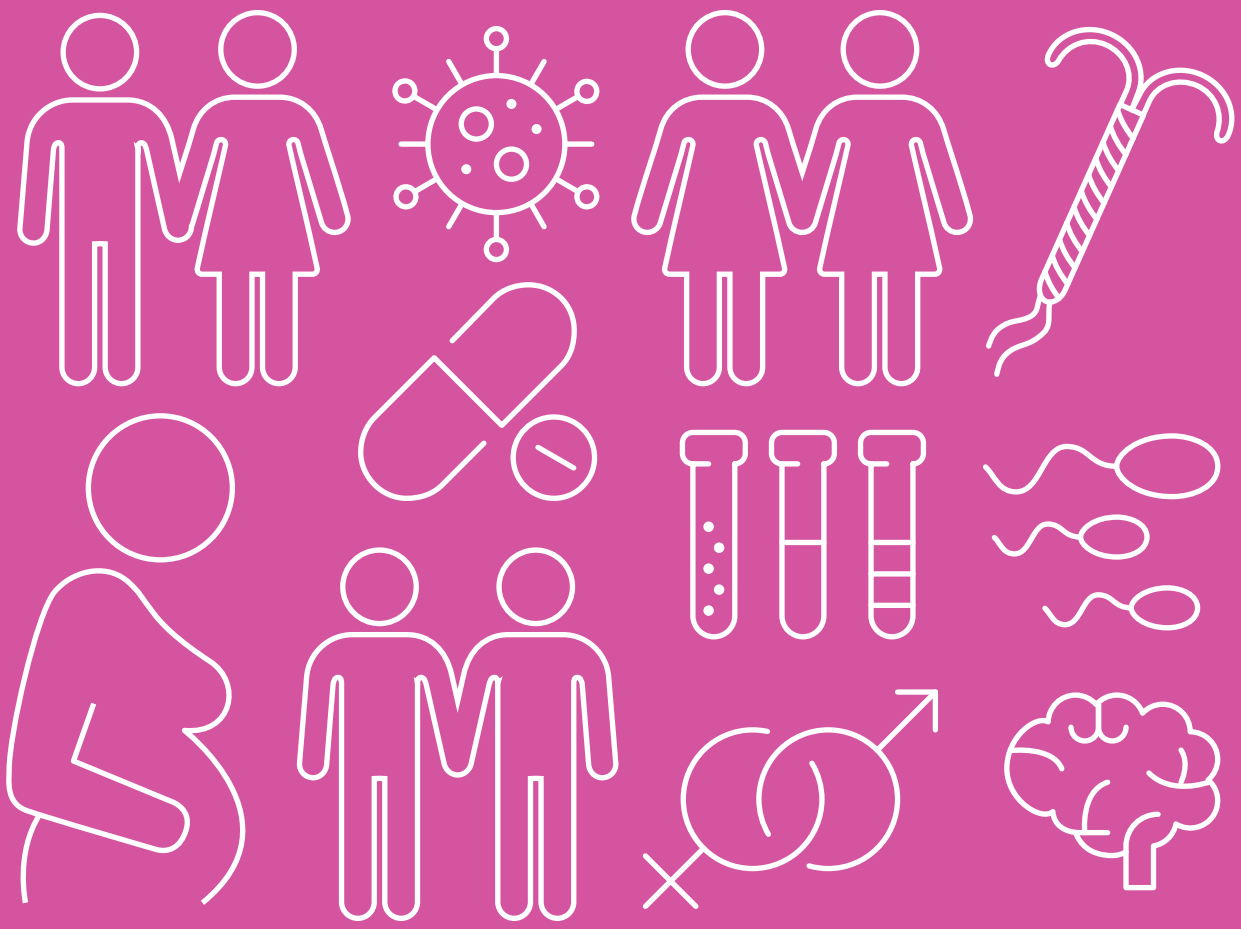
SEXUAL AND REPRODUCTIVE HEALTH STRATEGY

2023-2030

Reducing sexual and reproductive health inequalities is our priority



Solihull Metropolitan Borough Council

Birmingham City Council

CONTENTS

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.

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 fve themes:

Theme One: Priority groups
Theme Two: Reducing the rates of sexually transmitted infections
Theme Three: Reduce the number of unwanted pregnancies
Theme Four: Building resilience
Theme Five: Children and young people

A key enabler that runs through all fve 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 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 refects our local Sexual Health Needs Assessment (SHNA), which is a live document and responds to the variable landscape and needs of our population and sits alongside the development of the Integrated Care System (ICS).

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

This strategy was developed by Birmingham and Solihull Council'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.

A fnal version of the strategy will be published after approval by Cabinet Members and the Health & Wellbeing Board.

