

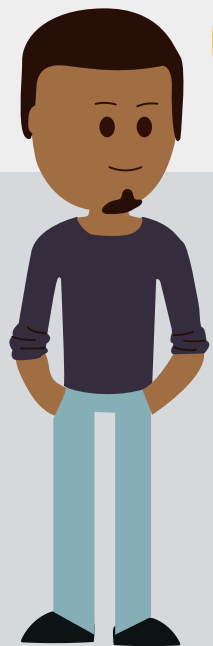


Birmingham and Solihull Sexual Health


Annual Report 2018-19

Sexual Health is a Partnership

Umbrella is a collaboration of...



 **300** full time equivalent employed staff

 **10** city wide umbrella clinics

9 Delivery partners

50 Community partners

132 GP practices

169 Pharmacies

Service user contacts



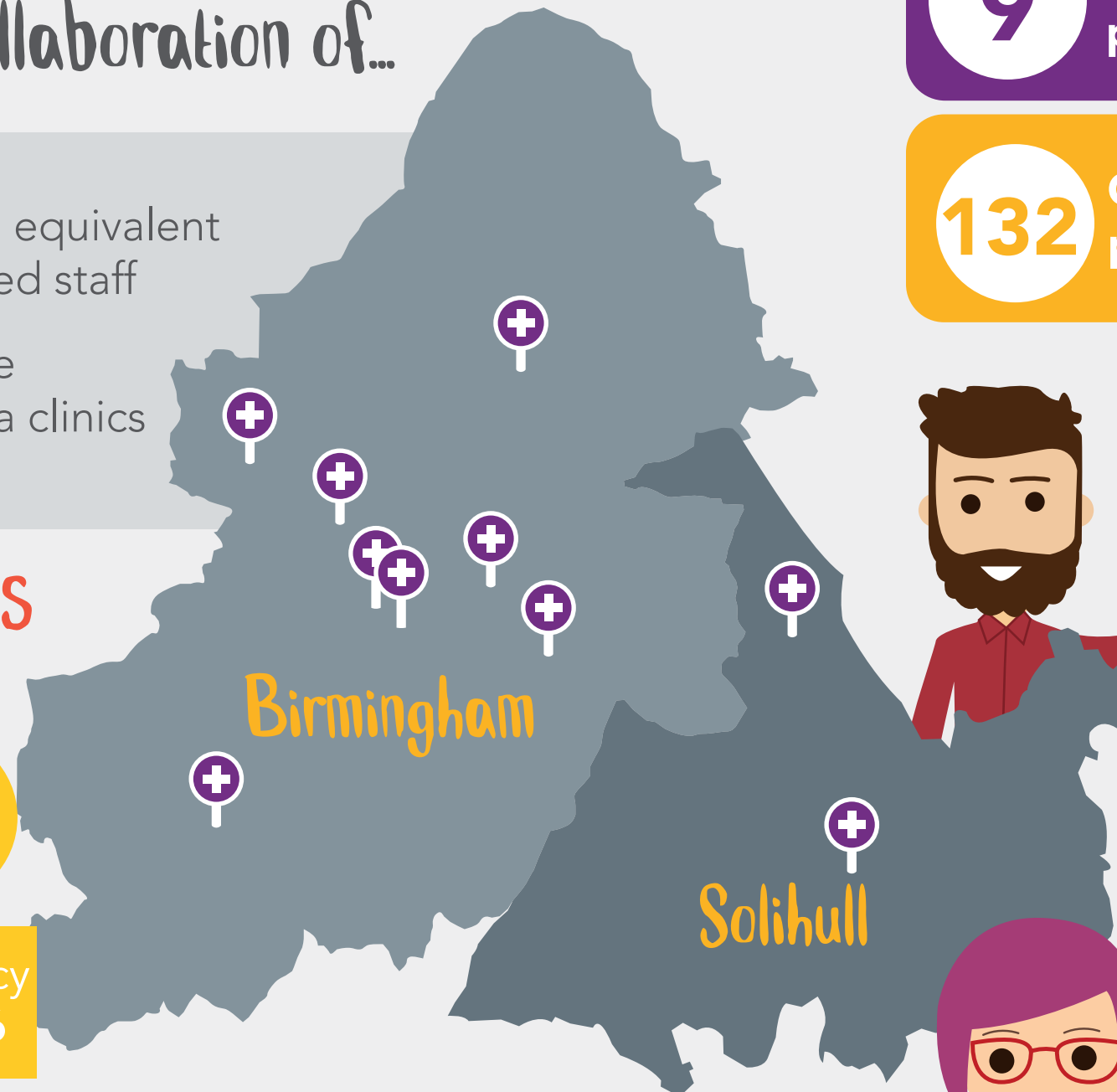
GP's
11,508



Clinics
101,476

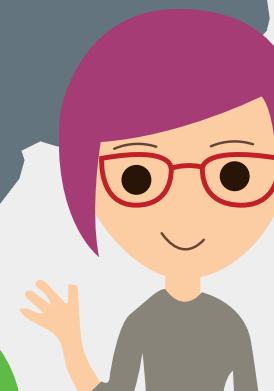


Pharmacy
55,216



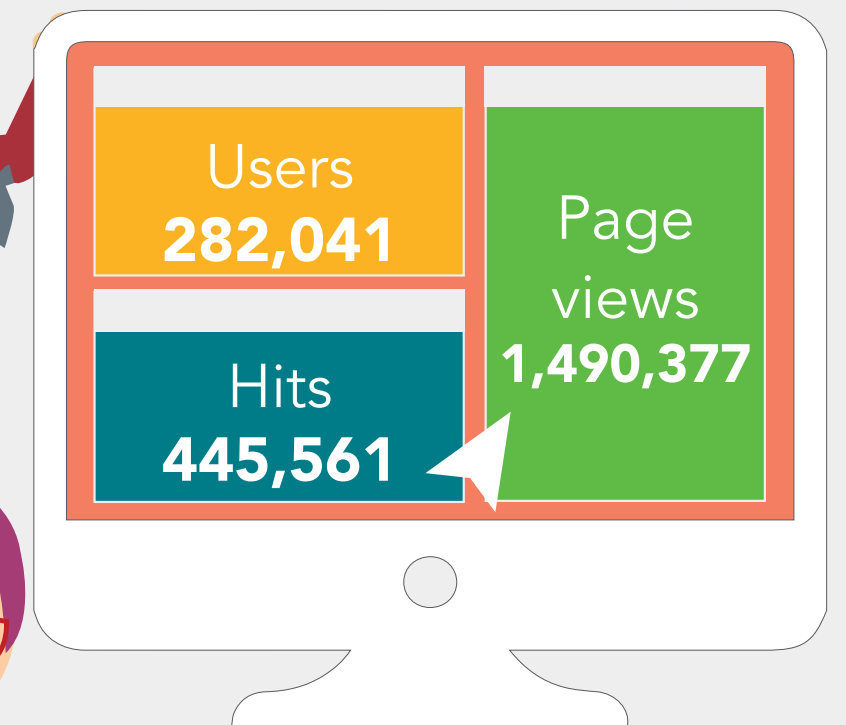
Birmingham

Solihull





Umbrella Online

Year 4 (1 Aug 2018 – 31 July 2019)



In year 4 Umbrella carried out

 HIV tests
61,083

 Chlamydia screens
84,408

 STI kits orders
52,191


 STI kits returned
30,544

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Executive summary



Executive summary

1 Background

In August 2015, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) commissioned Umbrella to provide a new, unique, outcomes-based sexual health service that would enable greater access to sexual health services for all Birmingham and Solihull residents.

Umbrella seeks to achieve this greater access through an innovative combination of training, education, health promotion and partnership working, building the most integrated sexual health service for all of its service users.

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

The success of the Umbrella service is measured in terms of its performance in supporting 10 sexual health priority outcomes:

- 1 Reducing under-18 conceptions
- 2 Increasing chlamydia diagnoses in the 15–24 age group
- 3 Reducing the late diagnosis of HIV
- 4 Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- 5 Providing better access to services for high risk communities
- 6 Ensuring prompt access for earlier diagnosis and treatment
- 7 Increasing the use of effective good quality contraception
- 8 Reducing the number of people repeatedly treated for STIs
- 9 Reducing the number of abortions; repeat abortions under the age of 25
- 10 Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

2 Wider context

2.1. Healthcare economy

Umbrella aims to deliver these priority outcomes in a geographical footprint that faces significant health, social and wellbeing challenges.

- Birmingham is the youngest core city in Europe, with 38.8% of the population under 30, whilst Solihull has an ageing population, with 20.9% of the population over 65 (source NOMIS: www.nomisweb.co.uk)
- Birmingham is a culturally and ethnically diverse city, with 40.3% of residents identifying as being from an ethnic group other than white. Solihull also has an increasingly diverse population, with 8.6% of the population identifying as Black,

Asian or Mixed Ethnic Minority (source: PHE Fingertips: fingertips.phe.org.uk)

- Birmingham is a growing city, linked in part to migration, with a 13.4% increase since 2004 (source NOMIS: www.nomisweb.co.uk)
- Birmingham has a homelessness level more than three times the England average (8.3 households per 1,000 compared to 2.5 households nationally and 3.5 households in the West Midlands) (source: PHE Fingertips: fingertips.phe.org.uk)

3 Umbrella – its fourth year

This annual report covers the period of 1 August 2018–31 July 2019 and focuses on the key achievements to date and plans for Year 5 and beyond.

In 2018-19 Umbrella employed around 300 staff and provided services from:

- 10 clinics, including five outreach clinics, helping to ensure increased accessibility
- 169 pharmacies (across Birmingham only)
- 132 GP practices in April 2018 (across Birmingham only)
- A wide range of public and third sector organisations that have a formalised partnership with Umbrella

In Year 4, Umbrella has successfully built on the foundations laid down in the first three years.

We have continued to see increases in activity across every area of Umbrella.

During the year, we issued a total of 52,191 STI kits, which is an average of 4,349 STI kits per month and received back a total of 30,544, which is an average of 2,545 per month and equates to an average return rate of 59%. This represents a significant increase on last year, which saw 38,860 kits issued and 22,788 returned - an average of 3,238 kits issued and 1,899 kits returned per month.

There was also a significant increase in the use of chlamydia screening kits in Year 4, when 19,698 kits were given out, representing an increase of 33% compared to the previous year.

The increased use of self-screening kits is significant, as it represents the most cost effective approach to detecting STIs and it also provides the most accessible pathway for service users. So this growth is positive, both for the service and for the residents of Birmingham and Solihull.

Another area of significant growth has been the Umbrella pharmacy network, where activity in Year 4 has far exceeded that seen in Year 3. This increase is in every area of service provided by our pharmacists but, perhaps most pleasing, is the continuing increase in the Tier 2 activity, which includes more complex interventions. (See appendix E for a list of Tier 1 and Tier 2 Activities). For example, in Year 3, around 400 courses of antibiotics were prescribed by an Umbrella pharmacist for treatment of chlamydia. In Year 4, this jumped to nearly 1,200 courses, representing a 196% year-on-year increase. In Year 3, there were around 2,300 prescriptions of oral contraception but, in Year 4, this had increased

to over 7,665 prescriptions, representing a 233% year-on-year increase. Again, this jump in activity illustrates the benefit of the Umbrella model, which increases access to service provision in a cost effective way.

We have also continued to build on our relationship with GPs across Birmingham, with over 7,200 LARCs fitted in Primary Care and a valuable additional pathway for people to access chlamydia screening becoming more established.

3.1. Delivery partners and community partners

In 2018-19 Umbrella signed up 14 additional community partner organisations to deliver, expand and support our service and will continue to add more partners to our network.

- A total of 7,020 one-to-one interventions were made between April 2018 and March 2019 within the BME community across our partners SIFA Fireside and KIKIT
- Rape and Sexual Violence Project (RSVP) Independent Sexual Violence Advocates (ISVAs) delivered support at Abuse Survivors Clinics (ASC) at Whittall Street and in Solihull and Chelmsley Wood clinics. At these clinics, clients affected by sexual violence, abuse, coercion and exploitation aged 13 years old and upwards receive sensitive sexual health support. RSVP delivered 1,824 one-to-one interventions in 2018-19. ISVAs also gave advice to sexual health workers working at non-ASC clinics. Umbrella staff will contact RSVP ISVAs for information and advice when they are supporting a survivor of sexual abuse who has attended the general clinics.
- Loudmouth, our 'education through drama' partner, during the period from April 2018 to March 2019 delivered 144 sessions to 16,796 young people. Themes of interventions delivered include Trust Me sessions on sexual health, Safe and Sound sessions on teenage partner abuse and Working for Marcus sessions on child sexual exploitation
- The Young Person's Health Advisor team and Children in Care nurses at Birmingham Community Healthcare Trust have reached 655 young people between April 2018 and March 2019. All young people are seen on a one-to-one basis and receive puberty, sexual health and contraceptive and relationship advice as appropriate. Kits and condoms are offered if appropriate
- In 2018-19, Birmingham LGBT held 8,949 one-to-one interventions and 344 group interventions
- BCC Careers Service (BCC CS) has continued to develop access to sexual health services amongst their NEET (Not in Education, Employment or Training) and young parent workers' client groups
- BCC Youth Services have been working through 18 youth centres across Birmingham. They also host and run a service user group which has assisted in Umbrella service user engagement with young people. BCC Youth Services provided 15,203 one-to-one interventions and 255 group interventions in 2018-19

A summary of Umbrella partners can be found in Appendix D.

4 Umbrella strategy

The Umbrella contract initially ran for 5 years, with an option to extend for an additional two years. As part of the contract negotiations for the extension period, the Commissioners will require Umbrella to make efficiency savings. It is important that the service meets these expectations, whilst continuing to provide high quality, accessible care for the residents of Birmingham and Solihull.

To do this, the service will need to:

- Increase the amount of chlamydia screening across the city, through health promotion campaigns to increase awareness and through promoting chlamydia screening in pharmacies, GPs and partner organisations
- Create new referral pathways from clinic to GP practices for women requiring LARC services
- Increase the activity carried out by Umbrella pharmacies, by upgrading all Umbrella pharmacies to Tier Two status, thereby ensuring a broader and more consistent service provision across the city
- Increase access to service provision by ensuring that any gaps in the pharmacy offering are filled during the next procurement process
- Build on the most successful partnerships to ensure on-going and increased access to vital services for the most vulnerable groups
- Provide more access to STI testing through increased use of self-sampling kits, through new and existing Umbrella pharmacies and through promoting the chlamydia screening programme offered by our GP practices
- Continue to meet and engage with prospective third sector organisations to build the Umbrella partnership network
- Continue to build the dedicated Umbrella training programmes to ensure consistent, high quality service provision across the Umbrella network

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

Umbrella has had a hugely successful fourth year and an exciting fifth year lies ahead. The key areas that Umbrella will focus on in Year 5 include:

- Umbrella will need to undertake a full service review to identify the areas of the service that provide the most efficient use of resources and which areas need to be improved
- Work with commissioners to secure a two-year extension to the contract, providing security for the service and allowing Umbrella to continue to grow and develop
- Upgrade the pharmacy network to provide a consistent and wide-ranging GU and SRH service across the city, offering service users greater access to Umbrella services
- Continue to build on the relationship with our GP partners, encouraging service users to opt for Primary Care when choosing where to attend for LARC services

and exploring what other ways we can support each other to improve the sexual and reproductive health of the city

- Work increasingly closely with our core delivery and community partners to ensure access to some of the most vulnerable groups
- Create new community partnerships with key organisations in the city to help us to widen our network into areas of need
- Complete a full review of the Umbrella website to ensure that it is as easy to navigate as possible

The background of the entire page is a solid dark red color. It is decorated with two patterns of light red shapes: small circles in the upper right quadrant and small, irregular, leaf-like shapes in the lower left quadrant. The text 'Annual Report' is written in a white, casual script font, and '2018-19' is written below it in a yellow, casual script font.

Annual Report

2018-19

Annual Report 2018–19

1 Introduction

In 2014, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC) reshaped the model of Sexual Health Services by procuring a new 'integrated system' approach for the whole population of Birmingham and Solihull. (Please refer to Appendix A for glossary terms).

BCC and SMBC commissioned Umbrella to provide an integrated sexual health service provision under a single contract led by University Hospitals Birmingham NHS Foundation Trust (UHB).

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

This report describes the performance against outcomes to date and our plans to improve outcome delivery to achieve our 10 key outcomes for the people of Birmingham and Solihull. The contents of this annual report provide information on the services delivered to those populations.

2 Our commissioners and associates

Lead Commissioner: Birmingham City Council (BCC)

Associate Commissioner: Solihull Metropolitan Borough Council (SMBC)

3 Our commissioners' intentions

As a result of the Health and Social Care Act (2012) local authorities became responsible for the provision of comprehensive, open access sexual health services from April 2013. These services are mandated and must provide access to testing and treatment for STIs, testing for HIV and all forms of contraception.

These services must be available to all individuals over the age of 13, regardless of residence or status.

The Sexual Health Commissioning Strategy for Birmingham intended to ensure that future spending on sexual health achieved the following:

- Services that meet defined needs
- Services that meet current and future demand
- Services that are best value (cost and quality)
- Prioritisation of the types of services that are required to make a difference for the area's residents, especially the most vulnerable

4 Umbrella's mission, vision and objectives

4.1. Mission

The Umbrella mission is to encourage sexual health and wellness across the population of Birmingham and Solihull by providing training, support, education and easy community access for all their sexual health needs.

4.2. Vision

To create the most integrated sexual health service

A new approach that gets all partners working together.
This advances access, attitudes and the actions of our audience, through innovative integration and services, which improve the health of the region, and sets a new standard.

The Umbrella vision is based upon five guiding principles:

- PARTNERSHIP – Working together for the delivery of a step change in sexual health outcomes, providing a seamless and high quality service
- PREVENTION – Access to timely and effective treatment and preventing ill health
- PROMOTION – Health promotion advisers to be aware of all treatment options and clinical services available to their contacts
- PROXIMITY – Interventions, both clinical and health promotion, delivered better and closer to home
- PROTECTION – Umbrella ensuring that partners can identify and support victims of sexual coercion, exploitation and violence

4.3. Objectives

The Umbrella objectives are to deliver against 10 sexual health priority outcomes.

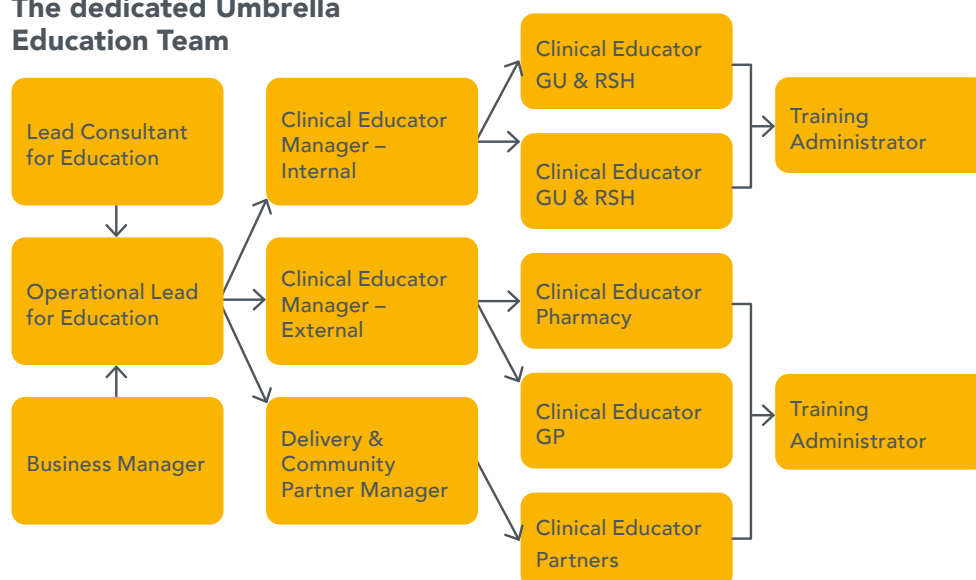
- 1 Reducing under-18 conceptions
- 2 Increasing chlamydia diagnoses in the 15–24 age group
- 3 Reducing the late diagnosis of HIV
- 4 Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- 5 Providing better access to services for high risk communities
- 6 Ensuring prompt access for earlier diagnosis and treatment
- 7 Increasing the use of effective good quality contraception
- 8 Reducing the number of people repeatedly treated for STIs
- 9 Reducing the number of abortions, in particular repeat abortions under the age of 25
- 10 Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

Year 4 brought a significant change with the merging of Heart of England NHS Foundation Trust with University Hospitals Birmingham NHS Foundation Trust to form one Trust. The Umbrella service sits in a new Division with services more aligned to Sexual Health i.e. Obstetrics, Gynaecology, HIV, Infectious Diseases, Immunology and Paediatrics.

5.1. Education and training

Umbrella has an education team, consisting of clinical and non-clinical staff, that is responsible for the development, delivery and review of the educational programme. They work closely with partnership organisations to facilitate the delivery of training around the priority groups. The programme and team are split into the following:

The dedicated Umbrella Education Team



Over the last 12 months the specific areas of focus and achievements are as follows;

Internal – UHB sexual health service

Over the last 12 months the team have focused on the following deliverables;

- 95% of nursing staff to be integrated (sexual health service PGDs signed) within 12 months of Umbrella employment, and 95% of nursing staff to hold and maintain dual accredited qualifications (STIF Intermediate and Diploma or approved alternative) within 18 months employment
 - ▶ Current Integrated trained (can see both GU and RSH patients using PGDs) – 100% (Target 95%)
 - ▶ Hold both STIF and DFSRH (classed as an Integrated Nurse) – 94% (Target 95%)
- All role specific staff, identified by operational management, hold Letter of Competence (LoC), Sub-dermal implant (SDI) and/or Intrauterine Techniques (IUT)
 - ▶ Medical staff with LoC IUT – 12
 - ▶ Medical staff with LoC SDI – 14
 - ▶ Band 7 nurses with LoC SDI: 100%
 - ▶ Band 7 nurses with LoC IUT: 50%
 - ▶ Band 6 eligible nurses with LoC SDI: 44%
- Actively seek income generation: Income is now being generated through use of paid for external requests for education and training qualifications
- Directly contribute towards future workforce recruitment (Nurse Associates, student development, pre and post registration, newly qualified and banding progression) and staff retention (through continuous professional development and learning beyond registration)
- The majority of nursing staff have had the opportunity to attend some form of CPD to assist in the revalidation of their qualifications

External – GP

- 67 staff from GP practices (predominantly practice nurses) attended training on one or more of the following sessions of the SHAPE programme for all GPs in Birmingham and Solihull;
 - ▶ Sexual Health Skills for Practice
 - ▶ Contraception 'Ask the experts'
 - ▶ SRH essentials

- 146 staff from 15 practices or from groups of practices attended training on the chlamydia screening programme for general practice
- 157 GPs, Practice Nurses and Practice Managers attended one or more of three GP Forum events covering the following topics:
 - ▶ Young people and *Mycoplasma genitalium*
 - ▶ Long Acting Reversible Contraception (LARC) and the chlamydia screening programme
 - ▶ HIV testing in general practice
 - ▶ LGBT inclusivity training

External – Community Pharmacy

- 194 community pharmacists received training, either as their annual update or the initial Tier 1 (52 new) or Tier 2 (31 new) training of new or locum pharmacists
- 67 community pharmacy counter staff received training on communications skills with young people, confidentiality, condom provision and signposting
- 34 pharmacy team members attended the Umbrella pharmacy stakeholder celebration, a bespoke event for pre-registration pharmacists held to promote the Umbrella pharmacy service
- The PharmOutcomes electronic patient record has been amended to reflect a streamlined service to enable more effective consultations on feedback from pharmacists
- Planning has started for pharmacy training 2020 with additional training for mapping the transition of all Tier 1 pharmacists to become eligible to become Tier 2 pharmacists
- Facilitation of collaboration between the safeguarding team, Umbrella Lead Consultant, and health advisory personnel when reporting on concerns related to young people

External – Delivery and Community Partners

- Attendance of 169 participants over eight training sessions covering:
 - ▶ Young People, Sex and the Law
 - ▶ Adult Safeguarding
 - ▶ Contraception Awareness
 - ▶ STI Awareness
 - ▶ Introduction to Learning Disabilities

- ▶ Drugs and Alcohol Awareness
- ▶ Substance Misuse
- ▶ CSE Awareness
- ▶ RSE 2020 Umbrella Showcase
- Quarterly partner events covering HIV awareness, Abuse Survivors and Young People topics were attended by 87 participants from 47 different Birmingham and Solihull based organisations
- Umbrella scheme training (condom distribution, chlamydia and gonorrhoea self testing kits, signposting, Umbrella website navigation including STI kit ordering) over four dates involving 55 people from 25 organisations
- Signing up of 13 new community partners to the Umbrella scheme (condom scheme, STI kit and chlamydia screening, signposting and use of promotional materials)
- 18 community organisations were approached to sign up to the Umbrella scheme

External – Young People’s Health Advisers

The Young People’s Health Advisors (YPHA) worked with a total of 9,307 young people across Birmingham and Solihull, of which 7,245 were under 16 years old.

- The core sessions delivered were:
 - ▶ Consent
 - ▶ Healthy relationships
 - ▶ Contraception including condoms
 - ▶ Sexually Transmitted Infections (STIs)
 - ▶ Child Sexual Exploitation (CES)

All sessions include signposting to Umbrella sexual health services, as well as other local and national support services.

- The team delivered 613 sessions across the year; the most popular sessions requested were:
 - ▶ Consent n=133
 - ▶ Contraception n=113
 - ▶ STIs n=212

➤ The sessions were delivered in the following number of locations:

- ▶ 34 Birmingham schools/academies
- ▶ Four Pupil Referral Units/alternative education providers
- ▶ Five Solihull schools/academies
- ▶ One Pupil Referral Unit/alternative education

A three-year plan for the YPHA service was developed to ensure that the service evolves to meet the demands and achieve the outcomes of Umbrella. This includes the development of learning and support packages for teachers and staff in secondary schools to increase collaborative working with Personal, Social and Health Education (PHSE) leads and pastoral staff to assist in the delivery of mandatory PHSE from September 2020.

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 advisors, psychotherapists and counsellors are present or can be referred to, from all clinical sites, partners and primary care settings. Drug and alcohol support services, via an Umbrella partner, are also offered within clinics.

5.3. Outreach

Umbrella provides additional resources, support and staffing in the wider community. High on the agenda are the priority groups, which have had specific services created to ensure their sexual health needs are met. In addition, partner organisations are linked through collaborative working, via awareness and training sessions. Examples include sexual health outreach workers employed by Birmingham LGBT, Looked after Children's nurses employed by BCHC and ISVAs employed by RSVP.

➤ The number of sites visited to deliver Umbrella sexual health services (condoms, STI kits, chlamydia kits, signposting, leaflets and information on the services) were:

- ▶ 18 schools, colleges and universities
- ▶ Four hospitals
- ▶ 11 community residential and hubs

➤ Six events were attended:

- ▶ Simmer down
- ▶ Diversity festival
- ▶ Valefest
- ▶ Castle vale community event

- ▶ Party in the park
- ▶ Mind event

- There were 31 visits to barbershops and Minority Business Enterprise businesses

There were 37,000 condoms and 496 kits distributed with a total of 6,683 other interventions.

The outreach team attended 107 drop-in sessions, 10 community events and 100 workshops.

5.4. Health promotion and education

The Trust Communications team leads on the Umbrella health awareness and promotion campaigns, material and shared information. Effective communication between provider and service user is essential to embed the vision of the service. The educational element includes organisations who are delivering health promotion, education and advice to increase awareness for young people. These include schools, colleges and pupil referral units.

5.5. Pharmacy (for the purpose of this report, where activities are delivered within a pharmacy setting, this refers to Birmingham only)

Pharmacists are an integral part of local community health. Pharmacists can now offer an expanded sexual health service, meaning quicker, easier access for service users. The Umbrella Training Team, supported by Umbrella colleagues, provides evidence based training and support to ensure all pharmacists have the necessary knowledge and information to maintain the same high standard of service expected from all within Umbrella.

5.6. Safeguarding

Within Umbrella, the aim of the Safeguarding Team is to ensure that there is a robust policy, with supporting procedural documents, that allows a consistent approach to the delivery of the safeguarding principles across Umbrella. The policy provides a framework that can be followed, encourages the challenge of practice where appropriate and is reinforced by training and support. It enables all staff to recognise and report incidents where children, young people and adults are at risk. This will ensure that users get the most appropriate and effective support necessary.

5.7. General Practitioners (for the purpose of this report, where activities are delivered within a general practice setting, this refers to Birmingham only)

In April 2018, the way that Umbrella contracts with GPs changed, from a single contract with a single organisation representing 92 GP practices, to directly contracting with separate GP practices. The number of contracted GP practices providing Umbrella services has grown since April 2018 to 132 across seven different GP consortiums, representing a 41% increase.

