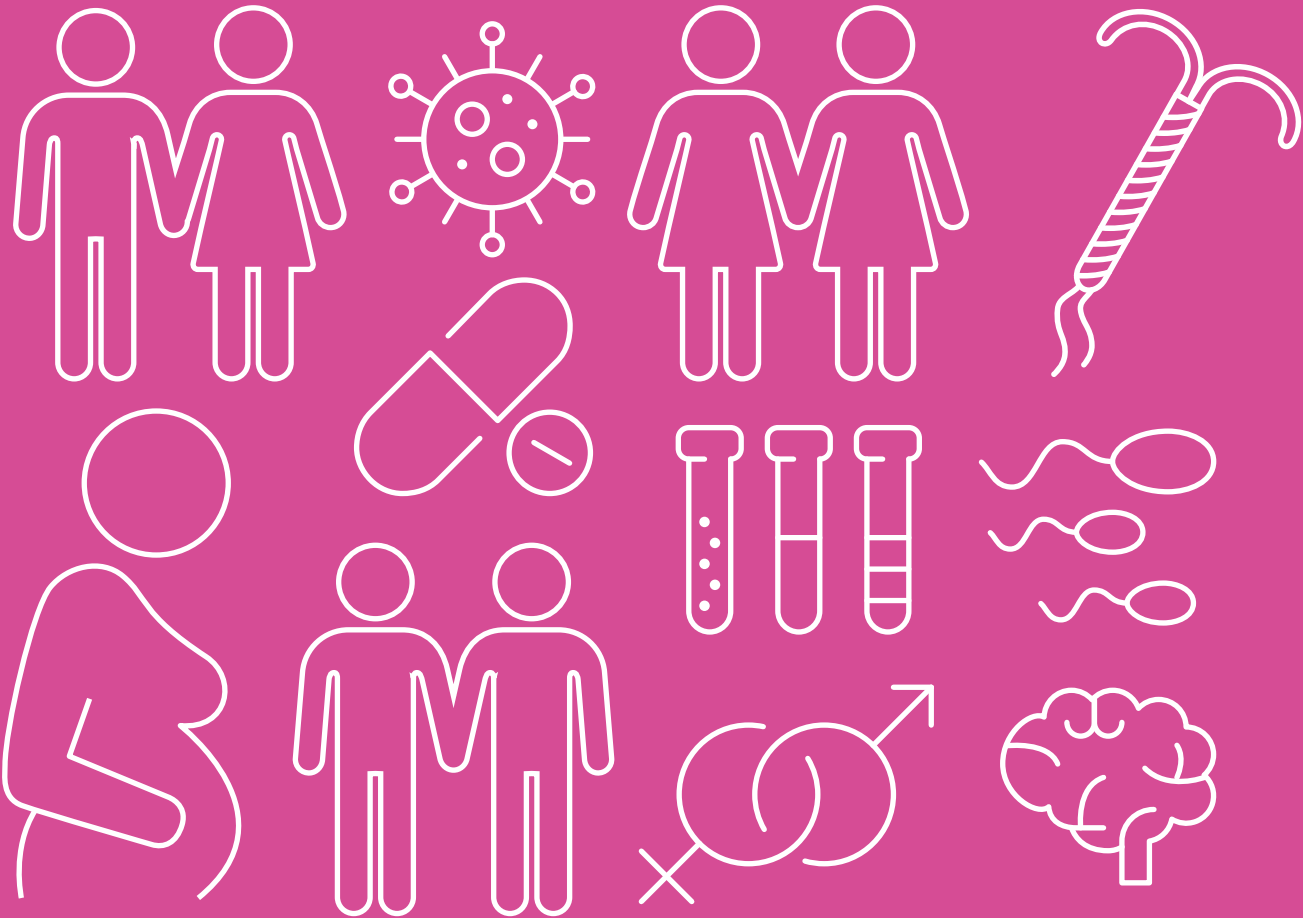


# SEXUAL AND REPRODUCTIVE HEALTH STRATEGY

2023-2030

Reducing sexual and reproductive health inequalities is our priority





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# EXECUTIVE SUMMARY

## Reducing sexual and reproductive health inequalities is our priority

This 2023-2030 Sexual and Reproductive Health Strategy sets out Birmingham City Council's (BCC) and Solihull Metropolitan Borough Council's (SMBC) themes, priorities and approach to meeting the sexual health needs of Birmingham and Solihull. It sets out plans to respond to increasing rates of sexually transmitted infections (STIs) and HIV and improve the reproductive health of our citizens. Sexual Health can impact an individual's emotional, physical and mental health, their economic means and social relationships. The effects of poor sexual and reproductive health are far reaching and for those affected, the impacts are compounded by social stigma and fear.

This strategy and associated action plan recognise that sexual health and wellbeing impact on and are affected by wider determinants of health (such as social, economic and environmental issues, which shape daily life and affect people's health), and so partnership working with all relevant organisations nationally, regionally and locally is crucial. This will also ensure that the right actions are carried out for the right people, in the right place and at the right time.

With challenges around reductions in public funding, it is vital that clear priorities focus on reducing sexual health inequalities and provide accessible services to all, across the life-course.

A strong evidence-base has informed this Strategy to tailor its approach to address the needs of Birmingham and Solihull's population through the following five themes:

**Theme One:** Priority groups

**Theme Two:** Reducing the rates of sexually transmitted infections

**Theme Three:** Reduce the number of unplanned pregnancies

**Theme Four:** Healthy sexual behaviour

**Theme Five:** Children and young people

A key enabler that runs through all five themes is the use of innovation and technology.

Through the themes and priorities, this strategy stands to have the greatest impact on those health inequalities and vulnerabilities at all ages and aims to improve the sexual health of the entire population.

Prevention is a priority and although this strategy focuses on a universal and all ages approach, there must be targeted interventions for certain groups such as under 25s, men who have sex with men (MSM) and minority ethnic groups who are disproportionately affected.

This strategy is supported by and reflects our current local Sexual Health Needs Assessment (SHNA), responds to the variable landscape and needs of our population and sits alongside the development of the Birmingham and Solihull Integrated Care System (ICS).

The Sexual and Reproductive Health Strategy works towards integrating all the priorities in order to address the wider determinants of good sexual and reproductive health.

This strategy was developed by Birmingham City Council's (BCC's) and Solihull Metropolitan Borough Council's (SMBC's) Public Health and Commissioning Teams. Interested members of the public and stakeholders have been invited to give their views on the strategy, and those views have been incorporated.

**Clear aims and objectives are vital in reducing sexual health inequalities**

# FOREWORD



A handwritten signature in black ink, appearing to read 'Mariam Khan'.

