helpline symbol.
Text: 88858
- Stop it now! If you are concerned about child sexual abuse
www.stopitnow.org.uk
0808 1000 900 – confidential advice
- Looked-after Children Team: 0121 465 3771
- Consider CAF
Birmingham CAF Team
0121 303 2291
- Named doctor for child protection(UHB)
Dr Ashish Singal: 0121 371 2000
Ext.12651
- Umbrella Health Advisors: 0121 237 5737
Young Persons Health Advisors: 07826 917 449
- Birmingham City Council Safeguarding Adults Team, adults & communities access point for advice, support and referrals:
Office hours:
Monday-Friday 08.45 - 17.15 (16.15 on Fridays) Tel. 0121 303 1234
- Out of office hours 0121 675 4806
Policies and procedures and referral form: www.bsab.org
- The Female Genital Mutilation 24/7 Helpline: 0800 028 3550
- West Midlands SARC (Sexual Assault Referral Centre)
Healthcare professionals call: 01922 646 709
- Self-referral free phone: 0808 168 5698
Manager: Jo Hollinghurst
E-mail: enquiries@horizonsarc.org.uk
- Women's Aid
0808 800 0028 - www.womensaid.org.uk
- Birmingham South Central CCG - Birmingham Designate Nurse Team - 0121 255 0669
- Designated doctors for child protection:
Dr Geoff DeBelle Dr Jane Armstrong
0121 675 6741 0121 424 2000
Dr Caroline Rodrick
0121 675 6741 or 07540 674686
Named GPs:
Dr Najma Mirza
Najma.mirza@nhs.net
07834774268
Dr Helen Scott Cook
Helen.scott-cook@nhs.net

Appendix F

Safeguarding processes

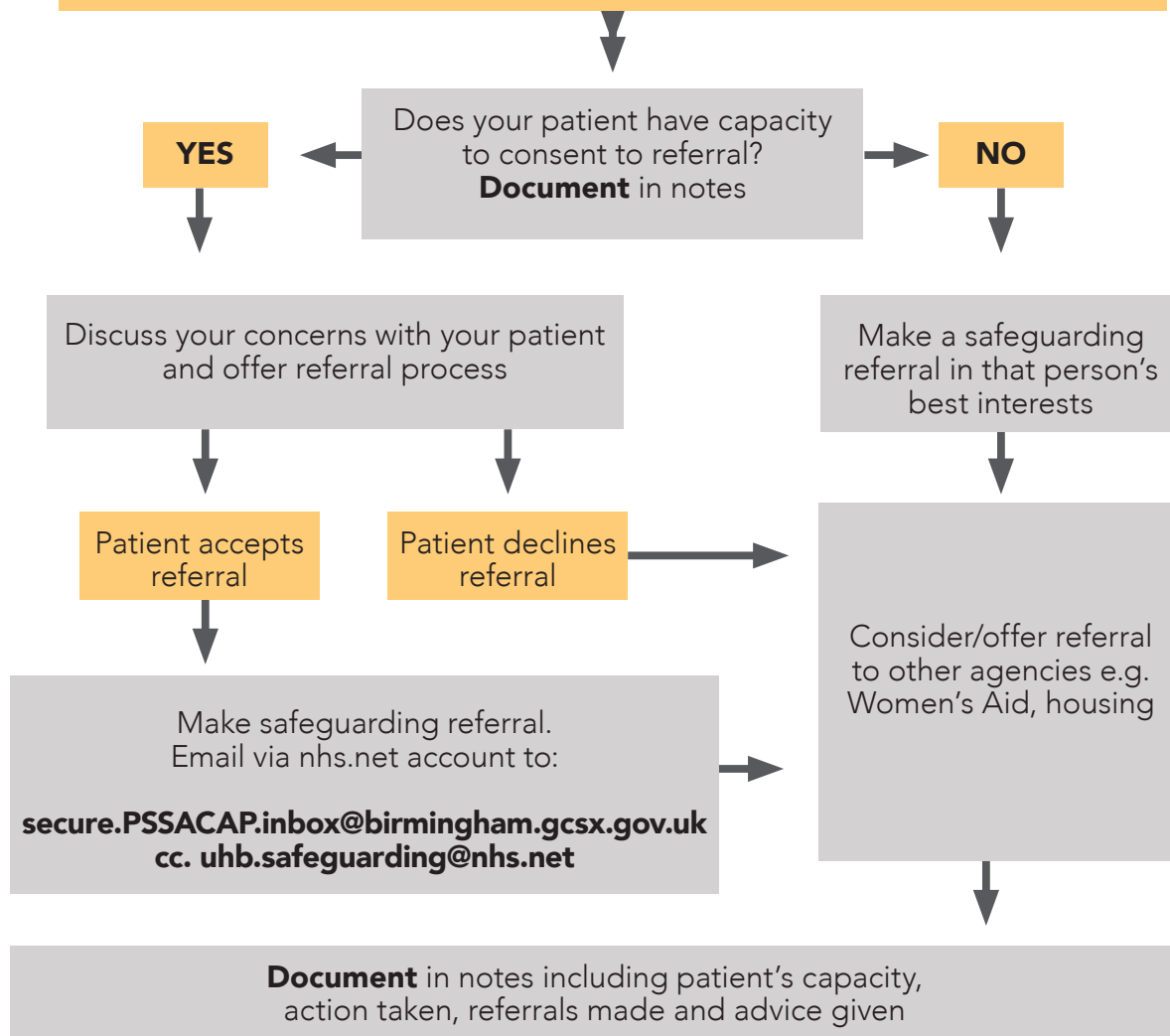


For help and support call Umbrella Safeguarding on 07795 044 112

Partner Agencies

Do you think your patient may be a victim of abuse? For example:

Physical
Sexual (including exploitation)
Financial
Emotional
Female genital mutilation (see FGM procedure)
Honour based violence
Forced marriage
Neglect
Institutional
Trafficking



For help and advice call Umbrella Safeguarding on 07795 044 112

Appendix G

Priority groups being covered by our partners across Birmingham

Priority group	Delivery partners	Community partners
Children in Need and care leavers	BCHT LAC team BCC Youth Service BCC Careers Service	18+ Care Leavers Service BCC Children's Society
Substance misusers	Kikit	CGL Aquarius Big Issue Swanswell Turning Point
LGBT people & MSM	Birmingham LGBT	
Homeless people	Trident Reach SIFA Fireside	St Basils Birmingham YMCA Big Issue Swanswell Midland Heart Polish Expat Association South Birmingham Homeless Project
Offenders and Young Offenders	Trident Reach WAITS	BCC Young Offenders
People with mental health problems	Trident Reach	Forward Thinking Birmingham Birmingham Mind Children's Society
People with disabilities	BCHT Trident Reach	Disability Resource Centre Midland Mencap Advocacy Matters SENSE Freshwinds
Sex workers	RSVP	SAFE Anawim
Gypsies and Travellers	(BCHT, Loudmouth)	British Red Cross Big Issue
Trafficked people	SIFA Fireside/RSVP	British Red Cross Freedom from Torture Big Issue
New arrivals from abroad	SIFA Fireside	British Red Cross Freedom from Torture Polish Expat Association

