Birmingham and Solihull (Draft) Sexual Health Strategy 2023 – 2030 Public Consultation Report

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Appendices

1. Summary of Findings

The consultation on the draft Sexual and Reproductive Health Strategy 2023-2030 was undertaken across Birmingham and Solihull during May – July 2022 to provide assurance that the strategy adequately reflected the findings of the needs assessment and to incorporate public and stakeholder feedback.

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.

In response to the themes in the strategy, the key feedback was on:

- **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.

The model that will be developed and used to deliver health services for Birmingham and Solihull in the future, will be informed by the feedback received from the consultation.

2. Background

The draft Sexual and Reproductive Health Strategy 2023-2030 sets out Birmingham City Council's (BCC) and Solihull Metropolitan Borough Council's (SMBC) themes, priorities, and approaches to meeting the sexual health needs of the populations of Birmingham and Solihull.

The content covers a joint response to increasing sexually transmitted infections (STIs), HIV rates and reproductive sexual health which can have long lasting impacts on sexual health and wellbeing. Sexual health can impact an individual's emotional, physical, and mental

health, economic means, and social relationships. The consequences of poor sexual and reproductive health are far reaching and for those affected, the impacts are compounded by social stigma and fear.

Key drivers for the strategy are the findings from the Sexual Health Needs Assessment (SHNA) for Birmingham and Solihull, which have been translated into the draft strategy to inform appropriate action and enhance existing pathways to meet the needs of citizens.

The objectives of the strategy are to:

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

The 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 unwanted pregnancies, abortion and STIs, which can have far reaching consequences for individuals and society.
- Open and equitable access to sexual health services.

3. Rationale for Consultation

The consultation on the draft strategy was undertaken between 23 May – 29 July 2022 to hear and take account of the voices and experiences of citizens and stakeholders. The consultation was set out to seek information to help understand whether the right priorities have been identified in the draft Sexual and Reproductive Health Strategy 2023-2030. The draft strategy was developed using findings from the SHNA and engagement undertaken in 2021 and highlights the following themes:

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

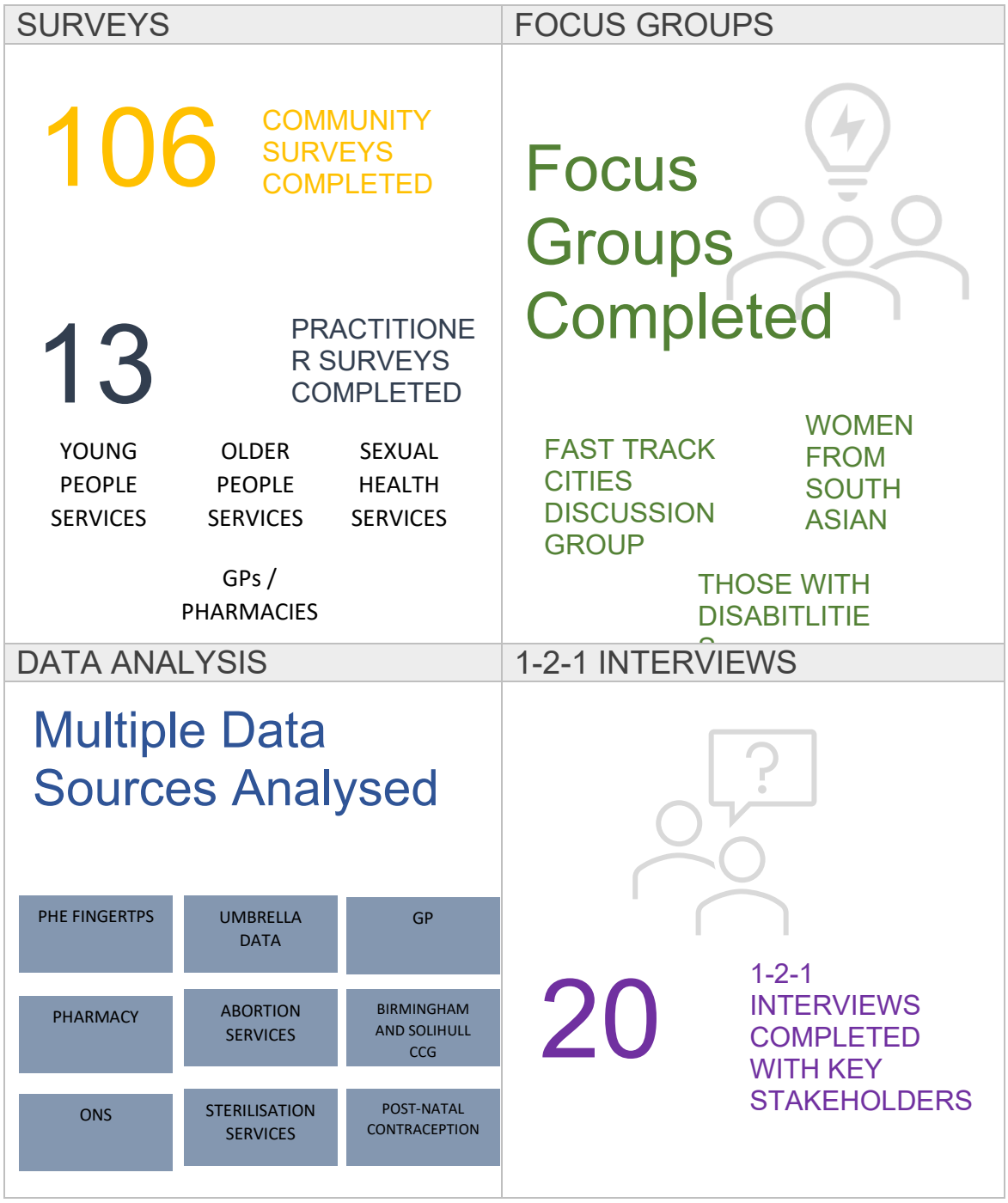
Theme Five: Children and young people

4. Pre-Engagement: Sexual Health Needs Assessment

As part of the SHNA during 2021, engagement was undertaken across Birmingham and Solihull with the community, as well as with 130 professionals and practitioners (Figure 1: Engagement activity). The aim of this was to find out what was working well as part of the delivery of integrated sexual and reproductive health services, and where there were areas for development. The public were also asked about their sexual health behaviours and experiences of services which received 106 responses:

- Of the 106 responses from the public, 86 were from Birmingham, 12 were from Solihull and 7 were from outside both areas.
- 64 respondents were female and 36 were male. There were 2 non-binary respondents.
- In terms of ethnicity, most respondents were white English/ Welsh/ Scottish/ Northern Irish or British.
- 51% had unprotected sex in the last 12 months (this could include sex within a committed relationship).
- 23% had never had a sexual health check up

Figure 1: Engagement activity



4.1. Engagement Findings - Service Experience and Delivery

Contraception Services

Working Well

- Access to free condoms

Areas for development

- Vasectomies and sterilisation. A high proportion of survey respondents are unsure if services are meeting need
- Practitioners were generally happy with LARC services, although some highlighted delays in appointments as an issue
- Complex contraception services
- Emergency coil fittings
- Pathways for complex contraceptives

Advice and Information

Working Well

- Contraceptive advice
- General sexual health information
- HIV advice
- Identifying those who have suffered abuse

Areas for development

- Information for gender dysphoria
- Information for Pre-Exposure Prophylaxis (PrEP)
- Information for Post Exposure Prophylaxis (PEP)

Response to Underserved Groups

Working Well

- Support for victims/ survivors of rape and sexual violence
- Support for patients who identify as LGBTQ

Areas for development

- Support for sexual health needs of homeless
- Support for sexual health needs of refugees, asylum seekers and newly arrived migrants
- Feedback from some third sector practitioners working with older people and those with disabilities was that sexual health needs are not raised routinely

Barriers to Services

Important practical considerations

- Easy to reach by public transport
- Open outside of ‘normal’ working hours
- Languages other than English

Important service/staffing considerations

- Availability of a range of treatments at a location
- Sexually Transmitted Infections AND Blood Borne Virus interventions

Working Well

- Access to chlamydia screening/treatment

Areas for development

- Rapid testing for STIs
- Community-based testing

5. Consultation Process: Birmingham & Solihull Sexual Draft Health Strategy 2023-2030

The findings from the SHNA were used to inform the Draft Birmingham and Solihull Sexual Health Strategy 2023 – 2030. To re-engage with the public and practitioners, consultation on the strategy was undertaken as part of a collaborative and inclusive approach. This was to help us understand whether we had taken the right approach, incorporated the feedback people gave us in the needs assessment process and to help us to shape the future of sexual health services.