A total of 3,453 IUCs have been fitted by Umbrella GP practices in 2018-19, 126 more than in the same period last year. An average of 11 more IUCs per month have been fitted in 2018-19 compared to the previous year. A total of 2,917 Sub-dermal Contraceptive Implants (SDIs) have been fitted by Umbrella GP practices in 2018-19, 71

fewer than in the same period last year. There has been an average of six fewer SDIs per month fitted in 2018-19 than in the previous year.

From a total of 2,173 chlamydia screening kits processed by the UHB laboratories, 132 positive screens were detected (this is equivalent to a positivity rate of 6.1%). From the 1,548 chlamydia screening kits from patients aged 15 to 24 processed by the UHB laboratories, a total of 106 positive screens were detected (providing a positivity rate of 6.8%).

An Umbrella GP Advisor was appointed in January 2019 to provide guidance on raising the profile of sexual health amongst GPs.

5.8. Partners

Umbrella has partnership contracts in place across pharmacies, GPs, and community groups, with work spanning all 17 locally identified priority groups, helping to ensure equity of access to integrated sexual health services and related support services for all. A full list of all partners is detailed in Appendix D.

5.9. Research and Development

Over the past year Umbrella has continued to deliver its research and development programme to evaluate and support the clinical service.

For sexual health services in particular, promoting equality and addressing health inequalities are of specific importance, and by using evidence to help shape services for patients, Umbrella is tackling variations in care, improving the treatment of patients, increasing organisational efficiency, and helping attract inward investment. Patient and public involvement (PPI) has played an essential role in obtaining input into how services are delivered, and with our PPI partners we are developing metrics to measure success, which is vital to improve patient experience and satisfaction.

➤ Umbrella's R&D programme is focused on:

- ▶ High risk groups such as sexual assault survivors, ethnic minorities and the LGBT community
- ▶ Evaluation of new clinical services delivered via pharmacy and online
- ▶ Health economic evaluations to maximise the use of available resources
- ▶ A patient-centred approach to developing patient-related outcome measures which are relevant to the new models of service delivery

The Umbrella partnership has developed a world-class R&D programme which is strongly focussed on the robust evaluation and assessment of services with clear pathways to improve patient care. On-going investment in this programme is ensuring that the resources invested in sexual health achieves maximum impact and that a strong evidence base is available to inform the future delivery of services.

6 Umbrella's Objectives

6.1. Outcome 1: Reducing under-18 conceptions

6.1.1. Why is this outcome important?

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

For many teenagers, bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child. This is in relation to the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.

One of Public Health England's (PHE) seven national priorities is 'ensuring every child has the best start in life'.

6.1.2. How is the outcome measured?

A data set is produced by the Office of National Statistics from national data on teenage pregnancy and local authority IMD scores. Data on under-18 conception rates and the proportion of under-18 conceptions leading to abortion can be obtained from the ONS website (www.ons.gov.uk) for all local authorities in England. The Public Health Outcomes Framework (PHOF) 2018 also identifies 'under-18 teenage conception rate' as one of three sexual health indicators.

The data was last published in March 2018. Umbrella came into existence in August 2015. Between Sept 2015 and March 2018, conceptions in women aged under 18 have consistently fallen per quarter across England and Wales. The rate of the decline in Birmingham and Solihull has been significantly greater than in the rest of the country, with a fall of 18% nationally and a fall of 26% in Birmingham and 22% in Solihull.

Figure 1: Quarterly conception rates for women aged under 18, 2015–2018

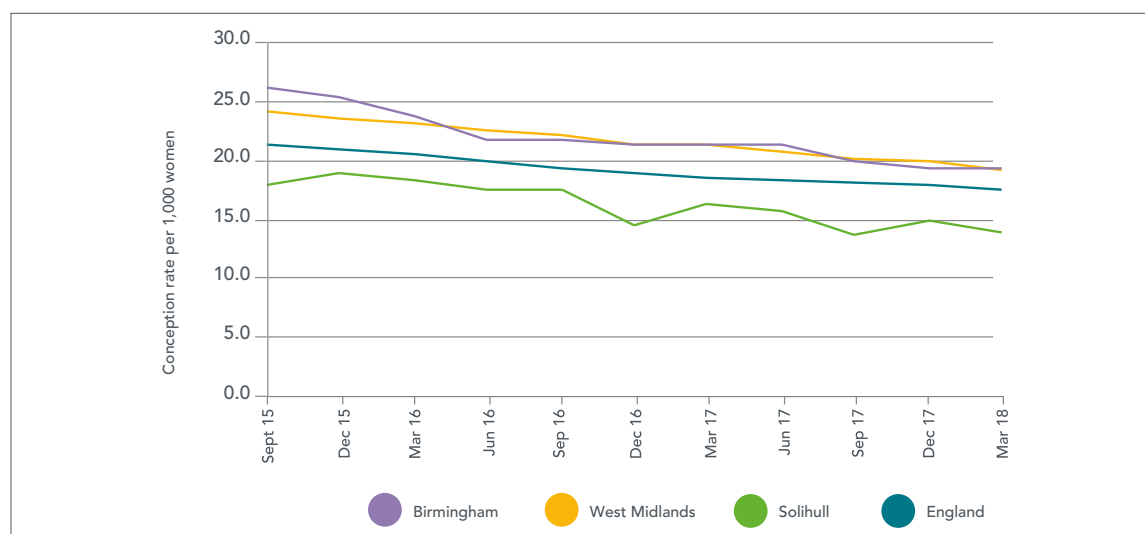


Table 1: Quarterly conception rates for women aged under 18 (conceptions per 1,000 women aged 15–17)

Area	2015		2016				2017				2018	% Change 2015 to 18
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Sept	Dec	Mar	Jun	Sept	Dec	Mar	Jun	Sept	Dec	Mar	
Birmingham	26.2	25.3	23.7	21.8	21.7	21.4	21.3	21.4	19.9	19.4	19.3	26%
Solihull	17.9	19.0	18.3	17.6	17.6	14.6	16.3	15.7	13.7	14.9	13.9	22%
West Midlands	24.2	23.6	23.1	22.6	22.1	21.4	21.3	20.8	20.2	19.9	19.2	21%
England	21.4	21.0	20.5	19.9	19.4	18.9	18.6	18.4	18.2	17.9	17.5	18%

Figure 2: Contraception to Birmingham residents by Umbrella – under-18s – Year 4

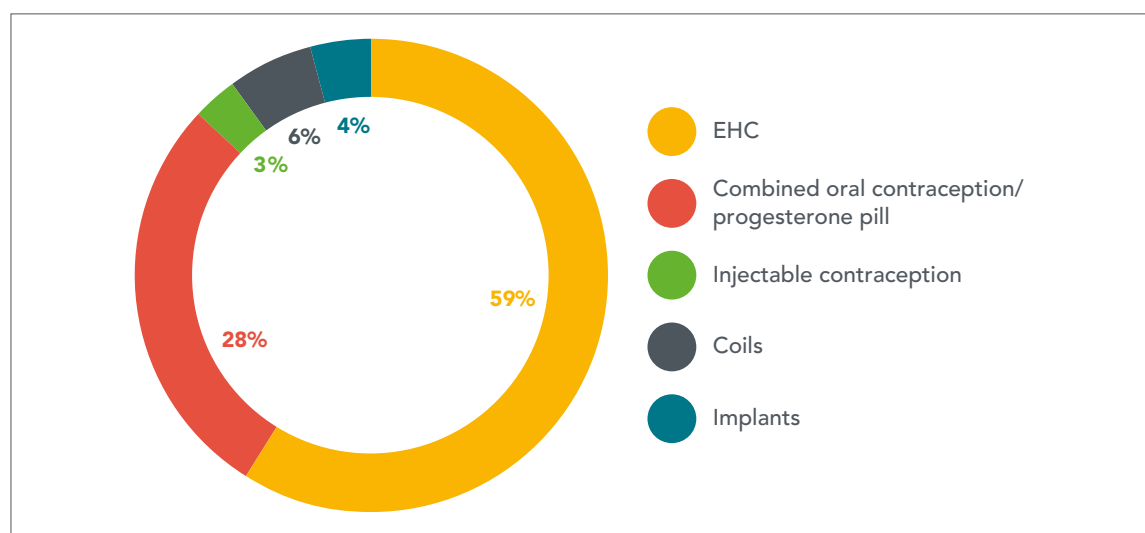


Figure 3: Contraception to Solihull residents by Umbrella – under-18s – Year 4

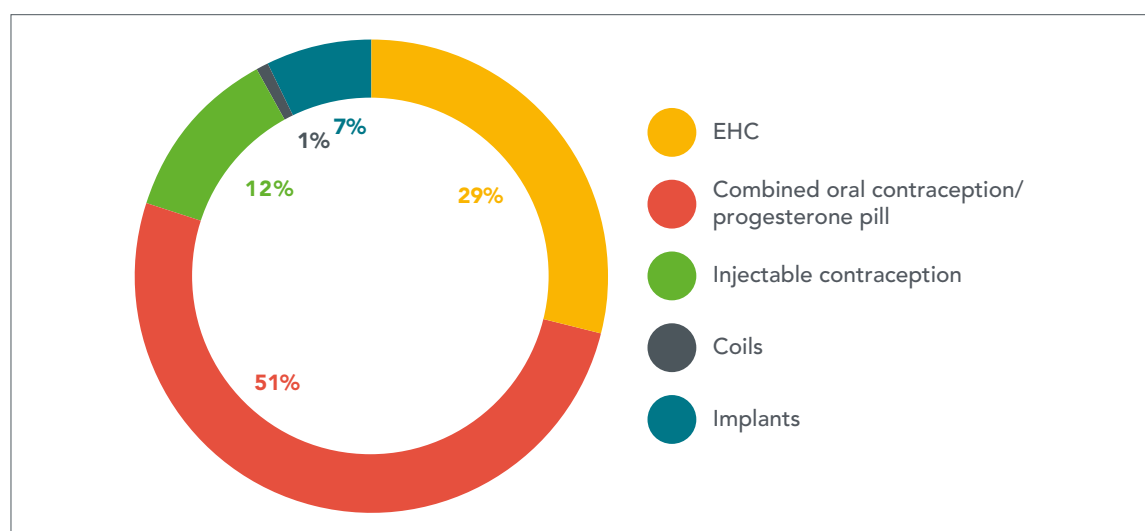


Figure 2 identifies that emergency hormonal contraception (EHC) is the most frequently used form of contraception in Birmingham at 59% (an increase from 51% in Year 3). This increase in EHC is being largely driven through improved access in pharmacies, which has seen an 87% increase in the amount of EHC given out, compared with the previous year.

Figure 3 shows that in Solihull the most widely used contraception is Progestogen-only pill (POP)/Combined oral contraception (COC) at 51% of the total (56% in Year 3).

Umbrella's strategy – Year 5 and beyond

The following will be part of our campaign calendar in Year 5:

- ▶ Work to increase the use of reliable forms of contraception, including LARCs and oral contraception, in both Birmingham and Solihull during Year 5 and beyond will form a key part of the Umbrella strategy. This will be a combination of health promotion campaigns and increased activity through clinics, pharmacies and GPs
 - ▶ **Clinics**
A comprehensive training drive will help to increase the number of qualified fitters in the clinics
 - ▶ **Pharmacies**
We will identify where gaps in the pharmacy network exist and seek to contract with additional pharmacies to meet the need, with a focus on Tier 2 provision. Longer term, we will cease the Tier 1 provision and convert all Umbrella pharmacies into Tier 2 providers. This will provide a significant increase in capacity to provide oral and injectable contraception in Birmingham. We will also carry out an audit of the pharmacy referral pathways to ensure robust referral from clinic to pharmacy, where appropriate
 - ▶ **GPs**
We have seen increased numbers of LARCs being fitted at our GP practices in Year 4, compared with years 1-3 of Umbrella. We will continue to build strong relationships with our GP partners and establish clear referral pathways from clinic to GP for women wanting non-complex LARC services. Our Communications team will work closely with our GP partners to ensure that we are promoting the service widely and raising awareness
 - ▶ **Health promotion**
The Communications team will continue to develop innovative marketing campaigns to raise awareness of the services that are available across the whole Umbrella network

6.2. Outcome 2: Increasing chlamydia diagnoses in the 15–24 age group

6.2.1. Why is this outcome important?

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

6.2.2. How is this outcome measured?

Chlamydia activity data is collected by Public Health England (PHE) from NHS laboratories, local authorities and NHS commissioned laboratories, to measure screening activity. Chlamydia 'activity' data reported by PHE is based on primary care and community service chlamydia data from the Chlamydia Testing Activity Dataset (CTAD), and chlamydia data from GUMCADv2.

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

- Rate of chlamydia diagnoses per 100,000 young people aged 15–24 years of age: nationally reported one year in arrears
- Proportion of population aged 15-24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile: nationally reported one year in arrears
- Percentage contribution to chlamydia screening by 'Core Services': i) CSP, ii) Clinic (Integrated Service), iii) GP, iv) Pharmacy (Pharmacy Initiated STI Screening), and v) Self Sampling Kit (Excluding CSP and Pharmacy)

6.2.3. Year 3 performance and analysis

The national target is to deliver 2,300 positive screens per 100,000 population. The population of 15–24 year olds in Birmingham is 184,818.

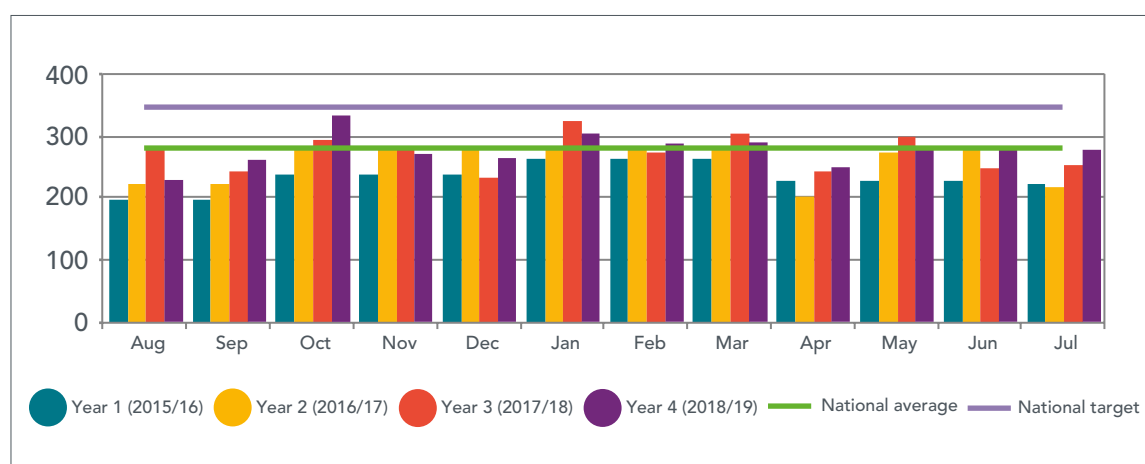
Therefore:

- To achieve the national target, 4,200 positive tests per year need to be identified across Birmingham
- To exceed the current England average performance, 3,444 positive tests per year need to be identified across Birmingham

Year 4 saw around 100 more positive diagnoses in the 15-24 year old population than were identified in Year 3. This equates to a 3% increase in diagnoses.

Overall, the service was within 1% of the diagnoses required to meet the national average and was 22% short of the number needed to achieve the national target.

■ Figure 4: Chlamydia diagnosis (15–24 year old) – Birmingham



In Year 3, Umbrella contributed to identifying 80% of the positive chlamydia diagnoses in Birmingham. In Year 4, this percentage had increased to 86%.

52% of the chlamydia screens in the 15–24 year old age group were completed via our on-line STI self-sampling kits. This is the first time that over half of the screens were provided this way (it was 42% in Year 3) and is an excellent example of increased efficiency (on-line STI kits are the most cost-effective way for the service to screen for STIs) and improved access to services, as users can request a kit 24 hours a day, 365 days a year.

The current positivity rate within Umbrella (Birmingham) is 11%, which exceeds the national average of 10%.

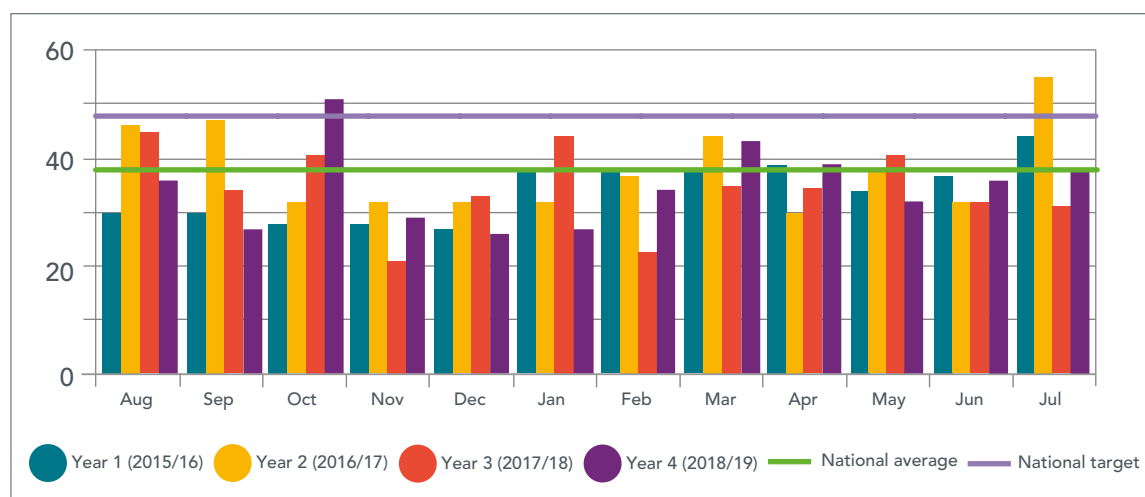
The population of 15–24 year olds in Solihull is 23,034.

Therefore:

- To achieve the national target, 564 positive tests per year need to be identified across Solihull
- To exceed the current England average performance, 456 positive tests per year need to be identified across Solihull

The Year 4 diagnoses rate is in line with the Year 3 diagnoses rate, showing a 1% increase overall. This means that the service was 9% short of the number of diagnoses required to meet the national average and 24% short of the number of diagnoses required to meet the national target.

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



Umbrella was responsible for 84% of the chlamydia screening in Solihull, which is in-line with the proportion carried out last year.

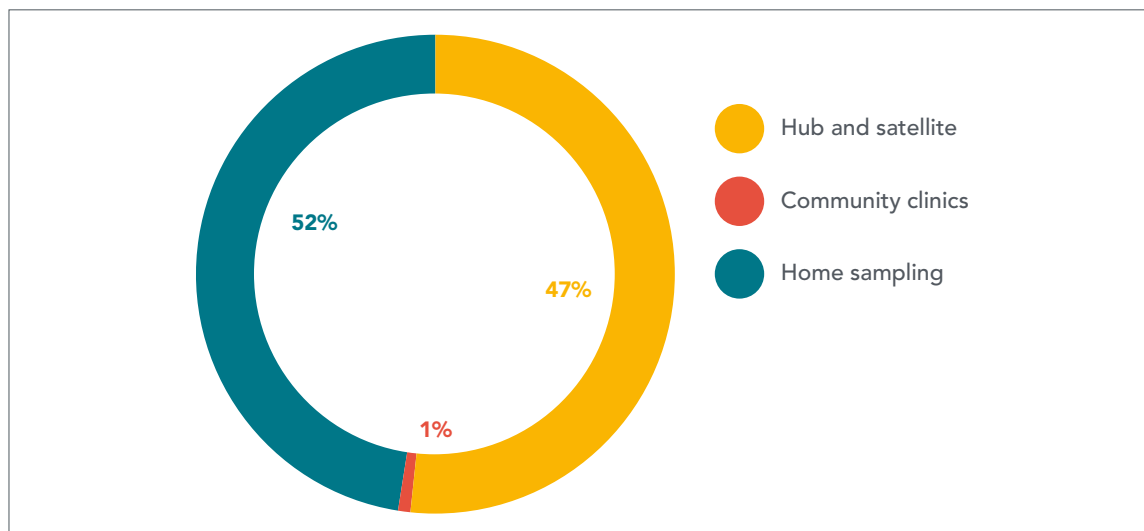
44% of all chlamydia screens in Solihull were completed using the online STI screening kits. This is an increase in the proportion screened using online kits in Year 3, with 36% of screens carried out through use of this channel.

The current positivity rate within Umbrella (Solihull) is 10%, which is in-line with the national average.

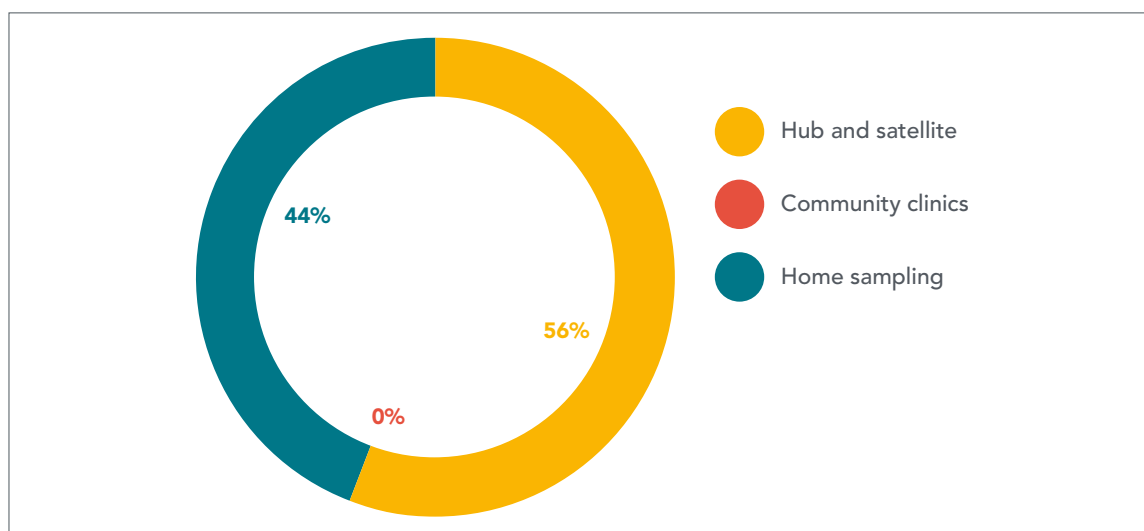
Table 2: Proportion of population aged 15–24 i) screened for chlamydia (measured separately in GUM and non-GUM settings) ii) by deprivation quintile

Period	Birmingham	Solihull
Jan–Dec 2015	GUM: 47% NON-GUM: 53%	GUM: 42% NON-GUM: 58%
Jan–Dec 2016	GUM: 76% NON-GUM: 24%	GUM: 79% NON-GUM: 21%
Jan–Dec 2017	GUM: 80% NON-GUM: 20%	GUM: 81% NON-GUM: 19%
Jan–Dec 2018	GUM: 86% NON-GUM: 14%	GUM: 84% NON-GUM: 16%

■ Figure 6: Birmingham chlamydia screening 15–24 year olds



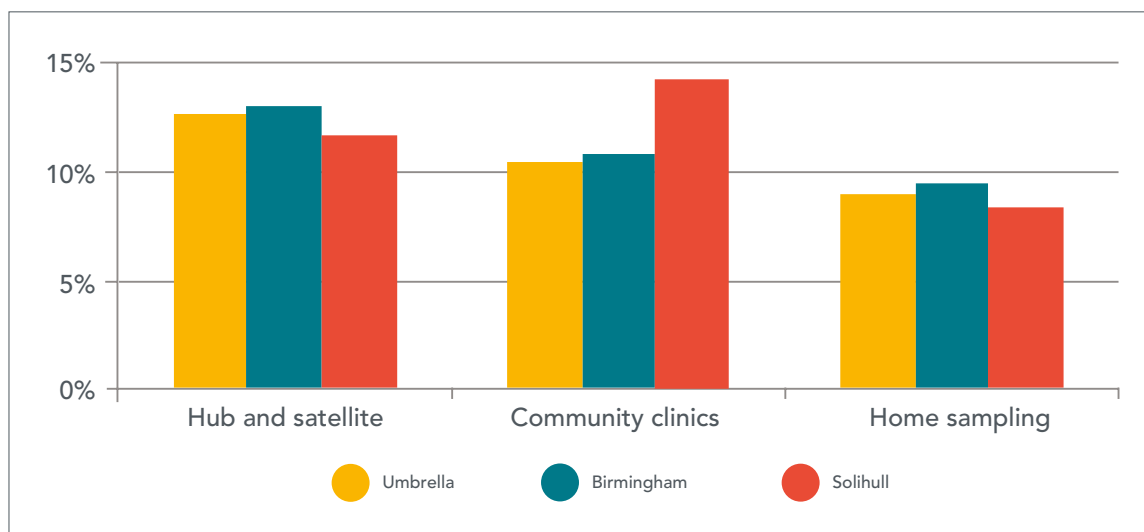
■ Figure 7: Solihull chlamydia screening 15–24 year olds



Umbrella tests

Figure 8 shows the positivity rates for all Umbrella activity, Umbrella Birmingham and Umbrella Solihull, based on where the test was initiated. In our clinics, we achieved a 13% positivity rate in Birmingham and a 12% positivity rate in Solihull. In our STI self-sampling kits, we saw a 9% positivity rate, which is almost double the rate that would be expected for opportunistic screening. This high level of positivity indicates that our health promotion campaigns are targeting the right people and encouraging those with the highest need to get tested.

■ *Figure 8: Umbrella tests and positivity by setting*



The graphs below show that both Birmingham and Solihull continue to show around two thirds female, one third male split for testing, with a slightly higher percentage of males receiving positive diagnoses. As Umbrella is an integrated service, offering both contraception and GU services, it is understandable that more women are using the service than men. However, we want to encourage more men to use the testing facilities, so will be considering how to increase the number of males testing for chlamydia as part of our strategy for Year 5.