Clear aims and objectives are vital in reducing sexual health inequalities

FOREWORD

Paulette Hamilton

Councillor Paulette Hamilton

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

A.F. Dicicco

Councillor Tony Dicicco

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

As Cabinet Members in Birmingham and Solihull, we support this Joint Birmingham and Solihull Sexual and Reproductive Health Strategy.

Sexual and Reproductive health is a fundamental part of our lives. Supporting a healthy approach is important at every age and our approach should be holistic and value the diversity of relationships, 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 the citizens of Birmingham and Solihull.

This strategy recognises that there are areas of excellence being delivered in partnership with communities and clinicians across Birmingham and Solihull, however there is still potential to be even better. This strategy has achievable aspirations to respond to the rates of sexually transmitted infections and Blood Borne Viruses, improving reproductive health outcomes including prevention of unwanted 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 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 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 STI testing and treatment, partner notifcation of infected persons, advice on and reasonable access to a broad range of contraceptives and preventing unplanned pregnancy.

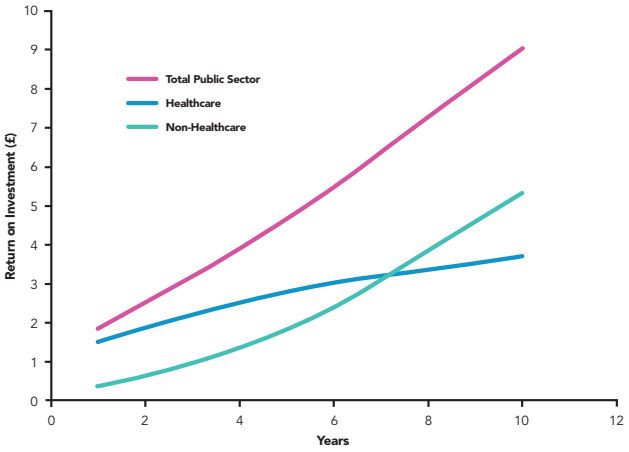
Our strategy is built on the most up to date intelligence and information we have on sexual and reproductive health (SRH), sets out several themed areas for priority from 2023 to 2030 and the actions we will take to address these priorities.

We recognise that the National Sexual Health Strategy is due to be released by the Department of Health and Social Care post December 2021, however, our strategy is designed to complement the expected release and will be fexible to meet any additional requirements.

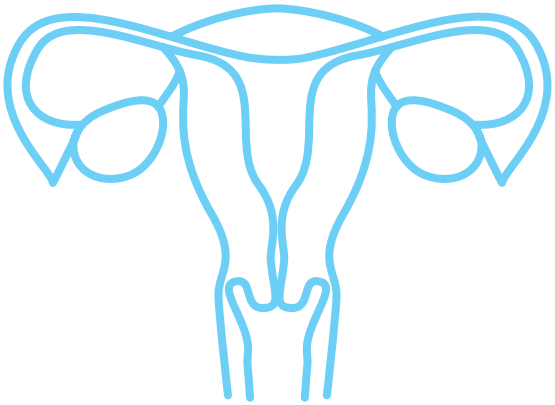
This strategy is complementary and embracing of other local policies and strategies, such as Domestic Abuse, Substance Use, Education, Relationships and Sexual Education (RSE), HIV, Women's Health and so on.

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 £1 spent on contraceptive services saves £9 across the public sector[1]. The data also shows that 52% and 12% of unplanned pregnancies end in abortion and miscarriage respectively[2]. 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[3].



The SHNA[4] has identifed key ar eas 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.

