

BIRMINGHAM AND SOLIHULL SEXUAL HEALTH NEEDS ASSESSMENT

RECOMMENDATIONS AND
EXECUTIVE SUMMARY v3.2

September 2021



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AT A GLANCE

INTRODUCTION

This Sexual Health Needs Assessment is part of the commissioning process being run by Birmingham City Council and Solihull Metropolitan Borough Council. The needs assessment analyses quantitative and qualitative data and reports and summarises findings in a concise and detailed manner.

This needs assessment seeks to identify gaps, opportunities, and efficiencies in current services based on identifiable unmet needs of the children and adult populations of Birmingham and Solihull.

KEY FINDINGS

DEMOGRAPHICS

In the UK, poor sexual health disproportionately affects those experiencing poverty and social exclusion.

43% of the population living in LSOAs¹ in Birmingham are in the 10% most deprived areas in England.

Birmingham is the 7th most deprived local authority in England and the 3rd most deprived English Core City. Deprivation is most heavily clustered around the city centre.

Solihull is the 32nd least deprived upper tier local authority in England, and the least deprived upper tier local authority across the West Midlands.

Despite the overall low average deprivation for Solihull, there is significant polarisation between the neighbourhoods.

Over half of the North Solihull population live in the most deprived 10% of LSOA neighbourhoods in England, including one in five living in the most deprived 5% LSOAs.

Young people as a demographic have particular needs regarding sexual health in relation to high diagnoses of the most common STIs, low 'sexual competence,' and unplanned pregnancies.

At 43, the median age in Solihull ranks near the median of the nearest neighbours.

There is a higher average age in the south of the borough.

At 33, the median age in Birmingham ranks as one of the lower median ages of local authorities.

Birmingham is 'Europe's youngest city', with under 25s accounting for nearly 40% of its population. Wards in the centre of the city have median ages of between 21 and 28.

¹Lower Layer Super Output Areas (LSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. Lower Layer Super Output Areas are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1,000 and the mean is 1,500.

There is a Lower Layer Super Output Area for each postcode in England and Wales.

REPRODUCTIVE HEALTH

CONCEPTIONS

Birmingham has seen a decrease in conceptions when using 2009 as the baseline.

The rate of decrease is greater than that of the CSSNBT² nearest neighbours.

Solihull has seen an increase in conceptions since 2009, with the numbers peaking in 2015 and 2016.

The rates have declined and stabilised between 2017 and 2019.

TEENAGE PREGNANCIES

Nationally, the teenage pregnancy rate in the UK fell by over 60% between 2000 and 2018. England still experiences higher teenage birth rates than peers in Western European countries. Outcomes for young parents and their children are still disproportionately poor.

Using 2009 as the baseline, Birmingham experienced decreases in teenage pregnancies of around 60% to 2019.

Using 2009 as the baseline, Solihull experienced decreases in teenage pregnancies of around 60% to 2019.

CONTRACEPTION

The provision of contraception is widely recognised as a highly cost-effective public health intervention, reducing the number of unplanned pregnancies which bear high financial costs to individuals, the health service and to the state.

In Birmingham, Umbrella have partnered with GPs and pharmacies to offer a comprehensive contraception service including LARCs (available via GPs). There is a plan for pharmacists to start delivering the contraceptive injection, improving coverage.

The total abortion rate, at 21 per 1,000, is higher than that of the nearest neighbours (20.4) and the national rate (18.7).

The total prescribed LARCs excluding injections rate, at 42.1 per 1,000, is lower than that of the nearest neighbours (47.7) and the national rate (50.8).

In Solihull, GPs and pharmacies are not partnered with Umbrella. GPs and pharmacies are commissioned directly by Solihull Metropolitan Borough Council (SMBC) to offer LARCs (GPs) and Emergency Hormonal Contraception (pharmacies).

The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7).

² CSSNBT Children's Services Statistical Neighbours Benchmarking Tool (CSSNBT). Statistical neighbour models provide one method for benchmarking progress.

The total prescribed LARCs excluding injections rate, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8).

There are a number of wards where there have been no LARC insertions by SMBC-commissioned GPs (2020-21). Elmdon, Lyndon, Olton, and St Aphege wards have had no LARC insertions by SMBC-commissioned GPs in either 2019-20 or 2020-21.

There is a strong correlation score between abortion rate and total prescribed LARCs rate, based on Solihull and the nearest neighbours.

LARCs

In Birmingham, the total prescribed LARCs (excluding injections) rate is lower than the England average and is also lower than that of the nearest neighbours.

The rate of 42.1 per 1,000 in 2019 was below 47.7 for the nearest neighbours and 50.8 for England. The rate of LARCs prescribed by GPs was comparable to the nearest neighbours and England; however, the rate of SRH Services prescribing LARCs was low. LARCs rank low as a choice of contraception at SRH Services in Birmingham.

In Birmingham, LARC insertions at GPs were severely impacted by COVID-19 at the beginning of lockdown.

Activity during April to June 2021 saw a significant decrease; however, performance resumed to normal levels soon afterwards.

In Solihull, the total prescribed LARCs (excluding injections) rate is less than that of England and the nearest neighbours.

The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7). The total prescribed LARCs excluding injections rate, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8). There is a strong correlation score between abortion rate and total prescribed LARC rate based on Solihull and the nearest neighbours.

In Solihull, GP IUCD fittings and reviews saw notable decreases in 2020-21; however, removals increased.

IUCD fittings saw a decrease of 18%, whilst IUCD reviews saw a decrease of 39% when comparing 2020-21 against 2019-20. This is likely due to COVID-19. The number of IUCD removals saw an increase of 14%. Contraceptive implant insertions and removals increased.

VASECTOMIES AND STERILISATIONS

The pause on elective surgeries during the COVID-19 pandemic meant there was a reduction in the number of vasectomies.

There has been a reduction in total vasectomy consultations between 2019-20 and 2020-21 in Birmingham. Consultations reduced by 38%.

There has been a reduction in total vasectomies between 2019-20 and 2020-21 in Birmingham. Vasectomies reduced by 41%.

There has been a reduction in total vasectomy consultations between 2019-20 and 2020-21 in Solihull. Consultations reduced by 55%.

There has been a reduction in total vasectomies between 2019-20 and 2020-21 in Solihull. Vasectomies reduced by 46%.