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

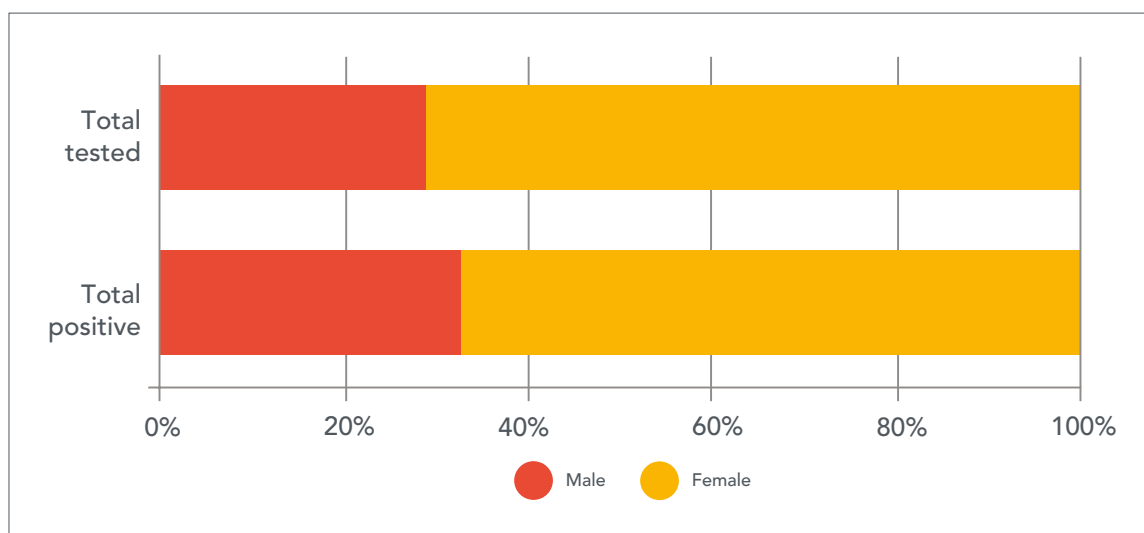
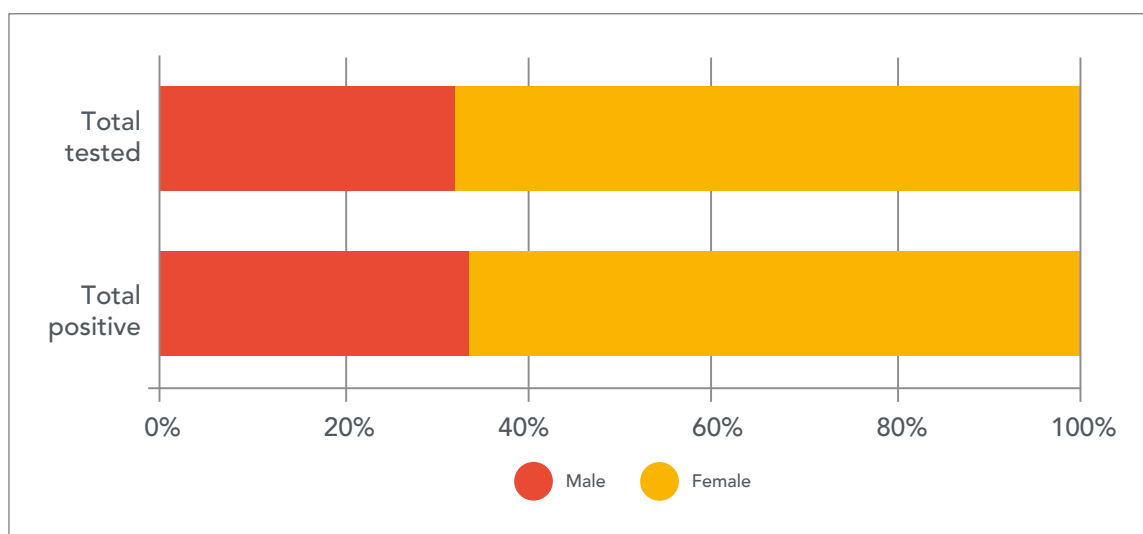


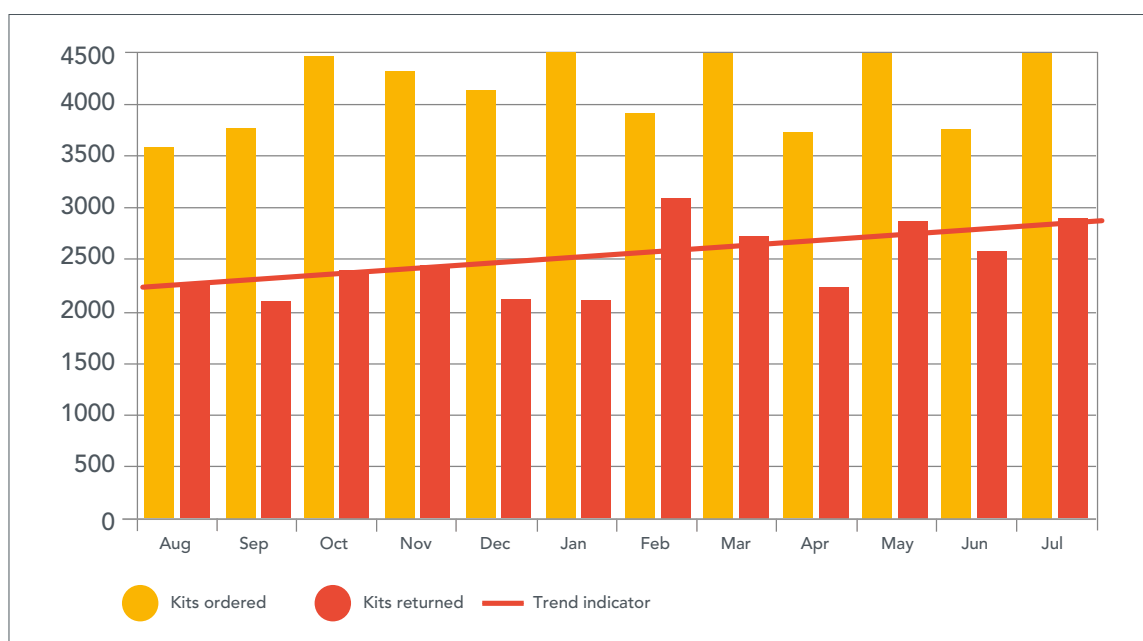
Figure 10: Chlamydia – Solihull tests and positivity



Umbrella website

The Umbrella website is a crucial aspect of the Umbrella model of care, providing an accessible and convenient entry point for clients. In Year 4, there were 56,209 STI kits ordered through the Umbrella website, up from 51,195 in Year 3, representing a return rate of around 59%.

Figure 11: Number of STI kits returned – Year 4 (2018-19)

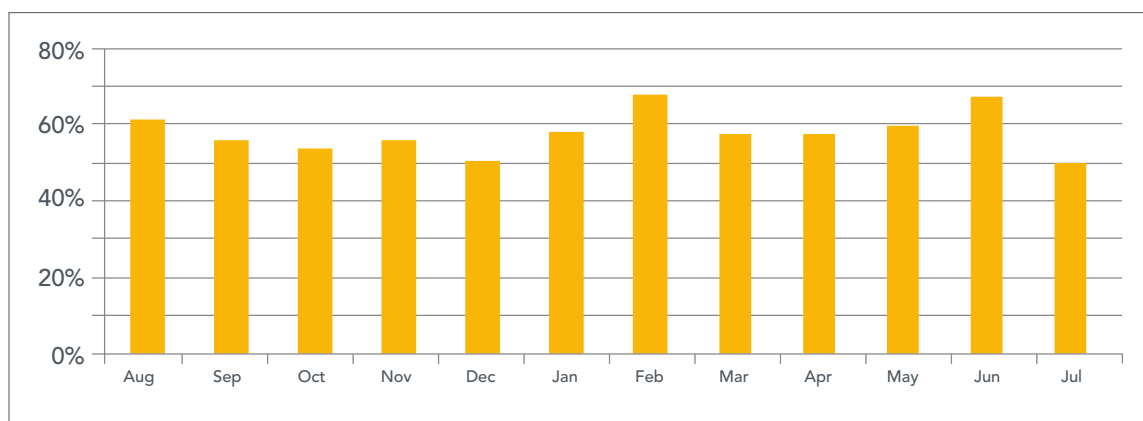


The website is also a vital source of information for service users. Between August 2018 and July 2019, the website received over 445,000 hits from nearly 282,000 users, with almost a 1.5 million page views during the year.

It is estimated that 17% of visits were made by users under 25 years of age and around 62% by users under 35 years of age. The split of visitors by gender was estimated to be 62% female to 38% male (the reporting software used does not currently report other gender identities). Please note: this data is based on Google estimates.

Our work in research and development is looking at different aspects of STI screening and will provide evidenced-based practices to be incorporated into the service, to improve delivery. The R&D work currently underway includes an evaluation of Screening and Testing Preferences in Sexual Health – Understanding Young People’s Preferences in the UK (the STEPS study) which will aim to identify the factors that influence the choices of young people about participating in screening. This should provide a valuable insight into how we can increase screening rates amongst young people in Birmingham and Solihull, which will assist us with achieving our outcome.

Figure 12: Percentage of STI kits returned – Year 4 (2018/19)



6.2.4. Umbrella’s Strategy – Year 5 and beyond

Through targeted screening, Umbrella has successfully increased the positivity rate of those tested for chlamydia to a figure that is higher than the national average. This means that our approach is extremely efficient and it is important to continue with this targeted approach.

However, we recognise that, in order to meet the national target, we also need to increase the number of screens that we are carrying out, so that we are testing a larger percentage of the population. We have put in place a number of measures, detailed below, that should allow us to dramatically increase the number of tests that we are carrying out, whilst keeping the screening targeted.

General practice

In April 2018, we completed a procurement exercise to recruit GPs to carry out chlamydia screening on behalf of Umbrella. To encourage this screening to be completed in a targeted fashion, we are offering a base tariff with a banding payment that increases as the positivity rate increases. It is anticipated that this will encourage large amounts of screening to be completed in the areas with the highest prevalence of chlamydia. Specific training to encourage reception staff to broach the matter is being delivered by the training team to GP practices in high prevalence areas, as the first point of contact is often with the reception staff.

Pharmacy

During Year 3, we increased the number of Umbrella pharmacies to 169. Each one of these offers EHC and, between August 2017 and July 2018, there were more than 8,500 courses of EHC given out in Umbrella pharmacies. We have now put arrangements in

place to link EHC with our chlamydia screening programme so that, every time a woman comes into an Umbrella pharmacy for EHC, she will be offered a chlamydia screen.

The Tier 2 pharmacies also offer chlamydia treatment, which will increase access to the required antibiotics and reduce onwards infection.

Partner working

During Year 5, we will expand the pharmacy network and upgrade Tier 1 service provision to Tier 2. This will increase access to chlamydia screening and chlamydia treatment, helping to reduce onwards infection.

6.3. Outcome 3: Reducing the late diagnosis of HIV

6.3.1. Why is this outcome important?

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

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

HIV testing and treatment can help reduce transmission of the virus. Anti-retroviral drugs suppress the virus to the extent that it cannot be transmitted to others meaning, in effect, that the virus could be completely eliminated if every infected person were to start taking the anti-retroviral medication. This is why testing for HIV is so important.

As well as treating those already infected, there have been major breakthroughs in prevention of HIV. Pre-Exposure Prophylaxis (PrEP) is currently being trialled in the NHS and Umbrella is part of that trial. We also run a PrEP clinic, offering advice on where PrEP can be obtained safely online, as it is not currently widely available on the NHS.

According to the latest PHE figures, there were 4,453 new HIV diagnoses in the UK in 2018. Of these, 51% of diagnoses were among gay/bisexual men; 24% were among heterosexual women; 19% were among heterosexual men; 2% were among people who inject drugs and 3% were infected through other means of exposure.

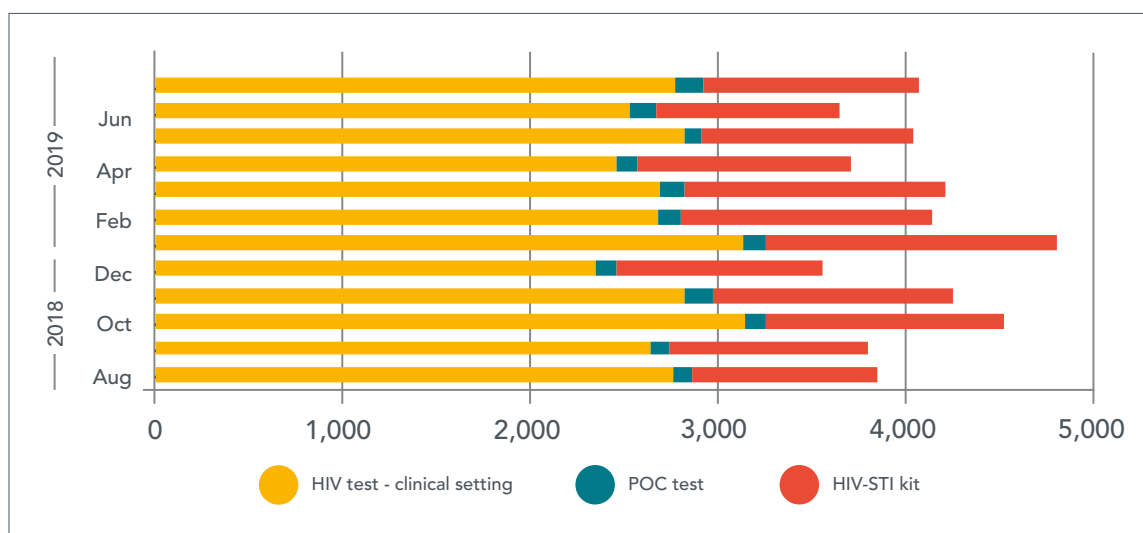
6.3.2. Year 4 performance and analysis

In Year 4, Umbrella carried out over 61,000 HIV tests (59,000 in Year 3) in our clinics, in outreach settings and through our self-sampling STI kits. We identified 88 confirmed cases of HIV, (compared with 73 in Year 3) equating to a 0.14% positivity rate (0.12% in Year 3).

Over 48,000 of the HIV tests were carried out in Birmingham (46,000 in Year 3) and over 5,600 (5,500 in Year 3) were completed in Solihull, with the rest of the tests being carried out on out-of-area patients who came to use the Umbrella service.

The figures below show the make-up of the tests in Birmingham and Solihull. The majority are still happening in Umbrella clinics but a significant proportion is now being done through self-sampling STI kits. Point of Care Testing (POCT) is carried out in a small number of high-risk outreach settings and provides an immediate result, rather than the sample needing to be sent back to the laboratories. This form of testing only constitutes a small section of the total number of tests carried out.

■ *Figure 13: Birmingham HIV test carried out by type*



■ *Figure 14: Solihull HIV test carried out by type*

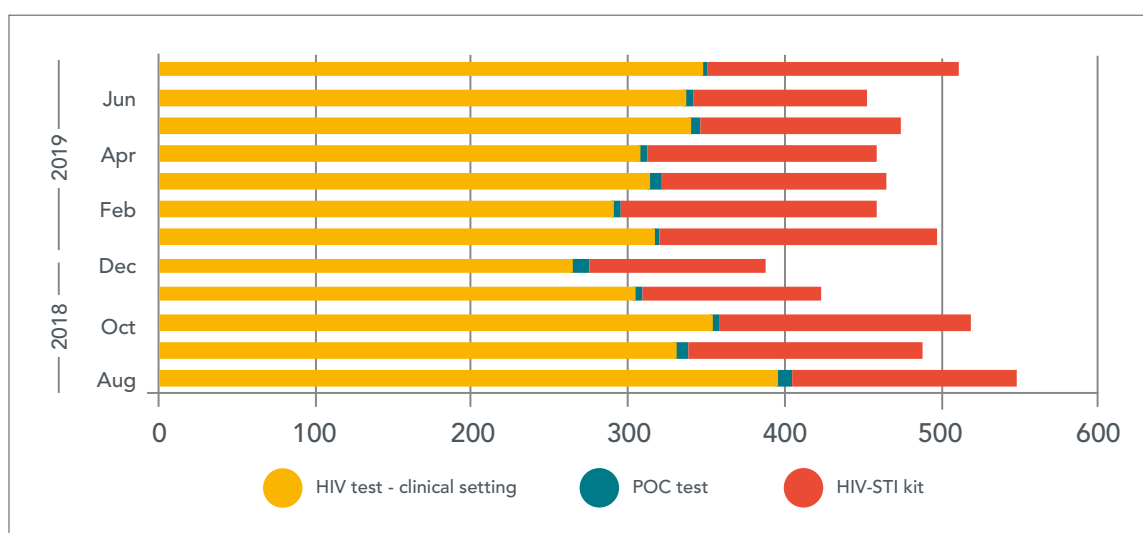
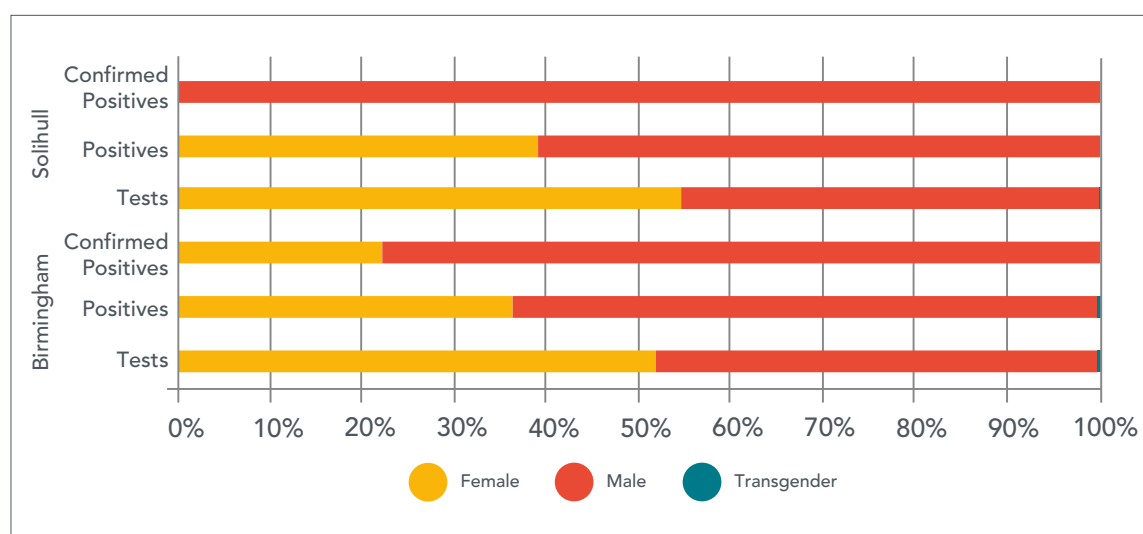


Figure 15: Proportion of tests and positives split by gender*



*The above positives include false positives

6.3.3. Umbrella's Strategy – Year 5 and beyond

Birmingham is classified as a high prevalence HIV area, with 2.74 cases per 100,000 of the population. In 2016, clinical guidance was issued that stated that all patients attending hospital, including the Emergency Department (ED), in high prevalence areas should be routinely screened for HIV. Umbrella has been working as part of UHB to put these measures in place.

HIV screening as part of routine blood screening takes place through an opt-out approach in the Clinical Decision Unit and Acute Medical Unit at Queen Elizabeth Hospital Birmingham. Non-elective Intensive Therapy Unit admissions are routinely screened with five HIV positive patients having been identified through this approach.

Work is now underway to introduce HIV testing in the EDs across the UHB sites. It is anticipated that this will have a significant impact on the reduction of late HIV diagnosis in Birmingham. The negotiations are at an early stage, but the ambition is to introduce opt-out rules when any patient comes through ED.

The same clinical guidance also states that GPs in high prevalence areas should be routinely testing for HIV in all new registrants and Umbrella will be looking for ways to support GPs to do this, in liaison with the Local Authority, PHE and the local CCGs.

Birmingham, as a city, has ambitions to become a 'Fast Track City', with a commitment to achieving 90:90:90 targets to help eliminate HIV. This means that 90% of people living with HIV knowing their status, 90% of people who know their status are on treatment and 90% of people on treatment have suppressed viral loads. Reaching this target will be the starting point on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths. Umbrella will work with Local Authority to support this achievement.

We will continue with our health promotion campaigns and our outreach work, with the strapline: 'HIV Doesn't Discriminate. Neither Do We'.

The Training Team will also continue to roll out training to partner organisations, including an emphasis on GP training, to help them identify HIV indicators in patients and promote early HIV testing.

6.3.4. Activity with Public Health England – West Midlands

- STI Outbreak Strategy developed with input from Umbrella
- Development of regional BASHH audit on late diagnosis of HIV (in progress)
- Contribution to steering group concerning the local outbreak of HIV in a specific patient group:

A small outbreak of HIV in a specific group of patients was declared at the end of 2018. This was as a result of the increase in new HIV diagnoses seen in Birmingham since 2015 from people who have experienced homelessness; many of whom inject drugs. Lots of factors are likely to have played a part in this increase, including a change in the combination of drugs that are being injected. All the identified cases have also had, or currently have, active hepatitis C. This patient population experiences poor health in general and it was not surprising to see that 42% received their HIV diagnosis as an inpatient. University Hospitals Birmingham and other agencies are working with local Public Health England teams to monitor and help manage this outbreak.

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

6.4.1. 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, human trafficking and female genital mutilation.

The scale and extent of sexual violence perpetrated in this country is increasingly being recognised. There are huge increases in sexual offences recorded by the police with the reporting of sexual offences in the United Kingdom at its highest level since the introduction of the National Crime Recording Standard in 2002.

In February 2017, the Ministry of Justice, Office for National Statistics and Home Office released its Official Statistics bulletin on sexual violence, entitled 'An Overview of Sexual Offending in England and Wales'. This showed a further year-on-year increase in the police recording of sexual offences. The highest ever recording of rape was made (increase of 15%), also with notable rises in the sexual assault on a female aged 13 and over (20% increase to 27,852).^{1,2} These rises are thought to be because more people feel able to report and because of improvements in police recording of the crime.

An earlier publication described one in 20 women (aged 16–59) had experienced a most serious sexual offence since age 16 and that more than one third (38%) of all rapes recorded by the police in England and Wales in 2010–11 were committed against children under 16 years of age.³

A group found to have experienced particularly high rates of sexual assault compared to other demographic groups was younger women (9% of women aged 16 to 19 were victims of sexual assault). The age profiling of rape victims show that victims were most likely to be aged 15 to 19 years, accounting for nearly a quarter of rape offences recorded by the police.³ This age group makes up a significant proportion of Umbrella attendees.

NHS England has published strategic direction for sexual assault and abuse services, which sets out what is needed to improve services and consequently patient experience for those who have experienced sexual assault and abuse.

One of the settings in which the first disclosure of rape or sexual assault occurs is often an NHS sexual health clinic. Within GU clinics one study has shown 17% of the 164 women surveyed responded 'yes' to having ever experiencing sexual violence, with 13% describing the sexual violence as rape.⁴

Domestic abuse is strongly linked to rape. We know much higher rates of domestic abuse have been shown in female attendees of a sexual health clinic setting, with one anonymous prevalence study giving a lifetime prevalence of 46.6%.⁵ NICE guidelines now recommend Sexual Health Services routinely enquire about experiences of domestic abuse to aid with disclosure and enable support to be offered.⁶

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6.4.2. How is this outcome 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
- 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

- Number and percentage of clients who have i) disclosed domestic abuse, ii) been referred to the IDVA, iii) type of IDVA support offered (MARAC, information and advice etc.)

The KPIs aim to ensure:

- Victims and their children are identified by Umbrella
- Victims and their children are safer and better resourced to remain safe
- Victims have increased access to justice
- Victims report improved health, wellbeing and resilience
- Children at risk are identified and referred appropriately

6.4.3. Year 4 performance and analysis

All patients attending Umbrella clinics are routinely asked during a self-assessment about experiences of sexual violence and abuse, as well as domestic abuse, and whether they would like to access support on the day that they are attending

If patients choose to disclose previous experience of violence, or are attending the service because of rape, staff are trained on how to respond and how to offer support.

The numbers of patients choosing to disclose and seeking support has remained at a high level. More than one child per week and more than one adult per day attend Umbrella services to seek support after rape. Table 5 shows the numbers of individuals attending Umbrella clinical services who have reported an incident through a routine enquiry.

■ *Table 3: Number of women who accepted Umbrella support following disclosure*

Gender	Age	Rape/sexual assault	Violence	Support
F	<18	46	177	32
F	18–25	154	1308	178
F	>25	152	1476	227
M	<18	5	17	1
M	18–25	16	183	21
M	>25	41	442	81
Trans	<18	0	2	1
Trans	18–25	0	20	8
Trans	>25	1	14	3
Total		415	3,639	552

Episode Dates: 01 August 2018–31 July 2019

Criteria: based on the kiosk self-assessment questions from all Umbrella clinics

- How many individuals have said they are attending today because of rape or sexual assault (male/female/<18/18-25, >25)
- How many individuals have said they have experienced violence in the past
- How many in individuals total indicated they wanted support

Training

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

All Umbrella staff are required to be compliant with the Trust mandatory standards with regards to Level 2 Safeguarding for adults and children. This is monitored on a monthly basis and the Umbrella Team liaise directly with Trust Safeguarding Teams to ensure compliance.

In addition, Umbrella clinical staff are required to complete Level 3 Safeguarding training, which covers Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse, Right Help, Right Time (Early Help) and Prevent.

Robust pathways exist between Umbrella and other agencies to ensure that vulnerable children and adults are referred appropriately.

Referrals

The Safeguarding Team reviews all under-18-year olds who attend clinic, on a daily basis. The referrals in relation to each are examined to ensure that referrals made are appropriate or that signposting, as necessary, has taken place. The team ensures that, where appropriate, social workers for these children are informed and, where necessary, school nurses. The table below indicates the number of referrals during the period shown to the Children's Advice and Support Service (CASS).

Number of referrals made to the Children's Advice and Support Service (CASS) August 2018–end July 2019	103
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Adults can also be referred to safeguarding as necessary. However, unlike children, where adults have capacity, it is their choice as to whether they accept a referral. Many adults have received support and signposting to other agencies as well as those who has safeguarding referrals made to the Adult Communities Access Point (ACAP).

Number of referrals made to the Adults Community Access Point August 2018–end July 2019	27
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Partnership Working

Umbrella, in partnership with RSVP, (and with Birmingham LGBT for the community and trans clinics), has developed improved support for survivors of sexual violence with the formation of the following services:

- Abuse Survivors Clinic (ASC) established October 2015, occurs twice a month in Whittall Street Clinic. Appointment dates: August 2018–July 2019

Clinic	Booked	Attended	Did not attend
ASC ISVA (Chelmsley Wood)	5	3	2
ASC ISVA (Solihull)	31	17	14
ASC Whittall Street Clinic	167	82	85
Total	203	102	101

The number of attendances has increased by 25% over the same time period last year at Whittall Street ASC service.

- SAFE project with ISVA support from RSVP on outreach evenings (fortnightly)
- Trans clinic with specialist ISVA support from RSVP, at LGBT centre
- ASC Solihull and ASC Chelmsley Wood – ISVA-led clinics

RSVP's ISVAs are working across the Umbrella partnership, including supporting the ASC (Abuse Survivors Clinic) at Whittall Street Clinic, the SAFE sex worker clinic that takes place at Ladywood and the LGBT clinic that takes place at their locations. This allows the ISVAs to become recognised by service users and enables seamless referrals into their services.

RSVP has also provided training to a range of UHB staff and partners around various aspects of sexual violence, coercion and exploitation, including CSE, disclosure of sexual assault, and sexual intimacy after trauma.

In a research project that was completed in-year, it was identified that service-user experiences provide vital insights into the type of care they want and this should inform the future development of clinical services. The results have national relevance as they emphasise the most important elements of the consultation from a patient perspective, which include ensuring the service user is in control of the consultation, there are no or reduced risks of re-traumatisation and the importance of receiving relevant and accurate information that is provided in a manageable volume and format.

Key Messages

- Care for survivors of sexual violence is made more challenging for healthcare providers because of the societal judgment and stigma that is still associated with being a victim of this crime
- Establishing a trusting and compassionate interaction with the healthcare professional during a consultation can be of itself therapeutic
- An integrated approach that provides both medical and specialised third sector support for survivors can ensure that a wide range of relevant services are available but needs to be mindful not to overwhelm those who attend

Umbrella has commissioned an Independent Domestic Violence Advocate (IDVA) in partnership with BSWAID to be based within Umbrella clinics for four days a week to support victims after disclosure of DA, identified while attending Umbrella. The aim is to ensure Umbrella has a joined-up, city-wide response to DA, with effective partnership working and pathways to other organisations involved in the response to DA. The domestic abuse service will offer to each victim a risk and needs-led response, delivered

in partnership with other agencies where necessary, that proactively addresses risk and safety, supports a victim's practical needs, empowers them and provides effective referral pathways where appropriate.

Safeguarding: achievements and service development

- Sexual health staff have received level 3 training on Female Genital Mutilation (FGM) and level 3 training on Domestic Abuse, Right Help Right Time/ Early Help and Prevent in face-to-face training sessions from the safeguarding team
- Group supervision continues to be delivered to sexual health clinic staff with one-to-one supervision always available for those staff who request it or who are identified as requiring it by line managers. A robust plan is in place for this to continue and to ensure that health advisors have specialist safeguarding children supervision
- Strong links have been formed with Birmingham Child Sexual Exploitation (CSE) nurses to ensure individuals are supported appropriately
- All staff are receiving level 3 adults and children's safeguarding training via the essentials annual training day. (Level 3 adults training is a new requirement from April 2019). This includes mental capacity training to include teenagers and young adults (from 16 years old plus)
- The Safeguarding team have attended the GP forum to deliver Right Help Right Time training
- There has been a review of the existing contract for Pharmacies providing Umbrella sexual health services and there are plans to strengthen the safeguarding elements of the contract when it is reviewed in 2020
- Additional safeguarding learning events are planned

Risk register

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

The Safeguarding Team's role within this objective relates to the training of staff to ensure early identification and intervention with regard to abuse, the processes and procedures to be followed and the agencies that provide support.

The R&D programme is also supporting the work that Umbrella is doing with survivors of sexual violence, including a systematic review measuring patient experience and outcomes in health care settings on receiving care after sexual violence; an evaluation of the ASC Umbrella service, in measuring patient satisfaction after attendance; a multidisciplinary evaluation of Sexual Assault Referral Centres (SARCs) for better health (MESARCH); exploring the impact of health interventions in survivors of sexual violence and a study into teens' experiences of sexual assault, including their interaction with medical services.

Safeguarding Case Study 1

Situation

A 21-year-old woman attended a clinic supported by her mother. She had care and support needs and was in the process of applying for benefits.

Issues raised

She told the health advisor that she felt frightened to go home due to violence and threats she had received. She was awaiting a court case for sexual assault, CSE and grooming. She also claimed to have a child but did not disclose details.

Action taken

Referrals were made to the Redthread Youth Violence Intervention Programme and Women's Aid and safe accommodation was found for her that night. Attempts were made to find out details about the child. She was also referred to Social Services. An update was received from adult Social Services who were aware of the woman's history. There was in fact no history of pregnancy. She has a younger sister who was now being safeguarded due to concerns around CSE.

Lessons learnt and evidence of any practice changed

Although information is not always accurate when provided by patients, the duty to safeguard is paramount until clarification can be sought. Excellent practice in attempting to gather as much evidence as possible led to support the patient and safeguarding her sister.