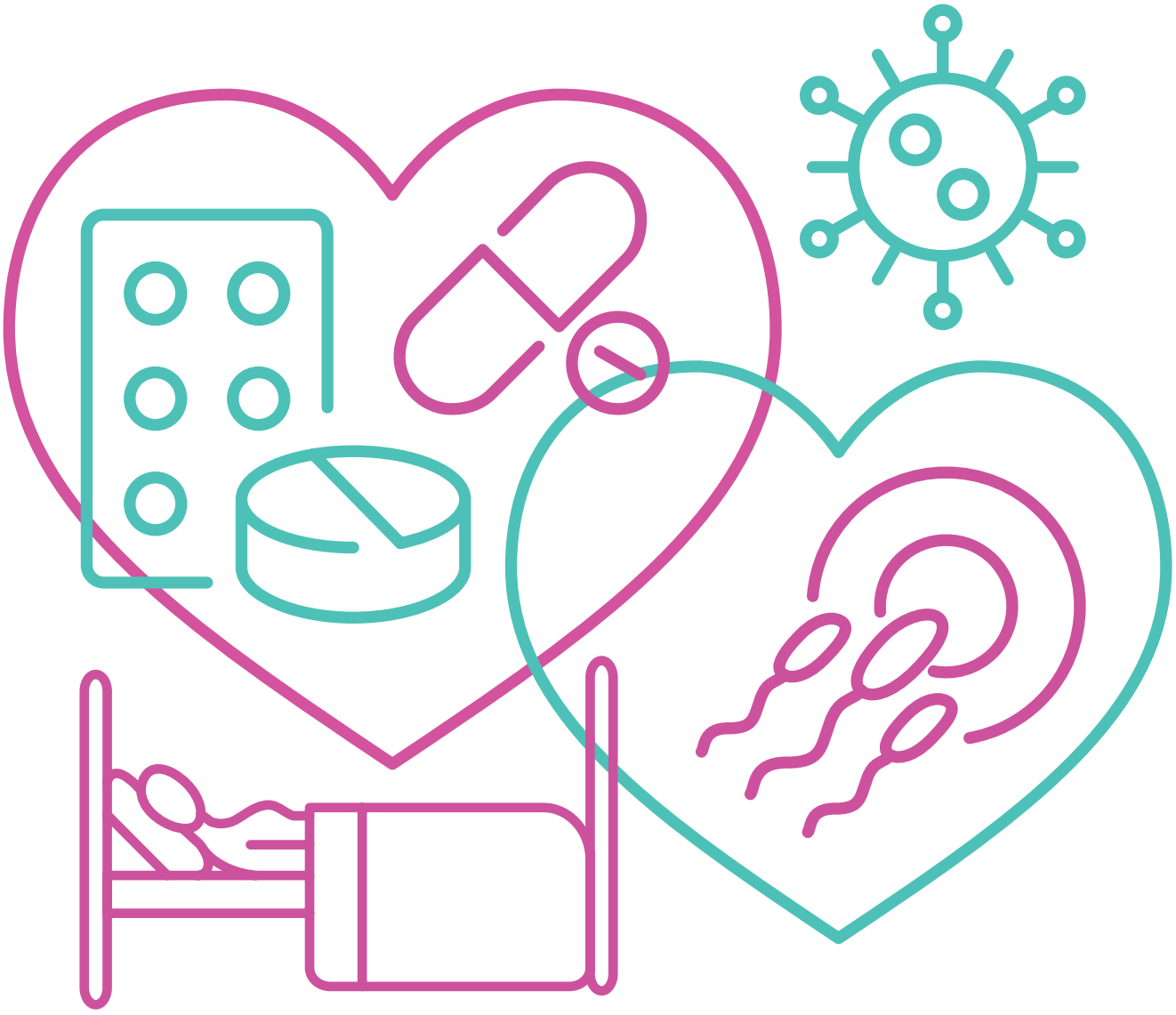


1.3 Why We Need a Joint Strategy

Birmingham and Solihull face some of the greatest sexual health challenges nationally, including high rates of HIV, STIs, emergency contraception use and abortions[4].

Although Birmingham has a younger population than Solihull, the challenges are similar, and due to the Clinical Commissioning Group (CCG)/ 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 fnancial resources to avoid duplication in service delivery and fnancial overlap, saving each ar ea 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.



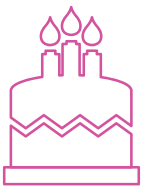
THE CURRENT LANDSCAPE

2.1 The Local and National Evidence Base

Birmingham's population is one of the youngest and most deprived in England[3].

Proportionally, Solihull has an above average population of people aged 65 and over. The borough is considered a relatively affuent ar ea, but does have pockets of deprivation where 16% of the population live[4].

33 years is the median age in **Birmingham**



43 years is the median age in **Solihull**

The proportion of total prescribed LARCs (excluding injections) per 1,000 is lower in Birmingham (26.5) and Solihull (28.9), compared to nationally (34.6)[4].

26.5 per 1,000 LARCs were prescribed in **Birmingham**

28.9 per 1,000 LARCs were prescribed in **Solihull**

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

31.8% of abortions in<25s in **Birmingham** were repeat abortions

34.8% of abortions in<25s in **Solihull** were repeat abortions

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[4].

2.69 per 1,000 people aged 15-59 were diagnosed with HIV in **Birmingham**

0.82 per 1,000 people aged 15-59 were diagnosed with HIV in **Solihull**

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[4].

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 abuse victims/ survivors of rape and sexual violence, support for patients who identify as LGBTQ, access to chlamydia screening/treatment.

What could be better?

Vasectomies, sterilisation, delays in LARC appointments, complex contraception services, emergency coil fttings, infor mation for gender dysphoria, information for PEPSE and PrEP, services for homeless, refugees, asylum seekers and newly arrived migrants, rapid testing for STIs, community-based testing.

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)[5] 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) and in line with the national chlamydia screening pathway.