**Councillor  
Mariam Khan**

Cabinet Member for  
Adult Social Care and  
Health, Birmingham  
City Council



A handwritten signature in black ink, appearing to read 'A.F. Dicicco'.

**Councillor  
Tony Dicicco**

Cabinet Portfolio  
Holder for Adult  
Social Care and  
Health, Solihull  
Metropolitan  
Borough Council

**As Cabinet Members for Health & Social Care in Birmingham and Solihull, we are fully supportive of this Joint Birmingham and Solihull Sexual and Reproductive Health Strategy. Sexual and reproductive health is a fundamental part of our lives and supporting a healthy approach is important at every age. Our approach should be holistic and value the diversity of relationships, and not just focus on procreation and sexually transmitted diseases.**

This new strategy embodies the World Health Organisation's recommendation to take a holistic approach to sexual and reproductive health across the life course for citizens of Birmingham and Solihull. The strategy recognises that there are areas of excellence being delivered in partnership with communities and clinicians across Birmingham and Solihull, but also that there is still potential to be even better. It sets out achievable aspirations to respond to the rates of sexually transmitted infections and Blood Borne Viruses, improving reproductive health outcomes including prevention of unplanned pregnancies and ensuring that all citizens of Birmingham are provided with timely information and advice.

We also recognise that the recovery from the pandemic will bring additional challenges, however we will continue to work closely with partners and people living, working and studying in Birmingham and Solihull to ensure that the aims of this strategy are successfully met and we can support all our citizens to achieve their potential for healthy sexual and reproductive health.

# CONTEXT & PURPOSE OF THE STRATEGY

## 1.1 Why a Sexual and Reproductive Health Strategy is important for Birmingham and Solihull

This strategy sets out Birmingham and Solihull's vision, ambitions and priorities for sexual and reproductive health services over the next seven years, and provides a framework to guide the planning, commissioning and delivery of sexual and reproductive health services to improve sexual and reproductive health outcomes for Birmingham and Solihull citizens across the life course.

The provision of sexual health services is statutory and local authorities are mandated to commission open access sexual health services, including free sexually transmitted infections (STIs) testing and treatment, partner notification of infected persons, advice on and reasonable access to a broad range of contraceptives and preventing unplanned pregnancy.

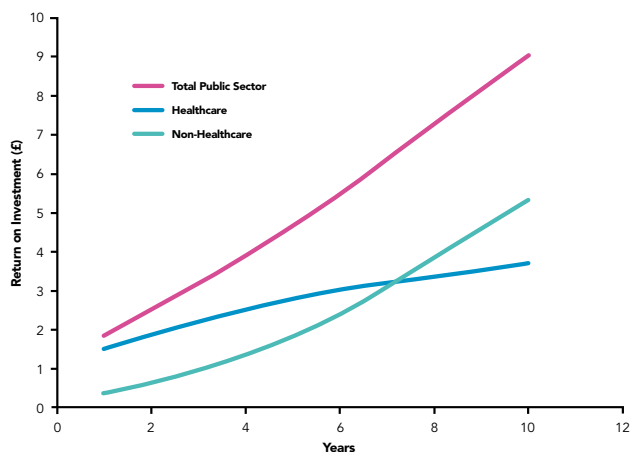
Our strategy is built on the most up to date intelligence and information we have on sexual and reproductive health (SRH), sets out several themed areas for priority from 2023 to 2030 and the actions we will take to address these priorities.

We recognise that the National Sexual Health Strategy is planned to be released by the Department of Health and Social Care post March 2023, however, our strategy is designed to complement the expected release and will be flexible to meet any additional requirements.

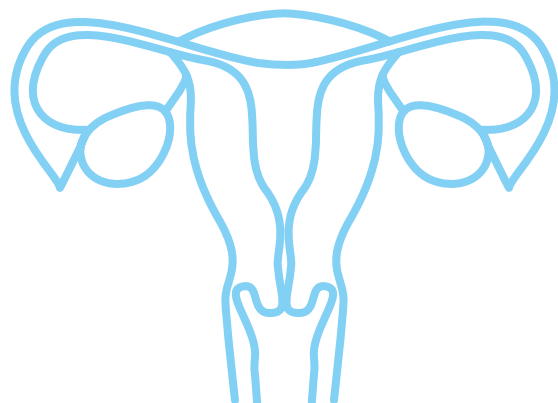
This strategy is complementary and embracing of other local policies and strategies, such as Domestic Abuse, Substance Use, Education, Relationships and Sexual Education (RSE), the HIV Action Plan and Women's Health.

## 1.2 Investing in Sexual Health Services

Investing in sexual health services has demonstrated value for money and a substantial return on investment. A national study has shown that every pound spent on contraceptive services saves £9 across the public sector<sup>1</sup>. The data also shows that 52% and 12% of unplanned pregnancies end in abortion and miscarriage respectively<sup>2</sup>. Collectively, this can provide a cost saving per averted pregnancy of £23.91 over 10 years, which translates to £3.68 healthcare saving per £1 invested and £5.32 non-healthcare saving per £1 invested over a 10-year period<sup>3</sup>.



The SHNA<sup>4</sup> has identified key areas to continue and enhance investment, namely training of staff and the future workforce. Education and early intervention investment are also important, which will help further achieve the return on investment for Birmingham and Solihull on sexual and reproductive health services.