EMERGENCY HORMONAL CONTRACEPTION

Pharmacy provision is particularly important for young people requiring emergency hormonal contraception, in terms of convenient locations and flexible hours.

In Birmingham, Umbrella have partnered with GPs and pharmacies to offer a comprehensive contraception service including LARCs (available via GPs). There is a plan for pharmacists to start delivering the contraceptive injection, improving coverage.

In Birmingham, there are 0.4 pharmacies per square kilometre providing free EHC.

In Birmingham, there is a rate of 1,569 EHCs prescribed per 100,000 of the female 16-45 population.

In Solihull, GPs and pharmacies are not partnered with Umbrella. GPs and pharmacies are commissioned directly by Solihull Metropolitan Borough Council (SMBC) to offer LARCs (GPs) and Emergency Hormonal Contraception (pharmacies).

In Solihull, there are 0.1 pharmacies per square kilometre providing free EHC.

In Solihull, there is a rate of 723 EHCs prescribed per 100,000 of the female 16-45 population.

ABORTIONS

Reducing abortion rates is linked to the provision of good quality sexual and reproductive health care and effective contraception.

There has been a slight reduction in abortion consultations in Birmingham.

There has been a slight increase in abortions in Birmingham.

There has been a slight reduction in abortion consultations in Solihull.

There has been a slight increase in abortions in Solihull.

STIs AND HIV

GENERAL

COVID-19 had a greater impact on STI-related indicators in Birmingham compared to its nearest neighbours.

Between 2019 and 2020 (all excluding chlamydia):

- The STI testing rate fell by 50% (nearest neighbours fell by 17%).
- The new STI diagnoses rate fell by 54% (nearest neighbours fell by 30%).
- STI positive testing rates fell by 45% (nearest neighbours fell by 20%).
- The proportion of 15-24-year-olds screened for chlamydia was below national rates and that of the nearest neighbours.
- There was a significant decrease in gonorrhoea diagnoses.

COVID-19 had a greater impact on STI-related indicators in Solihull compared to its nearest neighbours.

Between 2019 and 2020 (all excluding chlamydia):

- The STI testing rate fell by 48% (nearest neighbours fell by 25%).
- The new STI diagnoses rate fell by 58% (nearest neighbours fell by 31%).
- STI positive testing rates fell by 43% (nearest neighbours fell by 21%).
- The proportion of 15-24-year-olds screened for chlamydia was below national rates and that of the nearest neighbours.
- There was a significant decrease in gonorrhoea diagnoses.

GONORRHOEA

In 2020, there was a significant decrease in gonorrhoea diagnoses in Birmingham.

In 2020, there was a significant decrease in gonorrhoea diagnoses in Solihull.

These decreases can be linked to the reductions in testing and diagnosing because of the COVID-19 pandemic.

SYPHILIS

In 2020, there was a decrease in syphilis diagnoses in Birmingham.

Syphilis diagnoses remained low in Solihull.

These decreases can be linked to the reductions in testing and diagnosing because of the COVID-19 pandemic.

GENITAL HERPES

In 2020, there was a significant decrease in herpes diagnoses in Birmingham.

In 2020, there was a significant decrease in herpes diagnoses in Solihull.

These decreases can be linked to the reductions in testing and diagnosing because of the COVID-19 pandemic.

HIV

Up until 2019, Birmingham had greater testing coverage compared to its nearest neighbours and England.

Up until 2019, Birmingham had a lower rate of HIV late diagnosis compared to its nearest neighbours and England.

In 2019, Birmingham's HIV testing coverage was greater than that of its nearest neighbours and England.

Up until 2019, Solihull had greater testing coverage compared to its nearest neighbours and England.


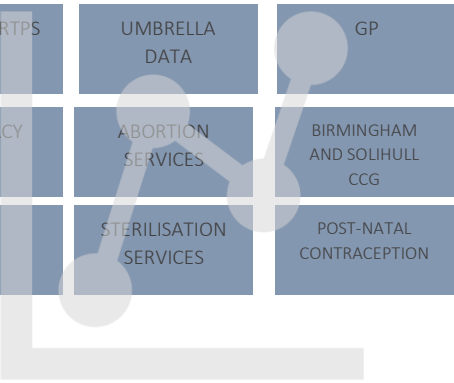

Up until 2019, Solihull had a lower rate of HIV late diagnosis compared to its nearest neighbours and England.

Up until 2019, Solihull's HIV testing coverage was lower than that of its nearest neighbours and England.

INDEX OF RECOMMENDATIONS

Key Finding	Page	Title	Summary
1	19	POST-NATAL CONTRACEPTION	Post-natal contraceptive services should meet appropriate guidance.
2	21	PREGNANCY TESTING	Offering of free pregnancy testing.
3	29	LARC PRESCRIBING IN SOLIHULL	Review LARC delivery model in Solihull.
4	30	LARC PRESCRIBING IN BIRMINGHAM	Improve access to LARCS in Birmingham.
5	33	SOLIHULL PHARMACY PROVISION	Expand accessibility to sexual health services through pharmacy provision in Solihull.
6	35	VASECTOMIES AND STERILISATIONS	Improved pathways and increase practitioner knowledge.
7	38	SOLIHULL ABORTION RATE	Improve availability of LARCs. Review contraception provision at abortion services.
8	40	ACCESSING SEXUAL HEALTH APPOINTMENTS	Improve availability of walk-in clinics.
9	41	UMBRELLA WEBSITE	Improvements to pharmacy information on website.
10	42	SOLIHULL CLINIC LOCATIONS	Ensure those in the North of the borough have good access to clinics.
11	43	SEXUAL HEALTH OUTREACH	Clear Outreach Strategy including plan for 'pop up' clinics to meet needs of hard to engage groups.
12	44	PHARMACY OFFERINGS	Ensure good promotion of sexual health offerings in pharmacies.
13	51	STI SELF-TESTING KITS	Develop purchasing strategies to reduce risks of kit shortages.
14	52	COVID-19 IMPACT	Follow PHE initiatives regarding mitigating impacts of COVID-19.
15	59	HIV TESTING	Enhance HIV testing in GPs and other health settings.
16	64	CHILD-SPECIFIC ABUSE SURVIVORS' CLINIC	A child-specific Abuse Survivors' Clinic should be set up.
17	65	CHEMSEX	Improved response from sexual health and substance misuse services to those who engage in chemsex.
18	66	GENDER DYSPHORIA	Review of guidance and pathways for gender dysphoria services.
19	67	IMPROVE RESPONSE TO THOSE FROM SOUTH ASIAN COMMUNITIES	Clear engagement plan to understand fully the needs of this cohort.
20	68	NEEDS OF THOSE WITH A DISABILITY	Improve response to those with a disability, including increasing the confidence and knowledge of those working with and for this cohort.
21	69	TRAINING NEEDS FOR THOSE WORKING WITH HARD-TO-REACH GROUPS.	Ensure all information on sexual health is accessible to all.
22	70	HOMELESS COHORT	Improved joined up working with this cohort.
23	71	SUBSTANCE MISUSE COHORT	Improved joined up working with this cohort.
24	72	CERVICAL SCREENING	Complete cervical screening in sexual health services to increase access.