2.5 Solihull Specific Areas of Focus

As per Birmingham, with the following additions:

- Improve access and take up of long-acting reversible (LARC) contraception
- Develop access to 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 identifed by the SHNA for Birmingham and Solihull. This strategy will provide a basis to enable appropriate action and enhance existing pathways to meet the needs of citizens.

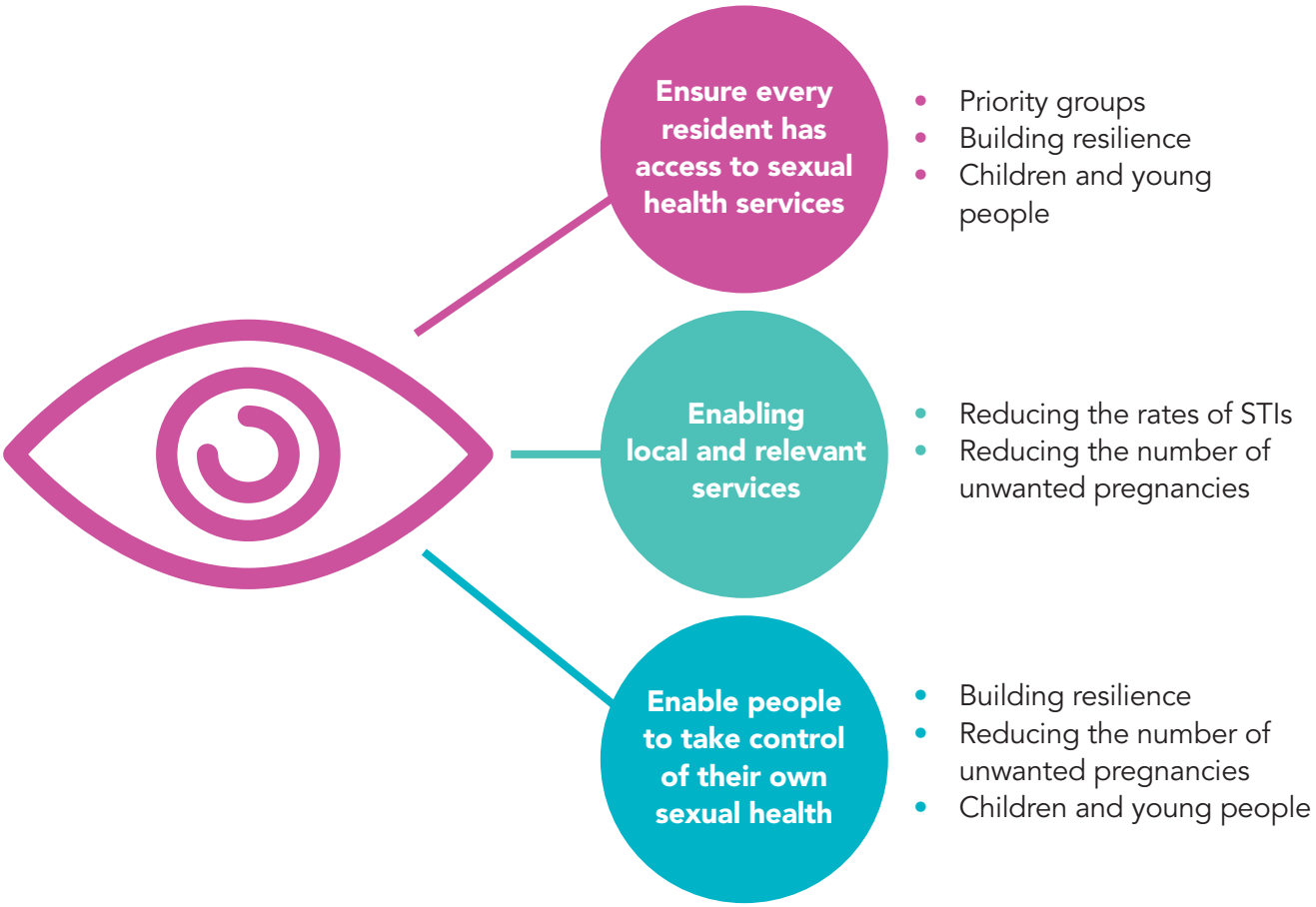
The key objectives of this strategy are to:

- Ensure that every resident has access to sexual health services that meet their individual needs.
- Enable services that are local, relevant, approachable, conf dential, non-judgemental, and accessible 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 an important role in realising the joint vision for sexual health services for the future, and will facilitate:

- A fully integrated, free and confdential sexual health service for all citizens across the life course
- A reduction in the high rates of teenage and unwanted 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[6].

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.