Priority group	Delivery partners	Community partners
Sexual Violence, Coercion and Exploitation	RSVP	Barnardo's St Basils Anawim Horizon SARC Children's Society CEOP Command
BME	WAITS Kikit Terence Higgins Trust	Allies Network ACMC Birmingham Chinese Society Chinese Community Centre Council of Black Majority Churches Nash Dom CIC Nishkam Centre
Young People	Loudmouth BCHT YPHA	Nu Skillz Training St Basils UoB Student's Guild and Student Services CEOP Command Barnardo's Services for Education BCHT School Nurses Birmingham Children's Hospital Children's Society Birmingham Youth Empowerment Compass Support
FGM	WAITS	Allies Network Celestine Celeste Community Organisation
Domestic Violence	WAITS Trident Reach	Freedom Project Birmingham and Solihull Women's Aid
Asylum Seekers		Freedom from Torture Children's Society

Umbrella is also working with a number of schools, colleges and Children's Centres across Birmingham.

Appendix H

Pharmacy services

A major new innovation is the expansion of sexual health services available in Pharmacy. Following a successful procurement exercise during the mobilisation phase, UHB contracted with 97 pharmacies to deliver a range of sexual health services, new in this setting. A comprehensive training programme was implemented to ensure that Pharmacists and other staff were competent and qualified to deliver these new services.

Umbrella Pharmacies are organised in two tiers of service provision, offering:

84 Tier One Pharmacies

- Emergency hormonal contraception
- Advance provision of emergency contraception
- Condom distribution
- Dispense STI testing kits
- Targeted chlamydia screening
- Signposting to other Umbrella services

13 Tier Two Pharmacies– in addition to the Tier One services are:

- Initiate STI testing and provide STI testing kits
- Hepatitis B vaccination
- Initiate combined oral contraception, progesterone only oral contraception and contraception injections
- Dispense and administer ongoing contraception injections
- Dispense treatment for chlamydia

With the exception of EHC, these services are all new to pharmacy settings and represent a channel shift in service provision to a more local and accessible level. Pharmacy, as a non-specialist sexual health environment, is also seen as less threatening and more approachable by the public and helps to normalise sexual health care as being part of health care in general.

In summary, Umbrella will carry out a procurement exercise to:

- increase the number of overall Pharmacy coverage, in particular the number of Tier 2 Pharmacies who are able to initiate and dispense STI kits;
- review and continue to improve the ease of use and fullness of information of the Umbrella website such as: completing a service user survey around the ease of use of the Umbrella website and; taking into consideration BCC's review of the website from earlier in 2016;
- review POC (point of care) testing and increase the use of this method of testing where appropriate;
- continue to develop and improve on best practice and success

Appendix I

Examples of branding and materials



Logo used in all clinics and partners' sites and activities

Umbrella is here for you

- Visit umbrellahealth.co.uk**
 - For advice and information
 - To order a STI self-sampling kit
 - To book an appointment
- Umbrella GPs for sexual health, contraception and STI screening**
- Umbrella pharmacies for emergency contraception**

How do I find out more?
The Umbrella website will tell you which services can be found where. You can book appointments online or by telephone; visit umbrellahealth.co.uk or call 0121 237 5700

Umbrella specialist sexual health clinics:

- Whitlall Street, Birmingham
- Boots, Meil Square, Solihull
- Soho Road, Handsworth
- Northfield Clinic
- Erdington Clinic, 196 High St
- Boots, High Street, Birmingham
- Chelmsley Wood Primary Care Centre, Crabtree Drive
- Hawthorn House, Bordesley Green

Umbrella partner services

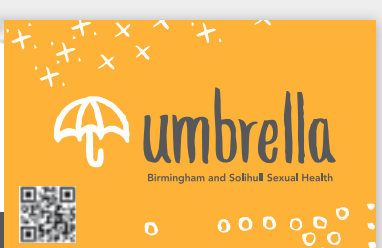
- For your all-round health and wellbeing

How can I talk to someone and what do I say?
You can ask a member of staff for advice anywhere you see an Umbrella logo – just say you want to talk about Umbrella

Stock ref: UMB006

Notes.....

Free & Confidential
umbrellahealth.co.uk



Information cards

What do we provide?

Our trained health professionals provide advice and support about sexual health and contraception. This service enables you to speak to experienced health professionals in a confidential and non-judgemental way.

We can help answer any questions you may have to help you make the right decision about your sexual health. Our service is free and you can self-refer.

Appointments

Please help the Umbrella Sexual Health team to provide an efficient and effective service by being punctual or giving plenty of notice if you cannot attend an appointment.

Patients arriving more than 10 minutes late for their appointment may not be seen and asked to re-book for another time. If you encounter difficulties keeping your appointment, please contact Umbrella on 0121 237 5700 so that we are aware of the situation and can try to help.

Confidentiality

We wish to provide a confidential service for everyone. On rare occasions we may have to pass on information about your visit without your permission to protect you, or someone else, from serious harm. We would always try to discuss this with you first and offer support. If you are worried about this, please talk to a member of our staff.

Chaperones in clinic

Umbrella Sexual Health is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.

Every patient is entitled to have a chaperone present for any consultation, examination or procedure. A chaperone will be present during an intimate examination. The chaperone will be a second member of staff or, if you are attending the clinic for contraception, a friend or relative may accompany you. During your visit the clinician may need to speak to you alone if you have been accompanied by a relative or friend.

If you have any questions or comments regarding chaperones, please speak to a member of staff.

Children in clinics

For safety reasons, it is our policy that children must not be left unsupervised on the premises at any time.

If you are attending for a procedure such as a coil fitting, implant etc, please do not bring children with you unless you can ensure a suitable adult is available to supervise the child whilst your treatment is in progress.

For further information, please speak to a member of staff.

Interpreting in clinic

Please let the receptionist know when you book your appointment if you need us to arrange an interpreting service for you. Due to the nature of our clinic, it is not appropriate to use friends or relatives as interpreters.

Your feedback and suggestions

Umbrella Sexual Health would like to hear your views about the service we currently provide and suggestions for further improvements.

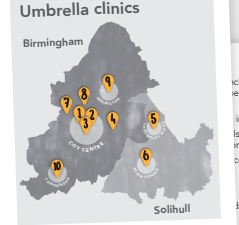
If you have any comments, feedback or suggestions, please ask for a 'patient experience' leaflet at reception or complete the patient feedback section on our website.

You can make an appointment at any Umbrella Sexual Health clinic by phoning 0121 237 5700 during Whitlall St Clinic opening hours or just drop in for free and confidential advice (limited availability).