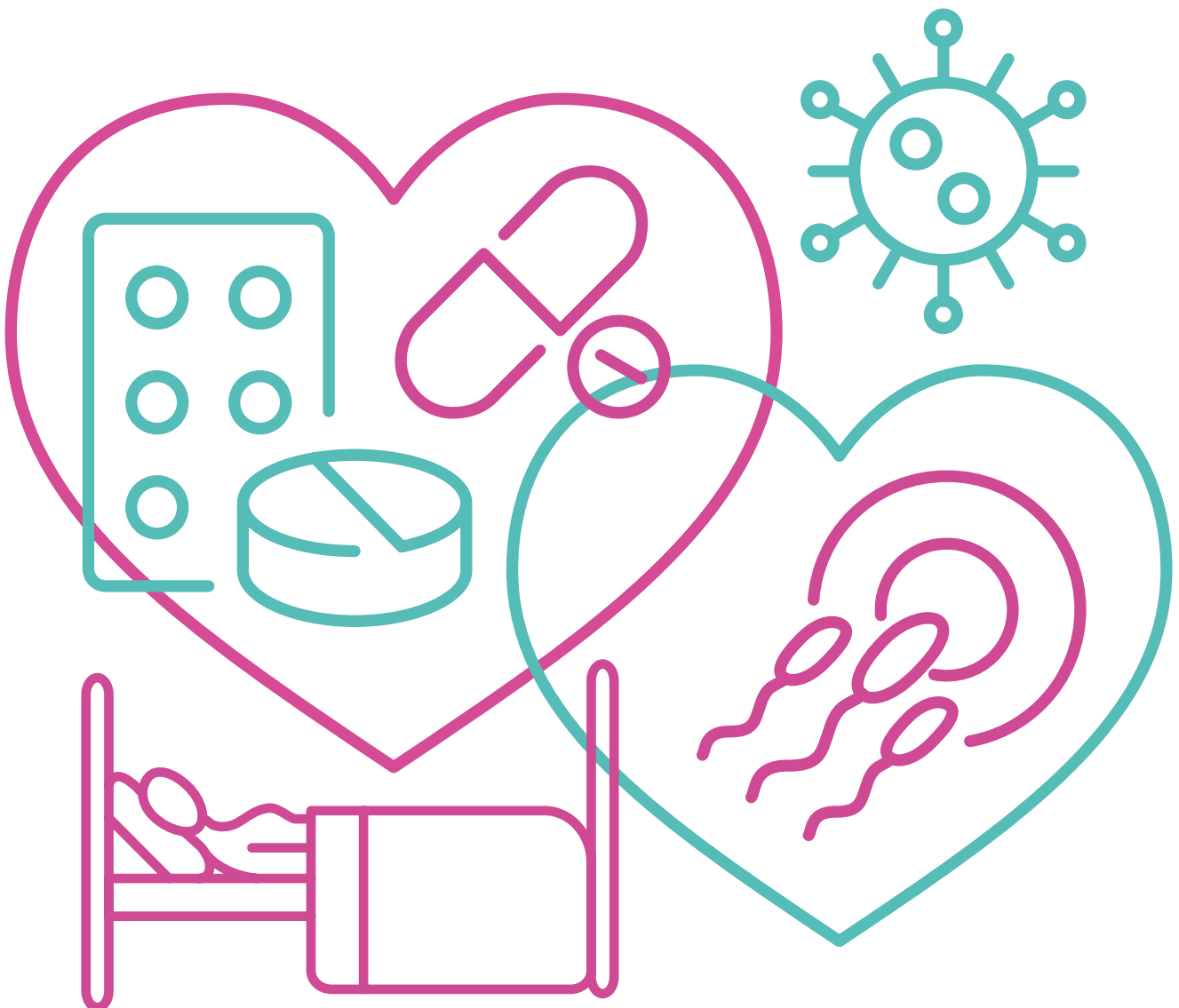
### 1.3 Why We Need a Joint Strategy

Birmingham and Solihull face some of the greatest national sexual health challenges, including high rates of HIV, STIs, emergency contraception use and abortions<sup>4</sup>.

Although Birmingham has a younger population than Solihull, the challenges are similar, and due to the Birmingham and Solihull Integrated Care System (ICS) footprint crossing borders, the approach to have a joint strategy is to match the local NHS footprint.

As the challenges we face are similar, Birmingham and Solihull are in a stronger

position to meet the needs of our populations through collaborating on Sexual Health Commissioning and this strategy. This approach allows us to pool both human and financial resources to avoid duplication in service delivery and financial overlap, saving each area both time and money. However, certain elements of service delivery are tailored to be able to meet the differing requirements of each geographical area. To underpin our collaboration, we need a clear strategic vision with a clear action plan, which this strategy will provide.



# THE CURRENT LANDSCAPE

## 2.1 The Local and National Evidence Base

Birmingham's population is one of the youngest and most deprived in England<sup>3</sup>.

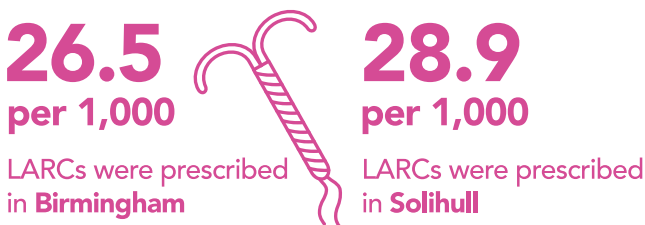
Proportionally, Solihull has an above average population of people aged 65 and over. The borough is considered a relatively affluent area, but it does have pockets of deprivation where 16% of the population live<sup>4</sup>.

The proportion of repeat abortions in under 25s is higher in Birmingham and Solihull, compared to England's average (29.2%)<sup>4</sup>.



The proportion of total prescribed Long Acting Reversible Contraception (LARC) (excluding injections) per 1,000 is lower in Birmingham (26.5) and Solihull (28.9), compared to the national level (34.6)<sup>4</sup>.

There were 485 new STI diagnoses (excluding chlamydia) per 100,000 of those aged under 25 in Birmingham, and 269 per 100,000 in Solihull, both lower than the national rate of 619<sup>4</sup>.



The impact of COVID-19 meant that more sexual health interventions were conducted online and over the phone. Only one walk-in clinic was available during the peak of the pandemic across both local authorities<sup>4</sup>.

## 2.2 Current Service Provision and Planning for the Future

### What works well?

Access to free condoms, contraceptive advice, general sexual health information, HIV advice, identifying and supporting survivors of abuse, rape and sexual violence, support for people who identify as LGBTQ, access to chlamydia screening/treatment.

### What could be better?

Delays in LARC appointments, complex contraception services, emergency coil fittings, information for gender dysphoria, information for post-exposure prophylaxis after sexual exposure (PEPSE) to HIV and pre-exposure prophylaxis (PrEP), services for homeless, refugees, asylum seekers and newly arrived migrants, rapid testing for STIs, community-based testing, vasectomies and sterilisation.



**The 2021 SHNA consulted members of the public and key stakeholders about current service provision and future needs.**



## 2.3 Key Achievements of the Service (2015-2021)



## 2.4 Birmingham Specific Areas of Focus

Public Health Outcomes Framework (PHOF)<sup>5</sup> and locally agreed outcomes:

- Increasing the use of good quality contraception to reduce under-18 conceptions and abortions for all ages (PHOF Indicator)
- Reducing late diagnosis and transmission of BBVs and STIs to prevent reinfection by ensuring prompt access for earlier diagnosis and treatment (PHOF Indicator)
- Providing better access to services for high-risk priority groups
- Improved support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- Increasing the chlamydia diagnostic rate in the 15–24 age group (PHOF Indicator).

## 2.5 Solihull Specific Areas of Focus

As per Birmingham, with the following additions:

- Increasing the chlamydia diagnostic rate in the 15–24 age group (PHOF Indicator)
- with a focus on embedding opportunistic testing for 15–24-year-old females
- Improve access and take up of long-acting reversible (LARC) contraception
- Develop access to Emergency Hormonal Contraception (EHC) across the borough to provide equitable access.
- Improve sexual health education as part of prevention.

