

	<u>Agenda Item: 15</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	27 September 2022
TITLE:	CONSULTATION FINDINGS - DRAFT BIRMINGHAM AND SOLIHILL SEXUAL AND REPRODUCTIVE HEALTH STRATEGY 2023 20230
Organisation	Birmingham City Council
Presenting Officer	Juliet Grainger

Report Type:	Information
---------------------	--------------------

1. Purpose:
1.1. The purpose of the report is to provide feedback on the public and stakeholder consultation on the draft strategy that took place between May – July 2022

2. Implications (tick all that apply):		
Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	x
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	x
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	x
	Getting the Best Start in Life	
	Living, Working and Learning Well	x
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

3. Recommendation

- 3.1 The Board is asked to accept the consultation findings and to endorse the conclusion that the draft strategy is supported by respondents and reflects the results of the needs assessment that was completed in 2021.
- 3.2 Based on the conclusion, the Board is asked to ratify the strategy.
- 3.3 The Board is also asked to endorse the proposal to use the consultation findings to inform the design and co-production of the future sexual health service model during 2023.

4. Report Body

4.1 Background

- 4.1.1 The consultation was on the draft Sexual and Reproductive Health Strategy 2023-2030, which sets out themes, priorities, and approaches to meeting the sexual health needs of the populations of Birmingham and Solihull.
- 4.1.2 The strategy's content provides Birmingham City Council's (BCC) and Solihull Metropolitan Borough Council's (SMBC)'s joint response to tackling increasing rates of sexually transmitted infections (STIs) and HIV, and inequalities in sexual and reproductive health, which impacts negatively on health and wellbeing.
- 4.1.3 The strategy is informed by the findings from the Sexual Health Needs Assessment (SHNA) for Birmingham and Solihull.
- 4.1.4 The objectives of the 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.
- 4.1.5 The themes within the strategy, which were used to structure the consultation were:
- **Theme One:** Priority groups
 - **Theme Two:** Reducing the rates of sexually transmitted infections
 - **Theme Three:** Reducing the number of unwanted pregnancies
 - **Theme Four:** Building resilience
 - **Theme Five:** Children and young people

4.2 Consultation Process

- 4.2.1 The consultation on the draft Sexual and Reproductive Health Strategy 2023-2030 was undertaken across Birmingham and Solihull during May – July 2022.

The purpose of this was to provide assurance that the strategy adequately reflected the findings of the needs assessment that was completed in 2021, and to incorporate public and stakeholder feedback on the draft vision and themes in the strategy.

- 4.2.2 The consultation obtained views across Birmingham and Solihull bringing together stakeholders and community representatives for focus groups and using an online survey through Be Heard, publicised via a media and communications cascade. Through focus group discussion and presentations, the consultation directly engaged with 35 community representatives, 8 community members and professionals, 75 primary care leads and 35 practitioners from the current sexual health service provider, Umbrella

4.3 Consultation findings

- 4.3.1 Demographics of Online Respondents- Most survey respondents (n.77) were between 30 – 60 years of age (67%). Over half (57%) were female, 6% of respondents declined to answer. In terms of ethnicity, 74% were White British/White European, 10% of respondents declined to answer. On sexual orientation, 62% of respondents identified as heterosexual, 12% bisexual and 8% homosexual, gay or lesbian, 13% declined to answer. Percentages may not have added up to 100% as respondents could choose more than one option.
- 4.3.2 Agreement on the strategy's vision and aims was unanimous, with only a few areas being identified as possible gaps - male sexual health education, mental health aspects of sexual health, older people, and the enhancement of primary care as vehicle to deliver improvements in localities.
- 4.3.3 Key feedback in response to the themes in the strategy:
- **Priority groups** – challenges in providing the service to the homeless should be addressed by reviewing outreach and multi-disciplinary working. In addition, better integration of sexually transmitted infection (STI) and contraceptive advice as an important aspect of prioritising women who may be at risk due to termination of pregnancy, sexual violence, domestic abuse, or cultural and language barriers.
 - **Reducing rates of STI** - accessible, walk-in 7-day clinics are a requisite, and building on practitioners' knowledge of the motivation of different client groups (e.g., gay men, trans people and those with gender dysphoria) for attending clinic could be used to increase opportunistic sexual health screening and uptake of HIV medication, Pre-Exposure Prophylaxis (PrEP).
 - **Reducing unplanned pregnancies** – requires removing barriers to accessing pregnancy tests, increasing access to long-acting reversible contraception (LARC) and emergency contraception with guaranteed confidentiality.
 - **Building resilience** - Relationships and Sex Education (RSE) is essential and could also combat the unwanted norms of abuse in relationships. Also important is specialist support for schools and colleges and the use of

appropriate and novel media, such as social media sites and billboard on buses/bus shelters.

- **Children and young people** - services and pathways tailored to the needs of vulnerable groups (i.e., under 13s, young sexual assault victims, children in care, or foster homes). Clinics in Schools, such as lunchtime drop-in clinics achieved through collaboration with schools, school nurses and pastoral teams is a potential solution for young people unable to attend standard clinics and could provide safe spaces for identifying safeguarding issues.

4.4. Conclusions

4.4.1. The consultation findings indicate that there is strong support from the community and professionals for the content of the draft strategy and that the strategy adequately reflects the results of the needs assessment that was completed in 2021. Additionally, the consultation provides valuable feedback on how the strategy may be implemented.

4.4.2. Some stakeholder groups provided feedback that were focused on specific areas of the vision and aims and advocated for increased focus during implementation to interventions in these areas.

5. Next Steps

5.1 In view of these conclusions, it is proposed that the content of the draft strategy is maintained without changes and therefore ratification of the strategy is requested from the Health and Wellbeing Board.

5.2 It is also propose that findings of the consultation regarding implementation of the strategy are used during 2023 to shape the model of delivery for the future sexual health service in Birmingham and Solihull, particularly where comments highlight actions to meet specific needs for those group's we know are already vulnerable to poorer sexual health outcomes.

6. Compliance Issues

6.4. HWBB Forum Responsibility and Board Update

We will provide an update to the Health and Wellbeing Board following the outcome of the future sexual health commissioning and procurement programme. We anticipate that this will be complete by Q3 2023 2024.

6.5. Management Responsibility

Dr Justin Varney, Director of Public Health, Birmingham City Council
Dyna Arhin-Tenkorang, Assistant Director, Birmingham City Council
Juliet Grainger – Service Lead – Adults, Birmingham City Council

7. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
<p>The sexual health contract expires in March 2023. Further time to assimilate and implement the findings into a commissioning process that continues to incorporate co-production with local stakeholders for a new sexual health service is required.</p> <p>A process that does not include the translation of local feedback on the draft strategy and ongoing inclusion may not adequately meet population needs and expectations.</p>	Low	Significant	<p>The Boards endorsement of the findings and the application within the design and co-production of the future service model is being sought, alongside that of Cabinet, at the meeting of 11 October 2022.</p>

Appendices

Birmingham and Solihull Draft Sexual and Reproductive Health Strategy Consultation Report August 2022:

Appendix 1 – Copy of Consultation Survey

Appendix 2 – Free Text Survey Responses

Appendix 3 – Draft Sexual Health Strategy Birmingham and Solihull 2023 - 2030

Appendix 4 – Needs Assessment Summary

Appendix 5 - BSoL SH Consultation Report

The following people have been involved in the preparation of this board paper:

Dyna Arhin-Tenkorang, Assistant Director, Birmingham City Council
Juliet Grainger – Service Lead – Adults, Birmingham City Council