©2015/16 Umbrella Sexual Health Services Centre Aug 2015/ Revised Jan Dec 2016

Sexual Health Services

Umbrella clinics



- Whitlall Street Clinic, Birmingham
- Boots, Birmingham City Centre
- Birmingham LGBT Centre
- Hawthorn House, Birmingham
- Chelmsley Wood Primary Care Centre, Birmingham
- Boots, Solihull Town Centre
- Soho Health Centre
- The Lighthouse
- Erdington Clinic
- The Factory

www.umbrellahealth.co.uk
Telephone 0121 237 5700

City Centre

For unplanned pregnancy advice call: 0121 237 5700

For further information about your visit or advice about any of the clinics or services offered, please visit www.umbrellahealth.co.uk

Clinic	Services	Mon	Tue	Wed	Thur	Fri	Sat	Sun
1. Whitlall Street Clinic (Mistral Street, Birmingham B4 6DH)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	09:00-19:00	10:30-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00
2. Boots, Birmingham City Centre (46 High Street, Birmingham B4 7TA)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	08:30-18:00	10:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	11:00-14:00
3. Birmingham LGBT Centre (38-40 Holloway Circus, Birmingham B1 1EQ)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment				13:00-20:00			
4. Hawthorn House (Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	09:00-16:30	10:30-16:30	09:00-16:30	09:00-16:30	09:00-16:30	09:00-16:30	09:00-16:30
5. Chelmsley Wood Primary Care Centre (Crabtree Drive, Birmingham B37 5BU)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	17:30-18:30	17:30-18:30	17:30-18:30	17:30-18:30	17:30-18:30	17:30-18:30	17:30-18:30
6. Boots, Solihull (First Floor, 7 Meil Square, Solihull, West Midlands B91 3AZ)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	09:00-17:00	10:30-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	11:00-12:00
7. Soho Health Centre (247-251 Soho Road, Handsworth, Birmingham B21 9BY)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	09:00-16:00	10:30-16:00	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00
8. Lighthouse Youth Centre (100 Alma Way, Aston, Birmingham B19 2UN)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment				14:30-19:00*			
9. Erdington Clinic (196 High Street, Erdington, Birmingham B23 6LJ)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment	09:00-18:00	10:30-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	11:00-15:00
10. The Factory (Birmingham B31 2TS)	STI testing, STI treatment, HIV testing, HIV treatment, Contraception, Pregnancy tests and advice, Sexual health and abortion treatment				14:30-19:00*			

*Second and fourth Thursday of month

STI testing
 STI treatment
 HIV testing
 HIV treatment
 Contraception
 Pregnancy tests and advice
 Sexual health and abortion treatment

Last updated 07/10/15

Patient information

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Beer mats and drinks covers



Advertising in magazines

Umbrella backgrounds – examples



Lesbian/MSM



Individual



Groups



Umbrella backgrounds – examples



BME/individual

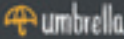
Appendix J

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[Homepage](#)
[Patient Pathways](#)

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Select one of the options below and answer a few simple questions to get the advice or information that's right for you.

I think I might be pregnant
[Pregnancy Questions](#)

I'm worried because I've had sex without a condom, or the condom failed
[Unprotected Sex Questions](#)

I'm not sure what contraception is right for me
[Contraception questions](#)

Sexual abuse

If somebody forces or pressures you into doing something you don't want to do, if they touch you when you don't want them to, or if they hurt intimate parts of your body, this is sexual abuse. Read our pages on sexual abuse to find out more, including where to get help if you've been sexually abused or assaulted.

[Sexual abuse](#)

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Prepared for the Overview and Scrutiny Committee
October 2016



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1. Background

Birmingham City Council recommissioned an integrated, city wide, adult drug and alcohol treatment system. CGL, (Change, Grow, Live), were awarded the contract as lead provider.

This report serves as an overview of how the contract has progressed over the first 18 months, providing an update against Birmingham City Council's three key commissioning intentions;

- To have a single system approach
- To prioritise safeguarding of children and ensure support for the whole family
- To deliver a broad range of recovery outcomes;
 - Reductions in re offending
 - Improved Housing
 - Improved Parenting/Effective child safeguarding/Reduction in related domestic violence
 - Increased levels of Employment
 - Improvements in physical and mental health
 - Reduction in sexual health problems and blood borne virus's

The CGL service commenced on the 1st March 2015, the first 12 months of delivery focused on safe and effective transformational change, priorities were to ensure;

Safety – significant time and investment was made in ensuring that staff, service users and information transferred seamlessly and safely. Introducing new systems and ways of working required significant time and investment nt, to ensure that all service users were receiving a good standard of care and that information was recorded accurately and in line with CGL policies. All clients were reassessed and child safeguarding approaches implemented, including a home visit for all clients receiving clinical interventions and the Cgl case management monitoring system

Quality – As with all transformational changes, there is a need to invest in assessing and developing the competency of the work force. All staff have undergone significant training and development in order to ensure that they are able to transfer their existing practice to a CGL approach.

Outcomes – the first 12 months were focused on the development of the safety and quality of the service. Now that the service is 18 months into delivery, this report can speak to the some of the outcomes which the service has achieved.

2. A single system approach

The service has successfully adopted a new identity, as a single recovery oriented treatment system serving the needs of the whole city in Birmingham.

CGL have implemented a broad and diverse supply chain, consisting of both formal sub-contract arrangements and grant agreements. The supply chain covers key areas of the contract including;

- Housing pathways
- BME engagement
- Family support
- Employment support
- Mutual Aid and peer support groups
- Criminal Justice employment programme

In June 2016, we invited Birmingham charities and not-for-profit groups to apply for funding to support work in the community and help adults with substance misuse, including their families and carers.

All of the applications were reviewed and processed by a panel made primarily of service users, supported by a member of the Reach Out Recovery Senior Management Team.

Nightlife Outreach were awarded a grant to attend University events during Fresher's week.

The grant was used to produce and print a clubbers guide, with the outreach team on hand during the Aston University Bar Crawl to provide help, support and advice.



Handsworth carers group had their grant application awarded in full for the Carers Community Luncheon Club. The luncheon club supports people that live in deprived areas by providing warm and nutritious food, particularly in Lozells, Handsworth, Perry Barr and Aston.

By bringing people together and giving them a chance to socialise, Handsworth carers group helps make a positive change in the lives of vulnerable adults.

"I really look forward to coming to the luncheon club as I was so isolated and as suffering from depression and loneliness and now attending the luncheon club is now improving my quality of life and has enabled me to stay away from drug dealers and alcoholics. I have made so many friends al whom are welcoming and friendly."

We are now represented across the city at operational and strategic meetings and are supporting Commissioners by chairing the third sector building resilience group with the aim of supporting third sector providers to work together to increase sustainability.

Our partnership working has also enabled us to support local community events. Reach Out Recovery staff, volunteers, local councillors, schools and members of the local community took part in the Sparkling Sparkbrook littler picking day May 2016. The day brought Reach Out Recovery into the heart of the local community, not only to clean up one of the busiest streets in Birmingham but also understand the challenges being faced on their doorstep.



3. Safeguarding Children and supporting the whole family

Throughout the first year considerable work has been carried out to provide a gold standard approach to Child Safeguarding. The service has placed paramount importance on ensuring that child safeguarding information has been both complete and accurate.