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 unwanted pregnancies	Building resilience	Children and young people

Developing KPIs and targets for an efficient patient journey

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

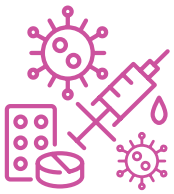
THEME ONE

Priority Groups

Why is it a theme?

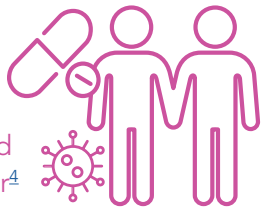
Low rates of attendance to sexual health screens in Birmingham and Solihull for those from Bangladesh, India and Pakistan.

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



29.2%

of **gay men living with HIV** reported having had **Chemsex** in the last year[4]



Digital Divide
Citizens living with disabilities and those without access to technology are more likely to be digitally excluded, making accessing services harder, especially during the pandemic

A high proportion of **MSM** not accessing testing despite disclosing condomless sex with multiple partners[7]

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 trans**

New arrivals from abroad (including **trafficked people**)

Men who have **sex with men**

Substance users

Neuro-diverse conditions eg Autism and ADHD

People with **mental health** conditions

People with **learning difficulties**

Sex Workers

People affected by **female genital mutilation** (FGM)

Action Plan

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

Continued **training packages** for GPs, sexual health practitioners & 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[8]

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

Explore the provision of sexual health services in existing **homeless hubs**

To recognise the connections between race, gender, sexuality, disability, class or any protected characteristics that impact on an individual's needs and their ability to access services.

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, FGM & safeguarding** issues

Reduction in **stigma and discrimination**

Providing better access to services for priority groups

Improved support

for people vulnerable to, and victims of:

- sexual coercion
- sexual violence
- sexual exploitation

through SARCs, survivors' clinics & psychological support

THEME TWO

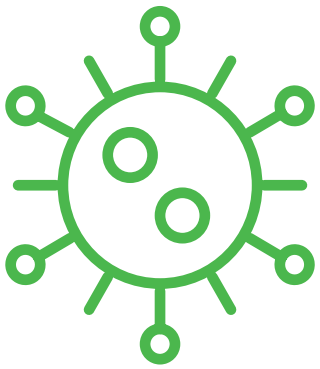
Reducing the Rates of Sexually Transmitted Infections

Why is it a theme?

Chlamydia can lead to long-term complications including infertility[9]

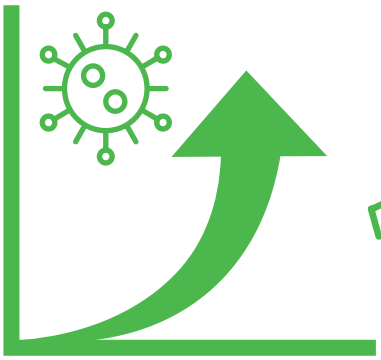
STIs, like chlamydia, are sometimes **asymptomatic** so may be **unnoticed** by individuals and passed on

A signifcant number of people ar e **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**[9]



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[4]



National and Local Evidence

Chlamydia accounts for the majority of new **STI diagnoses**[11]

57% & **56%** of diagnoses from **GUM** and **non-GUM** services in Birmingham and Solihull, respectively, were of chlamydia[4]

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[11]

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

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[4]

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
- Establish a clear sexual health **outreach strategy**

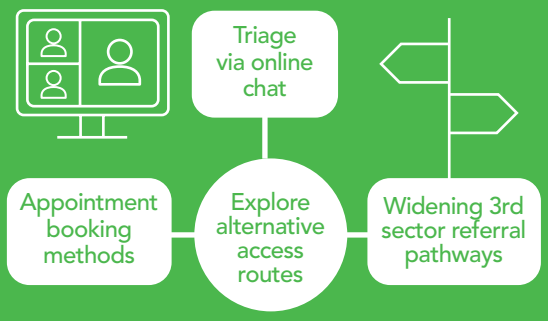
Open access sexual health services should be available to the whole population to provide testing [11]

STI Testing:

- Sexual health providers to have access to **multiple STI self-testing kit suppliers**
- Ensure STI self-testing kits are always available **via multiple channels**
- 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 [13]



Ensure all **pharmacy staff** are trained to provide STI treatment & advice

Ensure **safe spaces for young people** to discuss their health & relationships and **receive condoms** [12]

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

Reduce the burden of STIs by improving access to services

More people on PrEP to reduce HIV transmission rates

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

THEME THREE

Reduce the Number of Unwanted Pregnancies

Why is it 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 [15]

Savings from preventing unintended pregnancies are estimated at **£1 billion** nationally per year[14]

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

Health impacts of an unplanned pregnancy on the mother include16:

- obstetric complications
- antenatal/postnatal depression

And on the child15-16:

- low birthweight
- developmental abnormalities

National and Local Evidence

In Birmingham:

0.4 **pharmacies** per square km provide free EHC[4]

In Solihull:

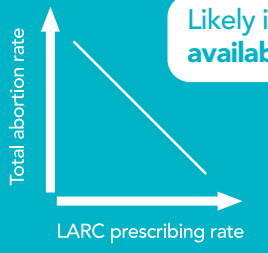
0.1 **pharmacies** per square km provide free EHC[4]

LARC **prescribing rate of 42.1** per 1,000 (national avg. = 50.8)[4]

In Solihull, the **abortion rate is 22.1** per 1,000 (national avg.=18.7)[4]

Likely impacted by limited **availability of EHC**

LARC is recommended by **NICE** because it is easier for the user, than e.g. a daily pill



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 loca 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

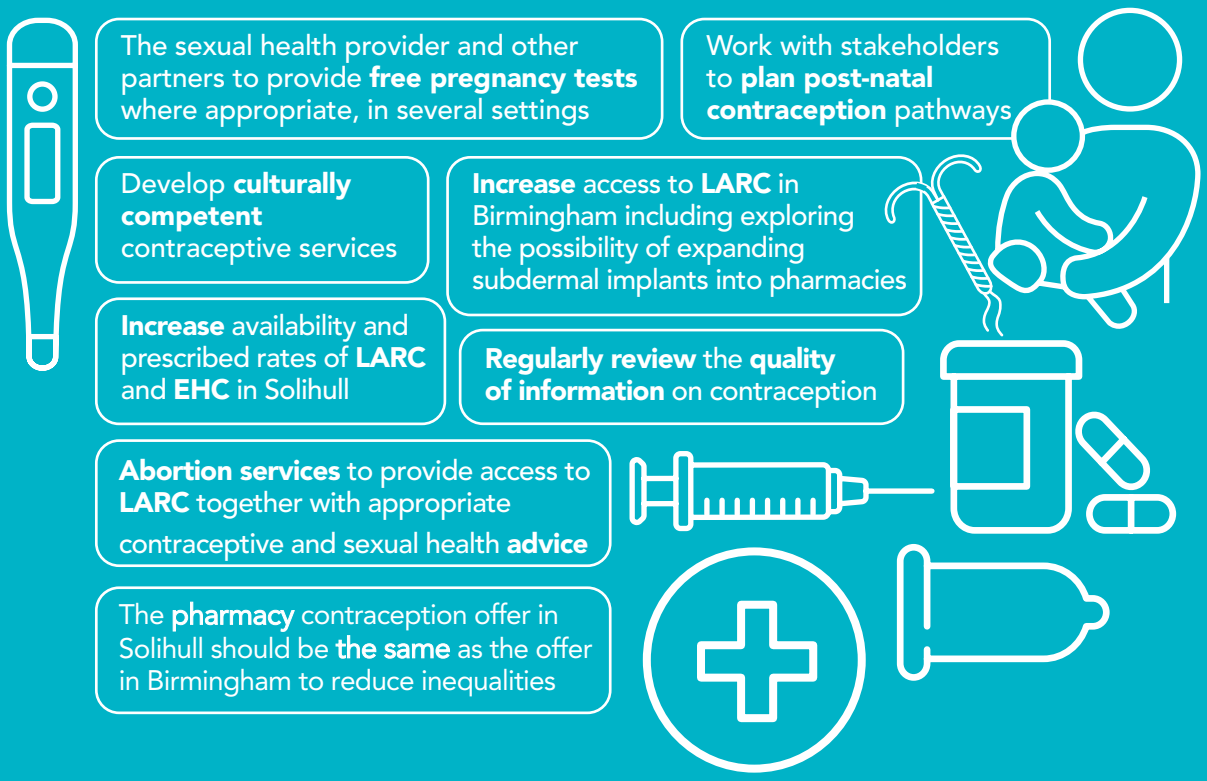
Increase access to **LARC** in Birmingham including exploring the possibility of expanding subdermal implants into pharmacies

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

Regularly review the **quality of information** on contraception

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

The **pharmacy** contraception offer in Solihull should be **the same** as the offer in Birmingham to reduce inequalities



Aims and Outcomes

Continue to **minimise unplanned pregnancies**

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

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

To ensure that women can **access** the **full range** of **contraception**

To **improve post-partum family planning**

To **reduce repeat abortions**

THEME FOUR
Building Resilience

Why is it a theme?

Good relationships and **sex education** are linked with improved sexual health outcomes[17]

Stigma and **myths** associated with STIs can create a **barrier to good sexual health** and access to services[11]

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

National and Local Evidence

There is **stigma and insensitivity** relating to HIV, STIs, sex and relationships in Black African, Latin American and South Asian communities[18] 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 is **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[4]:

- **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[19]

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**

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 though 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

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

THEME FIVE

Children and Young People (Everyone up to the age of 25 years)

Why is it a theme?