The consultation obtained views across Birmingham and Solihull using an online survey through Be Heard, focus group discussions, and was publicised via a media and communications cascade, including with the following organisations and channels to access key groups:

- Age Concern (older people age 50+)
- Age UK Birmingham and the Black Country (older people age 50+)
- Birmingham City Council networks
- Birmingham LGBT
- Birmingham BVSC (voluntary/third sector)
- Birmingham Education Partnership
- Healthy Brum social media channels, including Facebook, Twitter and Instagram
- ICS (Integrated Care Systems) Communications Leads
- Solihull Metropolitan Borough Council networks
- Umbrella Sexual Health
- YMCA Heart of England (young people aged 0-18 and 18-35 years)

6. Consultation Engagement

Direct engagement with community groups and representatives on the consultation was provided:

- One focus group was held with 35 community representatives and one with eight community members and professionals from across Birmingham and Solihull.
- A presentation to primary care via the General Practice Peer Support Team chaired by the Local Medical Committee and attended by 75 primary care leads.
- Presentation to the current commissioned sexual health service, Umbrella, attended by 35 practitioners.

The consultation had some competition with other engagement programmes that were running at the same time:

- Big Creative Birmingham Conversation
- Food Strategy Consultation
- Joint Birmingham and Solihull Draft Dementia Strategy
- Public Needs Assessment – Birmingham and Solihull Councils

In accordance with consultation requirements, the main Council routes of communication were used for all consultations during this timeframe. It is likely that visibility of the sexual health consultation was negatively impacted. The survey was extended for 2 weeks to take account of this.

7. Responses to Vision and Themes

The Vision and Aims in the draft strategy cover:

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

The 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 unwanted pregnancies, abortion and STIs, which can have far reaching consequences for individuals and society
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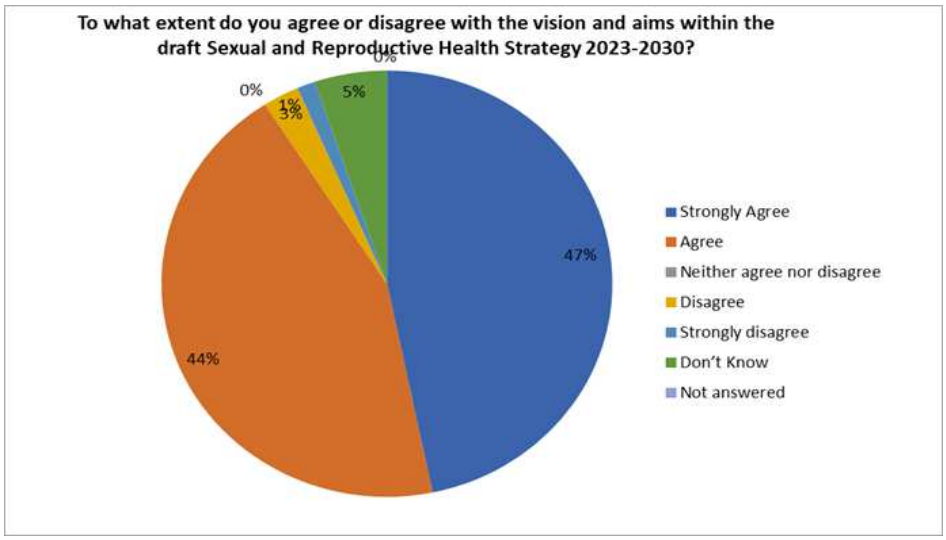
7.1. Demographics of Online Respondents

Most survey respondents 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.

7.2. Response to Vision – Results from the online survey

Ninety one percent (91%) of online respondents strongly agreed or agreed with the vision and aims of the draft strategy. Those who disagreed formed only 3% of the respondents, as shown in Figure 2.