Achievements in this area include the following:

- The service has successfully embedded into MASH and the co-location of the services continues to progress strongly. A rota of team leaders sit within MASH on a daily basis to advise on and assess cases.
- Child Protection Master classes have been delivered to CGL staff by BCC Social Care
- A Child Protection social worker has held consultancy sessions at CGL premises to support and advise staff.
- A comprehensive Safeguarding toolkit (including protocols, proformas & forms, contact details and top tips) has been disseminated to all staff.
- Child Safeguarding activity and quality performance measure have been revised to ensure that reporting is more robust and reflective of service delivery.
- An assessment and review of all service users has been conducted to ensure that information relating to Safeguarding is up to date and accurate.
- Home assessments are undertaken for all service users with children
- A heat map of prevalence of child safeguarding concerns based on service user assessment has been produced to inform service delivery.
- A Joint Working Protocol between CGL and BCC Children's Services has been developed to facilitate referrals and information sharing.

- CGL in Birmingham put itself forward as a pilot site for ADFAMs research into Opioid Substitute Medications in Drug Treatment: Tackling the Risks to Children. A multi stakeholder meeting took place on the 28th September to start this process.
- CGL have seen an increasing number of requests across the Region to provide court reports to support Local Authority Legal Services in initiating Care Proceedings. In response to this increase CGL are in the process of implementing a standardised approach to the provision of reports. This approach will ensure consistency in the quality of reporting; will ensure that court deadlines are met, and that frontline practitioners receive appropriate support.
- CGL have undertaken a survey of the entire Birmingham workforce to support effective management of safeguarding concerns. The results of the service will support learning analysis around safeguarding management, and identify gaps in knowledge whilst seeking to embed recent changes in practice and culture.
- Also underway is the development of a Regional Safeguarding Forum to support Birmingham and all West Midlands Staff. It will be informed by the learning analysis from the survey, and will look to ensure that the CGL national agenda and headline learning from Serious Case Reviews is distilled and effectively cascaded throughout the workforce and across the supply chain.
- CGL have engaged with the Birmingham Early Help and Safeguarding Partnership and are involved in developing and supporting Birmingham's Early Help and Brokerage offer, with a focus on improving preventative interventions, and encouraging the take up of treatment for those families that need it.

The work carried out in this area over the past year has benefited the service in a variety of ways including;

- Improved relationships with Social Workers
- A marked improvement in the quality of referrals and staff understanding of MASH/Social Care thresholds.
- Safeguarding training indicates an increased level of competency with Safeguarding amongst staff. For example, 85% of the staff members who have completed e-learning modules on both Safeguarding Adults and Safeguarding Children have passed with a pass rate of 80% or higher.

A Section 11 audit was conducted by Birmingham Safeguarding Children's Board and provided positive re-assurance that CGL continue to progress and improve their safeguarding systems and processes around keeping children safe. CGL also now have a place on the BSCB board (most likely in the subgroup looking at quality and performance) and are supporting the Board to build capacity in smaller third sector organisations to ensure they are able to effectively engage with the Section 11 process.

As part of the contract it is a requirement that wherever possible, and appropriate, there is family or social network involvement in every individual's treatment and recovery.

Data shows an increase in the number of service users involving family members in their recovery interventions. However, this is still an area in development and more work needs to be done to ensure that this information is being consistently and accurately captured. This is a priority in Year 2 as performance against this activity is linked to one of the four Payment by Results (PbR) measures that come into effect in the second year of the contract (2016/17).

3.1 Delivery of recovery outcomes

As the service has progressed into year 2 of delivery, the investment in safety and quality of service provision has begun to pay off, with a number of outcomes now being realised.

The service has a broad range of key performance indicators and is demonstrating a strong trajectory of growth in all areas, expected to achieve all Payment by Results targets by the end of the year.

3.2 Reductions in re offending

Clear strategic and operational links have been made with all key partners in this field including the Police, Probation and the newly formed Community Rehabilitation Company.

Key meetings take place on a monthly basis with partners in the criminal justice system. This year has seen the launch of the HCCU (High Crime Causing Users) project. CGL chair and manage this forum which chooses ten nominal offenders, identified per LPU (Local Policing Unit), four of whom are selected for intensive tracking. A comprehensive, multi-agency plan is then wrapped around those identified.

Over 80% of offenders coming through police custody suites are already engaged in treatment or on a court order. The CGL management team are in the process of conducting a review of this element of their service in order to develop a more targeted approach for those offenders who have not previously had any contact with treatment services and to align the staffing structure to the opening of the new 'superblock' in Quarter 1 of 2016/17.

Innovation with West Midlands Police



Working with West Midlands Police, Reach Out Recovery provided text message content to be sent to 3,500 mobile devices that have contacted known drug dealer telephone lines in Birmingham.

This initiative directed people to the Reach Out Recovery website and contact number. Approximately 100 individuals accessed the Reach Out Recovery website in the week of the text message being circulated.

Although it's extremely difficult to measure what impact this had on the numbers of people entering service, we know that in the week of the initiative we had a number of individuals call our service as a result of the text message.

Working with West Midlands police, who would normally shut down these lines, we were able to support them in a much more fruitful project.

3.3 Improved Housing

CGL, in conjunction with their housing partner Stonham, have reviewed housing provision for their service users and have mapped this against existing support available via Birmingham City Council's 'Gateway' service and other housing support providers across the city. Emphasis is primarily on ensuring housing needs are identified and addressed at the referral stage and developing the external market. As a result Stonham have revised their service specification to ensure that it is better aligned to the support available. This includes;

- Assessment adopting a 'whole family approach'
- Asset Mapping Network – advice and info for clients/staff
- Referral route/criteria to housing support provision and promotion of this amongst CGL workers
- Housing provision for those without supported housing needs
- Housing support package specifically for families
- Housing support for high-end cases i.e. social services input, domiciliary needs
- Screening and advice regards accessing mainstream external provision

Data indicates that more work is required to fully capture housing related interventions and work is underway

3.4 Increased levels of Employment

Getting people back into employment and education is a key strategic priority of the contract, a number of initiatives have been introduced to ensure that access to employment is maximised. This includes;

- Ongoing work with partners YMCA and Intuitive Thinking around employment, training, education and volunteering opportunities. This has included a review of contractual objectives and targets.
- Links with Job Centre Plus and a presence in a selection of job centres where CGL offer specialist advice and deliver brief interventions. CGL aim to have onsite presence across all Job Centre Plus sites across the city.
- Partnership with the employment centre Recovery Central in Digbeth. Recovery Central provides training and employment opportunities to people who have had substance misuse issues.
- Development of an Employment strategy to take in to account the key partnerships that have been identified and to set out how they will achieve the outcome of sustained employment for service users.
- Successful award of a capital bid to support bringing an organisations innovative approach to employment in the construction industry to the city.

4. Improvements in physical and mental health

4.1 Dual Diagnosis

CGL have developed a dual diagnosis protocol with Birmingham & Solihull Mental Health Foundation Trust (BSMHFT). The purpose of the protocol is to provide a treatment pathway for people who have both a mental health diagnosis and substance misuse problems.