Young people under 25 are the age group most affected by STIs[11]

Women in their early twenties are most likely to have an **unplanned pregnancy** and most likely to access abortion services[16]

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)[4]

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[20]

National and Local Evidence

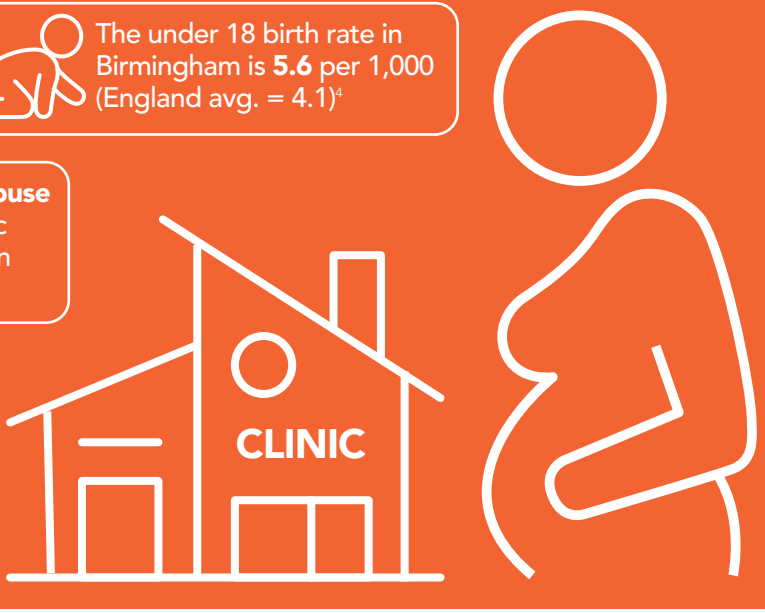
60% In Birmingham and Solihull, teenage pregnancies have decreased by approximately 60% from 2009 to 2019[4]

In Solihull **69% of conceptions** in those aged under 18 led to an abortion – this reflects an increase in abortions[4]

In Birmingham **48% of conceptions** in those aged under 18 led to an abortion[4]

The under 18 birth rate in Birmingham is **5.6** per 1,000 (England avg. = 4.1)[4]

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

Designing a **specific integrated service pathway** for Under 13s

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

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

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
- Prioritise **children in need** and **care leavers** up to age 25 years

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

To support schools & colleges to provide **high quality RSE**

Rollout of the **Bystander Intervention** programme[21] to all higher education settings to support healthy relationships in young adults

Aims and Outcomes

Equip young people with the **knowledge** they need to make **healthy sexual choices**

For **schools** and **other settings** children are in, to promote healthy and positive sexual relationships

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

To **reduce under 18** conceptions and abortions

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

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 working with the appointed service provider/s to ensure effcient and ef fective 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 fnancial 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.

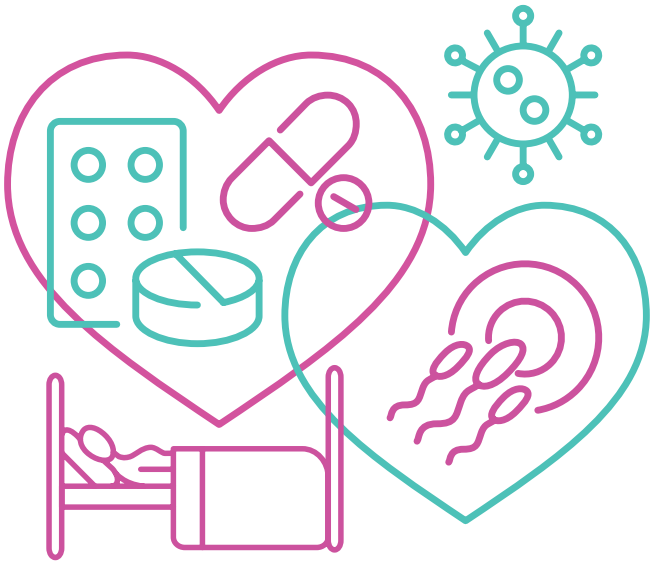
Overview & Scrutiny Committee

The progress on service delivery is presented to the Overview and Scrutiny Committee annually, 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.