Safeguarding Case Study 2

Situation

A 17-year-old female attended clinic with her 46-year old boyfriend. They had attended due to a positive test of gonorrhoea. She claimed that he was a family friend and that her mother knew of the relationship.

Issues raised

The age gap between a 17-year-old female and her partner was seen as a significant concern, in terms of CSE indicators as well as the positive test for gonorrhoea. The Nurse identified the concerns, her partner's details were taken and contact was made with the Safeguarding Children's team.

Actions taken

As the information held on the date of birth of the female showed discrepancies, contact was made with children's services and her school. The Designated Safeguarding Lead (DSL) confirmed her personal details and reported that there were significant concerns around the young person's school attendance.

A request for support via a children's services referral for Birmingham was completed with the female's correct details and a strategy meeting was held. The outcome was

for a Joint Section 47 Child Protection Investigation to be undertaken by Police and Children's Social Care. All measures were taken to check the likelihood of this young person suffering significant harm or whether the young person had suffered significant harm in the past.

Lessons learnt and evidence of any practice changed

Umbrella staff referred the female to the Safeguarding Children's team in a timely manner and concerns were escalated appropriately.

Multi-agency working resulted in the correct information being shared and escalated to Children's services in a timely manner. This helped to ensure the female was safeguarded.

6.4.4. Umbrella's strategy – Year 5 and beyond

Umbrella will utilise its network of partners and growing knowledge base to develop targeted services. Examining the population structure of Birmingham and Solihull is essential in order to understand the scale and distribution of sexual violence and identify high-risk groups. Certain service users are known to find it harder to access services. These include young people, sex workers, disabled people and lesbian, gay, bisexual and trans people, so ensuring these groups are targeted will be important.

Specific examples of projects include:

- During the year, the SAFE clinics were extended and run Mondays at the Soho clinic 09:00–16:00 and on Tuesdays at Whittall Street 18:00–21:00 (first and third Tuesday of the month) 18:00–22:00 (second, fourth and fifth Tuesday of the month). All are now accessed by female, male and trans sex workers. In addition, the service has a rolling programme of pop-up clinics at various outreach venues. As the service has increased its use of social media, we have seen an increasing number of patients who were not previously using our clinics. This reflects the documented changes in how people sex work, with a shift from street and indoor venues to independent and internet working. This has led to an increase in new patients accessing the service which we previously didn't reach as traditionally would not come into clinic setting. This has all contributed to the increase in the number of patients being seen in the SAFE clinics
- Continuation of safeguarding training, with the aim of improving the knowledge, skills and confidence across the whole partnership
- Delivery by the Safeguarding Team of Teenagers and Young Adults and Mental Capacity training to all sexual health staff and partner agencies on request
- Evaluation of the impact of completing the dedicated 'Young People' proforma for 16–17 year olds, in addition to under-16s, looking at the number of safeguarding referrals made and their outcomes in this age band
- Strengthening links with partner agencies to ensure better joined-up working for

very vulnerable groups e.g. link between SAFE and CGL

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

6.5.1. Why is this outcome important?

This outcome will help to reduce the stigma associated with STIs by 'normalising' testing among sexually active people. To do this, we need to ensure services are easily accessible. Umbrella sees this outcome as central to increasing the rate of testing and reducing the risk of cross-infection.

It is well documented that increased rates of infection persist in key high risk communities, such as MSM, the black and mixed ethnic minority communities and young adults.

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

6.5.2. Year 4 performance and analysis

The map opposite illustrates the on-going success of Umbrella, with improved access to services within communities. As the Umbrella partnerships expand, so do the means of accessing the service.

Figure 16: Map showing locations of clinics (satellite and clinic), pharmacies (Tier 1 and 2), GPs, delivery partners and community partners

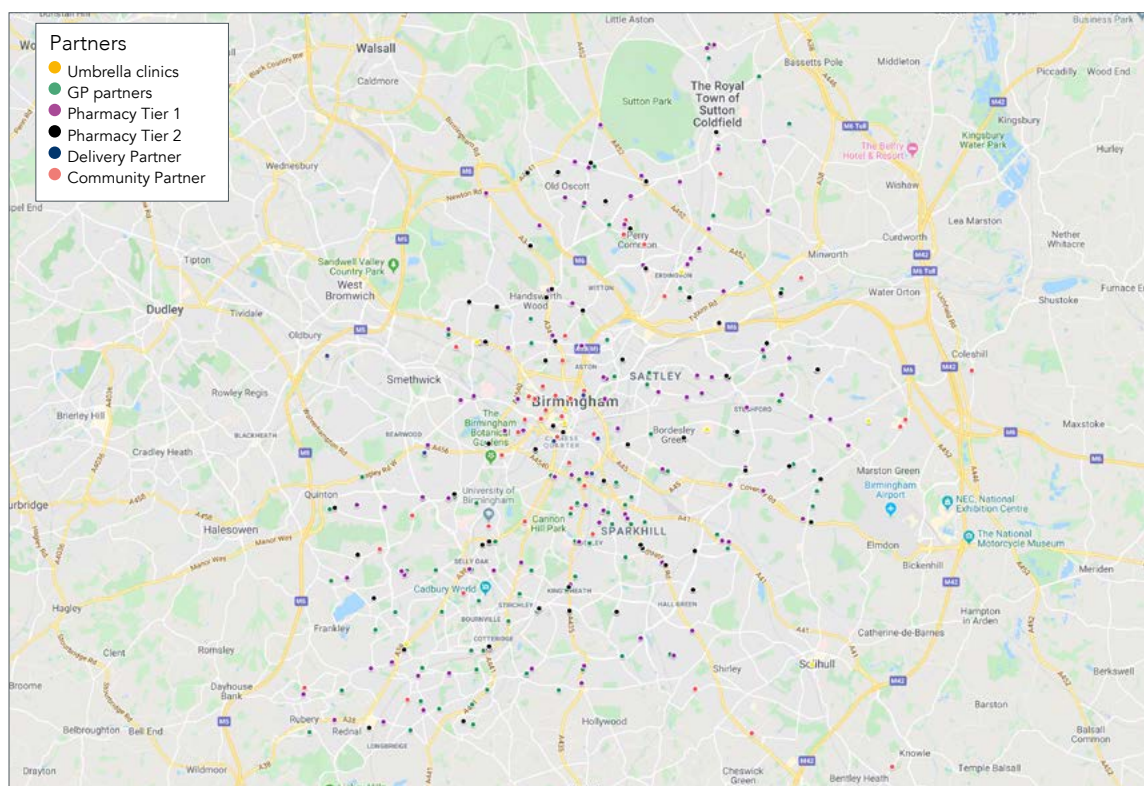


Figure 17: Overall Umbrella activity

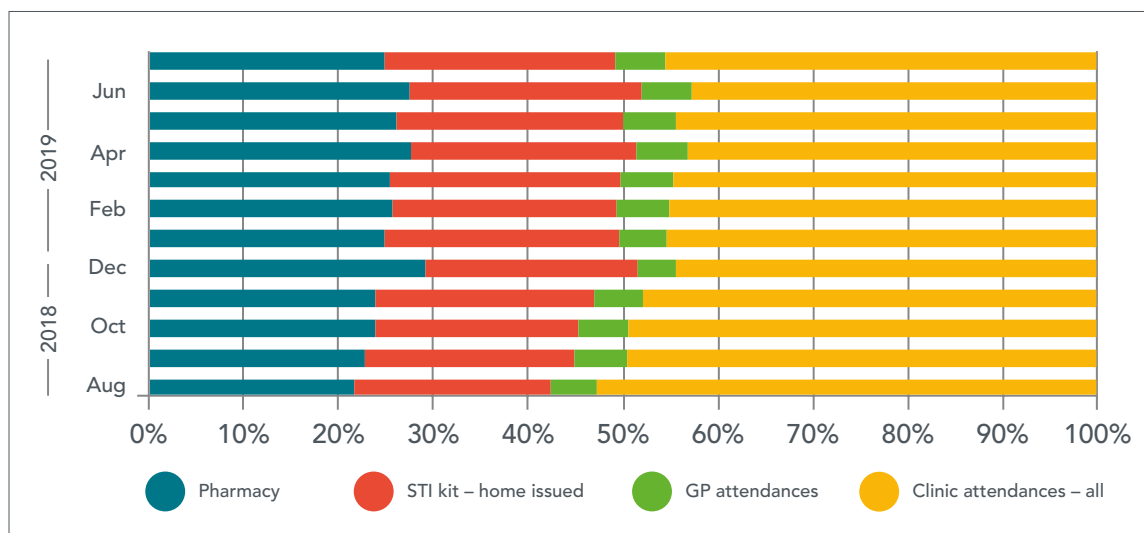
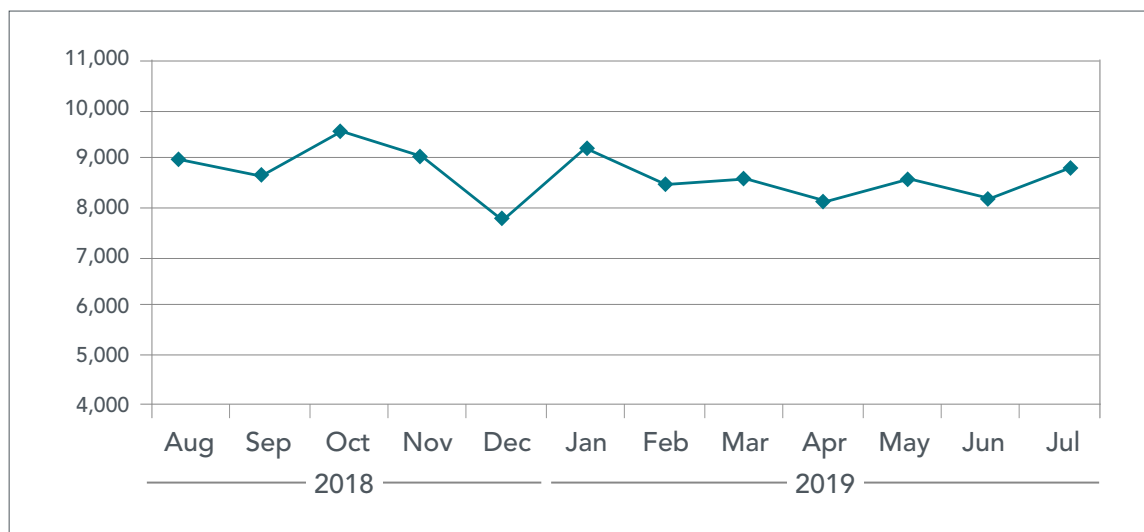
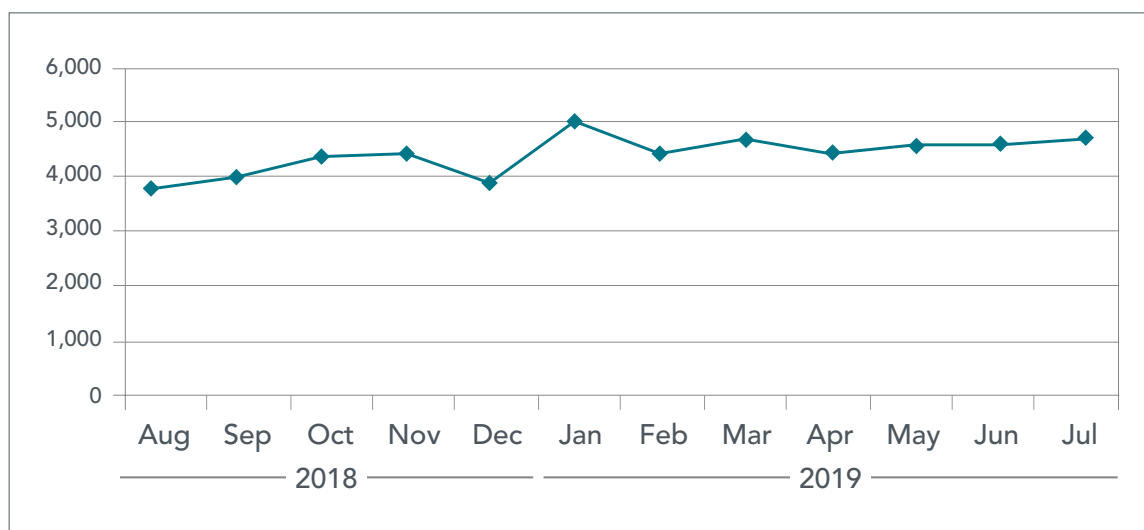


Figure 17 shows the total Umbrella activity in Year 4, broken down by the various access points. The Umbrella clinics continue to see the highest level of activity, but the volume of activity through the clinics has declined compared with last year, with less than 50% of activity now taking place in our clinic settings. Clinics are the most expensive way for service users to access the service, so this move away from clinics to community-based settings and self-care represents a positive move in terms of service efficiency and in terms of accessibility for service users.

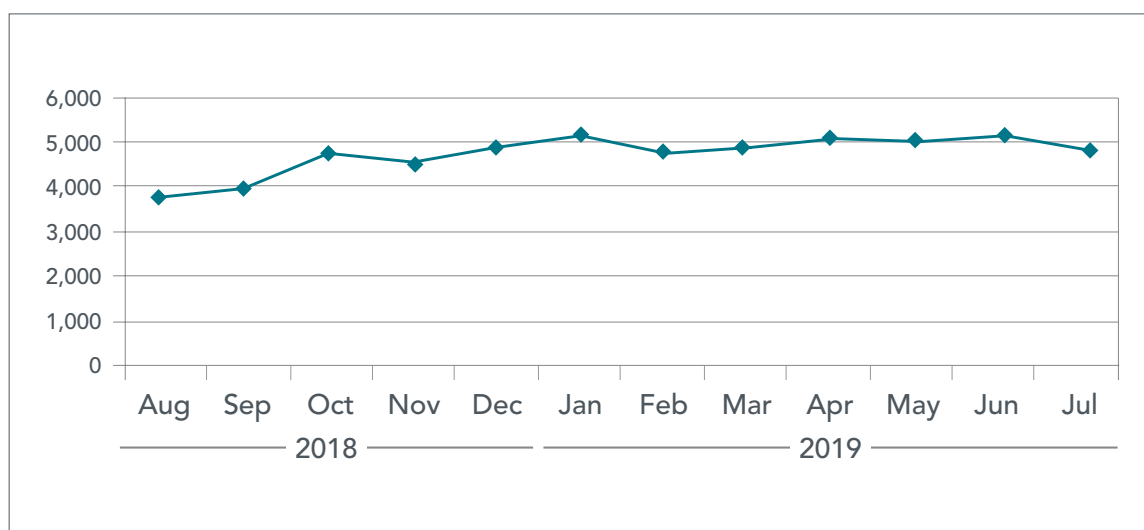
■ *Figure 18: Umbrella clinic activity for Year 4*



■ *Figure 19: STI Kits ordered through website in Year 4*



■ *Figure 20: Umbrella pharmacy activity in Year 4*

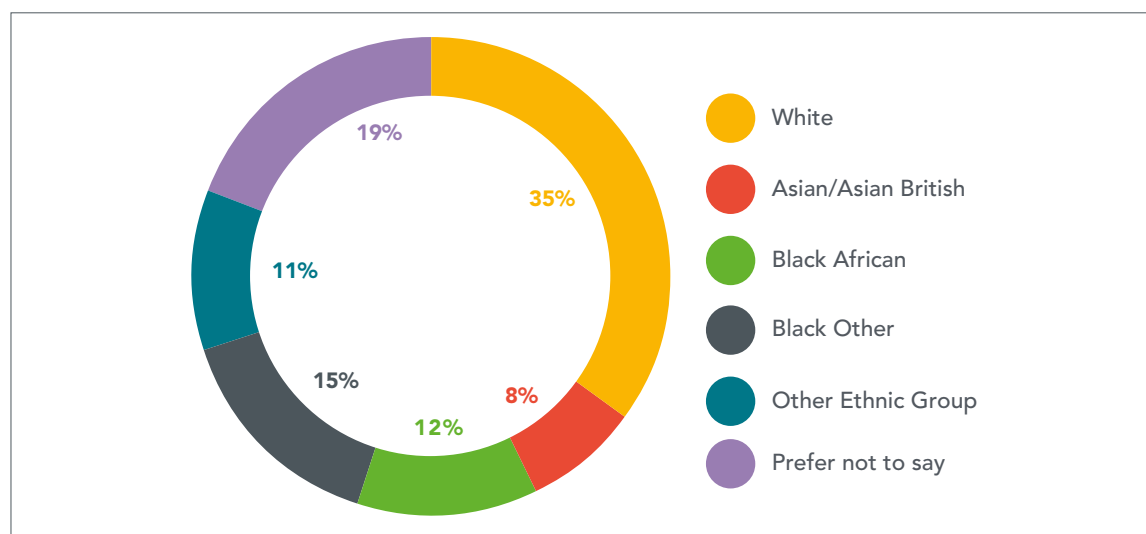


Umbrella serves an ethnically diverse population and recognises the need to ensure that all groups within our community feel that Umbrella is a service that is there for them.

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

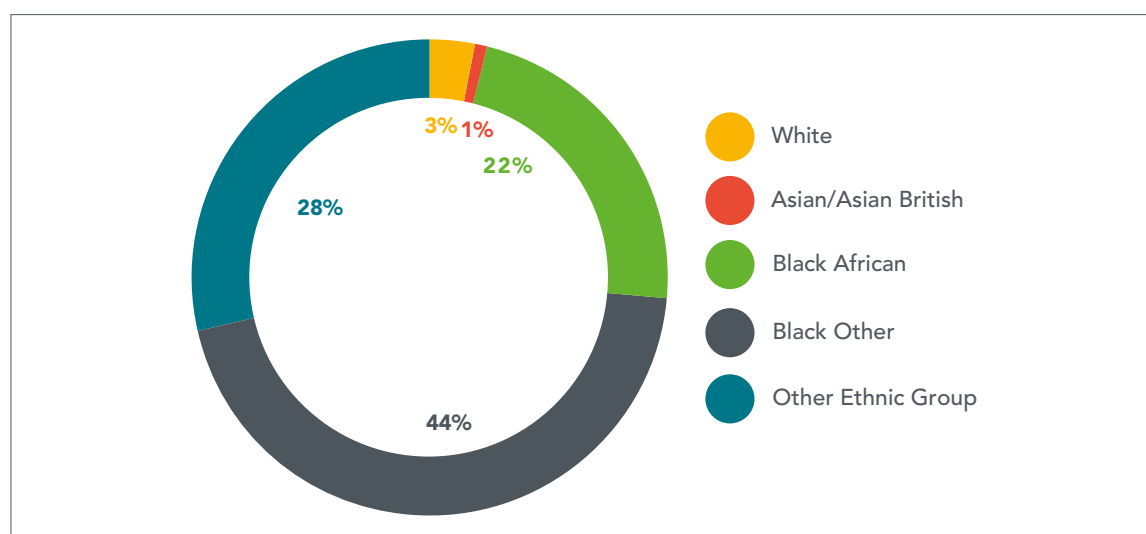
In Year 4, Umbrella had nearly 220,000 contacts with patients across the service. Of the individuals seen in clinics across Birmingham, 35% identified as White, 12% as Black African, 15% as Black 'Other', 8% as Asian/British Asian, 11% as 'Other' Ethnic Group and 19% preferred not to say.

Figure 21: Attendances in Birmingham Umbrella clinics by ethnicity



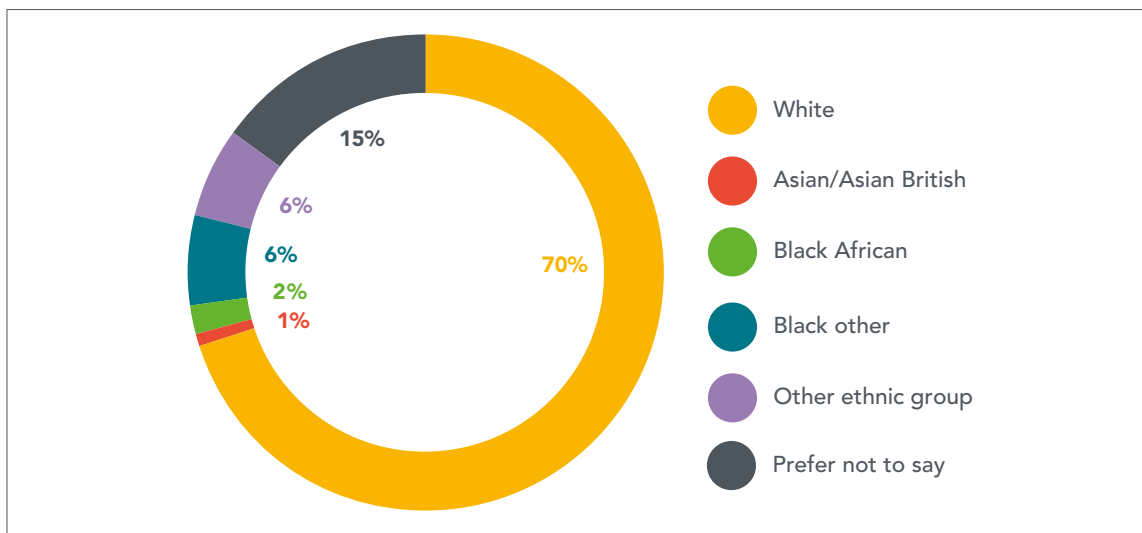
Reviewing the ethnicity data per 100,000 of the population, of the individuals who provided details, 3% identified as White, 22% as Black African, 1% as Asian or Asian British, 44% as Black 'Other' and 28% as 'Other' Ethnic Group.

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



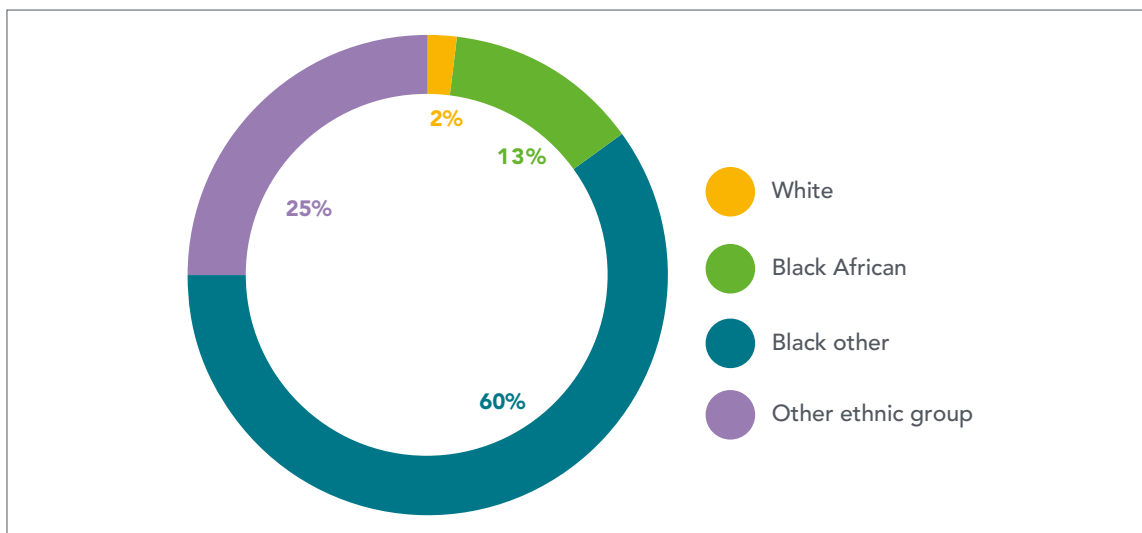
Of the individuals seen in clinics across Solihull, 70% identified as White, 2% as Black African, 6% as Black 'Other', 1% as Asian/British Asian, 6% as 'Other Ethnic Group' and 15% preferred not to say.

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



Again, when reviewing the ethnicity data per 100,000 of the population, of the individuals who provided details, 2% identified as White, 13% as Black African, 60% as Black 'Other' and 25% as 'Other' Ethnic Group.

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

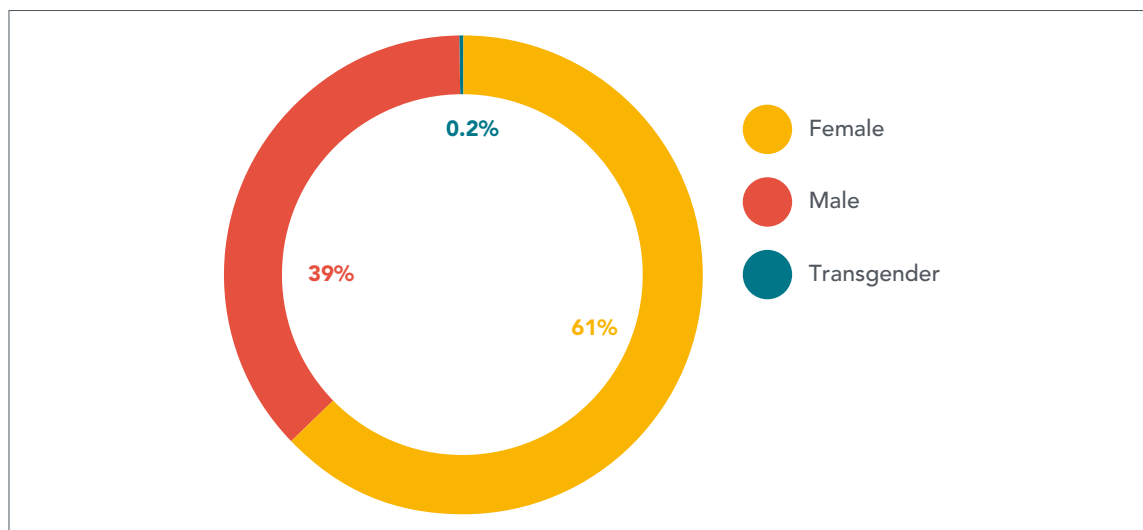


Figures 21–24 illustrate that Umbrella is successfully engaging with and providing access to services for high risk communities, including black and mixed minority communities.

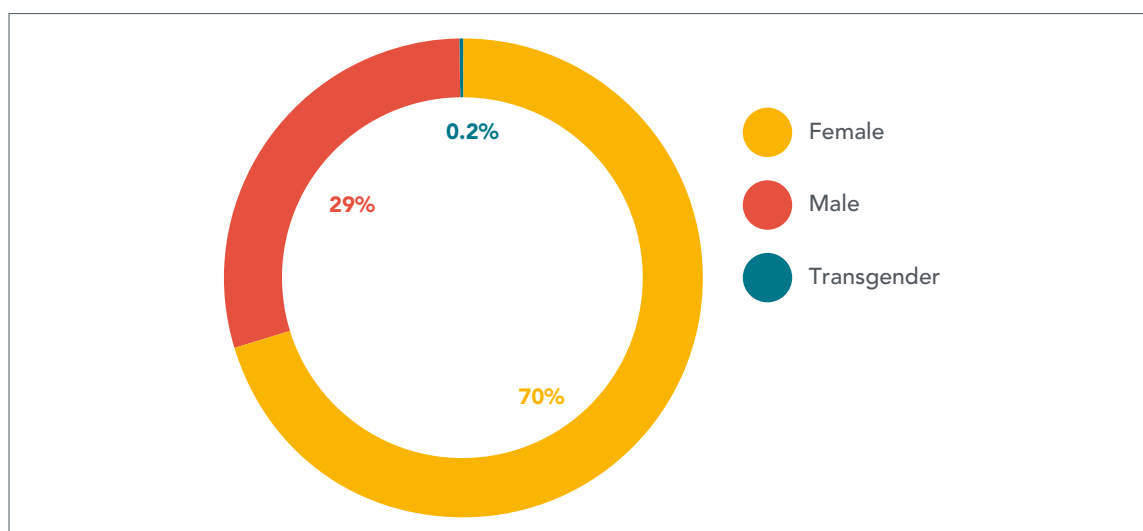
Umbrella will continue to work to reach out to the different BME communities that we serve, to ensure that they recognise Umbrella as a service for all Birmingham and Solihull residents.

To help us to engage more effectively with the groups that we need to be reaching, the service will commission an academically robust research project to identify the best ways to reach out to the demographic groups at highest risk of STIs.

■ *Figure 25: Attendance in clinic by gender – Birmingham*



■ *Figure 26: Attendance in clinic by gender – Solihull*



Both Birmingham and Solihull have seen a roughly two thirds female, one third male split in clinic attendance, with 0.2% service users in both Birmingham and Solihull clinics identifying as transgender.

As part of our work to engage with the Trans Community, Umbrella has set up a Trans Clinic, which runs once a month out of the Birmingham LGBT premises. This is the first commissioned trans service in the country.