OUR APPROACH

SURVEYS	FOCUS GROUPS									
<p>106 COMMUNITY SURVEYS COMPLETED</p> <p>130 PRACTITIONER SURVEYS COMPLETED</p> <table border="0"> <tr> <td>LGBT SERVICES</td> <td>DISABILITY SERVICES</td> <td>SUBSTANCE MISUSE SERVICES</td> <td>MIGRANT SERVICES</td> </tr> <tr> <td>YOUNG PEOPLE SERVICES</td> <td>OLDER PEOPLE SERVICES</td> <td>SEXUAL HEALTH SERVICES</td> <td>GPs / PHARMACIES</td> </tr> </table>	LGBT SERVICES	DISABILITY SERVICES	SUBSTANCE MISUSE SERVICES	MIGRANT SERVICES	YOUNG PEOPLE SERVICES	OLDER PEOPLE SERVICES	SEXUAL HEALTH SERVICES	GPs / PHARMACIES	<p>Focus Groups Completed</p>  <p>FAST TRACK CITIES DISCUSSION GROUP</p> <p>WOMEN FROM SOUTH ASIAN COMMUNITIES</p> <p>THOSE WITH DISABILITIES</p>	
LGBT SERVICES	DISABILITY SERVICES	SUBSTANCE MISUSE SERVICES	MIGRANT SERVICES							
YOUNG PEOPLE SERVICES	OLDER PEOPLE SERVICES	SEXUAL HEALTH SERVICES	GPs / PHARMACIES							
DATA ANALYSIS	1-2-1 INTERVIEWS									
<p>Multiple Data Sources Analysed</p> <table border="1"> <tr> <td>PHE FINGERTPS</td> <td>UMBRELLA DATA</td> <td>GP</td> </tr> <tr> <td>PHARMACY</td> <td>ABORTION SERVICES</td> <td>BIRMINGHAM AND SOLIHULL CCG</td> </tr> <tr> <td>ONS</td> <td>STERILISATION SERVICES</td> <td>POST-NATAL CONTRACEPTION</td> </tr> </table> 	PHE FINGERTPS	UMBRELLA DATA	GP	PHARMACY	ABORTION SERVICES	BIRMINGHAM AND SOLIHULL CCG	ONS	STERILISATION SERVICES	POST-NATAL CONTRACEPTION	<p>20+ 1-2-1 INTERVIEWS COMPLETED WITH KEY STAKEHOLDERS</p> 
PHE FINGERTPS	UMBRELLA DATA	GP								
PHARMACY	ABORTION SERVICES	BIRMINGHAM AND SOLIHULL CCG								
ONS	STERILISATION SERVICES	POST-NATAL CONTRACEPTION								

SEXUAL HEALTH COMMISSIONING



Contraception services
STI testing and treatment
Specialist services*
Psychosexual services

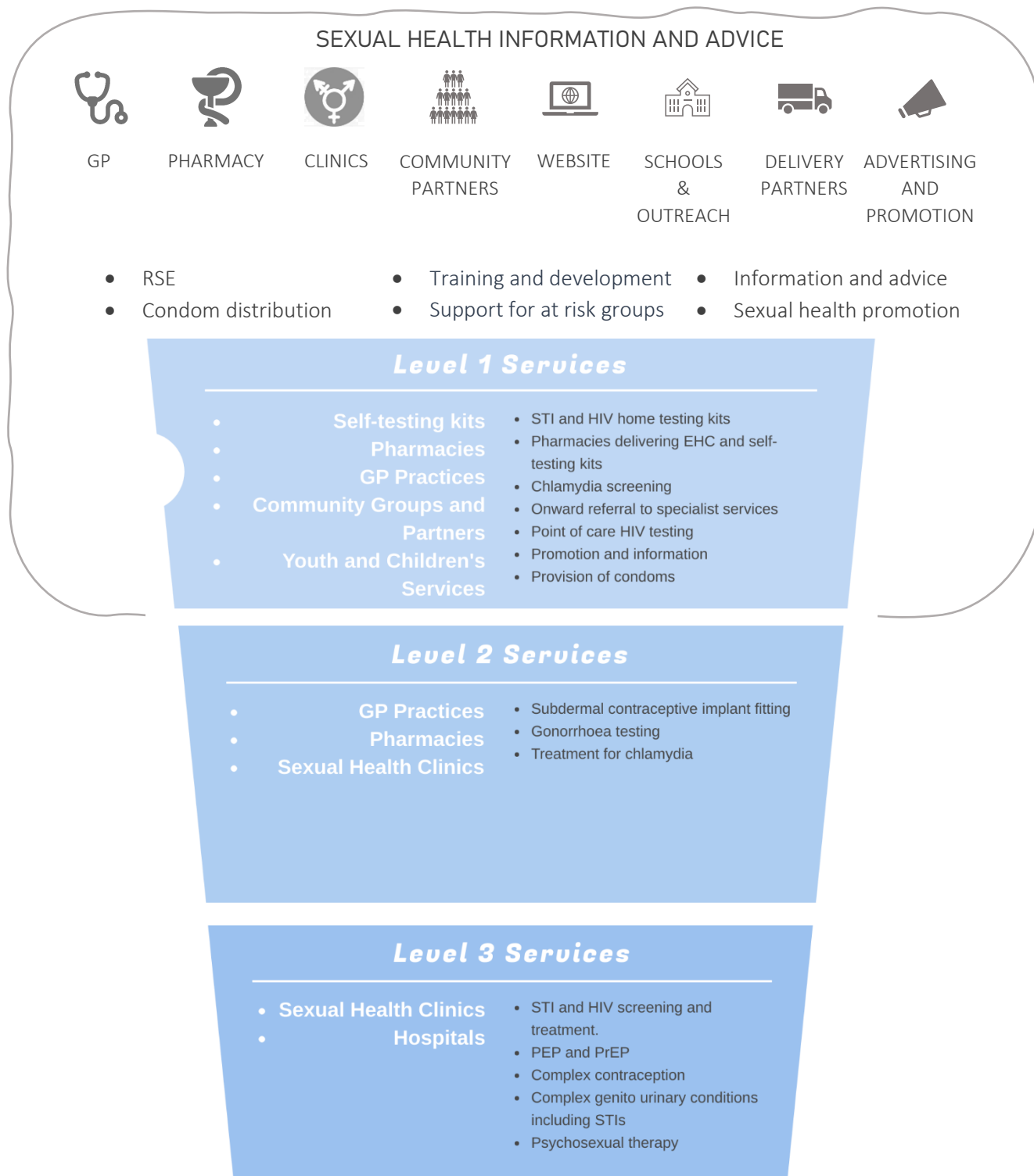
Abortion services
Sterilisation
Vasectomy
Gynaecology