# OUR VISION

## 3.1 A Joint Vision for Birmingham and Solihull

A key vision of this strategy is to address the joint common themes identified by the SHNA for Birmingham and Solihull. This strategy will provide a tool to enable appropriate action and enhance existing pathways to meet the needs of citizens, through ongoing consultation.

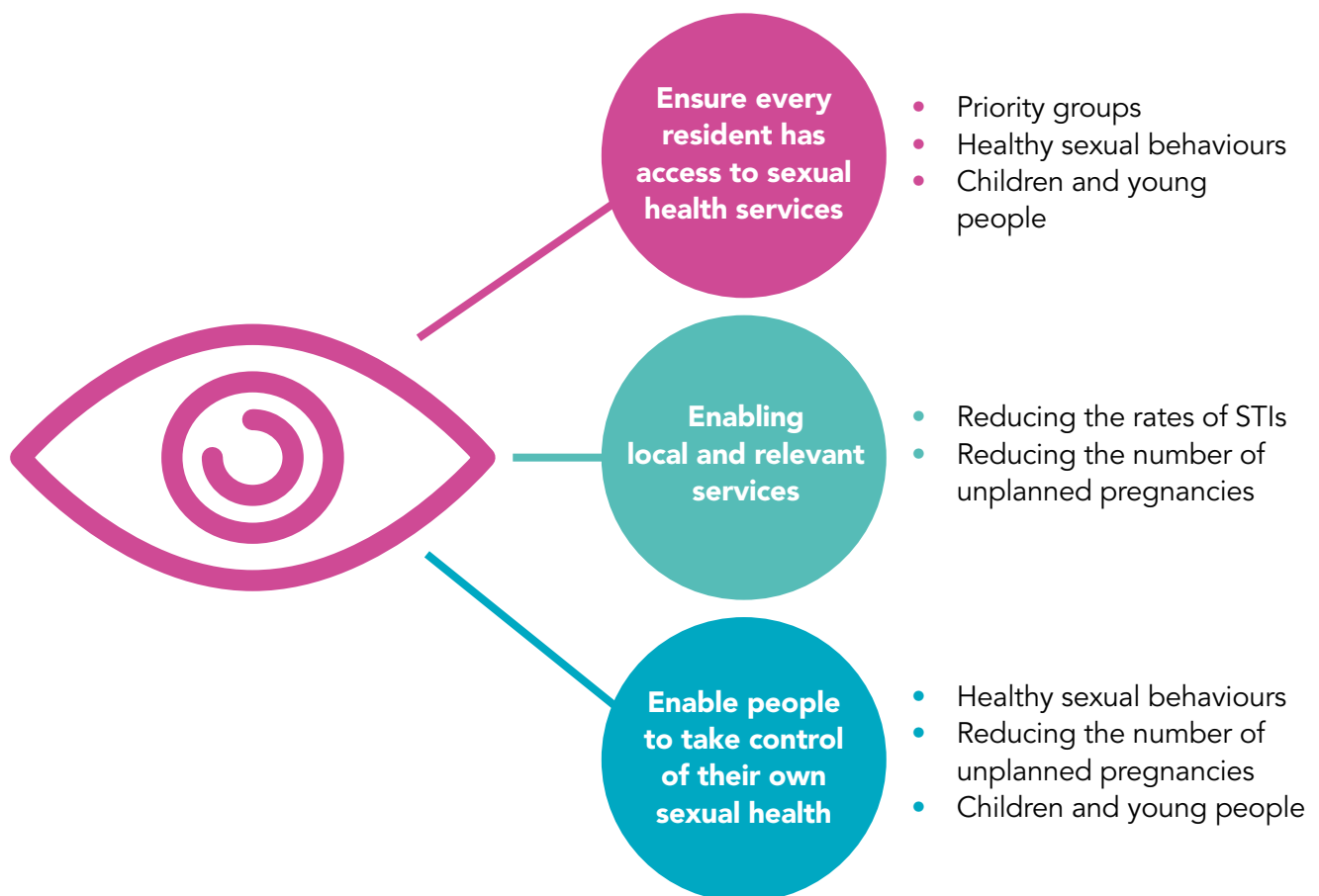
The key objectives of this strategy are to:

- Ensure that every resident has access to sexual health services that meet their individual needs.
- Enable services that are local, relevant, approachable, confidential, non-judgemental, to provide services to anyone in need, while respecting all human protected characteristics.
- Enable citizens to have control of their own sexual health with services providing support where needed.

This strategy will play a key role in realising the joint vision for sexual health services for the future, and will facilitate:

- A fully integrated, free and confidential sexual health service for all citizens across the life course
- A reduction in the high rates of teenage and unplanned pregnancy, abortion and STIs, which can have far reaching consequences for individuals and society
- Open and equitable access to sexual health services, in line with the Equality Act<sup>6</sup>.

A fundamental outcome of this strategy will be to equip the citizens of Birmingham and Solihull to have good reproductive health and healthy sexual relationships, positively impacting the wider emotional, mental and physical health and wellbeing of citizens. Furthermore due to the negative impact of the COVID-19 pandemic, a step change in services is required in order to re-establish and improve them.