CGL now sit on the Mental Health Programme Board hosted by Cross City CCG. Discussion of the Dual Diagnosis pathway and protocol will be picked up in the over 25's sub group to support operational and strategic alignment.

4.2 Acute Sector

The strategic and operational links between CGL and the acute sector remain a priority. CGL have developed links with the four main hospitals in Birmingham to ensure that there is adequate support for people admitted with substance misuse issues and that there are the necessary pathways into community provision.

CGL consulted with the hospitals on the proposal that the focus of their work is mainly on the alcohol agenda. This was positively received at the time, and work undertaken to rebrand the service, including development of targeted promotional materials.

However, the shift in focus to alcohol, has brought with it certain challenges and what appears to be inconsistent expectations from the hospitals. CGL are working on strong communication lines with senior hospital managers to ensure key messages are disseminated to the staff on the wards and in A&E. To aid improvement in this area a Hospital Liaison forum took place which generated some positive joint working.

Joint working protocols and pathways have been established with the Specialist Midwife Team at UHB (University Hospital Birmingham). There is now a direct referral route from UHB into CGL's

Women's Service and vice versa. Monthly communication meetings and case review meetings take place and the direct referral route has proved to be highly successful.

4.3 Primary Care

CGL have established effective relationships with GP's and Pharmacists. GP's continue to receive support from the substance misuse GP's of special interest who provide both leadership and a clinical governance function to the 70 practises involved in the scheme. A Lead Pharmacist performs a similar function for contracted pharmacists.

The inherited contracts with GP and Pharmacists have been reviewed. Changes to the contracts ensure greater emphasis on clinical governance, cost effectiveness and measures which support the new recovery agenda. Training took place in September/October 2015 to reinforce these changes. CGL have established links with the recently procured Sexual Health provider for Birmingham, Umbrella. Individuals with substance misuse problems are a high risk group regards their sexual health and joint pathways and protocols for screening, testing and treatment have been developed.

Our work promoting Naloxone (**Naloxone** blocks or reverses the effects of opioid medication, used to treat a narcotic overdose in an emergency situation) in Birmingham, particularly through our partnership with Pharmacists has attracted national interest.

"Without the naloxone, I don't think it would have ended so well. I'm really grateful Connor took the time to visit the pharmacy and give me and my team the help."

Browns Pharmacy - Yardley

In August 2016 Yardley, an individual in a tattoo shop overdosed from a fentanyl patch on his tongue. Next door to the tattoo shop was a pharmacy where a CGL Recovery Coordinator had recently delivered naloxone training. The pharmacist was able to successfully administer naloxone to the individual (twice) and reverse their overdose, almost certainly saving their life.

Karl Price, a former service user and now Reach Out Recovery volunteer, appeared on the Victoria Derbyshire programme in September 2016, telling his story of how naloxone saved his life multiple times.

Karl still volunteers with the Reach Out Recovery duty team, his attitude and experiences have also supported him in becoming a member of the Reach Out Recovery staff bank. Karl uses his experiences to support our service users, providing harm reduction advice and motivational support, to encourage people to seek support.



5. Service user engagement

CGLs partner, Emerging Futures, has taken on responsibility for developing and supporting service user involvement, including the development of a new Birmingham Service User forum which is inclusive, and representative of, the service user population. The forum will be a key stakeholder, providing both challenge and support to CGL.

CGL have developed a Peer Mentoring scheme enabling service users to support the delivery of services and to support service users in accessing services. The Peer Mentor scheme continues to consistently recruit new members to the scheme and there are currently over 20. Peer Mentors have also developed their own newsletter specifically aimed at service users.

In addition to this there are 22 Community Coaches who support activity across the service, most notably to help re-engage service users who have dis-engaged with treatment or who repeatedly DNA appointments.

The service user forum has been revitalised and the frequency at which groups are being held has now increased to twice per week.

Birmingham Recovery Coach, Karl Newton, is one of many individuals that have been part of our national “Humans of CGL” story sharing campaign run via our website and Facebook page.

Karl and many others have had the opportunity to share their story with others. Via the CGL and Reach Out Recovery Facebook page, Karl's story has reached over 1,000 people.

The CGL Facebook page captures the successes in Birmingham alongside those of our other services nationally, reaching thousands of people each week. Our Reach Out Recovery twitter page has also attracted over 700 followers and continues to grow.



We celebrated volunteer's week with our team at Reach Out Recovery that have contributed an incredible 8,318 hours of their time.

Our volunteers speak to our service users as they come

through our front door, they support our welcome groups and represent Reach Out Recovery at events across the city.

Other key achievements against CGLs service user engagement strategy in the first year are;

- Production of a treatment menu for service users
- Ensuring that all service users are involved in their treatment/care plans
- Establishment of a strong network of mutual aid and peer support groups
- Routine service user representation at operational team meetings
- Service user involvement in audit cycles/incident investigations with appropriate support



Reach Out Recovery outreach teams and volunteers attend many of the high profile events from across the City to provide harm reduction advice. Including events at nightclubs, festivals and Fresher's Week.

Working with the Birmingham Community Safety Partnership we also produced a "Prepare to party" campaign which featured a list of top tips for a safe night out in Birmingham. Our campaign run across 6 of the main bus routes in Birmingham over the Christmas period.



5.1 Service User Quality Assurance of the contract

Service user input is considered essential for the evaluation of the Birmingham substance misuse system. The proposed alternative model to the Service User Quality Assurance approach delivered from BCC has been developed by CGL and will be modeled on the successful Red Rose Recovery programme in Lancashire. Established 10 years ago the service has grown rapidly over the years, meeting on a monthly basis, providing a collective voice for the recovery community across Lancashire.

The development of such a programme for Birmingham will be delivered at no additional cost to BCC budgets.

CGL propose to develop an independent pan Birmingham service user forum, providing opportunity for broader discussions and external and independent service user voice and challenge. The Birmingham Service User Forum would be open to anybody who has an active interest in supporting further development of recovery oriented services and support across the city, activities would include;

- **Forum events / meetings** - One of the most effective ways that the service users are involved with a wide range of stakeholders is by attending events and meetings. This will enable involvement in strategy development, system planning and development of recovery oriented support at a local level.
- **Focus Groups** – these bring people together to discuss particular issues. They are good for providing information and exploring issues in depth.
- **Service User and Carer Groups** – Developing a network of support and involvement groups of service users within local communities.
- **Peer Led Reviews** – this technique is useful for monitoring and reviewing services. Mystery customers pose as potential customers or ask other service users about the quality of service received and service standards.
- **Surveys and research** – (including satisfaction) questionnaires given or sent out to a wide range of people, ensuring consultation opportunities to a large number of service users
- **Road shows** – this concept involves going to the users. Road shows are mobile information / publicity devices that could be used to promote services and generate comment on service delivery issues.

The intention is that representatives from the Birmingham Service User Forum will meet with Commissioners on a quarterly basis to feedback findings and issues.