HIV treatment and care
Prison sexual health services
SARCs
Cervical screening

*Specialist services include young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges, and pharmacies.

OVERVIEW OF SEXUAL HEALTH SERVICES

The diagram below illustrates the sexual health model in Birmingham and Solihull.



OVERVIEW OF PRACTITIONER ENGAGEMENT

CONTRACEPTION SERVICES

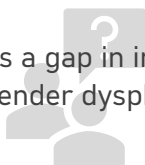
Working Well

- Access to free condoms.

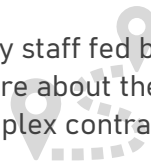
Areas for development

- 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.

There was a gap in information relating to gender dysphoria and PEP



Pharmacy staff fed back that they were unsure about the 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 PEP
 - Information for PrEP

RESPONSE TO HARD-TO-REACH GROUPS

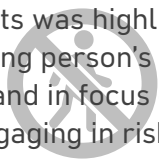
Working Well

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

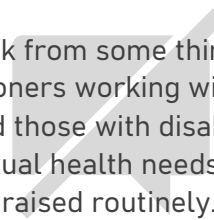
Areas for development

- Homeless
- Refugees, asylum seekers and newly arrived migrants

The reduction in walk-in appointments was highlighted as an issue in young person's practitioner interviews and in focus groups with those engaging in risky sexual activity.



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

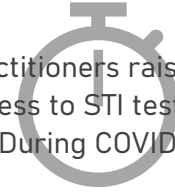
Working Well

- Access to chlamydia screening/treatment

Areas for development

- Rapid testing for STIs
- Community-based testing

Many practitioners raised that the lack of access to STI testing kits was an issue. [During COVID-19 period]



DEMOGRAPHICS

IN THE UK, POOR SEXUAL HEALTH DISPROPORTIONATELY AFFECTS THOSE EXPERIENCING POVERTY AND SOCIAL EXCLUSION.

IN BIRMINGHAM

- Birmingham, like most urban conurbations, has areas of high deprivation. 43% of the population live in the 10% most deprived areas of England.

IN SOLIHULL

- Solihull is the 32nd least deprived upper tier local authority in England, and the least deprived upper tier local authority across the West Midlands.
- Over half of the North Solihull population live in the most deprived 10% of LSOA neighbourhoods in England, including one in five living in the most deprived 5% LSOAs.

YOUNG PEOPLE AS A DEMOGRAPHIC HAVE PARTICULAR NEEDS REGARDING SEXUAL HEALTH.

- Young people under 25 report relatively larger numbers of sexual partners than other age groups.
- Young people experience the highest diagnosis rates of the most common STIs, and this is likely due to higher rates of partner change among 16-to-24-year-olds.
- A high proportion of 16-to-24-year-olds were not 'sexually competent' at their first sexual intercourse.
- Unplanned pregnancy can be associated with lack of sexual competence.
- The House of Commons report into sexual health (2019) lists pornography and online dating applications as two influences on risky sexual behaviour amongst younger people.

IN BIRMINGHAM

- Birmingham is 'Europe's youngest city', with under-25s accounting for nearly 40% of its population.
- Wards in the centre of the city have median ages of between 21 and 28.

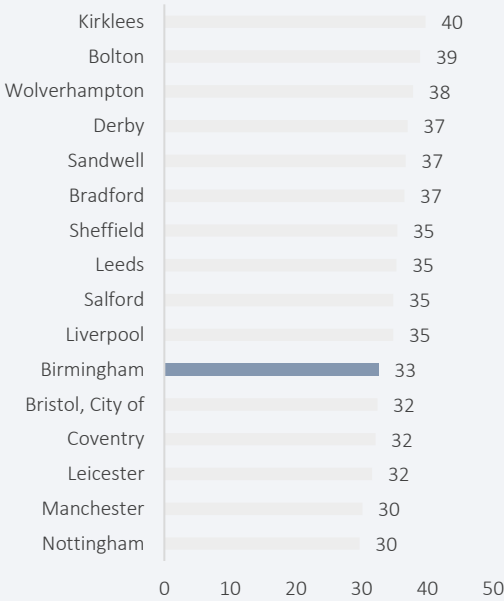
IN SOLIHULL

- Solihull has a higher average age than Birmingham; however, there are wards in the north of the borough where there are a high proportion of younger people.

BIRMINGHAM

AT 33, THE MEDIAN AGE IN BIRMINGHAM RANKS AS ONE OF THE LOWEST AMONG LOCAL AUTHORITIES.

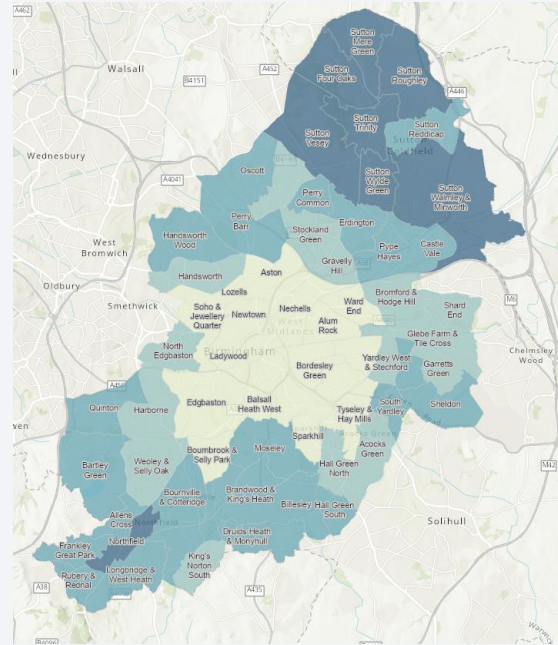
- Below shows the median age in Birmingham against the CIPFA* Nearest Neighbours.