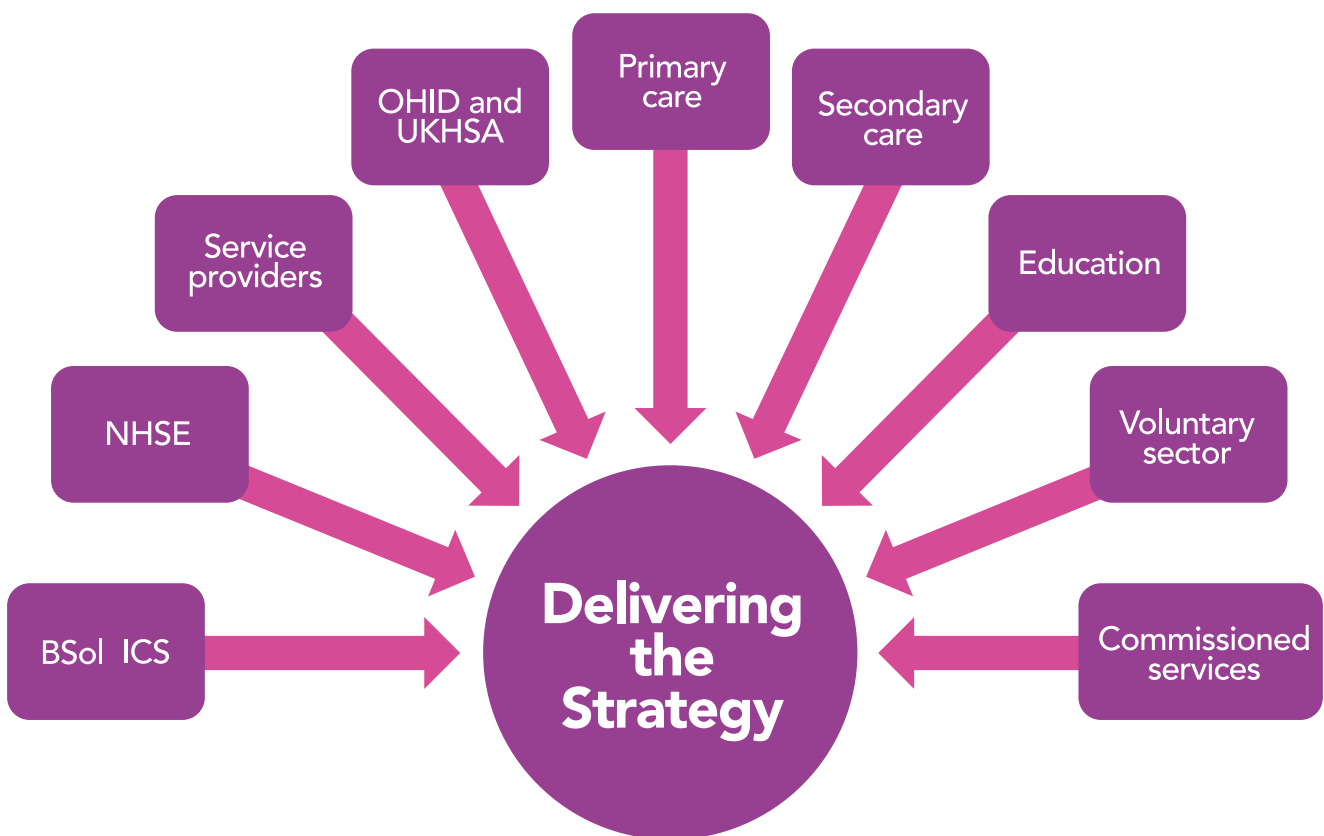
### 3.2 Realising Our Joint Vision

To develop sexual and reproductive health services in Birmingham and Solihull, we will focus on these key themes

THEME ONE	THEME TWO	THEME THREE	THEME FOUR	THEME FIVE
Priority groups	Reducing the rates of sexually transmitted infections	Reducing the numbers of unplanned pregnancies	Healthy sexual behaviour	Children and young people

Developing Key Performance Indicators (KPIs) and targets for an efficient patient journey

Community support	In-person and online offer	Targeted support for all protected characteristics
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# THEME ONE

## Priority Groups

### Why is this a theme?

**Low rates of attendance** to sexual health screens in Birmingham and Solihull for those from Bangladesh, India and Pakistan.



**Substance users'** lifestyles make them more vulnerable to **poor sexual health** (including increased risk of HIV) and unplanned pregnancies



**29.2%** of **gay men living with HIV** reported having had **Chemsex** in the last year<sup>4</sup>



**Digital Divide**  
Citizens living with disabilities and those without access to technology are more likely to be digitally excluded, making accessing services harder.



A high proportion of **MSM** not accessing testing despite disclosing condomless sex with multiple partners<sup>7</sup>



**Homeless people** are less able to access services due to rigid timings and conditions



## National and Local Evidence

Our needs assessment identified the following priority groups:

- People from **minority ethnic communities** 
- Individuals vulnerable to or experiencing **sexual and/or domestic abuse**, including care leavers 
- Offenders** in custody or under community supervision 
- Homeless people & rough sleepers** 
- Gypsies and Travellers** 
- People who are **lesbian, gay, bisexual or transgender** 
- New arrivals from abroad (including **trafficked people**) 
- Men who have **sex with men** 
- People affected by **female genital mutilation (FGM)**
- Older adults** aged 40+ years
- Sex Workers** 
- People with **mental health problems** 
- People with **learning difficulties** 
- People living with **neuro-diverse conditions** eg Autism
- Substance users** 

# Action Plan

Establishing **outreach provision**, focus groups and user involvement for those hardest to reach



Continued **training packages** for GPs, sexual health practitioners and partners to include information on **gender dysphoria** and **LGBTQ**.



**Co-delivery** between **drug and alcohol services** and sexual health services as recommended by the HIV commission<sup>8</sup>



**Link nurses** between homeless and substance use services to help break barriers



Increase provision of **male sexual health education**



To recognise the **intersectional nature** of priority groups & provide **support** according to **individual needs**



Explore the provision of sexual health services in existing **homeless hubs** and address challenges in providing the **service to the homeless** by reviewing outreach and multi-disciplinary working



Work with disability services to ensure:

1. Information on sexual health is accessible and understandable
2. Those working with and for people with disabilities, have the confidence and tools to raise sexual health issues
3. Locations of sexual health services are accessible

# Aims and Outcomes

Providing **targeted health promotion** for priority groups



Streamlined process for identifying **CSE & safeguarding** issues



Reduction in **stigma and discrimination**



Providing **better access to services** for priority groups



Better **integration of STI and contraceptive advice** to prioritise women who may be at risk due to termination of pregnancy, sexual violence, domestic abuse, or cultural and language barriers

## Improved support

for people vulnerable to, and victims of:

- sexual coercion
- sexual violence
- sexual exploitation



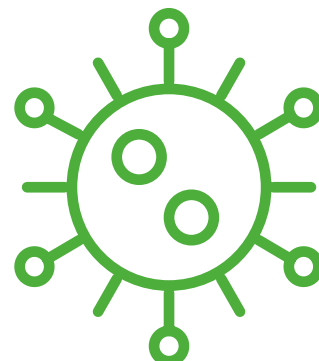
# THEME TWO

## Reducing the Rates of Sexually Transmitted Infections

### Why is this a theme?

**Chlamydia** can lead to long-term complications including infertility<sup>9</sup>

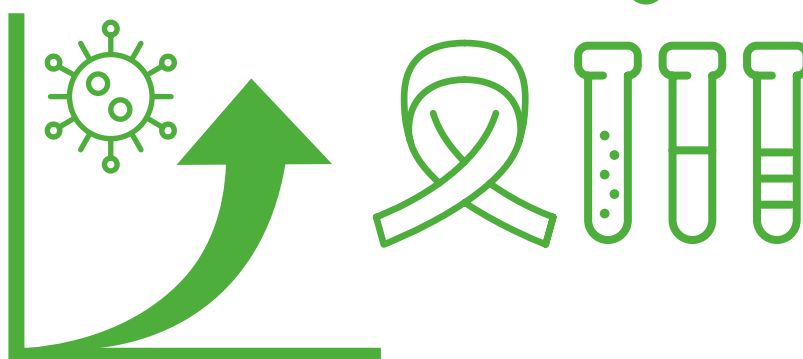
STIs, like chlamydia, are sometimes **asymptomatic** so may be **unnoticed** by individuals and passed on