This is the current list of hub and satellite locations and opening times:

Satellite clinic	Location	Mon	Tue	Wed	Thu	Fri	Sat	Sun
WSC	Whittall Street Clinic, Birmingham B4 6DH	09.00– 18.30	10.30– 18.30	09.00– 18.30	09.00– 18.30	09.00– 15.30	Closed	Closed
Boots Birmingham (Basement)	67–69 High St, Birmingham B4 7TA	09.00– 18.30	10.30– 18.30	09.00– 18.30	09.00– 18.30	09.00– 18.30	10.00– 16.00	11.00– 15.30
Boots - Young Persons Service (First Floor)*	68–69 High St, Birmingham B4 7TA	12.30– 18.30	12.30– 18.30	12.30– 18.30	12.30– 18.30	12.30– 18.30	10.00– 16.00	Closed
Erdington	196 High Street, Erdington, Birmingham B23 6SJ	09.00– 16.30	10.30– 16.30	09.00– 18.30	09.00– 16.30	09.00– 16.30	10.00– 16.00	Closed
Hawthorn House	93 Bordesley Green East, Bordesley Green, Birmingham B9 5SS	09.00– 18.30	10.30– 16.30	09.00– 18.30	09.00– 16.30	09.00– 16.30	Closed	Closed
Boots Solihull*	7 Mell Square, Solihull, B91 3AZ	09.00– 16.30	10.30– 16.30	09.00– 16.30	09.00– 18.30	09.00– 16.30	10.00– 16.00	Closed
Chelmsley Wood†	34 Crabtree Drive, Birmingham B37 5BU	Closed	13.00– 18.30	09.00– 18.30	09.00– 12.00	09.00– 16.30	Closed	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

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

Community clinic	Location	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Birmingham LGBT (clinics only)	38–40 Holloway Circus, Birmingham B1 1EQ	—	—	General clinic: 12.00–15.30 Well woman clinic: 16.00–18.00* PrEP follow-up clinic: 09.10–11.30	General clinic: 12.00–18.30 PrEP advice clinic: 09.00–12.30** PrEP follow-up clinic: 09.10–11.30** PrEP follow-up clinic: 09.10–12.00***	Trans clinic: 16.00–18.00*	—	—
	Whittall Street Clinic, Birmingham B4 6DH	—	18.00–22.00	—	—	—	—	—
SAFE Project	247–251 Soho Rd, Birmingham B21 9RY	10:30–15:30	—	General clinic: 09.00–12.30	—	—	—	—

*Runs monthly **Runs on the 1st, 2nd and 4th Thursday of every month ***Runs on the 3rd Wednesday of every month

Website and self-sampling kits

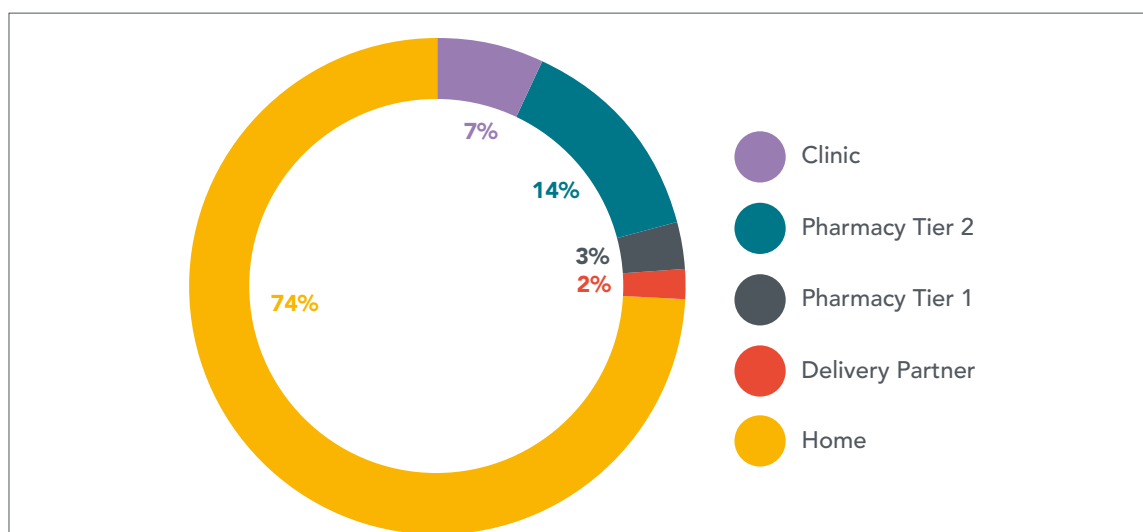
Umbrella offers free STI self-sampling kits as an alternative to attending a clinic. These kits are accessible via the Umbrella website or through partner organisations.

Service users are taken through a step-by-step triage process to ensure that they are suitable for this option, which is available only to people aged 16 or over. They are then issued with a self-sampling kit which is returned to the laboratory by post for analysis, and results are sent back to the service user by text. Patients with a reactive blood test (for syphilis or HIV) are notified via a telephone call.

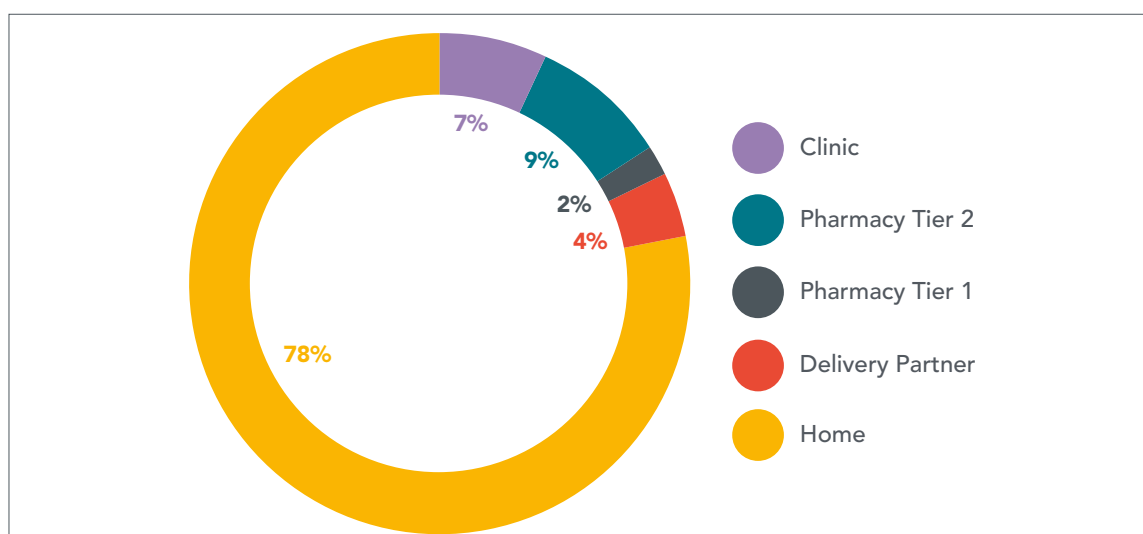
Kits can also be posted to the client's home or a designated address, or collected from an Umbrella pharmacy or other venue.

STI self-sampling kits can also be issued directly by Tier 2 pharmacies and by some partner organisations, following training in how to competently triage a service user.

■ *Figure 27: Kits issued by type of location 1 August 2018– 31 July 2019*



■ *Figure 28: Kits received by type of location 1 August 2018– 31 July 2019*



The rate of return for kits ordered to home addresses was 61%, which was consistent with the previous year. The average number of kits returned each month over the year was 1,913, an increase on last year's average of 1,094. The overall return rate for the service was 52% (excluding kits dispensed to different locations and not yet issued).

Umbrella general practice activity

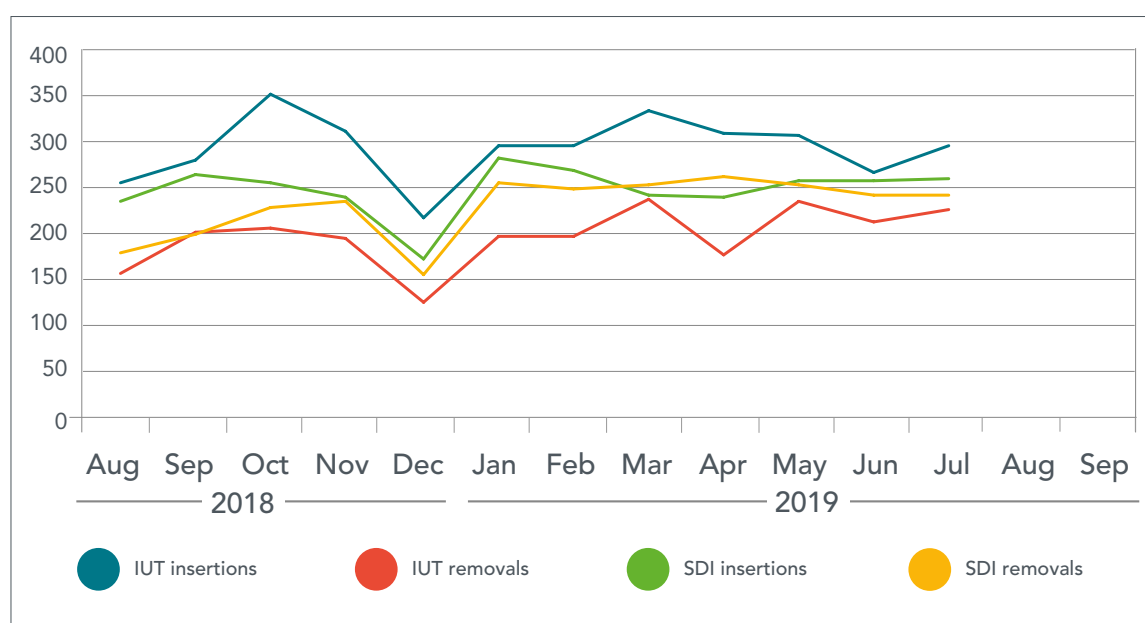
In April 2018, the way that Umbrella contracts with GPs changed, from a single contract with a single organisation representing 92 GP practices, to directly contracting with separate GP practices. The number of contracted GP practices providing Umbrella services is now 132, across 7 different GP consortiums, representing a 41% increase from pre April 2018.

A total of 3,453 IUCs have been fitted by Umbrella GP practices in 2018/19, 126 more than in the same period last year. An average of 11 more IUCs per month have been fitted in 2018/19 compared to the previous year. A total of 2,917 SDIs have been fitted by Umbrella GP practices in 2018/19, 71 fewer than in the same period last year. An average of 6 fewer SDIs per month have been fitted in 2018/19 than in the previous year.

From a total of 2,173 chlamydia screening kits processed by the UHB laboratories in 18/19, a total of 132 positive screens were detected. This has provided a positivity rate of 6.1%. From a total of 1,548 chlamydia screening kits from patients aged 15 to 24 processed by the UHB laboratories, a total of 106 positive screens were detected. This has provided a positivity rate amongst this age group of 6.8% for 18/19.

Umbrella appointed a GP Advisor in January 2018 to help the service understand the pressures and priorities being faced by GPs and advise the service about how to raise the profile of sexual health amongst GPs.

■ **Figure 29: LARC activity in GP Practices Aug 2018–Sept 2019**



30: Interuterine contraception (IUC) Insertion Activity Aug 2018 – July 2019

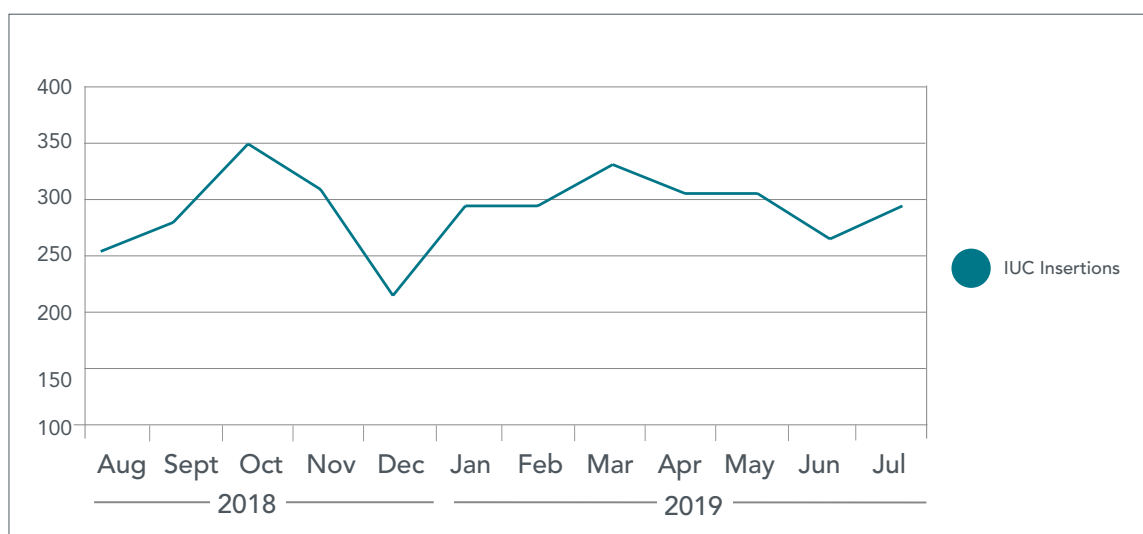
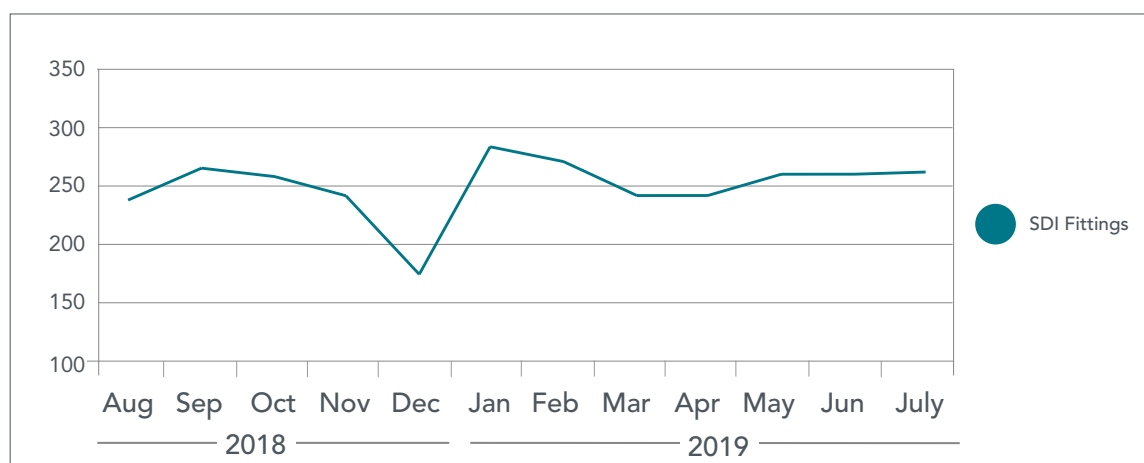


Figure 31: SDI Fitting Activity Aug 2018 – July 2019



Our delivery partners

Delivery partners are subcontracted to provide specific elements of service and work across the Umbrella partnership, providing specialist expertise in their topic area through service delivery, training and capacity building.

Table 4: Delivery partners commissioned by Umbrella in Year 4

Partner organisation	Posts/work commissioned by Umbrella
BCC Careers Service	<ul style="list-style-type: none"> One WTE NEET Worker Two WTE Teenage Parent Advisors
BCC Youth Service	<ul style="list-style-type: none"> Two WTE Youth Workers working out of 16 Youth Centres across Birmingham
RSVP (Rape and Sexual Violence Project)	<ul style="list-style-type: none"> Four WTE ISVAs General (Independent Sexual Violence Advocate) One WTE Young Person ISVA One WTE LGBT ISVA 0.5 WTE Training post
Birmingham LGBT	<ul style="list-style-type: none"> Six WTE Sexual Health Promotion Officers
BCHC (LAC, LD and YP in schools) – Birmingham Community Healthcare Trust	<ul style="list-style-type: none"> 0.8 WTE Children in Care Nurses 1.72 WTE Learning Disabilities Nurses
Loudmouth	<ul style="list-style-type: none"> Commissioned to provide Theatre in Education programmes – delivery programmes across schools and colleges throughout Birmingham
Trident Reach	<ul style="list-style-type: none"> One WTE Project Worker
KIKIT	<ul style="list-style-type: none"> Commissioned to provide interventions (one-to-one and group) to the BME community
SIFA Fireside	<ul style="list-style-type: none"> Commissioned to provide interventions (one-to-one and group) to the BME community
Birmingham and Solihull Women's Aid	<ul style="list-style-type: none"> Commissioned to provide support for survivors of domestic abuse

Achieving better access to services for high risk communities: Impact of the new BME partnerships in Year 4

A total of 7,020 one-to-one interventions were made between April 2018 and March 2019 within the BME community across our Partners SIFA Fireside and KIKIT. KIKIT Pathways to Recovery and SIFA provide a Black, Asian & Minority Ethnic (BAME) specialist service across Birmingham to raise awareness and provide sexual health provisions to marginalised, hard to reach communities.

Loudmouth, our 'education through drama' partner, during the period from April 2018 to March 2019 has delivered 144 sessions to 16,796 young people. Themes of interventions delivered include 'Trust Me' sessions on sexual health, 'Safe and Sound' sessions on teenage partner abuse and 'Working for Marcus' sessions on child sexual exploitation. Pop up clinics are still delivered at gay bars, clubs and other venues, as well as on dating sites and public sex environments.

The Young Person's Health Advisor team and Children in Care nurses at Birmingham Community Healthcare Trust have reached 655 young people between April 2018 and March 2019. All young people are seen on a one-to-one basis and receive puberty, sexual health and contraceptive and relationship advice as appropriate. Kits and condoms are offered if appropriate.

Birmingham LGBT centre is open for 80 hours per week over seven days. Umbrella funded sexual health services are staffed during all of these hours with walk in open access to dedicated specific LGBT sexual health services as well as access to all other free services offered by the organisation, offering an overall holistic health and well-being offer to community members. Specific Trans and Women's sexual health clinics are run on a monthly basis as well as targeted peer support groups. In 18/19 Birmingham LGBT held 8,949 one-to-one interventions and 344 group interventions. A total of 595 volunteer hours were provided in an in-reach setting, across 55 volunteers for 18/19. 299 compliments were received by the LGBT service in 18/19.

BCC Careers Service (BCC CS) has continued to develop access to sexual health services amongst their NEET (Not in Education, Employment or Training) and young parent workers' client groups. The Careers Service currently delivers from 12 outreach and community venues in neighbourhoods across the city; enabling young people to access sexual health advice through an informal setting local to where they live. This now includes delivery from the Library of Birmingham. Feedback from young people about the Umbrella goody bags is very positive. With many now requesting further supplies of their preferred condoms. Some young people also request chlamydia testing kits – but not as frequently as condoms. The online presence of the sexual health service on the Careers Service website continues to reach a large number of young people, with 2,768 hits in quarter four of 18/19.

BCC Youth Services have been working through 18 youth centres across Birmingham. They also host and run a service user group which has assisted in Umbrella service user engagement with young people. BCC Youth Services provided 15,203 one-to-one interventions and 255 group interventions in 2018-19. In 18/19 college drop-in sessions have been delivered at further education colleges. A wellbeing day was held at UCB which the Youth Service attended to raise awareness of Umbrella services.

Umbrella's community partners continue to play an integral part in joining up the Umbrella network and promoting an integrated sexual health service across the city. Further contractual agreements have been formalised in Year 4 and joint partnership working across Umbrella clinics, delivery partners and community partners has been established. Our community partners enable Umbrella to raise sexual health awareness in the community, especially in hard-to-reach groups, through health promotion and networking at Umbrella partnership days, with each partner bringing their expertise and knowledge of the groups with which they work. In their day-to-day operations, our community partners assist with general signposting to Umbrella clinics and support services as well as access to condoms via the Umbrella scheme, general condom distribution and access to STI self-sampling kits and chlamydia screening kits.

A summary of Umbrella partners can be found in Appendix D.

6.5.3. Umbrella's strategy Year 5 and beyond

Umbrella has continued to build strong partnerships with other organisations to deliver, expand and support our service. Umbrella has trusted relationships and engagement with community organisations who work with individuals and priority groups that are at greater risk of sexual ill health, or have previously had poor access to sexual health services.

Umbrella is working hard to engage with a large and diverse range of partners to address diversity, cultural difference and reach into communities with the greatest need. Examples are: men who have sex with men (MSM), LGBT, sex workers and Young People.

In Year 5 Umbrella will focus on:

- Identifying ways to meet the efficiencies that will be required of the service for the 2020-2022 period, whilst maintaining service delivery and quality. This will involve a review to identify the areas that provide the most efficient use of resources and which areas need to be improved
- Working with the Umbrella pharmacies to ensure that they receive the support they require to offer an exceptional level of service, helping to ensure that the Umbrella network is expanded across the whole of Birmingham
- Upgrading the Umbrella Pharmacy network so that Tier 2 services are available at every Umbrella pharmacy
- Continuing to build a strong working relationship with the GPs, actively promoting the Umbrella services that they offer and continuing to offer training to ensure that sexual health knowledge within primary care remains current
- Reviewing and developing the STI kits and the Umbrella website. A full review and survey of the website will be undertaken, ensuring that both clinical and service user input is considered
- Commissioning evidenced-based research in order to understand how to most effectively reach the BME communities at greatest risk of STI infection
- Undertaking campaigns and health promotion work to ensure individuals know where to go for Umbrella services and can access them by their preferred routes

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

6.6.1. Why is this outcome important?

Rapid diagnosis and treatment of sexually transmitted infections reduces the chance of transmitting the infection on to other people, thus helping to limit the spread of infection within the community. Rapid diagnosis also allows for faster initiation of partner notification, which will allow additional persons at risk to be put into contact with services for testing and treatment. This will lead to a 'multiplier effect' with beneficial outcomes.

Rapid treatment reduces the chance of the person developing a complication of the infection e.g. a woman with uncomplicated chlamydial infection might develop pelvic inflammatory disease which carries the risk of long-term morbidity.

6.6.2. 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
- Percentage of patients seen within 48 hours from contacting the integrated sexual health service

6.6.3. Year 4 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.

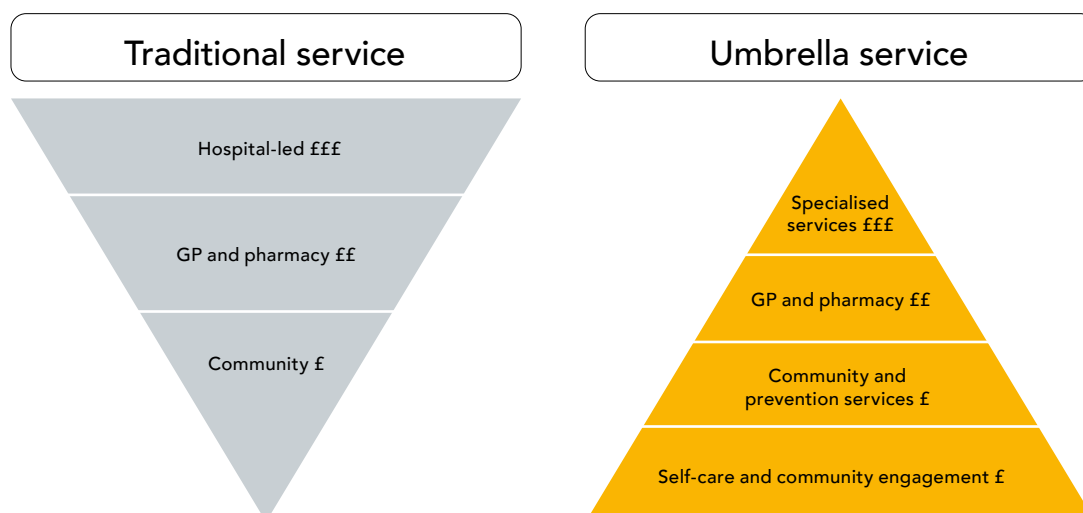


Table 9: Umbrella Year 4 appointments offered and patients seen within 48 hours in hub, satellite and clinics

Period	Percentage and actual number of patients seen within 48 hours from contacting the integrated sexual health service		
	Umbrella	Birmingham	Solihull
Q3 2018	23,354/26,292 88.8%	16,406/18,751 87.5%	1,760/1,976 89.1%
Q4 2018	24,466/27,790 88%	16,976/20,723 81.9%	1,706/1,930 88.4%
Q1 2019	22,258/25,218 88.3%	15,091/17,420 86.6%	1,338/1,570 85.2%
Q2 2019	21,940/25,219 87%	14,846/17,401 85.3%	2,014/2,317 86.9%

The above demonstrates how Umbrella is increasing access for service users by providing options which give individuals immediate easy access whilst also reducing the pressure on hospital-led services.

6.6.4. Umbrella's strategy Year 5 and beyond

Umbrella aims to further improve access by:

- Releasing capacity in clinics by continuing to promote use of the online STI self-sampling kits
- Releasing capacity in clinics by promoting local pharmacies who can offer STI self-sampling, contraception (including injectable contraception), hepatitis B vaccination and treatment of chlamydia
- Increasing access to the full range of sexual health services offered in pharmacy, by providing Tier 2 services across the entire Umbrella pharmacy network
- Using clinic data and client surveys to understand client preferences
- Continuing to expand the investment in general practice through promoting the LARC service and chlamydia screening available via GPs
- Providing health promotion to ensure that individuals know where to go and that they can access services by their preferred routes

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

6.7.1. Why is this outcome 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 one in three pregnancies are unplanned (source: www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning#the-importance-of-reproductivehealth). 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.