*The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities.

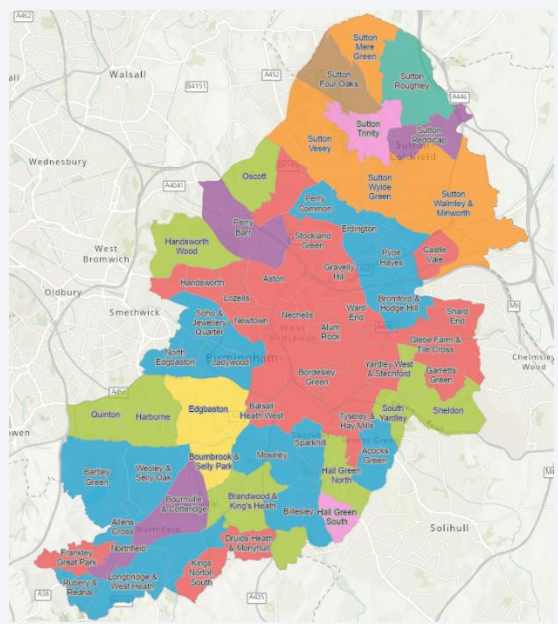
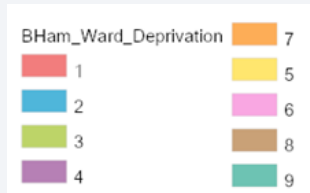
THE CENTRE OF THE BIRMINGHAM HAS THE LOWEST MEDIAN AGE.

- The map below shows the median ages in Birmingham by ward.



43% OF THE POPULATION LIVING IN LSOAs ARE IN THE 10% MOST DEPRIVED IN ENGLAND

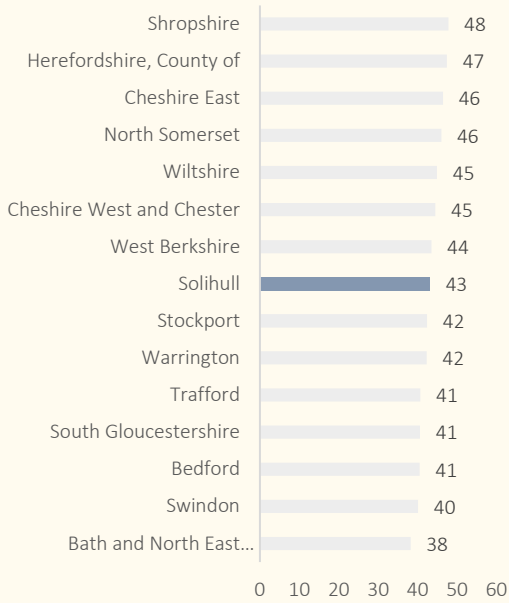
- Birmingham is the 7th most deprived local authority in England and the 3rd most deprived English core city.
- Deprivation is most heavily clustered around the city centre.
- The map shows the Index of Multiple Deprivation (IMD) decile by ward, where 1 is the most deprived and 10 is the least deprived.



SOLIHULL

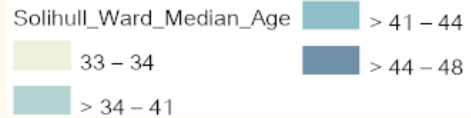
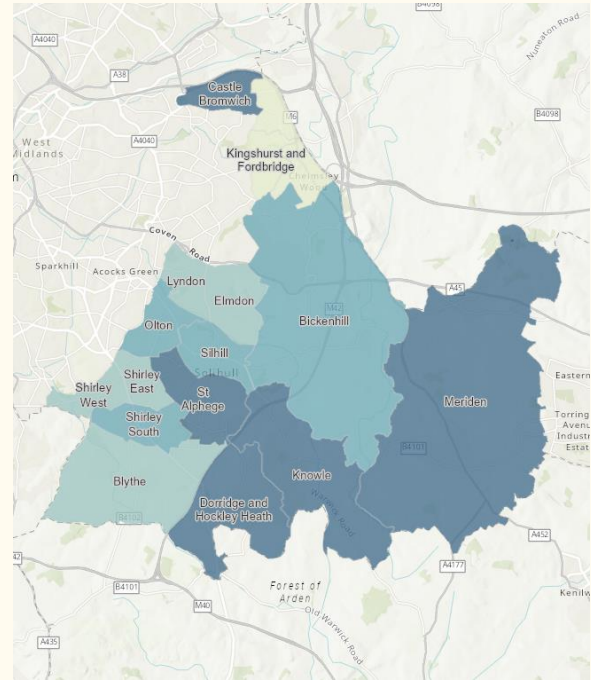
AT 43, THE MEDIAN AGE IN SOLIHULL RANKS NEAR THE MEDIAN OF ITS NEAREST NEIGHBOURS.

- Below shows the median age in Solihull against the CIPFA Nearest Neighbours.



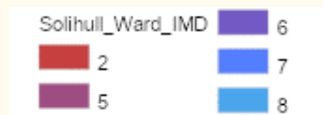
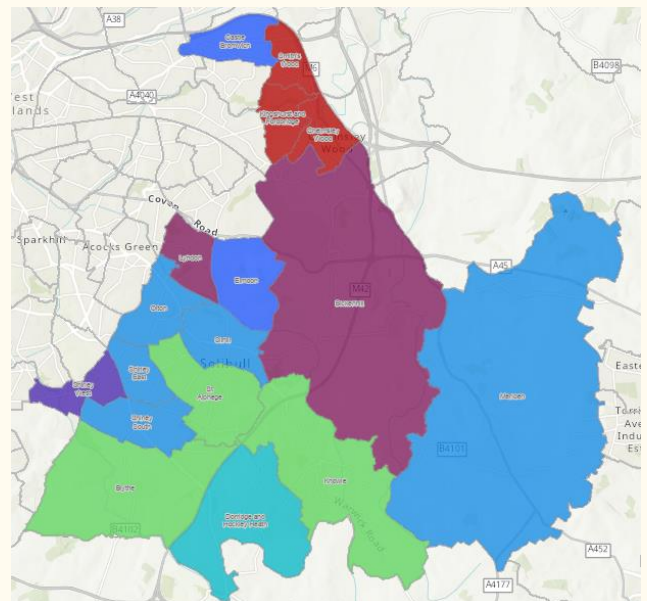
THE NORTH OF SOLIHULL HAS A LOWER AVERAGE AGE.