Figure 2: Vision and Aims



Feedback from the online survey free text and the targeted events highlighted that there were some potential gaps in terms of:

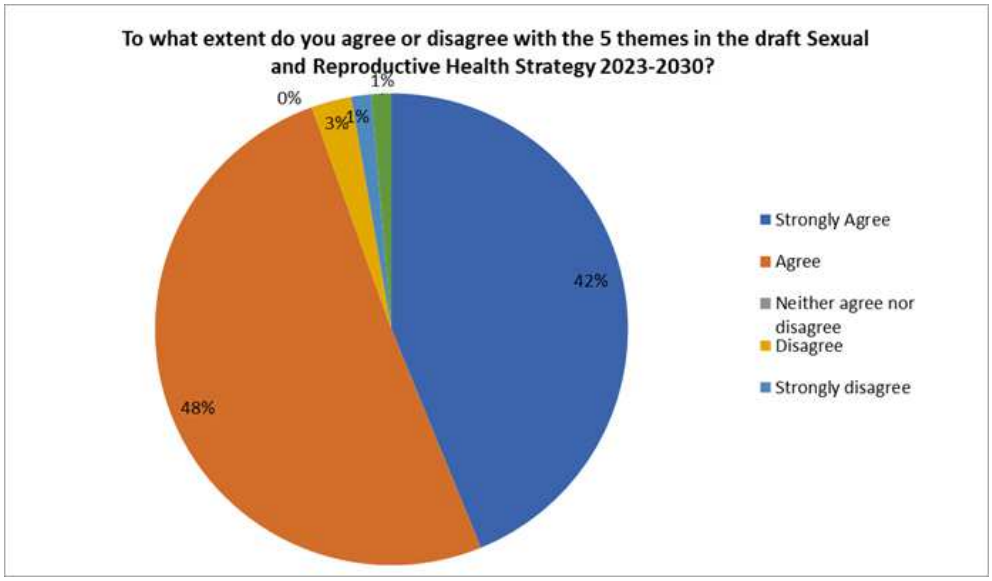
- Clear recognition of mental health in relation to sexual health in the strategy
- Equity of service provision across Birmingham and Solihull
- Cultural awareness and access to services for new communities, including women with female genital mutilation (FGM) who have no recourse to public funds
- Cross border issues in relation to commissioning and patient access routes to sexual health services out of area
- Being aware of older citizens and those in deprived areas being excluded through use of technology
- Recognition of sex workers and their support and treatment needs
- Male sexual health issues, education, awareness raising and engagement
- Inclusion of cervical and blood borne virus screening and human papillomavirus (HPV) vaccination
- Locality delivery improvements, utilising and supporting primary care
- How the strategy is going to be funded, implemented and monitored

7.3. Response to Themes – Results from Online Survey

Ninety percent (90%) of online respondents strongly agreed or agreed with the five themes in the draft strategy (Figure 3: Themes). Feedback on Theme 5, Children and Young People, highlighted concerns around the development of an under 13s service. This related to the view that sexual health services are for the population that are legally able to consent to sexual activity. It was felt that support to underage children should clinically fall to Paediatric services. It was also fed back that this would trigger safeguarding alerts that need to be reported to the correct safeguarding agencies.

The rollout of the Bystander programme in higher education settings was also queried. As the programme was not explained in the consultation document, people felt they did not have enough information.

Figure 3: Themes



7.4. Results from Consultation Events

Theme One: Priority groups

Feedback was received from professionals around challenges in delivering outreach/inreach in a multi-disciplinary way and examples were given of historically provided clinics with the homeless population where limited take up was experienced. The importance of formal evaluation and review of interventions was raised as part of this. The need for better engagement with primary care was stressed, which included training and skills improvement.

In terms of community concerns, there was feedback that women relate and respond better to information provided to them by female professionals. The need for gender specific training to support this was advised. It was also raised that service delivery should include integrated STI and contraceptive advice. This was particularly highlighted for women who may be vulnerable due to termination of pregnancy, sexual violence, domestic abuse, or cultural and language issues for example. An absence of the recognition of issues arising from the menopause was also raised.

Theme Two: Reducing the rates of sexually transmitted infections

The keys to success in this area were described as the need to provide accessible, walk-in clinics, 7-day services and opportunistic screening in other services, particularly termination of pregnancy pathways, as well as understanding what motivates people to attend for a sexual health screen. From patient surveys and presentations at clinics, the following observations on motivation were communicated:

- *Women* – access the service more often because they see the need for contraception. The opportunity can be used to provide e.g. chlamydia testing at the same time, amongst other things.
- *Gay men* – as opposed to men who have sex with men (MSM), may not necessarily see themselves at risk. If a gay man attends because of concerns about the current monkey pox outbreak, however, they can be prescribed PrEP at the same time.