6.7.2. How is this outcome measured?

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

- Rate of GP prescribed LARC/1,000 registered female population 15–44: reported nationally two years in arrears
- Percentage of LARC as a proportion of all prescribed contraception (females aged under 18 years) in all settings within the Umbrella service

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

6.7.3. Year 4 performance and analysis

Figure 32: Contraception issued by Umbrella overall, in Birmingham and in Solihull, by type for year 4

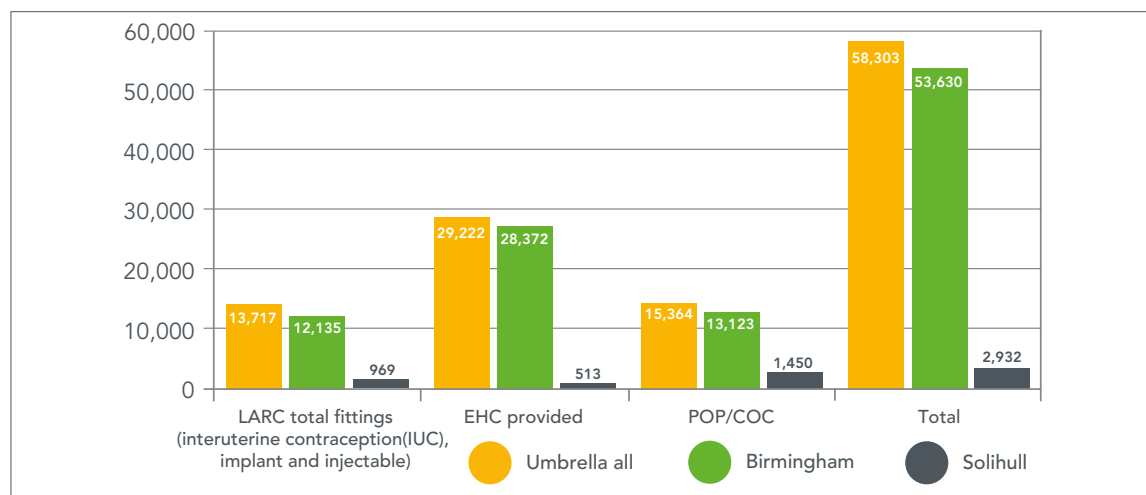
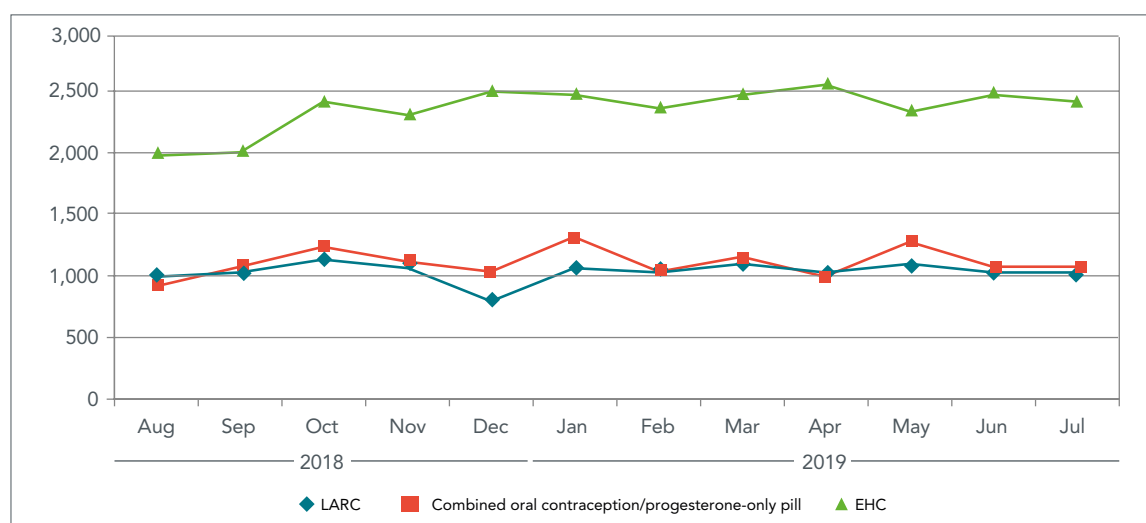
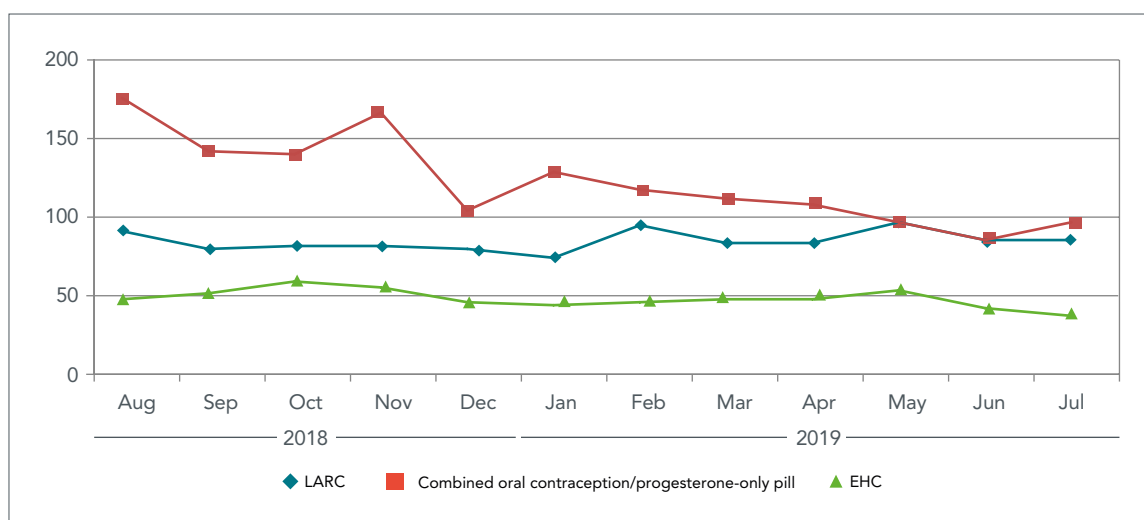


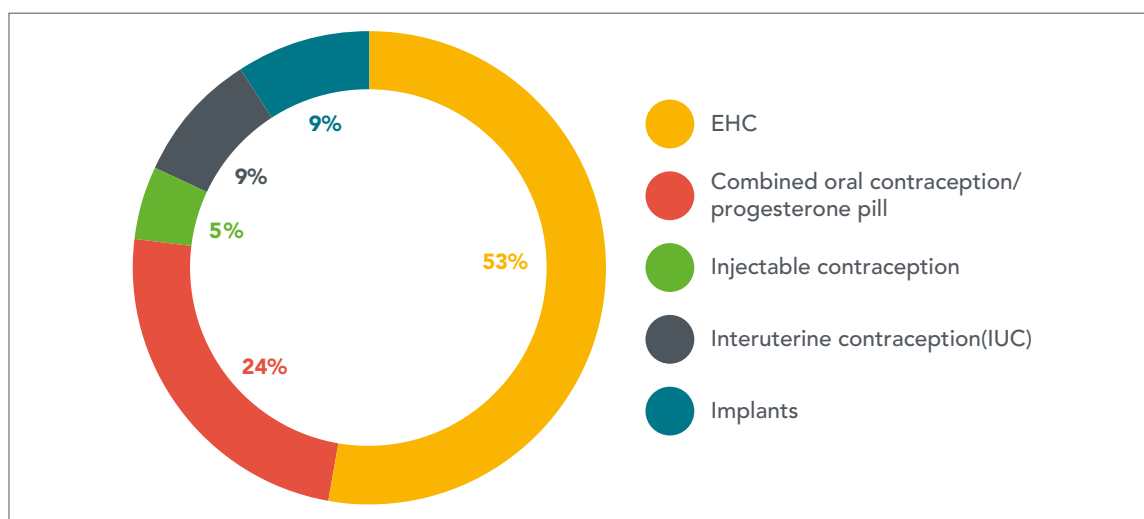
Figure 33: Uptake of contraception by type per month (Birmingham)



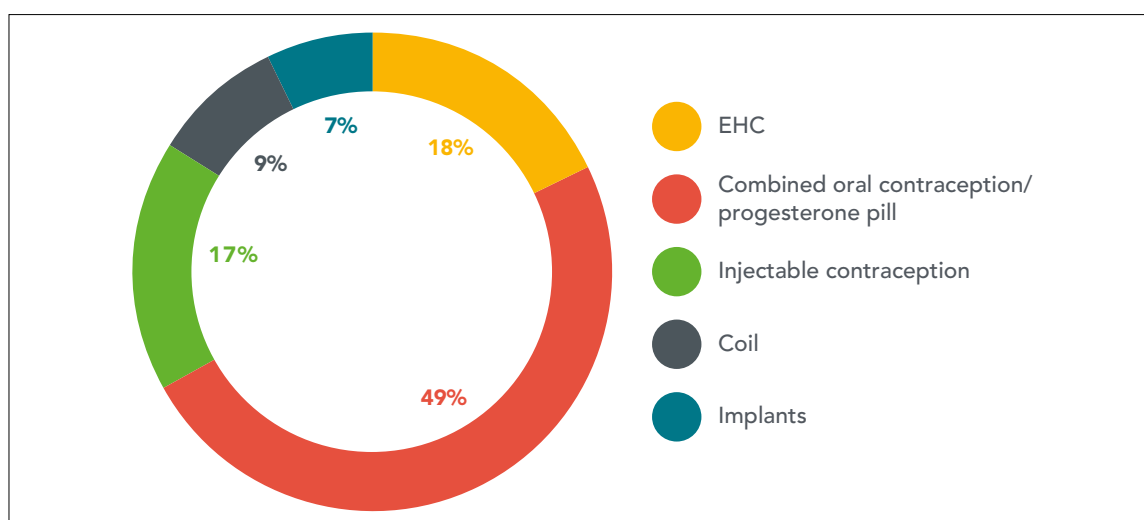
■ Figure 34: Uptake of Contraception by type per month (Solihull)



■ Figure 35: Contraception by type (Birmingham) all ages



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



6.7.4. Umbrella's strategy Year 5 and beyond

Over the next year Umbrella will:

- Ensure that the Umbrella pharmacy network is able to provide the full Tier 2 range of services, including access to oral and injectable contraception
- Increase the number of pharmacies where gaps are identified in areas of need, based on socio-economic factors and levels of STI prevalence
- Work with pharmacies to ensure that the entire network is actively promoting and providing Umbrella services. This will increase the availability of contraception provision and promote referral pathways for LARCs. Additionally it will increase the number of locations that offer free condom provision
- Increase the number of partner organisations who have been trained to deliver the condom scheme, which will expand geographical spread and further improve access
- Actively promote the network of GPs providing LARC services
- Establish referral pathways from clinic to GP for women seeking LARC services and for whom a community setting would be appropriate
- Further develop referral pathways from pharmacies, to GPs and clinics for emergency intrauterine contraception (IUC) fittings

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

6.8.1. Why is this outcome important?

One of Umbrella's overarching aims is to reduce the number of people who are repeatedly treated for STIs, thereby preventing further infections. Umbrella's aim is to promote key messages, through targeted communication, that informs of the risk of reinfection and encourages behaviours promoting good sexual health.

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 represent a core group of high-risk individuals who are contributing disproportionately to the spread of disease and, as such, 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.

6.8.2. How is it measured?

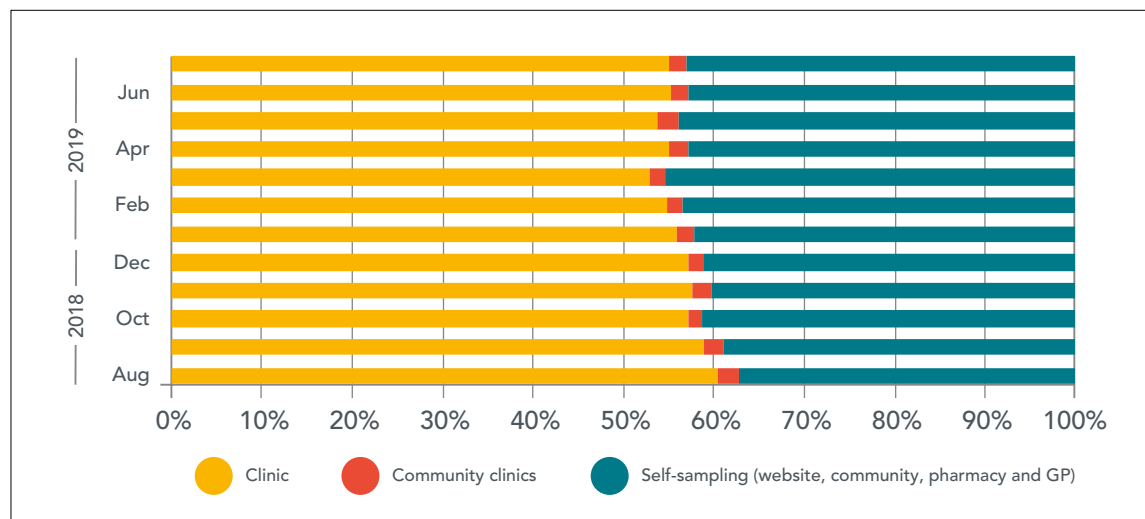
Umbrella reports quarterly to the commissioner, against a number of national and local Key Performance Indicators (KPIs). This includes:

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

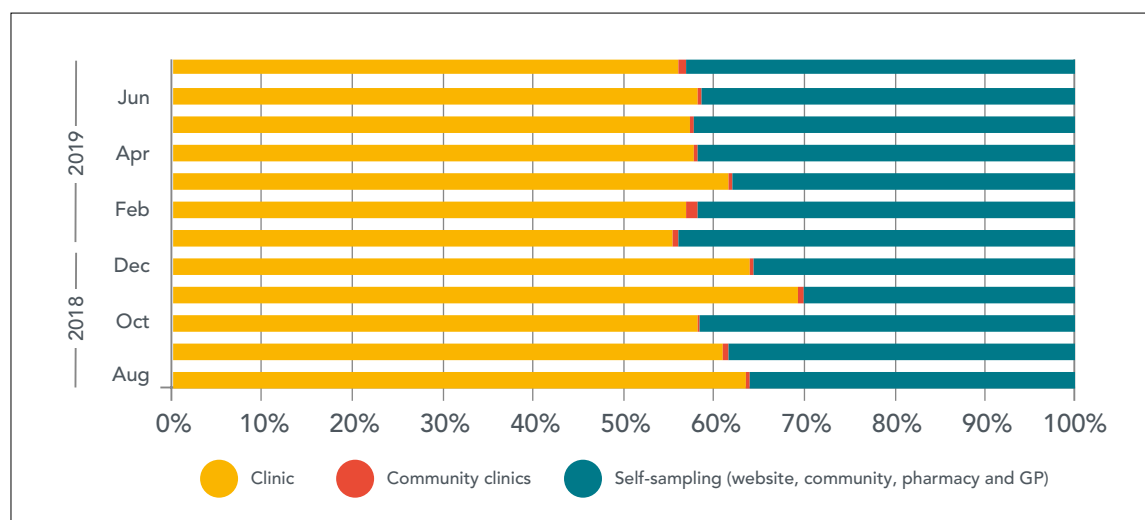
6.8.3. Current performance

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

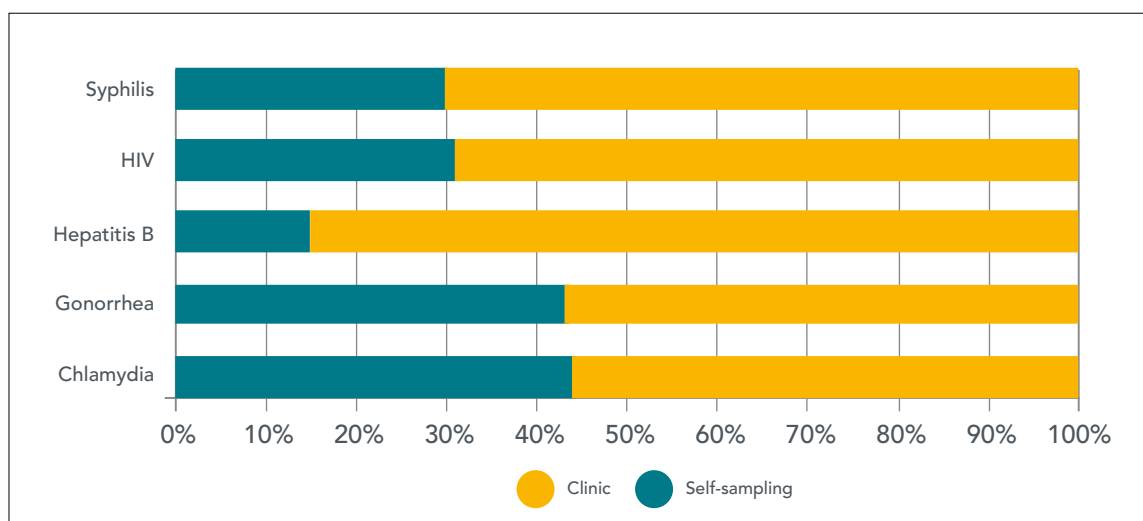
■ *Figure 37: STI testing Route Birmingham*



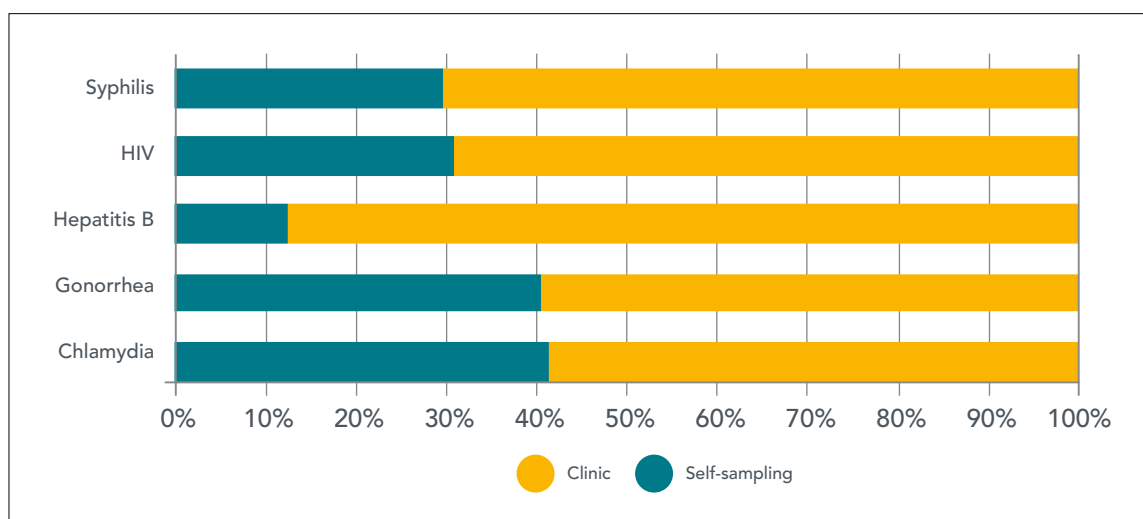
■ *Figure 38: STI testing Route Solihull*



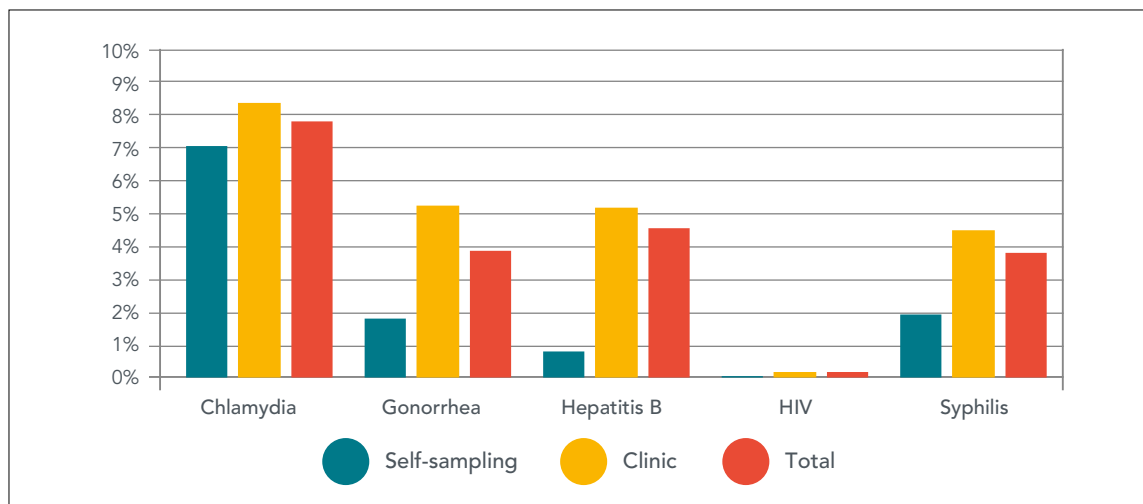
■ *Figure 39: Birmingham Umbrella – type of STI test carried out*



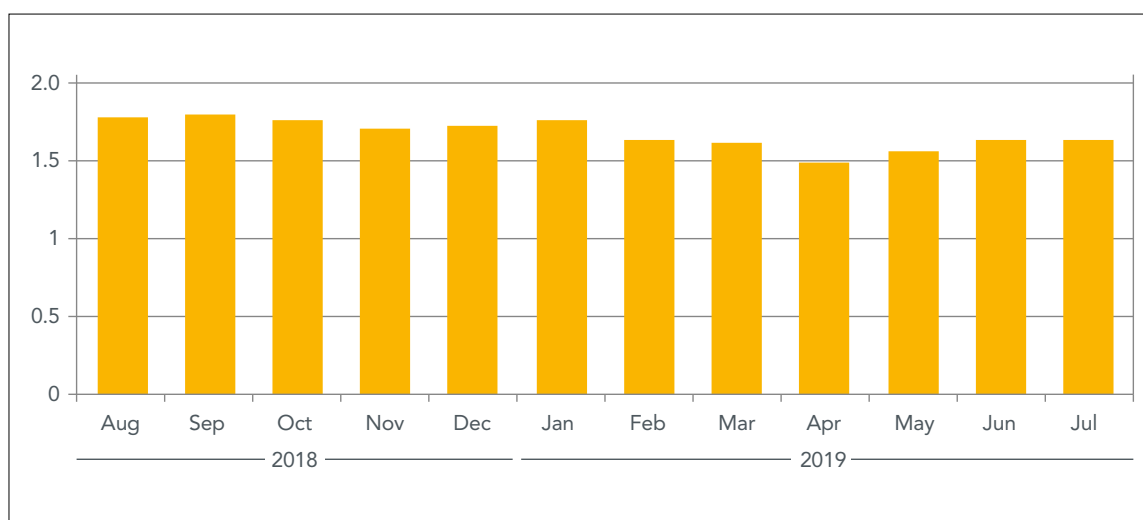
■ *Figure 40: Solihull Umbrella – type of STI test carried out*



■ *Figure 41: STI Positivity Rates Umbrella*



■ Figure 42: Ratio of New to Follow-up (where FU is 1)



6.8.4. Umbrella's strategy – Year 5 and beyond

Umbrella's strategy will be to continue to provide a co-ordinated and sustained approach to STI testing in areas where there is the highest risk of infection and reinfection. In doing so, Umbrella will focus specific attention on understanding the patterns and sexual health behaviours related to people who are presenting with repeated STIs.

This outcome will be achieved through analysis of the data and identification of the key themes and patterns relating to repeat STI attendances (follow-up). In addition, Umbrella will provide health awareness, education and promotion to those targeted groups, to reduce the incidence of repeated STIs.

Umbrella recognises that one of the priority groups for repeated STI infections are MSM. However, the strategy moving forward will apply a consistent approach that also includes heterosexual people who report similar sexual health behaviours.

The strategy will ensure a joined-up approach with priority Umbrella partners, such as Birmingham LGBT. In addition, there will be a sustained and focused approach by Umbrella's Health Promotion and Training teams on communicating messages about the associated risks of reinfection. A review of the website will be undertaken to ensure that these messages are also clearly communicated on the STI kit ordering site.

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

6.9.1. 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 teenagers, bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.

6.9.2. 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 (www.ons.gov.uk) for all local authorities in England. The Public Health Outcomes Framework (PHOF) 2013-2016 also includes 'under-18 teenage conception rate' as one of three sexual health indicators. Umbrella reports quarterly to the Commissioner, against a number of KPIs (Key Performance Indicators).

These include:

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

6.9.3. Year 4 performance and analysis

In 2017, in Birmingham and Solihull the under-18 conception rates were 19.4 (21.4 in 2016) and 14.9 (14.6 in 2016) per 1,000 respectively, whereas the figures for England and the West Midlands were 17.8 and 19.9 per 1,000 respectively.

For the same year (i.e. 2017), the abortion rates for under-18s in Birmingham and Solihull were 45.9% (46.4% in 2016) and 63.6% (58.9% in 2016) respectively. This meant that the Birmingham rate was lower than the national rate (47.4%) and on a par with the West Midlands rate (45.9%). The rate in Solihull was higher than both the national and the West Midlands rates.

In Year 4 of Umbrella (2018–19), Umbrella provided a range of contraception types from the various Umbrella services. LARCs made up 23% of both Birmingham and Solihull's Umbrella contraception for under-18s.

Table 5: Number of contraception issued, by type and age for Year 4

Type	Umbrella Actual		Birmingham Actual		Solihull Actual	
	All ages	U18	All ages	U18	All ages	U18
LARC total fittings (Interuterine contraception (IUC), Implant and Injectable)	13,717	613	12,135	483	969	91
EHC provided	29,222	2,282	28,372	2,105	513	137
POP/COC	15,364	1,296	13,123	986	1,450	239
Total	58,303	4,191	53,630	3,574	2,932	467

Table 6: Number of females under 18 and 18+ years of age receiving EHC in clinical in/outreach, pharmacy, general practice, other supply chain settings

Period	Setting	Birmingham		Solihull		Umbrella	
		13–17yo	18+yo	13–17yo	18+yo	13–17yo	18+yo
Aug 2018 to Jul 2019	Pharmacy	942	13,650	–	–	1,776	24,319
	Clinic/ Outreach	233	1,963	107	378	368	2,664

6.10. Outcome 10: Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

6.10.1. Why is this outcome important?

STI, HIV and BBV (hepatitis B and C viruses) can lead to morbidity and mortality in infected persons. Therefore, measures which can reduce their transmission will result in significant improvements in the health of the affected populations (Birmingham and Solihull).

The two key areas to achieving this outcome are reducing risky sexual behaviours as well as identifying those who have STIs. Umbrella will do this by increasing screening, testing and treatment in the population, as well as through health promotion and education aimed at all service users, particularly those hard-to-reach, at-risk groups.

6.10.2. 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
- Percentage of at-risk patients offered and take up Hep B vaccination

Information around chlamydia is covered within Outcome 2 and HIV within Outcome 3

Umbrella utilises the testing services available through clinics, primary care, community and self-sampling via the website to increase the number of STI tests carried out across Birmingham. This includes health promotion and education to reach those groups that have not historically attended clinics or general practice.

6.10.3. Year 4 performance and analysis

Figure 43: Percentage of Umbrella patients accepted the initial Hepatitis B vaccination