- There is a higher average age in the south of Solihull.



SOLIHULL IS THE 32ND LEAST DEPRIVED UPPER TIER LOCAL AUTHORITY IN ENGLAND, AND THE LEAST DEPRIVED UPPER TIER LOCAL AUTHORITY ACROSS THE WEST MIDLANDS.

- Despite the overall low average deprivation for Solihull, there is significant polarisation between the neighbourhoods as demonstrated on the map.
- The map shows the IMD decile by ward, where 1 is the most deprived and 10 is the least deprived.



FUTURE TRENDS

GROWTH OF POPULATION

2018–based subnational population projections show that in 2020, Birmingham’s population was expected to be 1.2 million (ONS, 2020). By 2025, Birmingham is projected to grow by 2.8% and by 4.9% in 2030.

FAST-TRACK CITIES+ AND ELIMINATION OF HIV BY 2030

The purpose of the Birmingham Fast-Track Cities+ initiative is to ensure availability and access to effective testing and treatment to significantly reduce and therefore eradicate new cases of the blood-borne viruses (BBVs); HIV, Hepatitis B, Hepatitis C, and Tuberculosis (TB). The aim is to strengthen communities and ensure timely provision of services that support the population living with these conditions, without prejudice or stigma.

DIGITAL AND REMOTE ACCESS TO SEXUAL HEALTH SERVICES

Online services will become a greater part of the sexual health care system. Online services can reduce the time it takes patients to be treated and they move less complex treatments away from sexual health clinics. There are opportunities to explore online treatment for simple sexual health issues such as genital chlamydia infections. The move towards digital and online access raises challenges in relation to how safeguarding issues can be identified.

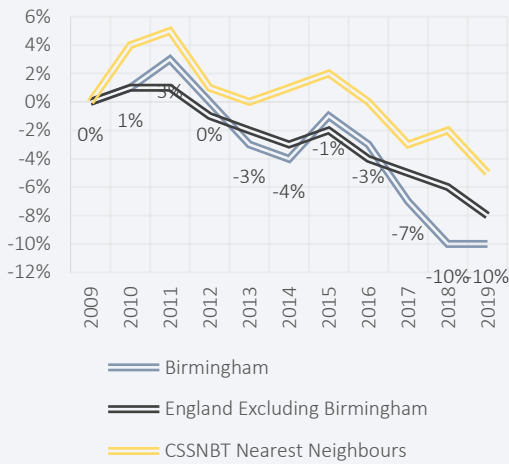
OTHER

- The evolution of cervical screening to HPV screening increases the opportunity for it to be carried out at sexual health clinics, improving the reach of sexual health services and early cancer diagnoses.
- There is a national sexual health strategy due to be released in early 2022.
- Birmingham will be the host city for the Commonwealth Games in 2022; providing opportunities to promote sexual health.

REPRODUCTIVE HEALTH

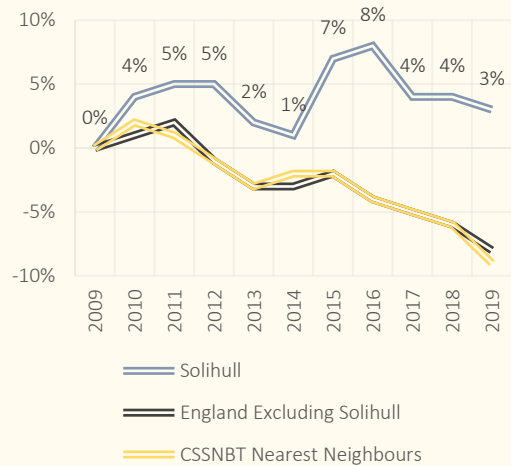
CONCEPTIONS

BIRMINGHAM HAS SEEN A DECREASE IN CONCEPTIONS. THE RATE OF DECREASE IS GREATER THAN THE CSSNBT* NEAREST NEIGHBOURS.



*CSSNBT Children's Services Statistical Neighbours Benchmarking Tool (CSSNBT). Statistical neighbour models provide one method for benchmarking progress.

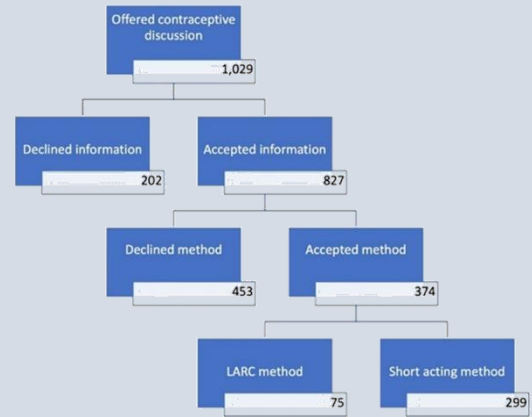
SOLIHULL HAS SEEN AN INCREASE IN CONCEPTIONS WITH NUMBERS PEAKING IN 2015-2016. THE RATES HAVE DECLINED AND STABILISED BETWEEN 2017 TO 2019.



RECOMMENDATIONS

KEY FINDING 1 – POST-NATAL CONTRACEPTION

- Postpartum women are at risk of rapid repeat, unplanned pregnancy with associated adverse outcomes for mother and child. (Thwaites A, et al. BMJ Sex Reprod Health 2019;45:111–117).
- There is currently no formalised offering of post-natal contraception in Birmingham and Solihull.
- There have been successful pilot post-natal contraceptive services offered in Edinburgh, Leeds, Cardiff and Lewisham.
- There was an informal offering of training to midwives and other maternity practitioners from Umbrella sexual health staff who were seconded to hospitals during the COVID-19 pandemic.