Plans are in place to implement this new model by 1st April 2017. The first meeting of the Birmingham Service User Forum is due to take place in November 2016. Known contacts across the city are being invited to promote the event and to encourage people to come together to explore the opportunity. To support discussions the Chief Officer from Red Rose Recovery is attending to share learning and support CGL with taking the forum forward. A TOR is scheduled to be agreed by December 2016 and the work plan for the forum is to be agreed by January 2017.

6. Cost efficiencies

The new system realises cost efficiencies from a previous budget of £24.7million per annum which supported a total of 28 contracts.

Substance misuse – projected efficiency savings			
	Annual contract value (£)	% saving against £20.3m report value	% saving against the 2014/15 spend on substance misuse contracts (£27.5million)
Year 1	18,940,786	6.7%	31.1%
Year 2	17,973,369	11.4%	34.7%
Year 3	17,973,369	11.4%	34.7%
Year 4	15,368,666	24.3%	44.1%
Year 5	14,855,339	26.8%	46.0%

A Payment by Results (PbR) mechanism has been agreed and has been applied to a selection of key performance indicators, commencing on the 1st April 2016. Combined these indicators are worth 10% of the contract, all are currently on track to be achieved.

7. Service improvements

There have been many positives achieved in the 18 months of the contract and considerable efforts have been made to implement a system that is not only new in approach but also the largest of its kind in the country. Nevertheless, there are always areas that require improvement and it is these areas which will be the focus for the second year of the contract.

Following analysis of progress in the first year an action plan has been drawn up to ensure that key strategic objectives are achieved and performance is improved upon. The activities in the plan reflect issues that have arisen as the service has embedded and stabilised in the first year. The outcome of achieving these activities is to ensure that the service is;

- Safe:** For example, timely access to detoxification programmes in residential and community settings
- Effective:** A review of the process from point of referral to first appointment with allocated worker to ensure that it is a safe and effective entry into treatment
- Responsive** (to service users and stakeholders): For example; (i) increase the number of service user representatives attending management and strategic meetings, (ii) strengthen partnerships with key stakeholders in the city, e.g. hospitals, housing sector and police, etc.
- Caring:** Ensure that the Service User space is friendly, welcoming, interactive and safe.
- Well Led:** Ensure that the supply chain is well aligned to outcomes, with all aware of the contribution and impact

The activities above reflect a portion of those listed in the plan. Achievement and progress of these activities will be closely monitored on a monthly basis at contract review meetings.

Information briefing

Report From: Strategic Director for People

Report To: Health, Wellbeing and the Environment Overview & Scrutiny Committee

Date: 22nd November 2016

Title: Care Centres and Enhanced Assessment Beds - Update

1. Care Centres/Enhanced Assessment Beds

- 1.1 A paper in relation to the Care Centres and Enhanced Assessment Beds was presented to the Health, Wellbeing and the Environment Overview & Scrutiny Committee on the 19th July 2016.
- 1.2 Following that meeting four requests for further information have been received and responses are presented below:
- 1.3 Data to be provided by Alison Malik on the numbers of people who have gone home with a care package in place
 - 15% of people went home with a Care Package
- 1.4 Cllr Carole Griffiths requested that visits to Care Centres be arranged and the offer to be extended to any of the other scrutiny members wishing to attend – scrutiny officers to liaise with Diana Morgan to organise
 - Cllrs Griffiths, Cotton and Ahmed visited Norman Power and Ann Marie Howes Care Centres on Wednesday 7th September 2016. The Lord Mayor has recently requested visits to all four Care Centres and this is currently being arranged.
- 1.5 In response to Cllr Pocock's query it was agreed to provide activity data for the Enhanced Assessment Bed Service to cover what is the range around the average length of stay, the length of time involved for different types of patients and whether this has any bearing on whether they subsequently return to hospital or move out to a more permanent location.
 - Please see the tables at Appendix 1 below which provide the average length of stay for different categories of people and also the outcomes by length of stay. It has not been possible to analyse in any depth the length of stay and its effect on the outcome for individuals but the longer the length of stay would suggest a higher level of need and, therefore, a greater likelihood of moving on to long term care.

As reported previously, 23% of people returned to hospital and they, along with the people who pass away whilst in the service, have the shortest length of stay (23 and 27 days

respectively). The short length of stay for those who return to hospital might suggest that discharge took place too early but could also indicate deterioration in their condition. Data to develop any greater understanding of the effect of length of stay as related to outcome is not currently available although some reasonable assumptions can be made from the current information.

- 1.6 The consultation on the remaining Norman Power and Perry Tree Care Centres is due to take place between August – October 2016. Members requested that a further report be added to the scrutiny work programme in October reflecting the findings from the consultation before the findings go back to the Cabinet with the final business case in November. The report should include an update on the position with the remaining two residential care centres, will need to reflect on costings in future considerations and also information on the enhanced assessment bed model including available performance data.
- The consultation process for the Norman Power Care Centre is not due to be completed until Sunday November 6th and will need to be subject to analysis before a report can be presented. The consultation process for the Perry Tree Care Centre is planned to commence following the outcome of the Norman Power consultation which will provide a clearer indication of people's views of the right future for the Care Centres.

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Appendix 1

Average of LOS				
EAB or Interim	Provider	Bed type	Total Beds 1st Day of Month	Grand Total
EAB	Acocks Green	Nursing	7	47.1
	Amberley Court	Nursing	10	37.7
	Berwood Court	Nursing	5	40.6
	Bromford	Nursing	0	64.3
		Severe Dementia Complex Nursing	38	37.3
	Cherry Lodge	Dementia Residential	13	37.5
	Clifton House	Dementia Residential	9	34.9
	Ivy House	Nursing	12	38.0
	Kenrick	Residential	32	33.7
	Kerria Court	Dementia Residential	3	48.7
	Lickey Hills	Dementia Nursing	5	22.4
		Nursing	4	32.5
	Perry Locks Brooklyn House	Nursing	22	39.0
	Perry Locks Perry Wells	Dementia Nursing	5	37.6

Average Length of Stay By Outcome

Outcome Grouped	Outcome2	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Grand Total
DECEASED	Deceased		26.9	30.4	13.8	31.5	33.0	25.8	25.8	29.5	19.0	18.5	27.1	27.0
DECEASED Total			26.9	30.4	13.8	31.5	33.0	25.8	25.8	29.5	19.0	18.5	27.1	27.0
HOME	Extra Care	57.3	52.0	43.0	56.0	98.0	6.0	47.0	74.0				11.5	51.7
	Home	38.1	38.0	33.6	38.8	27.2	34.7	34.6	20.1	49.3	28.0	29.1	39.5	35.0
	Home Care	50.7	42.5	47.9	44.7	43.7	38.4	43.3	31.3	45.0	34.0	37.6	43.4	40.9
	Housing		31.0								44.0			37.5
HOME Total		44.0	38.8	40.8	43.5	42.2	36.2	38.9	29.9	46.1	32.4	32.6	40.2	38.5
LONG TERM PLACEMENT	Continuing Health Care				170.0	93.0	42.7	14.0		43.0	43.7	45.0	25.2	54.1
	Dementia Nursing	45.2	49.8	49.1	53.5	55.0	45.9	39.5	41.0	38.7	35.0	37.5	43.1	41.9
	Dementia Residential	51.7	63.0	40.7	40.3	39.0	36.3	37.4	36.3	37.7	47.2	46.3	34.4	41.1
	Nursing Home	50.9	47.6	46.6	59.5	56.6	50.0	42.1	48.1	34.9	40.9	39.6	34.9	46.4
	Residential	45.7	75.3	54.9	50.0	50.4	48.2	49.2	34.9	45.1	39.9	49.8	37.2	47.1
LONG TERM PLACEMENT Total		47.9	55.6	49.8	50.2	54.1	46.7	42.3	41.2	38.6	40.4	42.3	36.7	45.2