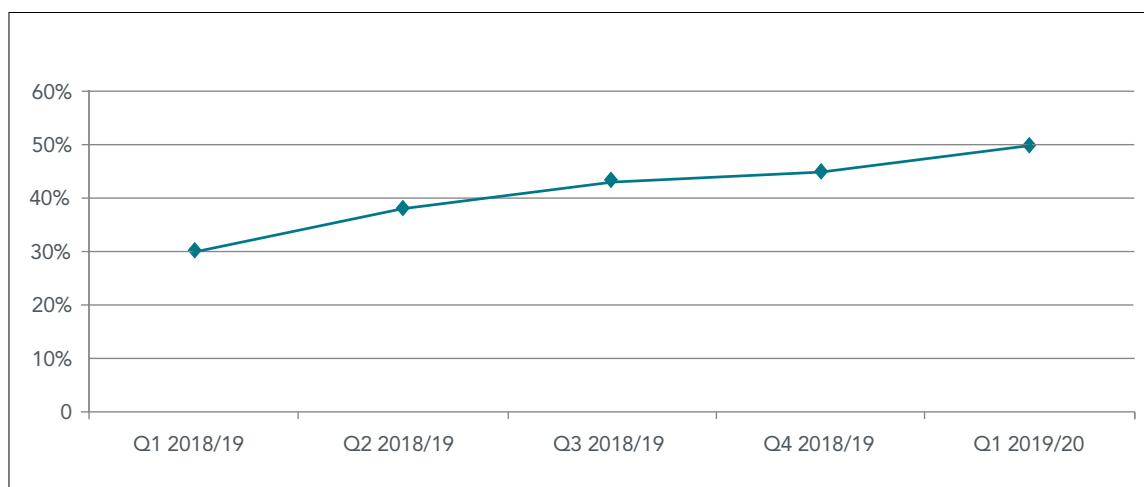


Figure 44: Partner Notification for Chlamydia – Birmingham only Umbrella

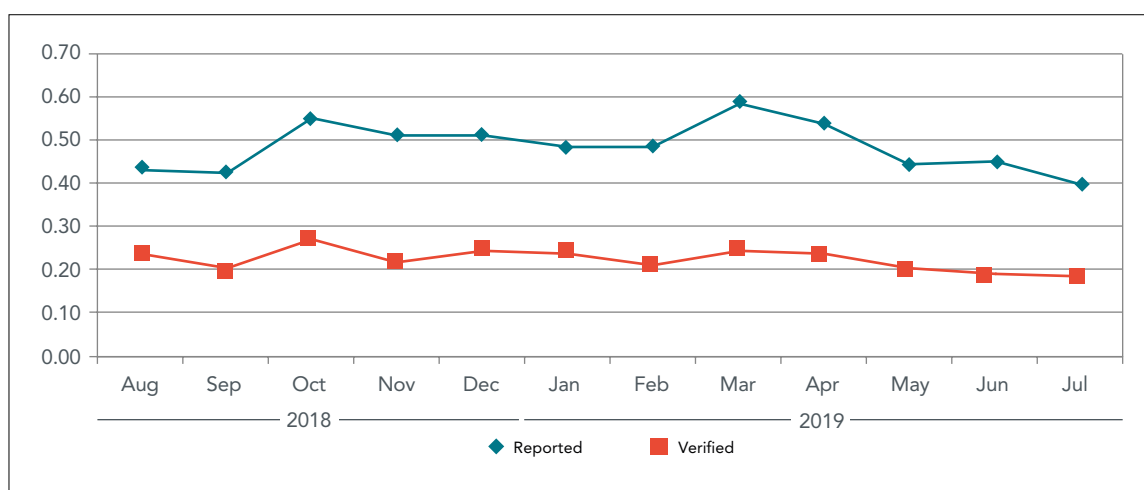


Figure 45: Partner notification for chlamydia – Solihull only Umbrella

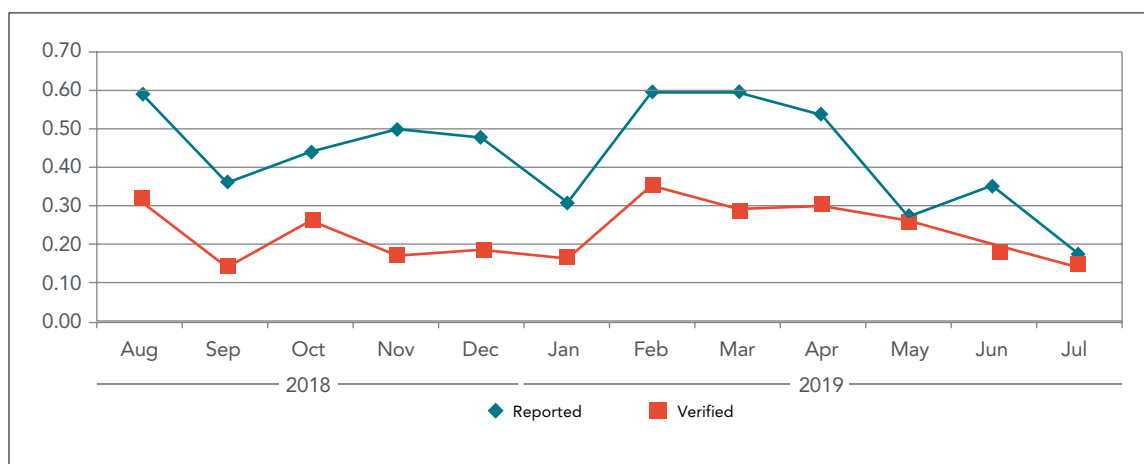


Figure 46: Partner notification for gonorrhoea – Birmingham only Umbrella

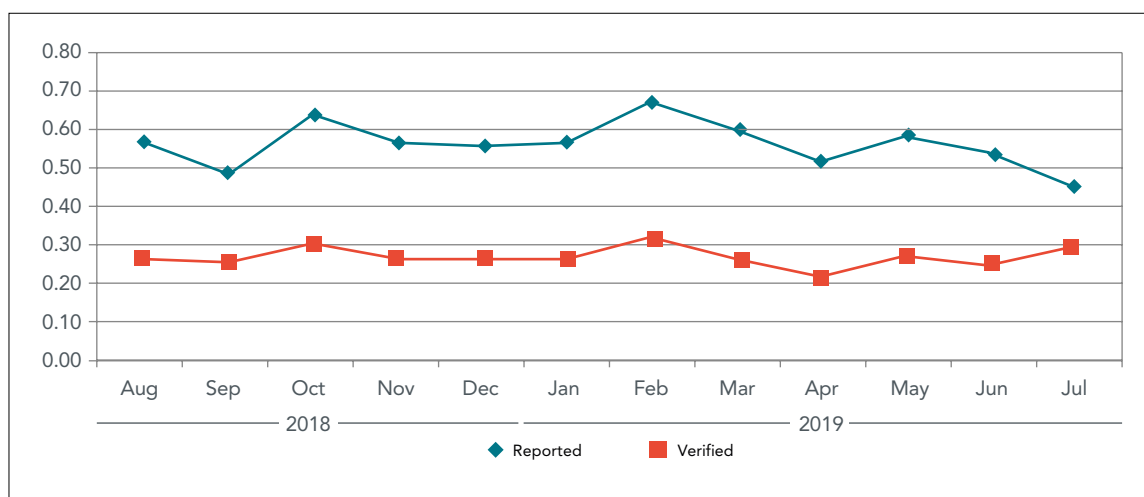


Figure 47: Partner notification for gonorrhoea – Solihull only Umbrella

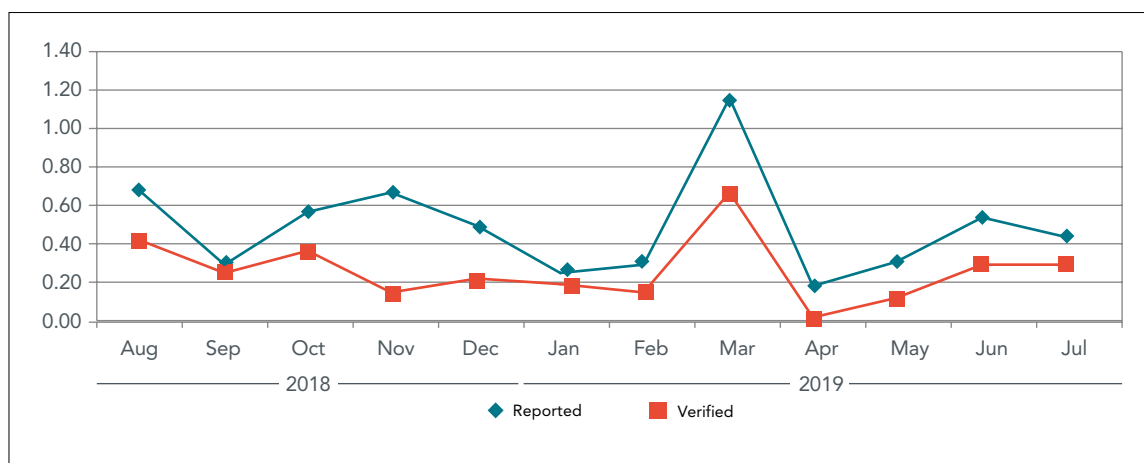
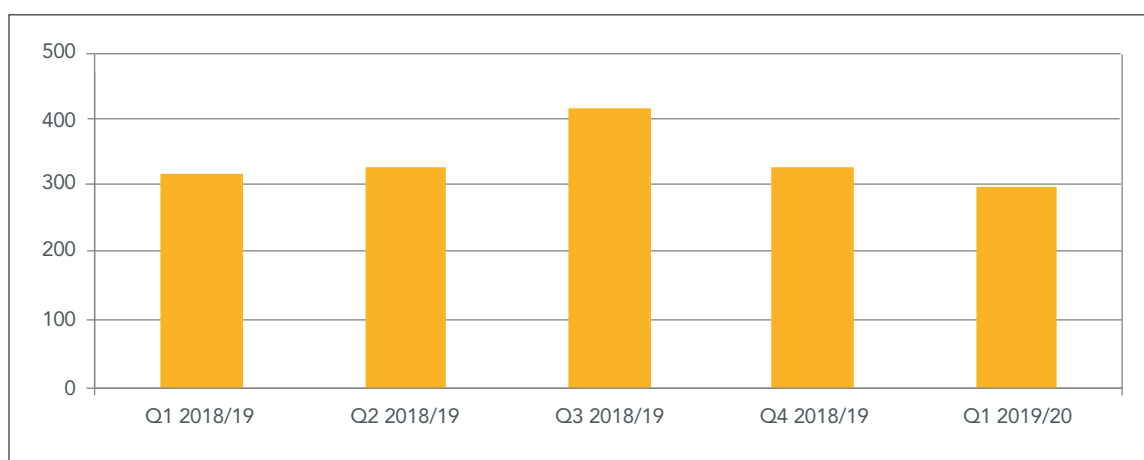


Figure 48: Number of sex workers accessing specialist sexual health in/outreach services that take up full STI screening



6.10.4. HIV PRe Exposure Prophylaxis (PrEP)

HIV (PrEP) involves the taking of combination antiviral pills before risky sexual activity. It has been shown to be highly effective in preventing HIV acquisition if taken appropriately. It is not available on the NHS in England except in the NHS England sponsored Impact study, although many people obtain these pills via the Internet. Although very safe and effective, those taking PrEP need monitoring to make sure it does not affect their kidney function and also need regular STI checking if they are at sufficient risk to require PrEP.

Umbrella has been recruiting to the Impact study since March 2018. We currently have a nine-month waiting list to start but are limited, in part, due to the staffing restrictions imposed by this being a research study. Currently we have recruited more than 240 patients and have a total of 524 available places to fill before the trial entry finishes in July 2020. The study currently has 78 clinics per month for follow-up patients in the study and one to two clinics per week for study entry. More clinics for follow-up will be required as patient numbers increase. Systems have been set up for the results of the renal function testing following rollout of PrEP both within the study and for those who obtain their own medication.

6.10.5. Umbrella's strategy Year 5 and beyond

- Umbrella's health promotion campaigns have increased and continue to increase awareness of blood borne viruses and promote safer sexual behaviour to reduce transmission
- Umbrella has improved access to testing for STIs (including HIV) through both attendance at the expanded number of Umbrella sexual health clinics and through use of the self-sampling kits which can be ordered free via the Umbrella website. This aspect of the service has seen an huge increase in popularity with service users, with over 52,000 kits being ordered in Year 4, representing a 34% increase on the previous year
- All people attending Umbrella sexual health clinics are offered testing for STI and HIV
- At registration, all service users are routinely asked 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

Umbrella adult counselling and psychological services

In year 2018-2019, the service carried out 1,384 attended sessions across five locations with an average of 9.5 sessions per patient.

The 97% of our patients continue to be from the following priority groups:

Attended by patients that have specific needs that relate in some way to their sexual health and are from the following priority groups:

- Substance misusers (including Chemsex)
- LGBT
- Homeless
- Offenders
- People with Mental Health needs
- People with learning difficulties
- Sex Workers
- Travellers
- Trafficked People
- New arrivals from abroad
- Care Leavers

This year we have seen an increase in patients attending with multi-complex presentations. During this time 62% of patients belonged to more than one of the above priority groups and had an issue that related directly to their sexual health and well-being.

The psychotherapy service has also experienced a significant rise of 47% patients presenting with chemsex related issues since 2017. On-going partnership working with the Birmingham LGBT Chemfidential Service offers a holistic approach to this client group. Further development and understanding especially in drug services is needed to support this growing population of MSM men in Birmingham and Solihull.

The service continues to run with one full-time paid member of staff and a dedicated group of associate counsellors and psychotherapists who work voluntarily for Umbrella during and after undertaking degree or doctoral qualifications. They are all required to receive in-house UKCP registered clinical supervision. This cost effective model means we are able to offer a wide variety of effective therapeutic modalities which allow for both short and longer term therapies and support the growth of sexual health knowledge within therapy. All of the therapists are registered with BACP and/or UKCP as either student or fully registered members.

Umbrella psychosexual medicine and therapy service

The Umbrella psychosexual medicine and therapy service saw and treated 288 individuals between 1 August 2018 and 31 July 2019. More than one quarter (28%) were under 25 years old. There were slightly more females (59%) than males. Where ethnicity was recorded, 45% of attendees were of white British, 25% identified themselves as Asian, 8.4% identified as Black Caribbean, and 3.2% identified themselves as of Black African ethnic background. This demonstrates that we are providing an important service to young people and people from a wide range of ethnic backgrounds.

The psychosexual presentations were as follows (some individuals had more than one):

	%
Erectile dysfunction	27.9
Vaginismus or dyspareunia (sexual pain)	31.9
Lack/loss of desire	17.2
Premature ejaculation	14.3
Orgasmic dysfunction	9.6
Unspecified sexual dysfunction	4.0
Reduced sexual enjoyment or sexual aversion	2.0
Excessive desire	1.2
Retarded ejaculation	0.4

Outcomes

Outcomes are based on a patient completed assessment questionnaire combined with the therapist assessment. 43.2% reported improvement or resolution of their problem, 15.9% reported no improvement, 8.2% were referred elsewhere and 0.8% of individuals were deemed unsuitable for treatment. There were 31.8% outcomes that were not recorded. On average, individuals were seen for a total of three sessions.

Training

The service supported a second student with the practical aspect of their psychosexual therapy training.

Audit and research

A poster regarding the audit of the management of erectile dysfunction within the service was presented at the national Spring Conference for the British Association of Sexual Health and HIV (BASHH) in July 2019. Recommendations to improve documentation of medication and recreational drug history and completion of the patient self-assessment questionnaire have been implemented.

Staff

We continued to run the service with an integrated part-time team of four doctors, two therapists and one administrator. The practitioners utilise a mixture of techniques including: brief psychoanalytic therapy, counselling, cognitive behavioural therapy,

desensitisation and EMDR.

Data and reporting

Measures have been established to reduce clinician time inputting data manually. Improvements to recording and reporting of data are on-going.

7 Health promotion campaigns

7.1. Introduction

Since its inception, health promotion work carried out by the Communications team has played an essential role in supporting and helping to shape the model for sexual health services provided by Umbrella.

Over the last year there have been nine campaigns which have targeted specific audiences but have also been used to raise awareness of the brand to the wider population of Birmingham and Solihull. In support of this, broadening of the brand's colour range within Year 4 has helped to enhance campaign messaging and to widen its appeal to audiences.

Over the course of the year Umbrella website visits have increased by 12.6% (compared to the previous year). Web visits increased by 9% for the 2018 Freshers promotion and 8% during the 2019 July STI kit campaign when compared to non-campaign periods.

Umbrella partner organisations have continued to increase the visibility of the brand on the high street through greater use of window and point of sale promotional materials. Reinforcement of the brand colour pallet along with increased use of animation on digital channels have played a significant part in firmly establishing Umbrella as the sexual health service for Birmingham and Solihull.

7.2. Year 4 performance and analysis

1 30 July–19 August – Abuse Survivors Clinic (ASC)

Audience	Abuse survivors living in Solihull
Aims	<ul style="list-style-type: none"> • Raise awareness of services provided by umbrellahealth.co.uk. • Drive visits to umbrellahealth.co.uk • Increase the number of appointments at the Solihull ASC clinics • Raise awareness of the RSVP partnership
Targeting	Campaign mainly targeted people in Solihull, and focused on: <ul style="list-style-type: none"> • People of all ages actively searching for information about abuse survivors
Channels	<ul style="list-style-type: none"> • Radio: Capital and Smooth ads • Social media boosting: Facebook and Twitter
Highlights	<ul style="list-style-type: none"> • 300 30 second advertisements broadcast during morning and evening to early morning audiences • Over 1,400 impressions from service users on twitter and 30 engagements

2 17 September–15 October 2018 – Freshers and Young People

Audience	Students aged 16–24, including those attending five universities across the city
Aims	<ul style="list-style-type: none"> • Raise awareness of services provided by umbrellahealth.co.uk. • Drive visits to umbrellahealth.co.uk • Increase the number of requests and returns of STI testing kits • Raise awareness of risk of STIs
Targeting	<ul style="list-style-type: none"> • Students browsing social media • Students actively searching for information on chlamydia and STI testing via google searches (PPC)
Channels	<ul style="list-style-type: none"> • Digital advertising: Facebook and Instagram • Social media boosting: Facebook and Twitter • Outreach: Freshers' events • Pay Per Click: Google Search • Outdoor: Billboards/animations on Digital 6 sheet screens/Socialite screens in bars/Adshells on bus stops/Interior bus panels
Highlights	<ul style="list-style-type: none"> • Distribution of 250,000 condoms at Freshers' events • Extensive distribution of posters and information cards at university sites • Coverage in local media of condom distribution

3 5 November–2 December 2018 – HIV and BAME

Audience	Residents at higher risk of HIV
Aims	<ul style="list-style-type: none"> • Reduce rates of late HIV diagnosis across Birmingham and Solihull • Educate people around process of free testing and free treatment available through Umbrella • Promote variety of access points to HIV testing (clinics, pharmacies and partners) • Raise awareness of access to HIV testing in community and clinical settings to improve early diagnosis and treatment • Drive visits to HIV landing page at umbrellahealth.co.uk
Targeting	<p>Individuals most affected by HIV, with a specific focus on:</p> <ul style="list-style-type: none"> • Black African/African Caribbean • Indian sub-continent – Pakistani, Indian and Bangladeshi in targeted locations • General messaging to reach a wider audience
Channels	<ul style="list-style-type: none"> • Digital: Facebook and Twitter posts including animation. Instagram and Snapchat advertising • Social media boosting: Facebook, Birmingham Updates Live stream • Pay Per Click: Google Ad Words • Print: posters, cards and leaflets distributed to partners • Outdoor: Billboards/animations on Digital 6 sheet screens/Socialite screens in bars/Adshells on bus stops/Interior bus panels

Highlights	<ul style="list-style-type: none"> • HIV landing page receives 17,448 • Live Birmingham Updates Q&A attracting over 15,000 views • Social media posts which were shared in partnership with Birmingham Updates reached over 45,000 people • Campaign ads attract over 13,875 impressions, achieving 850 click-throughs to website
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4 3–16 December 2018 – Pharmacy Birmingham

Audience	Residents in Birmingham
Aims	<ul style="list-style-type: none"> • Raise awareness of the Umbrella services available at pharmacies • Increase service usage at Umbrella pharmacies • Raise awareness of the Umbrella Health brand on the high street • Drive visits to umbrellahealth.co.uk
Targeting	<ul style="list-style-type: none"> • 16–24 year olds, Birmingham only
Channels	<ul style="list-style-type: none"> • Digital: Facebook and Twitter posts including animation. Instagram and Snapchat advertising • Social media boosting: Facebook, Birmingham Updates Live stream • Pay Per Click: Google Ad Words • Print: Window and standard posters, cards, leaflets and bespoke promotional materials distributed to pharmacy partners • Outdoor: Billboards/animations on Digital 6 sheet screens/Socialite screens in bars/Adshells on bus stops/Interior bus panels
Highlights	<ul style="list-style-type: none"> • 53 Adshells on bus stops • All 162 pharmacies are provided with tailor made A4 and A5 flyers and A1 window posters • Pharmacy partners help shape the messaging and utilise their own networks to create referrals • 'Service locator' page receives 4,600 visits with 1,300 clicks to the service locator landing page coming from social media

5 14–27 January 2019 – Chlamydia Solihull only

Audience	Solihull 16–24 year olds
Aims	<ul style="list-style-type: none"> • Raise awareness of chlamydia testing among 15–24 year olds • Focus on high traffic areas for increased visibility of messaging • Increase the number of requests and returns of online STI testing kits • Drive visits to umbrellahealth.co.uk
Targeting	<ul style="list-style-type: none"> • 16–24 year olds, Solihull only
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising, mobile advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • Outdoor: Billboards /animations on Digital 6 sheet screens/street talks • Print: Posters and information cards distributed to partners
Highlights	<ul style="list-style-type: none"> • 3,300 visits to the STI self-sampling kits ordered page • Facebook ads produce 127,626 impressions achieving 449 click-throughs to website • 36 Adshells in targeted areas added to organic reach

6 27 February–17 March 2019 – Birmingham and Solihull Chlamydia

Audience	Birmingham and Solihull 16–24 year olds
Aims	<ul style="list-style-type: none"> • Raise awareness of chlamydia testing among 16–24 year olds • Focus on high traffic areas for increased visibility of messaging • Increase the number of requests and returns of online STI testing kits • Drive visits to umbrellahealth.co.uk
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising, mobile advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • Outdoor: Billboards/animations on Digital 6 sheet screens/street talks/socialite screens • Print: Posters and information cards distributed to partners
Highlights	<ul style="list-style-type: none"> • Website sees around 30% increase in visits to STI kit page • Facebook ads attract 373 clicks through to the campaign home page • Digital media helps generate greater brand awareness in Grand Central and Touchwood

7 25 May–9 June 2019 – Umbrella campaign for PRIDE – MSM, online testing/condoms

Audience	Young People, LGBT, MSM
Aims	<ul style="list-style-type: none"> • Promote sexual health awareness following major event • Increase the number of requests and returns of online STI testing kits • Raise awareness of Umbrella services • Drive visits to umbrellahealth.co.uk
Targeting	<ul style="list-style-type: none"> • Young people of all backgrounds
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising • Social media boosting: Facebook • Outdoor: Animation on Digital 6 sheet screens/socialite screens/billboards/Adshells on bus stops • Print: Posters and information cards distributed to LGBT community settings
Highlights	<ul style="list-style-type: none"> • Over 2,000 STI self-sampling kits ordered during campaign • 2,512 interactions from service users on Facebook boosted posts • 16,500 users visiting the website during the campaign

8 10–30 June 2019 – Chlamydia – Young People

Audience	15–24 year olds living in Birmingham and Solihull
Aims	<ul style="list-style-type: none"> • Raise awareness of chlamydia testing among 15–24 year olds • Focus on high traffic areas for increased visibility of messaging • Increase the number of requests and returns of online STI testing kits • Drive visits to umbrellahealth.co.uk
Targeting	<ul style="list-style-type: none"> • 15–24 year olds

Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising, mobile advertising • Social media boosting: Facebook • Pay Per Click: Google AdWords • YouTube: Pre-roll animated ads • Outdoor: Billboards/Animations on Digital 6 sheet screens/socialite screens in bars • Print: Posters and information cards distributed to partners
Highlights	<ul style="list-style-type: none"> • PPC resulted in 91 self-sampling kits being ordered • Facebook ads produce 178,052 impressions achieving 821 click-throughs to website

9 1–21 July 2019 – STI Kit Push

Audience	All residents in Birmingham and Solihull with a focus on younger people
Aims	<ul style="list-style-type: none"> • Refer target audience to umbrellahealth.co.uk to order a free STI kit and test themselves at home • Increase awareness of the ease and speed of testing discreetly at home • Focus on high traffic areas for increased visibility of messaging • General brand awareness of Umbrella sexual health services
Targeting	<ul style="list-style-type: none"> • All residents in Birmingham and Solihull with a focus on younger people
Channels	<ul style="list-style-type: none"> • Digital: Facebook, Twitter, Instagram advertising, mobile advertising, Printt app • Social media boosting: Facebook • Pay Per Click: Google AdWords • YouTube: Pre-roll animated ads • Outdoor: Billboards/animations on Digital 6 sheet screens/socialite screens in bars/bus interior panels/Adshels on bus stops • Print: Posters and information cards distributed to partners
Highlights	<ul style="list-style-type: none"> • Facebook ads produce 237,439 impressions achieving 2,168 click-throughs to website • 9,947 impressions from the Printt app • 58% increase in self-testing kit requests

7.3. Examples of health promotion collateral/messages

Figure 52: Examples from Freshers and Young Persons' social media campaign September 2018 (Poster, billboard and social media)



Figure 53: Examples of HIV and BAME campaign materials November 2018



Figure 54: Examples of Pharmacy in Birmingham campaign materials December 2018



Figure 55: Examples from Solihull chlamydia targeted campaign January 2019

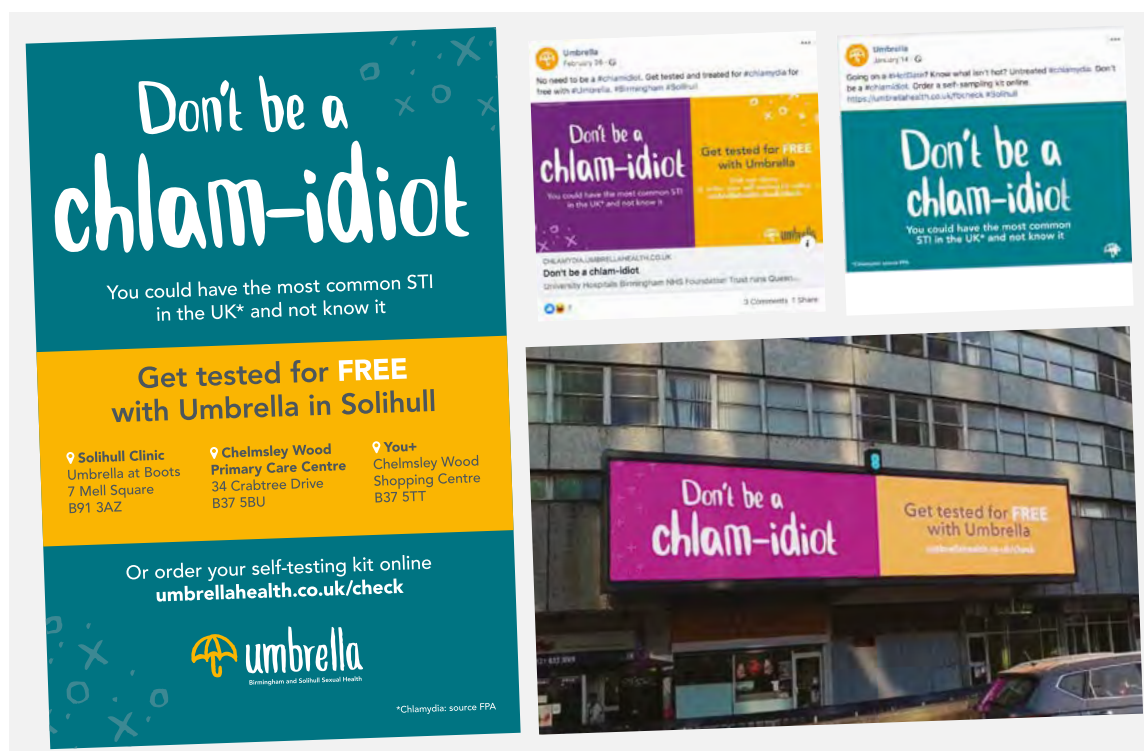


Figure 56: Examples of the LGBT Pride campaign May 2019

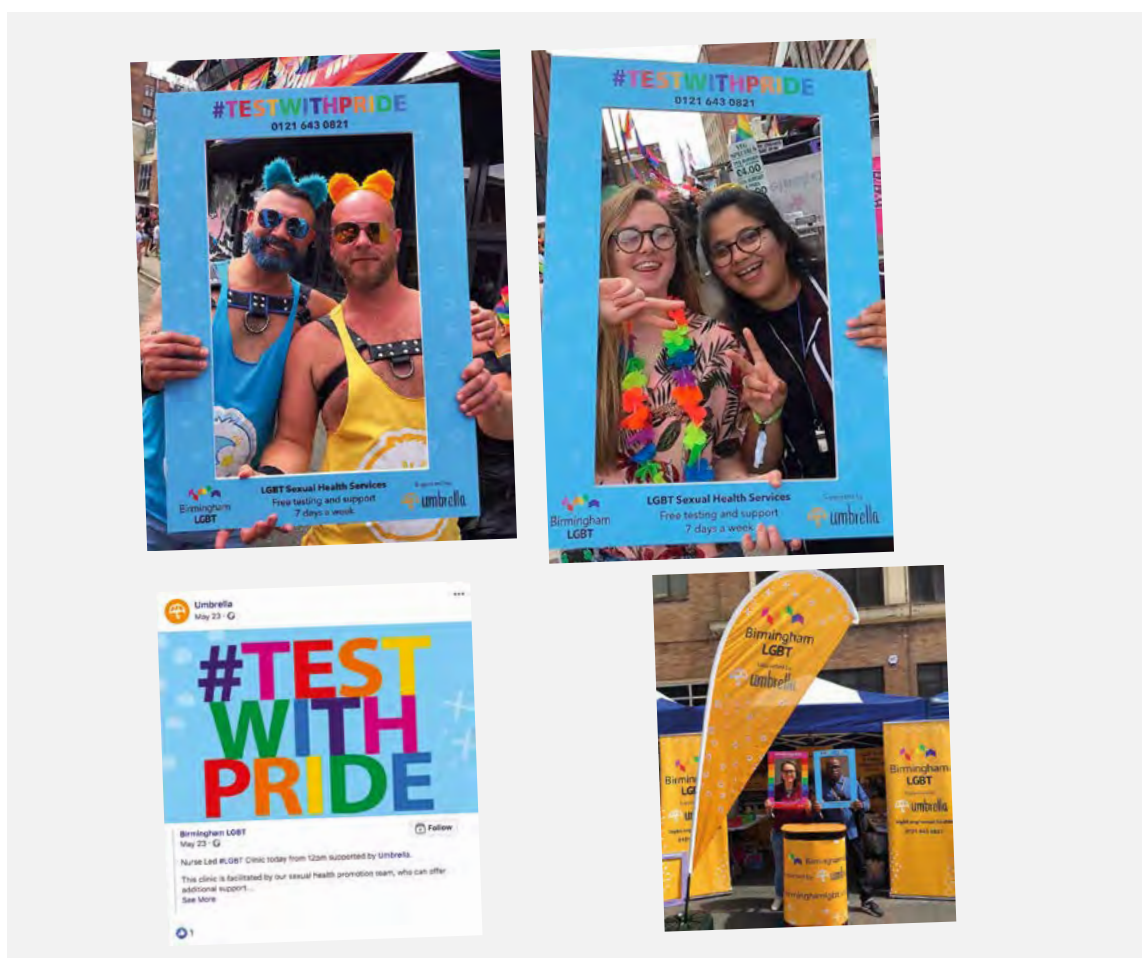


Figure 61: Examples of the post Pride awareness campaign May 2019

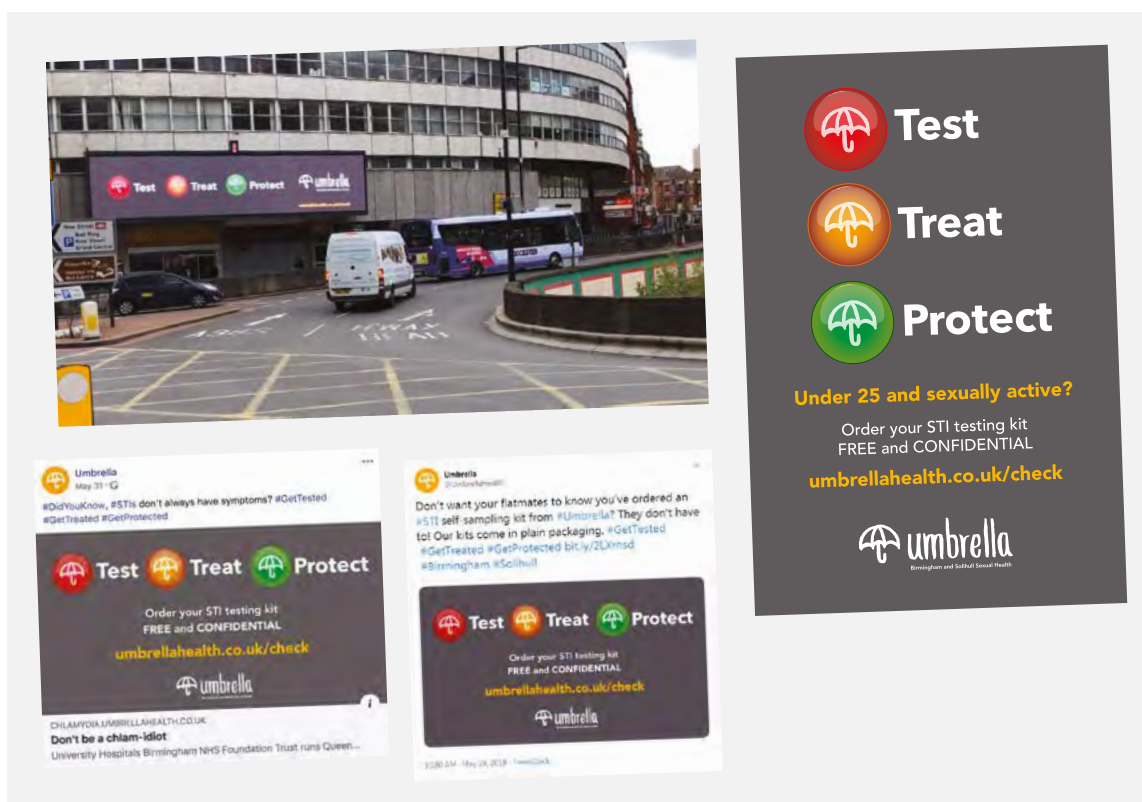


Figure 62: Examples from June–July 2019 Chlamydia campaign



Figure 63: Examples of the STI testing campaign July 2019



7.4. Social Media impacts

■ *Table 7: Freshers and Young People, 17 September–15 October 2018*

Pay per click (PPC)	8,991 impressions
Facebook/Instagram	271,478 reach
Spend	£2,180

■ *Table 8: HIV and BAME, 5 November–2 December 2018*

Pay per click (PPC)	13,875 impressions
Facebook/Instagram	84,318 reach
Spend	£2,249

■ *Table 9: Pharmacy Birmingham, 3–16 December 2018*

Pay per click (PPC)	10,192 impressions
Facebook/Instagram	149,774 reach
Spend	£2,020

■ *Table 10: Chlamydia Solihull only, 14–27 January 2019*

Pay per click (PPC)	4,920 impressions
Facebook/Instagram	240,729 reach
Spend	£2,405

■ *Table 11: Birmingham and Solihull Chlamydia, 25 Feb–17 Mar 2019*

Pay per click (PPC)	4,012 impressions
Facebook/Instagram	346,983 reach
Spend	£2,070

■ Table 12: Umbrella campaign for PRIDE, 25 May–9 June 2019

Pay per click (PPC)	12,524 impressions
Facebook/Instagram	249,551 reach
Spend	£2,615

■ Table 13: Chlamydia – Young People, 10–30 June 2019

Pay per click (PPC)	8,045 impressions
Facebook/Instagram	393,768 reach
Spend	£2,064

■ Table 14: STI Kit Push, 1–21 July 2019

Pay per click (PPC)	8,835 impressions
Facebook/Instagram	399,454 reach
Spend	£2,787

Continued growth in the awareness of the Umbrella brand has resulted in the ability for the colour palette to be expanded. This has provided opportunities to explore new approaches in health promotion.