Flowchart illustrating contraception uptake in postnatal women from 20th April to 29th June 2020 (Campbell KJ, Barlow-Evans R, Jewell S, et al 'Our COVID-19 cloud silver lining': the initiation and progress of postnatal contraception services during the COVID-19 pandemic in a UK maternity hospital. BMJ Sexual & Reproductive Health 2021;47:224-227)



IMPACT

- The provision of postnatal contraception can prevent unplanned rapid repeat pregnancies, which are associated with worse outcomes for mother and child such as premature birth, lower birth weight and neonatal death.
- With almost one in 13 women presenting for abortion or delivery having conceived within one year of giving birth, providing LARC to new mothers also reduces the likelihood of abortion in the one to two years following childbirth.
- Providing postpartum contraception and advice in postnatal wards, where it is currently rare, could help reach more vulnerable groups, including women with drug, alcohol, or mental health problems, who may not attend for routine postnatal care or proactively seek contraception.



RECOMMENDATION

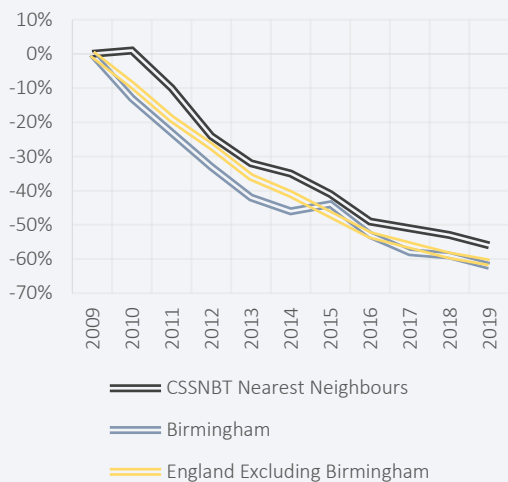
- Post-natal contraceptive services should meet the guidance published by the Royal College of Midwives and the Royal College of Obstetricians & Gynecologists (2021) and the FSRH guideline on Contraception After Pregnancy (2017).
- Post-natal pathways are complex and require buy-in from key stakeholders. It is recommended that the following key stakeholders work together to plan a whole systems approach to developing appropriate post-natal contraception pathways:
 - Sexual health services
 - Community midwives
 - General Practice
 - Labour midwives
 - Obstetricians
- There is an opportunity for further investigation to be completed on the financial benefits of embedding post-natal contraceptive services using the PHE return on investment tool.

TEENAGE PREGNANCIES

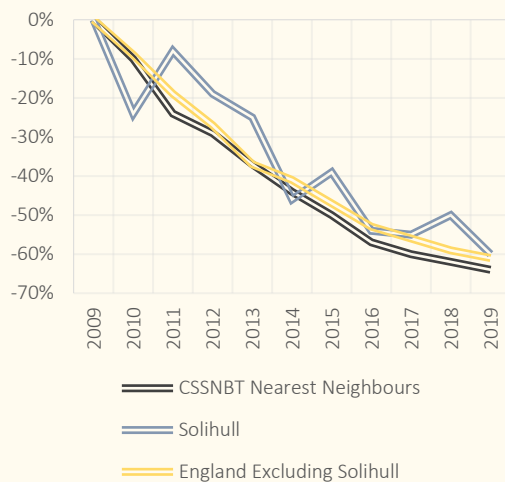
NATIONALLY, THE TEENAGE PREGNANCY RATE IN THE UK FELL BY OVER 60% BETWEEN 2000 AND 2018.

- The Teenage Pregnancy Prevention Framework (updated May 2020) attributed this fall to a long-term evidence-based teenage pregnancy strategy.
- England still experiences higher teenage birth rates than peers in Western European countries.
- Outcomes for young parents and their children are still disproportionately poor.

USING 2009 AS THE BASELINE, BOTH BIRMINGHAM AND SOLIHULL EXPERIENCED DECREASES OF AROUND 60% TO 2019.



USING 2009 AS THE BASELINE, BOTH BIRMINGHAM AND SOLIHULL EXPERIENCED DECREASES OF AROUND 60% TO 2019.



RECOMMENDATIONS

KEY FINDING 2 – PREGNANCY TESTING

- Current sexual health services do not offer free pregnancy testing as a standard offer.
- Purchasing a pregnancy testing kit in a chemist or shop is not confidential.
- In Leeds, there is an offer of free pregnancy testing to those under 25.

5.6 per 1,000

UNDER-18s BIRTH RATE

BIRMINGHAM (2019)

Birmingham Nearest Neighbours: **5.9**

England: 4.1

1.9 per 1,000

UNDER-18s BIRTH RATE

SOLIHULL (2019)

Solihull Nearest Neighbours: **2.8**

England: 4.1



IMPACT

- An opportunity to engage with patients who have had unprotected sex regarding their sexual health needs may be missed.
- When not interacting with those seeking a pregnancy test, risk factors impacting younger people (underage sex, coercion, exploitation) may not be identified.



RECOMMENDATION

- Umbrella partners, particularly those working with the children and young adult cohort should offer free pregnancy testing kits. The offering of kits can provide an opportunity to explore other potential sexual health needs and provide sexual health advice.

CONTRACEPTION

THE PROVISION OF CONTRACEPTION IS WIDELY RECOGNISED AS A HIGHLY COST-EFFECTIVE PUBLIC HEALTH INTERVENTION, REDUCING THE NUMBER OF UNPLANNED PREGNANCIES WHICH BEAR HIGH SOCIAL AND FINANCIAL COSTS TO INDIVIDUALS, THE HEALTH SERVICE AND TO THE STATE.

- There is a clear public health benefit in comprehensive contraception services, through the prevention of unintended pregnancies and STIs. One study estimates that there is a £9 saving for every £1 invested in contraception provision in England. (PHE, 2018)
- Ideally, all forms of contraception should be made available at the point of access or through an established referral pathway, to provide the full range of choice for women. Longer acting methods - implants and intra-uterine devices/systems are more effective and cost-effective than others and women should be informed of this. (PHE, 2018)

IN BIRMINGHAM

- Umbrella has partnered with GPs and pharmacies to offer a comprehensive contraception service including LARC (available via GPs). There is a plan for pharmacists to start delivering the contraceptive injection, improving coverage.
- The total abortion rate, at 21 per 1,000, is higher than that of the nearest neighbours (20.4) and the national rate (18.7).
- The total prescribed LARC excluding injections rate, at 42.1 per 1,000, is lower than that of the nearest neighbours (47.7) and the national rate (50.8).