READMITTED TO HOSPITAL	Readmitted To Hospital	32.7	24.2	14.8	27.3	23.2	25.3	26.0	18.6	18.6	20.7	22.6	27.8	23.4
READMITTED TO HOSPITAL Total		32.7	24.2	14.8	27.3	23.2	25.3	26.0	18.6	18.6	20.7	22.6	27.8	23.4
SHORT TERM PLACEMENT	Eab Bromford	83.0												83.0
	Eab Extra Care		45.3			27.0		47.5	40.5			35.0		41.6
	Interim										7.0	56.0		39.7
SHORT TERM PLACEMENT Total		83.0	45.3			27.0		47.5	40.5		7.0	49.0		44.3
Grand Total		43.9	38.2	37.3	43.7	43.1	39.2	37.0	32.2	35.8	33.6	34.2	35.3	37.6



The impact of poor air quality on health in Birmingham

Health, Wellbeing & the Environment and Economy, Skills and Transport Overview & Scrutiny Committees

Lead Member:	Cllr John Cotton Cllr Zafar Iqbal
Inquiry Members:	Cllrs Uzma Ahmed, Mick Brown, Carole Griffiths, Kath Hartley, Mohammed Idrees, Karen McCarthy, Robert Pocock, Deirdre Alden, Andrew Hardie, Simon Jevon, Sue Anderson Phil Davis, Diane Donaldson, Ziaul Islam, Josh Jones, John O'Shea, Eva Phillips, Sharon Thompson, David Barrie, Timothy Huxtable, Ken Wood, Zaker Choudhry
Officer Support:	Rose Kiely, Group Overview and Scrutiny Manager Gail Sadler, Research and Policy Officer Baseema Begum, Research and Policy Officer
Key question:	Is there an evidential link between poor air quality and poor health, what are the main controllable sources of this in Birmingham, and what can be done to improve air quality with a view to improving health outcomes in Birmingham?



The impact of poor air quality on

health in Birmingham

Key lines of enquiry:	<ul style="list-style-type: none"> • What evidence is there about air quality, emission sources, and levels of air pollution in Birmingham or in specific pollution hotspots? • How do these rates compare to other comparable major cities in the UK and Europe? • What are the main types of air pollution that affect people's health, where do they come from, what is that health impact, and who is most likely to suffer the effects? • Are there any trends which can be identified in relation to air quality and public health in the city? • For each air pollution related health problem, what is the likely nature and scale of impact on the City's health care system, and what are the likely social and economic costs of this? • Birmingham has been ordered by the Government to impose charges in 'clean air zones' to cut pollution. What types of vehicle, driving mode, location and fuel system most contribute to the health impacts of road traffic, and what would be the most effective ways of implementing and operating a 'clean air zone' so as to minimise these burdens? • What are the potential barriers to clean air zones being implemented widely in the city? • Are there other measures which can be taken such as for example the planting of urban trees to absorb airborne pollutants and improve air quality and are there any plans in relation to these?
Anticipated outcomes:	<ul style="list-style-type: none"> • A clear understanding of the impact of poor air quality on people's health in Birmingham and the main sources of emissions causing this problem; and a set of recommendations that will support the widespread implementation of ways to improve air quality and reduce associated morbidity and mortality in the city.
Key witnesses to include:	<ul style="list-style-type: none"> • Adrian Phillips, Birmingham Director of Public Health (links between poor air quality and public health implications, evidence from air quality team) • Public Health England (Air quality steering group) • Professor John Thornes, University of Birmingham (re work on levels of pollution at New Street Station and elsewhere in city who advocates installing permanent monitoring system) • Asthma UK • Dr Christopher Chiswell, Consultant in Public Health Medicine, Birmingham Children's Hospital (banning smoking from streets adjacent to BCH, interested to hear about how will this be enforced.) • Representative from Primary Care • Representative from Hospital Trust (Re hospital admissions for asthma/COPD etc) • Respiratory consultant • Jackie Homan, BCC Sustainability and Climate Change Manager, (Reducing CO2 emissions, Green Commission work on Carbon Roadmap and implementation plan, Green City Vision) • Anne Shaw, BCC AD Transport and Connectivity • Transport West Midlands



Background information to include:	Air pollution in the UK 2015, DEFRA September 2016	
Inquiry Plan:	Nov 2016 17 Jan 2017 Jan/Feb 2017 Feb 2017 Mar 2017 4 April 2017	TOR agreed Evidence gathering Report drafting Report agreed by Committee Members Report to Cabinet, 8 Day Rule Final Report submitted to City Council



Health, Wellbeing and the Environment Overview & Scrutiny Committee 2016/17 Work Programme

Committee Members:

Cllr Uzma Ahmed
Cllr Deirdre Alden
Cllr Sue Anderson
Cllr Mick Brown

Chair: Cllr John Cotton

Cllr Carole Griffiths
Cllr Andrew Hardie
Cllr Kath Hartley
Cllr Mohammed Idrees

Cllr Simon Jevon
Cllr Karen McCarthy
Cllr Robert Pocock

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)

Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
21 June 2016	Formal Session – Appointments to Deputy Chair and Joint HOSCs Informal Session – Briefings and Background Documents	Dr Louise Lumley, Clinical Lead for Urgent Care. Karen Richards, Head of Urgent Care, Gemma Caldecott, Senior External Comms & Eng. Manager Alan Lotinga, Service Director, Health & Wellbeing / Judith Davis, Programme Director, Better Care Fund/John Wilderspin, Strategic Programme Director Sustainability & Transformation Plan Adrian Phillips, Director of Public Health Alan Bowley, Reduce, Reuse, Recycle Programme Manager