A significant number of people are **diagnosed at a late stage** of infection which means that they may have had HIV for some time and may be very unwell as a result of **damage to their immune system**<sup>9</sup>

STIs are associated with inequalities and deprivation

In Birmingham there has been a significant increase in the number of **gonorrhoea diagnoses** & there are strains that are **resistant** to treatment<sup>4</sup>



## National and Local Evidence

**Chlamydia** accounts for the majority of new **STI diagnoses**<sup>11</sup>



**57% & 56%** of diagnoses from **GUM** and **non-GUM** services in Birmingham and Solihull, respectively, were of chlamydia<sup>4</sup>

During 2020, there were **6.6** new HIV diagnoses per 100,000 people aged 15+ in Birmingham and **1.7** per 100,000 in Solihull<sup>11</sup>



Most **outreach services** were stopped during COVID-19

**Engagement** feedback revealed that the current sexual health provider website is not user friendly and that patients had to call to find about pharmacy availability



In **Solihull** there are 2 sexual health clinic locations – provision in the north had to be relocated and only recently been made available



Women with genital mutilation may find **genital examinations difficult** and birth almost impossible

During the **COVID-19** pandemic, calls were triaged so that those who needed to be seen could pre-book for appointments, including at a walk-in clinic in Birmingham

A **73 year-old woman**, recently asked for condoms at a London Family Planning Clinic. The nurse replied, "You don't need condoms, you won't get pregnant, you're too old."

**STI rates are increasing** in the 50-70 year old age group<sup>4</sup>

# Action Plan

## Service Locations:

- **Maintain** the availability of **walk-in services** in Birmingham and Solihull
- Temporary or '**pop-up**' clinics to widen access in the community for more localised sexual health screening
- Establish a clear sexual health **outreach strategy**

## STI Testing:

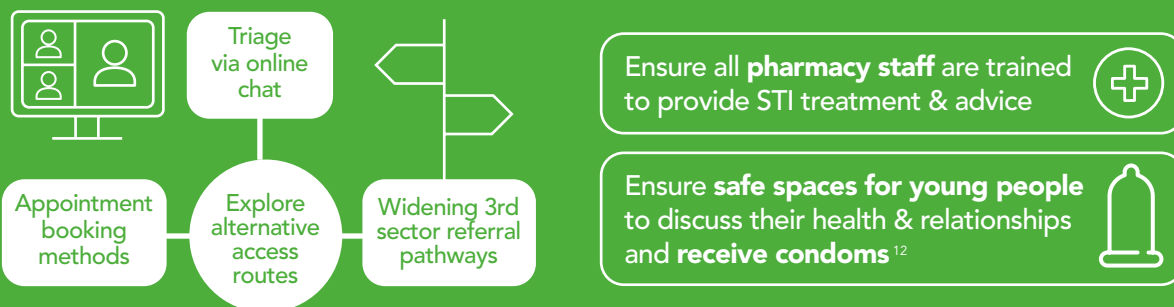
- Sexual health providers to have access to **multiple STI self-testing kits** to enable constant/consistent supply via multiple channels
- **Simple and quick** online ordering process for ordering STI self-testing kits
- Strengthen opportunistic **chlamydia testing for young people**
- Strengthen **partner notification**

## HIV action plan:

- Localising the national **HIV Action Plan**
- Increase marketing of **PrEP** to increase take up
- Sexual Health Provider/s to commit to tackling HIV, Hep B, Hep C and TB transmissions and stigma through the **Fast-Track Cities+** initiative
- Offer HIV testing in GPs and A&E
- Introduce post-abortion HIV testing in abortion services<sup>13</sup>
- Improve access to PrEP and PEPSE over weekends

**Open access sexual health services** should be available to the whole population to provide testing<sup>11</sup>

**Build on practitioners' knowledge** of the motivation of different client groups (e.g. gay men, trans people and those with gender dysphoria) for attending clinic to increase opportunistic sexual health screening and uptake of PrEP' under action plan.



# Aims and Outcomes

To increase the **chlamydia diagnostic rate** for 15–24-year-olds



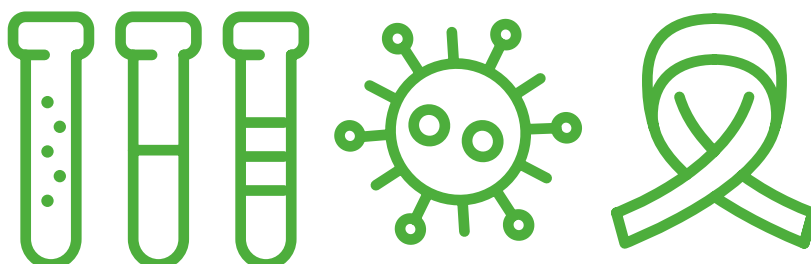
To reduce the **transmission of STIs** by ensuring rapid access to testing

To reduce the **burden of HIV infection** and rates of late and **undiagnosed HIV**

**More people on PrEP** to reduce HIV transmission rates



Introduce **accessible, walk-in clinics** as a requisite, including out of hours service



# THEME THREE

## Reduce the Number of Unplanned Pregnancies

### Why is this a theme?

Unplanned pregnancy can cause **financial, housing, social and relationship pressures** as well as **impact other children in the family**

Closely spaced pregnancies increase the baby's risk of morbidity and mortality yet **post-partum family planning** is often ignored<sup>15</sup>

Savings from preventing unplanned pregnancies are estimated at **£1 billion** nationally per year<sup>14</sup>



Current sexual health services do not offer free **routine pregnancy testing**

Health impacts of an unplanned pregnancy on the mother include<sup>16</sup>:

- obstetric complications
- antenatal/postnatal depression

And on the child<sup>15 16</sup>:

- low birthweight
- developmental abnormalities



## National and Local Evidence

In Birmingham:

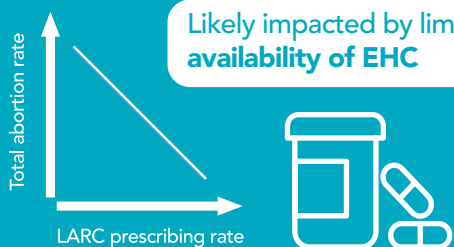
**0.4** pharmacies per square km provide free EHC<sup>4</sup>