Good governance is the key to successful outcomes



GLOSSARY

BBV	Blood Borne Virus
BCC	Birmingham City Council
BHIVA	British HIV Association
Bsol	Birmingham and Solihull
CCG	Clinical Commissioning Group
CSE	Child Sexual Exploitation
CYP	Children and Young People
DH	Department of Health
EHC	Emergency Hormonal Contraception
FGM	Female Genital Mutilation
GP	General Practice/Practitioner
GUM	Genito-Urinary Medicine
HIV	Human Immunodefciency V irus
ICS	Integrated Care System
LA	Local Authority
LARC	Long Acting Reversible Contraception
LD	Learning Disabilities
LGBTQ	Lesbian, Gay, Bisexual, Trans & Queer
MSM	Men who have Sex with Men
NEET	Not in Education, Employment and Training
NHS	National Health Service
NHSE/I	NHS England and Improvement
NICE	National Institute of Clinical Excellence
OHID	Offce for Health Impr ovement and Disparities
PEPSE	Post-Exposure Prophylaxis following Sexual Exposure
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PrEP	Pre-Exposure Prophylaxis
RSE	Relationships and Sexual Education
SARC	Sexual Assault Referral Centres
SHNA	Sexual Health Needs Assessment
SMBC	Solihull Metropolitan Borough Council
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UKHSA	UK Health Security Agency

REFERENCES

1 Faculty of Sexual and Reproductive Healthcare. (2018, 3 Aug) *PHE tool estimates that ever £1 spent of contraceptive services saves £9 across the public sector*. Available from: **https://www.fsrh.org/news/phe-tool-return-investment-contraceptive-services-public-health/** [Accessed 20th Dec 2021].

2 Sedgh, G., Singh, S. & Hussain, R. (2014) *Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. Studies in Family Planning*, 45(3), 301-314.

3 Public Health England. (2018) *Contraception: Economic analysis estimation of the return on investment (ROI) for publicly funded contraception in England*. Public Heath England. Report number: 2018172

4 S Squared. (2022) *Birmingham and Solihull Sexual Health Needs Assessment*. S Squared.

5 Offce for Health Impr ovement and Disparities. (2013) *Public Health Outcomes Framework* (PHOF). Available from: **https://www.gov.uk/government/collections/public-health-outcomes-framework** [Accessed 20th Dec 2021].

6 Government Equalities Offce & Equality and Human Rights Commission. (2013) E*quality Act 2010: guidance*. Available from: **https://www.gov.uk/guidance/equality-act-2010-guidance** [Accessed 20th Dec 2021].

7 Public Health England. (2020) *The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England*. Public Health England. Report number: GW-1789.

8 HIV Commission. (2020) Partnerships. Available from: **https://www.hivcommission.org.uk/final-report-and-recommendations/partnerships/** [Accessed 21st Dec 2021].

9 NHS. (n.d.) Chlamydia: Complications. Available from: **https://www.nhs.uk/conditions/chlamydia/complications/** [Accessed 21st Dec 2021].

10 UKHSA. (2021) *HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report*. UKHSA. Report number: GOV-10491

11 Public Health England. (2019) *Health matters: preventing STIs*. Available from: **https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis** [Accessed 21st Dec 2021]

12 Brook & Public Health England. (2014) *C-Card condom distribution schemes: Why, what and how*. Brook & Public Health England. Report number: 2014159

13 Rasch, V., Yambesi, F. & Massawe, S. (2006) *Post-abortion care and voluntary HIV counselling and testing–an example of integrating HIV prevention into reproductive health services*. Tropical Medicine & International Health, 11(5), 697-704.

14 Thomas, C.M. & Cameron, S. (2013) *Can we reduce costs and prevent more unintended pregnancies? A cost of illness and cost-effectiveness study comparing two methods of EHC*. BMJ open, 3(12), e003815.

15 Royal College of Obstetricians and Gynaecologists. (2015) *Best practice in post-partum family planning*. Royal College of Obstetricians and Gynaecologists. Report number: 1

16 Public Health England. (2018) *Health matters: reproductive health and pregnancy planning*. Available from: **https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning** [Accessed 21st Dec 2021].

17 Macdowall, W., Jones, K.G., Tanton, C., Clifton, S., Copas, A.J., Mercer, C.H., Palmer, M.J., Lewis, R., Datta, J., Mitchell, K.R. & Field, N. (2015) *Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles* (Natsal-3). BMJ open, 5(3), e007837.

18 Love Sex Life. (2020) *Transforming sexual and reproductive health for BAME communities in Lambeth, Southwark and Lewisham*. Available from: **https://secureservercdn.net/160.153.138.163/zps.998.myftpupload.com/wp-content/uploads/2020/11/LSL-Report-Final-3.pdf** [Accessed 21st Dec 2021]

19 Bowden, J. (2017) *Joining up sexual health and drug services to better meet client needs*. EMCDDA.

20 Tanton, C. et al. (2015) *Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles*. BMJ Open, 5, e007834.

21 Bystander Intervention programme
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941380/Bystander_interventions_report.pdf

NOTES