19 July 2016 @ 10.00AM	Use of Enhanced Assessment Beds including capacity in Care Centres	Diana Morgan, AD Specialist Care Services
19 July 2016 @ 1.00PM	Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	Joanne Carney, Associate Director, Joint Mental Health Commissioning Team, CrossCity CCG, Robert Devlin, Senior Strategic Commissioning Manager, Peter Wilson, Stephen Jenkins, BSMHFT
	From Waste to Resource Workshop	Alan Bowley, Reduce, Reuse, Recycle Programme Manager
9 August 2016	Urgent Care in Birmingham (including the re-procurement of NHS 111 Service)	Karen Richards, Associate Director of Urgent Care / Carol Herity, Associate Director of Partnerships, CrossCity CCG
27 September 2016 @ 10.00AM	Cabinet Member for Health and Social Care Birmingham & Solihull Sustainability & Transformation Plan - progress update	Cllr Paulette Hamilton/ Peter Hay, Strategic Director, People Directorate
	Cabinet Member for Clean Streets, Recycling & Environment - DEFERRED	Cllr Lisa Trickett / Jon Lawton
	Healthwatch – Update	Andy Cave, CEO, Healthwatch Birmingham
27 September 2016 @ 2.00PM	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry	Charlene Mulhern, Senior Officer – Collaboration, Birmingham Public Health
	Tracking of the 'Living Life to the Full with Dementia' Inquiry	Mary Latter, Joint Commissioning Manager Dementia



25 October 2016	<p>Sustainability and Transformation Plan</p> <ul style="list-style-type: none"> • Mark Rogers (System Lead) • Dame Julie Moore • Sarah-Jane Marsh • John Short • Les Williams <p>Mental Health Day Services</p>	Carol Herity, Associate Director of Partnerships, CrossCity CCG
22 November 2016	<p>Update on Umbrella – the Sexual Health Services in Birmingham and Solihull Contract</p> <p>Birmingham Substance Misuse Recovery System– Review of first 12 months</p> <p>Update on Care Centres and Enhanced Assessment Beds</p> <p>Terms of Reference – Impact of poor air quality on health in Birmingham Inquiry</p>	<p>John Denley, AD People Directorate, Nic Adamson, Director CRI</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Alan Lotinga, Service Director for Adult Care, Louise Collett, Service Director, Commissioning, Alison Malik, Head of Service, Complex & Statutory Services, Commissioning Centre of Excellence, Maria B Gavin, Assistant Director, Commissioning Centre of Excellence</p>
13 December 2016	<p>15/16 Local Performance Account Report</p> <p>West Midlands Challenge of Birmingham Adult Care</p> <p>Forward Thinking Birmingham – Mental Health Care for 0-25s (Update 6 months into new contract)</p> <p>Tracking of the 'Homeless Health' Inquiry</p>	<p>Alan Lotinga, Service Director Health & Wellbeing</p> <p>Alan Lotinga, Service Director Health & Wellbeing</p> <p>Donna Hadley, Programme Manager, Forward Thinking Birmingham</p> <p>John Hardy, Policy & Development Officer</p>
17 January 2017 AM & PM	Impact of poor air quality on health in Birmingham Inquiry	TBC



21 February 2017	Update on the Birmingham and Solihull Sustainability and Transformation Plan	
28 March 2017		
25 April 2017	Cabinet Member for Health and Social Care Report from the Waste Strategy Task and Finish Group	Cllr Paulette Hamilton / Suman McCartney

Items to be scheduled in Work Programme

- Housing Adaptations (To be confirmed)
- Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry (October 2017)
- Tracking of the 'Living Life to the Full with Dementia' Inquiry (October 2017)
- Proposed Changes to NHS Specialist Services for People with Congenital Heart Disease
- Informal Briefing – Healthwatch Birmingham Quality Standard Tool
- Outcome of the Older Adults Day Services Consultation
- Outcome of the Mental Health Recovery, Learning and Work Services Consultation

Joint Birmingham & Sandwell Health Scrutiny Committee Work

Members	Cllrs John Cotton, Carole Griffiths, Kath Hartley, Deirdre Alden, Sue Anderson	
Meeting Date	Key Topics	Contacts
5 July 2016 at 2.00pm in Birmingham	<ul style="list-style-type: none"> • Right Care Right Here – Its Evolution (transition to the Black Country Sustainability & Transformation Plan) • Update on Sandwell and West Birmingham End of Life Care Service 	<p>Jayne Salter-Scott, Head of Engagement, SWBCCG</p> <p>Jon Dickens, Chief Operating Officer – Operations, SWBCCG, Sally Sandal, Senior Commissioning Officer</p>
23 November 2016 at 3.30pm in Sandwell	<ul style="list-style-type: none"> • Findings of Improving Day Hospice Service Consultation – Sandwell and West Birmingham CCG 	
TBA	<ul style="list-style-type: none"> • Black Country Sustainability and Transformation Plan 	Jayne Salter-Scott, Head of Engagement, SWBCCG



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Rob Pocock, Mohammed Idrees, Mick Brown, Uzma Ahmed, Andrew Hardie, Simon Jevon.	
Meeting Date	Key Topics	Contacts
27 July 2016 at 5.00pm in Birmingham	<ul style="list-style-type: none"> NHS Procedures of Lower Clinical Value – Solihull and Birmingham 	Gemma Caldecott, Senior External Communications & Engagement Manager, CROSSCITY CCG Neil Walker, Chief Contract & Performance Officer, Solihull CCG, Rhona Woosey, Network & Commissioning Manager, B'ham South Central CCG, Clinical Lead TBC
3 October 2016 at 6.00pm in Solihull	<ul style="list-style-type: none"> HoEFT <ul style="list-style-type: none"> Update on the performance/finance position Report on progress made on implementing plans Planned changes as a result of need to make savings to address deficit issues. 	Dame Julie Moore, Interim Chief Executive / Jacqui Smith, Interim Chair / Rachel Cashman, Project Director, Integration Programmes / Kevin Bolger, Interim Deputy Chief Executive, Improvement
TBA	<ul style="list-style-type: none"> Birmingham & Solihull Sustainability & Transformation Plan Birmingham & Solihull Mental Health Trust performance and planned service changes NHS Procedures of Lower Clinical Value – The next round 	



West Midlands Regional Health Scrutiny Chairs Network		
Meeting Date	Key Topics	Contacts
15 June 2016 10.00am	The Work of the West Midlands Mental Health Commission Mental Health Service Provision – from a provider perspective	Steve Appleton Managing Director – Contact Consulting West Midlands Mental Health Commission Secretariat and Project Manager Sue Harris, Director of Strategy and Business Development Stephen Colman, Director of Operations
5 October 2016	Sustainability and Transformation Plans (STPs) Scrutiny and STPs Single Commissioning - The 3 Birmingham CCGs	Brenda Cook, CfPS

CHAIR & COMMITTEE VISITS		
Date	Organisation	Contact
7 December 2016 @ 2.00pm	West Midlands Ambulance Service – Visit to an Ambulance Hub.	Diane Scott, Deputy CEO
2 November 2016 @ 10.30am	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI

INQUIRY:	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of Report:	
Report to Council:	
Councillor Call for Action requests	

**Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee**

Item no.	Item Name	Portfolio	Proposed date
002078/2016	Waste Depots Modernisation Programme Phase 1 – Full Business Case PUBLIC	Clean Streets, Recycling and the Environment	15 Nov 16
002535/2016	Natural Rivers ERDF Project – acceptance of funding	Clean Streets, Recycling and the Environment	15 Nov 16
002633/2016	Energising Cities	Clean Streets, Recycling and the Environment	13 Dec 16