LARC prescribing rate of **42.1** per 1,000 (national avg. = 50.8)<sup>4</sup>

In Solihull:

**0.1** pharmacies per square km provide free EHC<sup>4</sup>

In Solihull, the **abortion rate is 22.1** per 1,000 (national avg.=18.7)<sup>4</sup>



LARC is recommended by **NICE** as it does not require having to take daily forms of contraception e.g. pills

**Lack of knowledge amongst practitioners on vasectomies and sterilisations**



**25%** of respondents would use a local pharmacy for contraception advice



**28%** of respondents would go to a local pharmacy for non-emergency contraception



**49%** of respondents would go to a local pharmacy for emergency contraception



**28.5%** of conceptions lead to abortions



# Action Plan



The sexual health provider and other partners to provide **free pregnancy tests** where appropriate, in several settings

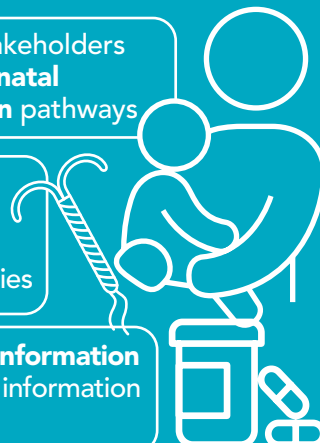
Work with stakeholders to **plan post-natal contraception** pathways

Develop **culturally competent** contraceptive services

**Increase** access to **LARC** in Birmingham including exploring the possibility of expanding subdermal implants into pharmacies

**Increase** availability and prescribed rates of **LARC** and **EHC** in Solihull

**Regularly review** the **quality of information** on contraception, provide better information online and in other settings



**Abortion services** to provide access to **LARC** together with appropriate contraceptive and sexual health **advice**

Ensure women have **autonomy in their reproductive health decisions**, side effects of different contraceptive methods are fully explained and LARC removals are accessible for all

**Pharmacies** in Solihull to deliver the **same contraceptive services** as those in Birmingham

Provide **guaranteed confidentiality** for those accessing contraception

# Aims and Outcomes

Continue to **minimise unplanned pregnancies**

**Highly visible, accessible and comprehensive contraceptive services** including services for young people

To **empower all women** to make **informed choices** about their reproductive health by providing good quality information and advice on contraception

To ensure that all women can **access the full range of contraception** appropriate for their needs

To **improve post-partum family planning**

To **reduce repeat abortions**

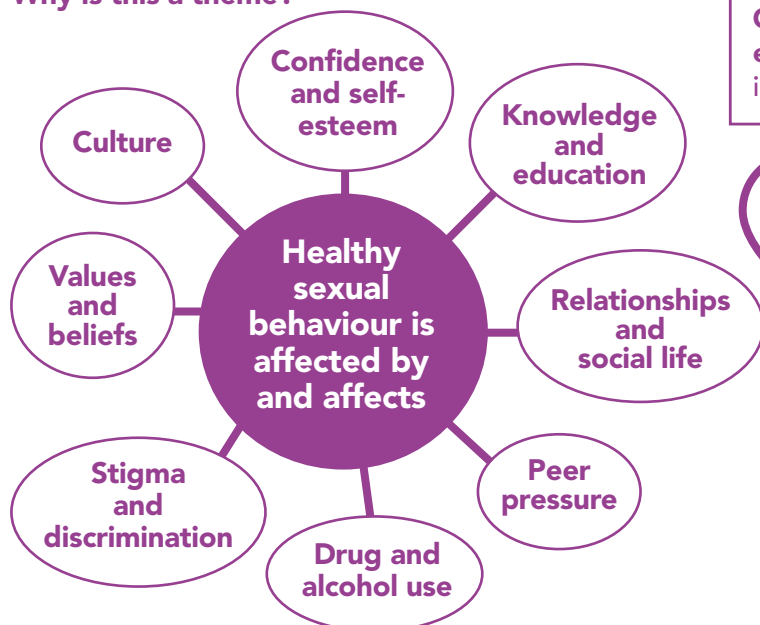
**Remove barriers** to accessing pregnancy tests' under aims and outcomes.



# THEME FOUR

## Healthy Sexual Behaviour

Why is this a theme?



**Good relationships and sex education** in schools are linked with improved sexual health outcomes<sup>17</sup>



**Stigma and myths** associated with STIs can create a **barrier to good sexual health** and access to services<sup>11</sup>

Living with shame can detrimentally affect **mental health**



## National and Local Evidence

There is **stigma and insensitivity** relating to HIV, STIs, sex and relationships, particularly in Black African, Latin American and South Asian communities<sup>18</sup> and adults aged 50+ years

**Adults over 50** face a misconception that they do not need condoms, information on sexual health, or even consent. This can be **perpetuated by peers & professionals** alike

*"A client used to be able to collect condoms from clinics, now asked to go queue at pharmacies, which young patients find embarrassing."*  
- Young Person's Counsellor

The main barriers Birmingham's population face in accessing sexual health services are<sup>4</sup>:

- **Embarrassment & shame**
- **Lack of knowledge** of sexual health
- People do not believe they can **catch an STI**

There are misconceptions and stigma surrounding **disabled people and sex**



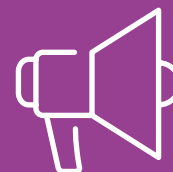
**Drugs** may be used to cope with the **emotional distress** following a sexual health problem and related stigma<sup>19</sup>



## Action Plan

As part of Fast-Track Cities+, a **stigma reducing campaign** will be developed

To ensure all have **accurate information** to develop healthy, safe and consensual sexual relationships



To provide **targeted engagement and support programmes for those affected by sexual and/or domestic abuse** which do not have waiting lists



**Break down barriers for older adults** by training healthcare professionals on having conversations about sexual health with people aged 50+

**Challenging stigma and discrimination** by addressing misconceptions, busting myths, normalising good sexual health, providing advocacy and empowering communities



**Addressing peer pressure and social norms** through consistent messages, information and education



Develop voluntary **community sexual health champions** in communities where there is traditionally poor engagement

To promote and support **evidence-based resilience programmes** in schools

**Educate on the risks** of (unprotected) sex under the influence of drugs and alcohol

**Enhance primary care** as a vehicle to deliver improvements in localities

## Aims and Outcomes

To have a **positive sexual health culture** that is accepted as part of human behaviour

Provide **information** that is **accessible and acceptable for all**, regardless of whether it is spoken or written information



To **work across sectors** to ensure consistent messaging and stigma-reduction



For **information and services** relating to sexual and reproductive health to always be informed by the latest evidence



To **enable citizens to access services** confidently and confidentially, and without fear of stigma or judgement