Greater use of animation, both on social media and externally in shopping centres and on digital billboards has enhanced the visual impact of the brand and has offered further opportunities to engage with our target audiences.

■ Figure 64: Landing page stats for the campaigns listed above

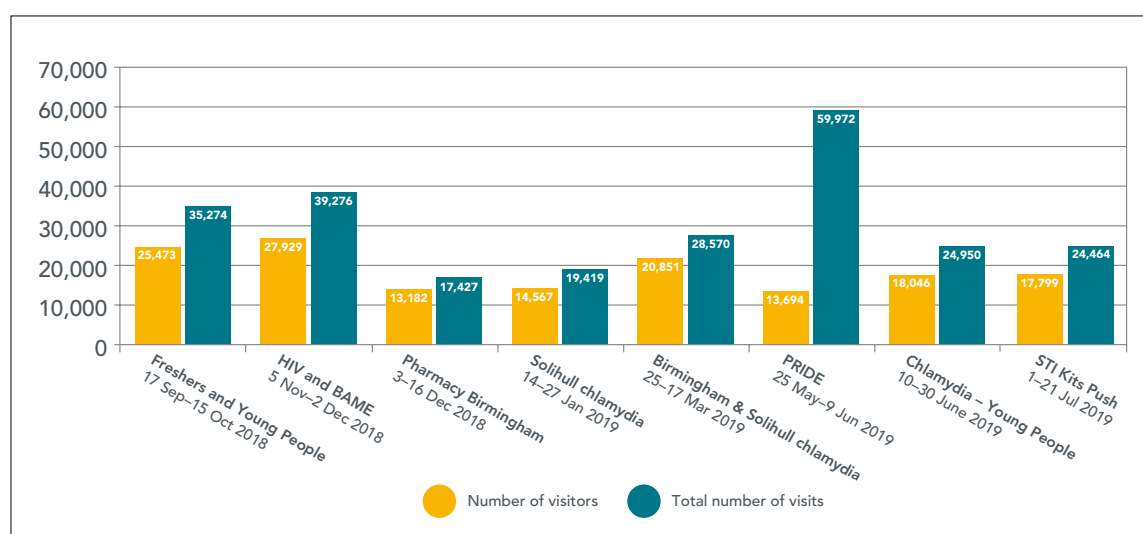
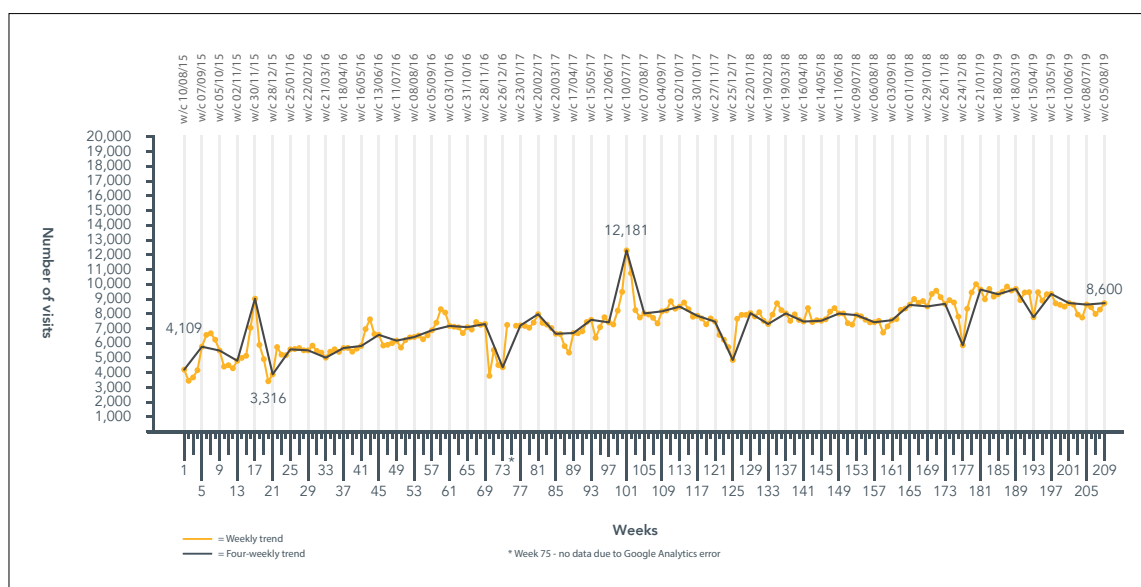


Figure 65: Web usage



7.5. Umbrella's strategy Year 5 and beyond

2019	
September	University and College Freshers' welcome events
November	Dual HIV testing campaign for higher risk and general audiences
December	Pharmacy services promotion run up to party season
2020	
Jan/Feb	Post holiday season chlamydia awareness boost with focus on colleges, sixth forms and universities to students and young people campaign, STI testing and contraception
May	Birmingham Pride
June	Chlamydia Young People's campaign
July	STI testing

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) and Sexual and Reproductive Health (SRH).

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 Person's Clinic
- 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 Consultant, Senior Nurse and Service/Clinic Manager. The Service/Clinic Managers report to the Operational Manager based at the Whittall Street Clinic who, in turn, reports to the General Manager of the Umbrella Sexual Health Service.

The operational management of Umbrella services is discussed monthly at the Umbrella Senior Operational Management meeting attended by the General Manager, Clinical Service Lead, Matron, Operational Managers, 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, activity and procurement is fed into the Senior Operational Group by designated sub-group leads.

Senior accountability for Umbrella services is provided through UHB's Directorate Board Meeting and Divisional Assurance Group meeting which are held on a monthly basis. The meetings are chaired by the Divisional Director or Director of Operations who, in turn, reports 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 approach helps Umbrella to make the right choices and improve on our approach. Service user feedback is extremely important to Umbrella, hence the STI self-sampling kit surveys. Umbrella used this feedback to review and improve the usage of kits.

Umbrella also carries out regular service user surveys on all aspects of service provision across the system. An independent organisation is used for continuous service development and improvement and results are shared with commissioners.

Partners such as Birmingham LGBT, Loudmouth and RSVP are better placed for citizen engagement, particularly with diverse communities and those less represented in mainstream clinical settings, whose voices are less heard. A service user forum which is inclusive of and representative of the service user population across the whole system is being established and will also feed into the governance and development of Umbrella and its services. This provides both challenge and support to Umbrella.

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

8.3. Governance

Quarterly Contract Meetings take place between Commissioners and Umbrella.

The Contract Review Meetings (CRM) take place quarterly following Umbrella's data submission, discussing and monitoring performance levels of delivery against contractual requirements.

In addition to this meeting, there are quarterly Service Performance Group (SPG) meetings to ensure that, operationally, the system is working smoothly and is progressing in the direction intended.

The transformation/transition phase was completed by April 2016, at which point Umbrella had introduced and established the majority of the developments described in the bid offer. Other elements in the bid, captured as variations in the contract with 2016 long stop dates, continue to be addressed and implemented jointly.

A Partnership Board has oversight of the delivery of the contract, both operationally and performance-wise. Agenda items include reports of importance, exception and recognition for discussion, recommendation or decision.

The Board meets quarterly and is chaired by BCC. It includes membership of the Directors of Public Health from both local authorities, and their senior officers and the senior team from Umbrella, including the Director of Operations and Clinical Leads.

Umbrella also has its own internal governance arrangements to oversee delivery and manage the broad and diverse supply chain of subcontracted partners and the achievement of outcomes.

Appendix B shows the Umbrella governance structure.

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, 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
- Co-ordinated
- Evaluating the effectiveness of the system
- Discussing Umbrella strategy and making recommendations to the management team

Formal contracting arrangements with delivery partners, including monitoring of all service outputs, are overseen by UHB's Finance and Contracts Teams, reported via the UHB management structure with ultimate accountability being to the UHB Trust Board.

8.5. Safeguarding

Umbrella safeguarding is well established with a very accessible safeguarding team. There is a dedicated advice line and regular safeguarding supervision and training. The Safeguarding team frequently liaise with health, Local Authority, Police and Education colleagues. We have established good links with the Children in Care Nurses in Solihull and Birmingham, the Birmingham Community Healthcare CSE Named Nurses, CSE team in Solihull, professionals in the CSE Operational Group Birmingham and the CSE health link professionals for Birmingham.

The Safeguarding Team share information as appropriate with partners for a number of reasons, the Force Intelligence Bureau (FIB) for any intelligence around locations of CSE, hotels of concern, areas of Birmingham that are concerning or schools with an issue around exploitation or abuse and sometimes persons of interest who could be perpetrating abuse. This intelligence can support the mapping of victims, local policing resources, support criminal investigations and ultimately protect children and vulnerable adults. The Multi-Agency Sexual Exploitation (MASE) meetings are held regularly and often these children are accessing Umbrella. The CSE Operational Group (COG) is West Midlands Police and Children's Trust led, the purpose of which is for disruption of CSE and identification of themes. We also contribute to strategy discussions in MASH or Initial Child Protection Conferences and we have referred patients into MARAC (Multi-Agency Risk Assessment Conference for victims of Domestic Abuse).

All attendees to our sexual health services are asked at checking in about sexual and domestic violence with staff receiving training on both of these subjects. Through multi-agency working with agencies such as RSVP, Women's Aid and Birmingham LGBT, attendees can be signposted to on-going support from both Umbrella and partner agencies.

The safeguarding team is responsive to Umbrella staff advice calls and emails and we are receiving approximately 35 of these a month. These advice calls all go on our database so that if further concerns are identified appropriate safeguarding measures can be made. We respond in a timely manner and support staff with whatever actions are required, empower staff to carry out their safeguarding duties and debrief difficult cases.

The Safeguarding training and Safeguarding supervision is well attended and evaluates well. Safeguarding staff are present in clinic every Tuesday morning and so are accessible to all staff. One-to-one supervision is also offered if staff require it.



Appendices

Appendix A

Glossary of abbreviations

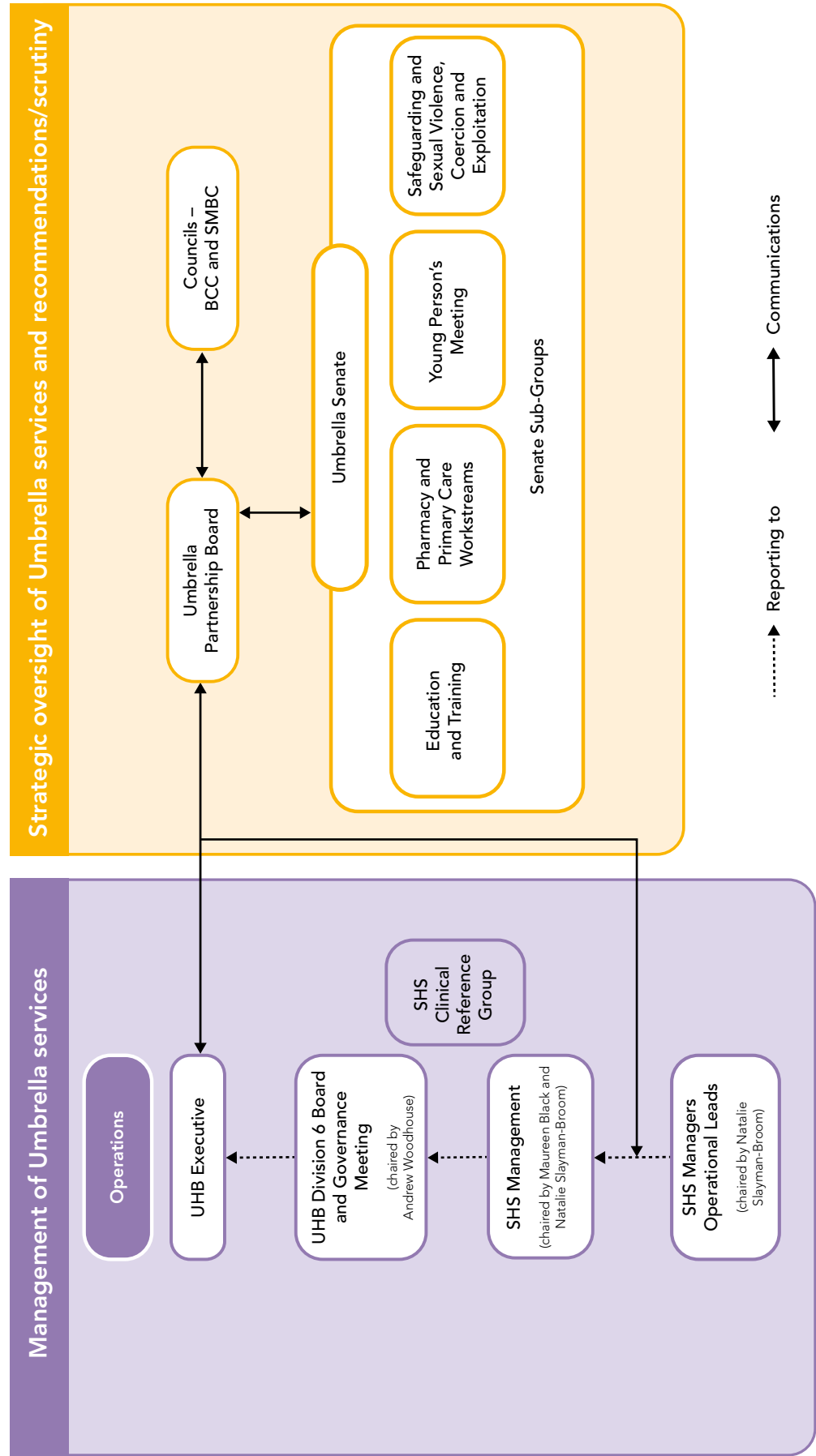
ACAP	Adult Communities Access Point
AIDS	Acquired Immune Deficiency Syndrome
ASC	Abuse Survivors Clinic
ASH	Advanced Sexual Health
BADGER	Birmingham and District General Practitioner Emergency Room
ACM	Afro-Caribbean Millennium (ACM) Centre
BASHH	British Association for Sexual Health and HIV
BBV	Blood Borne Virus
BCC	Birmingham City Council
BCHC	Birmingham Community Healthcare Trust
BHA	Black Health Agency
Birmingham LGBT	Birmingham Lesbian Gay Bisexual and Transgender
BME (BAME)	Black and Minority Ethnic
BPAS	British Pregnancy Advisory Service
BSAB	Birmingham Safeguarding Adults Board
BSMHFT	Birmingham & Solihull Mental Health Foundation Trust
CAF	Common Assessment Framework
C-CARD/SCHEME	Free Condom Scheme
CGL	Change Grow Live
CMOG	Child Sexual Exploitation and Missing Operational Group
COC	Combined Oral Contraception
CPPE	Centre for Postgraduate Pharmacy Education
CQC	Care Quality Commission
CRM	Contract Review Meeting
CS	Chlamydia Screening Kits
CSE	Child Sexual Exploitation
CSL	Clinical Service Lead
CSP	Chlamydia Screening Programme
CSW	Commercial Sex Workers
CTAD	Chlamydia Testing Activity Dataset
CYP	Children & Young People
DBS	Disclosure and Barring Service
DFSRH	Diploma of Faculty of Sexual and Reproductive Healthcare

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
IUD	Intrauterine device
IVDU	Intravenous Drug Users
KPI	Key Performance Indicator
LAC	Looked After Children
LARC	Long Acting Reversible Contraception
LD	Learning Disability
LGBT	Lesbian Gay Bisexual and Transgender
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area
MASH	Multi-Agency Safeguarding Hub
MBC	Metropolitan Borough Council
MDT	Multi-Disciplinary Team
MSM	Men who have Sex with Men
NASHDOM	Eastern European and Russian Speaking Communities Coalition
NCP	Northfield Community Partnership
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
NRDF	The National Research and Development Fund
ONS	Office for National Statistics

PALS	Patient Advice and Liaison Service
PDP	Personal Development Plan
PEPSE	Post Exposure Prophylaxis for HIV
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PN	Partner Notification
POC	Point of Care
POP	Progestrone-only Pill
PrEP	Pre Exposure Prophylaxis
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
SDI	Sub-dermal Contraceptive Implants
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
STIF	STI Foundation
SV	Sexual Violence
TB	Tuberculosis
THT	Terence Higgins Trust
TNA	Training Needs Analysis
TOP	Termination of Pregnancy
U18	Under-18
UHB	University Hospitals Birmingham
UoB	University of Birmingham
WAITS	Women Acting in Today's Society
YMCA	Young Men's Christian Association
YP	Young People

Appendix B

Umbrella governance structure



Appendix C

Safeguarding information

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

Email: ppu_referrals_unit@west-midlands.pnn.police.uk

Information request: ppu_information@west-midlands.pnn.police.uk

Call UHB Safeguarding Team for advice and support:

Tel: 07500 850 633 (Adults)

Tel: 07795 044 112 (Children)

Secure email address from UHB email accounts:

safeguarding@uhb.nhs.uk

Secure email address from NHS.net accounts | Adult:

qehb.safeguardingadults@nhs.net

Secure email address from NHS.net accounts | Children:

uhb.safeguardingadults@nhs.net

Birmingham City Council Safeguarding Adults Team, Adults and Communities Access Point (ACAP) for advice, support and referrals:

Monday–Friday 08:45–17:15 (16:15 on Fridays)

Tel: 0121 303 1234

Out-of-hours: 0121 675 4806

Policies and procedures and referral form:

www.bsab.org

Birmingham City Council Children's Advice and Support Service (CASS), a single point of access for advice, support and referrals:

Monday–Friday 09:00–17:00

Tel: 0121 303 1888

24-hour helpline: 0121 675 4806

Secure email address from NHS.net accounts:

CASS@birminghamchildrenstrust.co.uk

Policies and procedures and referral form:

www.lscbbirmingham.org.uk

West Midlands SARC (Sexual Assault Referral Centre)

Walsall: 01922 646 709 **Castle Vale:** 0121 776 7744

24-hour call centre (to speak to a crisis worker):

0808 168 5698

Manager: Natalie Lynch

Email: enquiries@horizonsarc.org.uk

Birmingham Child Health

Tel: 0121 466 3300

Teenage Pregnancy Midwife at Birmingham Women's Hospital:

Kerrie Law: 0121 623 6606

NSPCC

24-hour helpline: 0808 800 5000

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

Website: www.nspcc.org.uk

Solihull contact numbers

Multi Agency Safeguarding Hub (children): 0121 788 4300

Early Help: 0121 709 7000

Early Help email: engage@solihull.gov.uk

Adults & Community Access Point: 0121 704 8007

The Female Genital Mutilation 24/7 Helpline:

0800 028 3550

Email: fgmhelp@nspcc.org.uk

Women's Aid

24-hour helpline: 0808 200 0247

Email: helpline@womensaid.org.uk

West Midlands Paediatric Sexual Assault Service

Email: pSASWestMids@uk.g4s.com.cjsm.net

Website: www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/services-parent-portal/paediatric-sexual-assault-service

Tel: 0808 196 2340

Other area Multi Agency Safeguarding Hubs (Children)

Sandwell: 0121 569 3100

Coventry: 0247 678 8555

Walsall: 0300 555 2866

Worcestershire: 01905 822 666

Out-of-hours: 01905 768 020

Adult Safeguarding referral:

<http://uhbhome/adult-safeguarding-concern-referral.htm>

Children's safeguarding referral:

<http://uhbhome/request-for-support.htm>

Umbrella Health Advisors

Tel: 0121 237 5737

Young Persons Health Advisors

Tel: 07826 917 449

Appendix D

Umbrella delivery and community partners

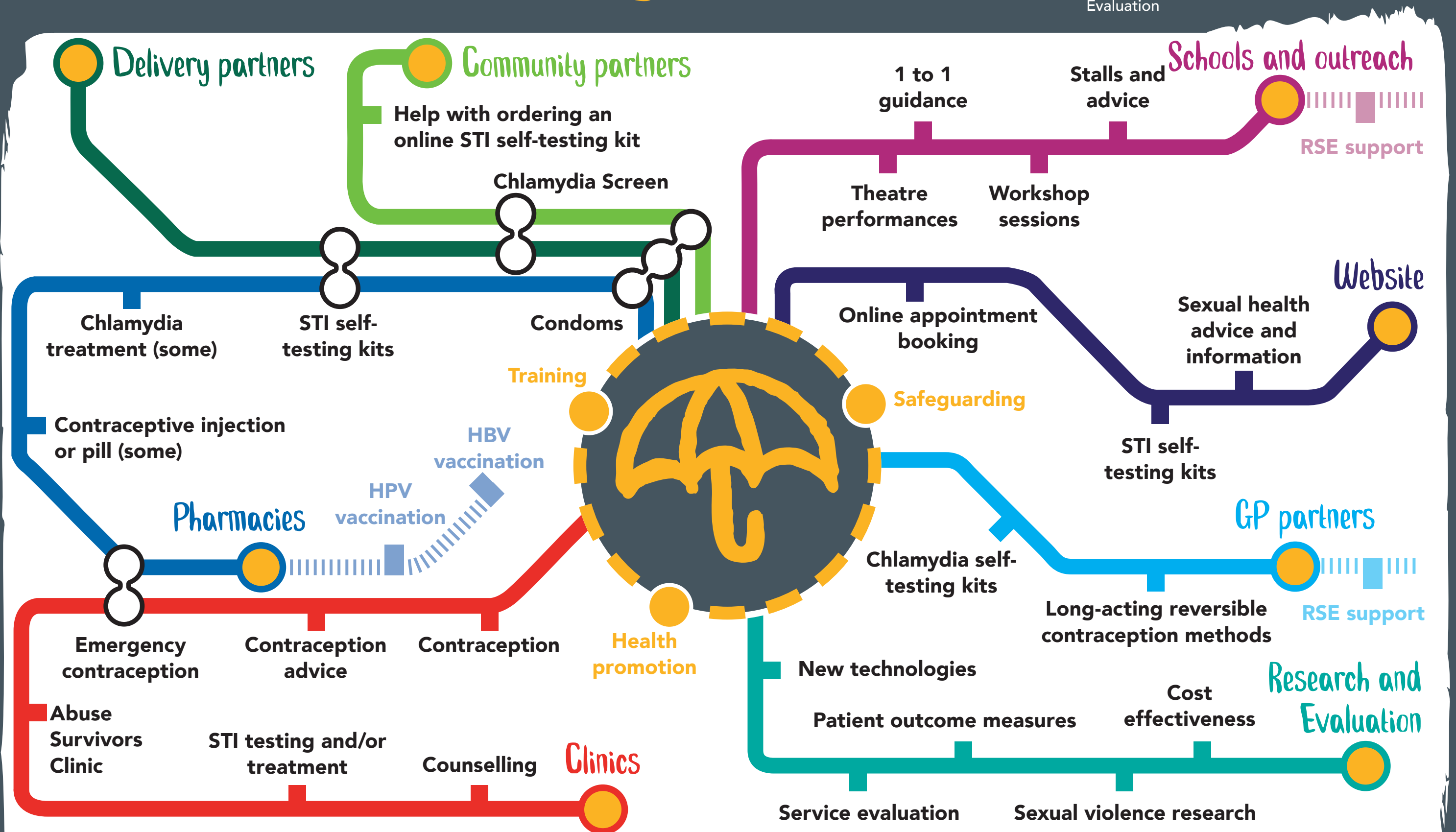
Delivery partners	
BCC Youth Service	KIKIT Pathways to Recovery
BCHC (LAC, LD and YP in schools)	Loudmouth
Birmingham Careers Service	RSVP
Birmingham LGBT	SIFA Fire Side Centre
BSWAID	Trident Reach
Community partners	
Anawim	Meriden Adventure Playground
Aquarius Birmingham	National Unplanned Pregnancy Advisory Service (NUPAS)
Aspire Children's Services	Oscott Academy
Aston University Engineering Sixth Form	People in Partnership
BCC 18+ Care Leavers Service	QA University
Big Issue	Red Thread Youth Ltd
Birmingham Children's Trust	Rodor Housing
Birmingham Children's Trust – Fostering Service	Services for Education
Birmingham Settlement – Aston	SIFA Fireside
Birmingham Women and Children's Trust	Skills Training
Birmingham Youth Offending Service	Solihull Integrated Addiction Services (SIAS)
Birmingham Youth Empowerment	Solihull Nurses
CGL	Spurgeons
CYSTRS	St Basils
Frankley Plus Children's Centre	Sutton Coldfield YMCA
Freedom from Torture	Swift ACI
Future Options	UCB
Gateway Family Services	UoB Students' Guild
Hazel Oak School	Washwood Heath Children's Centre
HEFT / Solihull LAC	Wild Oyster
Joseph Chamberlain Sixth Form College	Wilson Stuart School

Appendix E

Umbrella pharmacy services

Service	Tier 1	Tier 2
Emergency Hormonal Contraception	✓	✓
Dispense STI testing kits	✓	✓
Advanced provision of Emergency Hormonal Contraception	✓	✓
Condom distribution	✓	✓
Continuation of Hepatitis B vaccination	✗	✓
Initiate COCP POP and contraceptions injections	✗	✓
Ongoing COCP, POP and contraception injections	✗	✓
Dispense treatment for Chlamydia	✗	✓
Initiate STI testing and provide test kit	✗	✓

The Umbrella Way



To find your nearest Umbrella service, please use our service locator:
<https://umbrellahealth.co.uk/service-locator>

NB: All of our services are free.
 Chlamydia self-testing kits are for those aged 24 and under.



Birmingham and Solihull Sexual Health

umbrellahealth.co.uk