- *Trans community* – a recent Umbrella trans needs assessment (relatively small cohort) highlighted reasons why many of them would attend clinic, not for PrEP or vaccinations, but because they want other things e.g. to have their hormones measured.
- *Gender dysphoria* – someone who is trans or non-binary can be dispensed PrEP but not until it is established why they are attending. They may not attend clinic if what they want is not being offered. They may also require counselling.
- *Autism* – higher rates of autism can be seen in the trans population (A stigmatised condition that may require advocacy or support to engage. Some will have difficulties negotiating what they need because of the autism.

Community feedback focused on the need to have services available at a place level.

Theme Three: Reducing the number of unwanted pregnancies

Community feedback highlighted the need for free, accessible pregnancy tests, locally accessible LARC and emergency contraception with guaranteed confidentiality, delivered by professionals with domestic violence and abuse awareness. Specialised training and advisors for pharmacy and clinic teams was recommended. A small number of comments were received on the need to prioritise the unborn child rather than offer abortion services.

Professionals shared concerns about low LARC uptake. It was felt that this may be influenced by the fact that most GPs only work with their own patients and only a small number with unregistered patients. These practices become extremely busy and there is a need to expand the number of practices that see unregistered patients. Other suggestions were around incentivising LARC activity and utilising pharmacies. Training needs would have to be met.

Theme Four: Building resilience

This theme received the least feedback. Issues raised were in relation to how awareness raising, education and communication is undertaken and areas of good practice. A summary is provided below:

- *Abuse* - tackling abuse within young people's relationships is key. There are significant gaps in clarity relating to consent.
- *Education* – around sexual health and healthy relationships needs to address the patriarchal norms of society. Men and boys need to be given more comprehensive education around contraception and the risks of not using it.
- *Age* - there is currently stronger focus on the younger population than other groups with social media promotion and messaging. Need to utilise other forms of media for all age campaigns.
- *Brand awareness* – viewed as a good way of accessing services and finding information.
- *Pop up shops* – in local communities e.g. the Bull Ring, Perry Barr One-Stop shopping centre, and in underserved communities with local shopping areas.
- *Radio interviews* – more opportunities to engage with e.g. faith groups. Radio stations need to be convinced too that they need to broadcast sexual health messages to their listeners to normalise conversations about sexual health and dispel taboos.

- *Advertising* – positive patient feedback received on advertisements they have seen on buses etc. and how they have made talking about sexual health acceptable by using humour.
- *Promotion* – working with partners, attendance to freshers' fairs, promotion on buses/bus shelters, use of geolocate, social media sites and offering free branded merchandise.

Theme Five: Children and young people

Community feedback focused on the importance of education; it was felt that this is already included in the government mandated education curriculum, but to ensure non-mainstream schools are involved, as well as the importance of specialists supporting schools and colleges around educating children and young people on positive sexual health. Healthy relationships programmes should provide an understanding of the role that gender plays and include a violence against women and girls context. The need to support foster carers with conversations about sexual health with young people who may have missed sexual health education, was also raised.

In terms of sexual health service delivery, some feedback highlighted current good practice. for example, it was observed that Umbrella's Education Team has created a comprehensive RSE programme for partner schools across the city, providing teaching support packages for those delivering RSE. The feedback relating to improving delivery is summarised below.

- *Under 13s* – Under 13s, by definition, cannot legally consent to sex and including pathways in an adult service is inappropriate. More thought is needed about where pathways and interventions should sit and who has the skills set and training to provide the service.
- *Sexual assault victims* – The current service is an all-age service, and there is a need to ensure the right support services, including Sexual Assault Referral Centres, are part of tight pathways.
- *Children in care* – Working with local authority care services to provide a high level of training to the nursing team to incorporate sexual health assessments within their assessments of the young people.
- *Foster carers* – Discussions with foster carers and Children's' teams regarding training people looking after young people in care to have conversations and facilitate the care they need is relevant and a good way of accessing and engaging with young people.
- *Clinics in schools* – Some young people are unable to attend actual clinics. Safe environments could be provided within schools e.g. lunchtime drop-in clinics, offering contraception and STI testing. Working in collaboration with schools, school nurses and pastoral teams. Would be beneficial for young people who are expected to go home straight after school and not allowed to travel outside their own environment.
- *Safeguarding* – Identify safe spaces for children and young people to talk to trusted adults about any issues.

8. Conclusions

8.1 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.

8.2 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.

9 Next Steps

9.1 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.