With specialist support, schools should recognise Relationships and Sex Education (RSE) as an essential tool to combat the **unwanted norms of abuse** in relationship

**Enhance the use** of appropriate and novel media, such as social media sites and billboard on buses/bus shelters

# THEME FIVE

## Children and Young People

### Why is this a theme?

Young people under 25 are the age group most affected by STIs<sup>11</sup>



Women in their early twenties are most likely to have an **unplanned pregnancy** and most likely to access abortion services<sup>16</sup>



#### In Birmingham:

**17.9** Under 18s conception rate per 1,000

#### In Solihull:

**13.6** Under 18s conception rate per 1,000  
(England avg. = 15.7 per 1,000)<sup>4</sup>

Sexual health and sexual experiences as a child and young person can impact their sexual health and mental health in the future



Young people want more **information** on sexual health<sup>20</sup> and clarity around consent and the right to choose not to have sex



## National and Local Evidence

**60%**



In Birmingham and Solihull, teenage pregnancies have decreased by approximately 60% from 2009 to 2019<sup>4</sup>

In Solihull **69% of conceptions** in those aged under 18 led to an abortion – this reflects an increase in abortions<sup>4</sup>

In Birmingham **48% of conceptions** in those aged under 18 led to an abortion<sup>4</sup>



The under 18 birth rate in Birmingham is **5.6** per 1,000 (England avg. = 4.1)<sup>4</sup>

Whilst there is a **Young Person's abuse survivors' clinic**, there is no specific child sexual abuse survivors' clinic in Birmingham or Solihull



# Action Plan

Develop an age-appropriate pathway for under-13's and those with a mental capacity of under 13 with all relevant stakeholders e.g., police, safeguarding teams, mental health support

Provide access to **appropriate and effective contraceptives, including LARC**

Increase provision of **good quality advice and information** for children, young people, parents & carers

Incorporate Sexual Health Wellness assessments as part of **social care health check** for CYP entering care

Provide safe spaces for young people to discuss what they have seen in porn and modelled by those around them, and encourage young people to call-out sexual harassment and derogatory banter

Support schools, colleges, youth clubs and sports clubs to provide updated, high quality RSE, including training staff on responding to difficult situations

Tailor services and pathways to the needs of vulnerable groups (i.e. under 13s, young sexual assault victims, children in care, or foster homes)

## High risk groups:

- Ensure support is available for **young NEETs** and young people in **high need groups**
- To set up a **well-promoted child-specific** sexual abuse survivors' clinic and ensure any child safeguarding issues are reported correctly
- Prioritise **children in need** and **care leavers** up to age 25 year
- Support children and young people living with HIV, particularly during the transfer from children's HIV services into adults HIV services

Develop safe spaces in appropriate locations, for example schools, with trained social workers for young people to discuss sexual health and identify safeguarding issues, considering their physical and emotional safety

Rollout of the **Bystander Intervention** programme to all secondary schools and higher education settings to support

Increase education on consent, misogyny and the importance of using condoms

# Aims and Outcomes

Equip young people with the **knowledge** they need to make **healthy sexual choices** and manage their own sexual health, for example adhere to HIV medication'

For **schools** and **other settings** children are in, to promote healthy and positive sexual relationships. Through age-appropriate learning methods that explain risks and rights



To **reduce under-18** conceptions and abortions

Ensure all **young people** and children know **where** they can go and **who** they can **talk to confidentially** about sexual health and related issues



**Targeted, acceptable** services for CYP **most in need**

To ensure all safeguarding procedures are followed and guard against all forms of abuse

# GOVERNANCE

## Joint Local Authority Meetings

Birmingham and Solihull service leads and commissioners will work closely to ensure the joint successful delivery of this strategy. This group will be responsible for the performance management of services and actively work with the appointed service provider/s to ensure efficient and effective service delivery and to ensure Sexual Health Services are equitable and providing equality of service to citizens.

## Commissioning & Contracts Board

The Commissioning & Contracts Board will consist of Commissioners from both Birmingham and Solihull, including key delivery partners.

This Board will review on a regular basis the commissioning intentions, contract performance, changes in services required and implementation of any variations to the contract.

The Commissioning & Contracts Board will have overall autonomy on successful delivery of this strategy and outcomes along with the financial responsibility to ensure the service is equitable, accessible and delivering value for money.

## Health and Wellbeing Boards

The Sexual Health Service will be accountable to each local authority's Health and Wellbeing Board. The Health and Wellbeing Boards will receive an annual (or upon request) update on performance against the strategic actions outlined in this strategy.

The Health and Wellbeing Boards will have responsibility of reviewing the services delivered against the evidence base, and including this within, the wider health and wellbeing considerations for the local populations.

## Overview & Scrutiny Committee

The progress on service delivery is presented annually to the Birmingham Overview and Scrutiny Committee, where the following will be presented:

- Review of services and their delivery, including the service model and accessibility
- Evidence review and policy change
- Partnership arrangements
- Performance and outcomes

Overview and Scrutiny Committee meetings can be attended by the public where there is an opportunity to discuss certain elements of service delivery i.e. what is working well, what is not, challenges and triumphs.

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**Good governance is the key to successful outcomes**

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# GLOSSARY

<b>BBV</b>	Blood Borne Virus
<b>BCC</b>	Birmingham City Council
<b>BHIVA</b>	British HIV Association
<b>BSol</b>	Birmingham and Solihull
<b>CSE</b>	Child Sexual Exploitation
<b>CYP</b>	Children and Young People
<b>DH</b>	Department of Health
<b>EHC</b>	Emergency Hormonal Contraception
<b>GP</b>	General Practice/Practitioner
<b>GUM</b>	Genito-Urinary Medicine
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICS</b>	Integrated Care System
<b>LA</b>	Local Authority
<b>LARC</b>	Long Acting Reversible Contraception
<b>LD</b>	Learning Disabilities
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Trans & Queer
<b>MSM</b>	Men who have Sex with Men
<b>NEET</b>	Not in Education, Employment and Training
<b>NHS</b>	National Health Service

<b>NHSE/I</b>	NHS England and Improvement
<b>NICE</b>	National Institute of Clinical Excellence
<b>OHID</b>	Office for Health Improvement and Disparities
<b>PEPSE</b>	Post-Exposure Prophylaxis following Sexual Exposure
<b>PHOF</b>	Public Health Outcomes Framework
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>RSE</b>	Relationships and Sexual Education
<b>SARC</b>	Sexual Assault Referral Centres
<b>SHNA</b>	Sexual Health Needs Assessment
<b>SMBC</b>	Solihull Metropolitan Borough Council
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>UKHSA</b>	UK Health Security Agency



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# NOTES