IN SOLIHULL

- GPs and pharmacies are not partnered with Umbrella. GPs and pharmacies are commissioned directly by Solihull Metropolitan Borough Council (SMBC) to offer LARCs (GPs) and Emergency Hormonal Contraception (pharmacies).
- The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7).
- The total prescribed LARC excluding injections rate, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8).
- There are several wards where there have been no LARC insertions by SMBC-commissioned GPs (2020-21).
- Elmdon, Lyndon, Olton, and St Alphege wards have had no LARC insertions by SMBC-commissioned GPs in either 2019-20 or 2020-21.
- There is a strong correlation score between abortion rate and total prescribed LARC rate based on Solihull and the nearest neighbours.

LARCs

KEY FINDINGS

For the total prescribed LARCs (excluding injections), the rates in 2019 for both Birmingham and Solihull were lower than the rates of their nearest neighbours.

In both Birmingham and Solihull, the rate for total prescribed LARCs (excluding injections) rate is lower than the rates for both their nearest neighbours and the national average. Historically, this has been the case.

Birmingham is below average for LARCs prescribed via Sexual and Reproductive Health (SRH) services, whilst in Solihull, GP-prescribed LARC is an area which is below the average.

The rate of GP-prescribed LARCs in Birmingham is similar to that of the nearest neighbours; however, the rate for SRH-prescribed LARCs is lower than that of the nearest neighbours.

In Solihull, the rate for SRH-prescribed LARCs is comparable to that of the nearest neighbours; however there appears to be a gap in provision for GP-prescribed LARCs.

The percentage of women in contact with Sexual and Reproductive Health Services who choose LARCs (excluding injections) as their main method of contraception is low in both areas, particularly for Solihull.

For the under-25s, the average for the nearest neighbours to Birmingham and Solihull is similar at 27%. The rate for Birmingham is slightly lower, at 24%, with Solihull at only 17%.

For over-25s, both Birmingham and Solihull report lower rates than their nearest neighbours. Unlike the under-25 age group, Birmingham and Solihull have similar rates to each other.

Geographical analysis in Solihull has found areas with low rates of LARC activity.

The local data for 2020-21 shows that some wards (based on GP location) have had no LARC insertions (Blythe, Dorridge and Hockley Heath, Elmdon, Olton, St Alphege, and Shirley West).

In Solihull, there has been a decrease in IUCD insertions whilst the number of implant insertions has increased.

Comparing 2020-21 against 2019-20, there has been a decrease from 416 IUCD insertions to 332. In contrast, Implanon insertions have increased from 184 to 203.

The analysis by ward shows different patterns for method of insertion. For example, Chelmsley Wood has seen a decrease in IUD/S insertions and an increase in Implanon insertions. Conversely, Shirley East has seen the opposite trend.

BIRMINGHAM

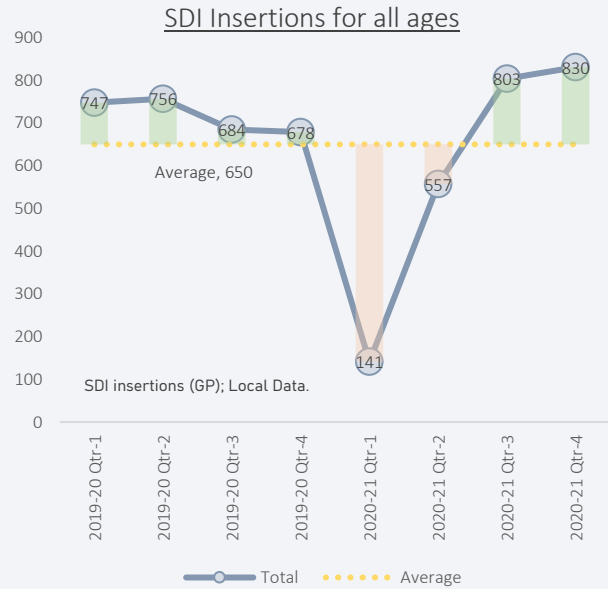
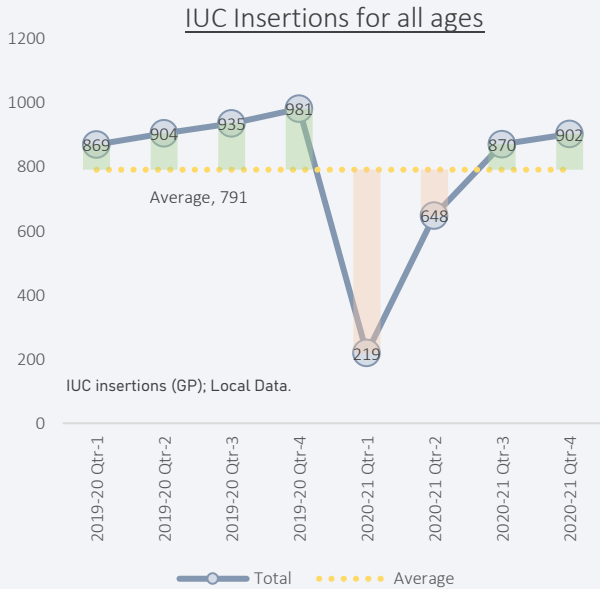
THE TOTAL PRESCRIBED LARC (EXCLUDING INJECTIONS) RATE IN BIRMINGHAM IS LESS THAN THAT OF ENGLAND AND THE NEAREST NEIGHBOURS

- The rate of 42.1 per 1,000 in 2019 was below the rate of 47.7 for the nearest neighbours and 50.8 for England.
- The rate prescribed by GPs was comparable to the rates for the nearest neighbours and for England; however, the number of LARCs prescribed by SRH Services was low.
- LARCs rank low as a choice of contraception at SRH Services in Birmingham.

Indicator Name	England	Birmingham Nearest Neighbours	Birmingham
Total prescribed LARCs excluding injections rate per 1,000	50.8	47.7	42.1
GP-prescribed LARCs excluding injections rate per 1,000	30.0	28.0	28.2
SRH Services-prescribed LARCs excluding injections rate per 1,000	20.8	19.7	13.9
Under-25s choose LARCs excluding injections at SRH Services (%)	27.6	27.2	23.8
Over-25s choose LARCs excluding injections at SRH Services (%)	43.8	45.3	38.6
KEY:	Lower	Similar	Higher

GP LARC FITTINGS WERE SEVERELY IMPACTED BY COVID-19 AT THE START OF THE LOCKDOWN PERIOD

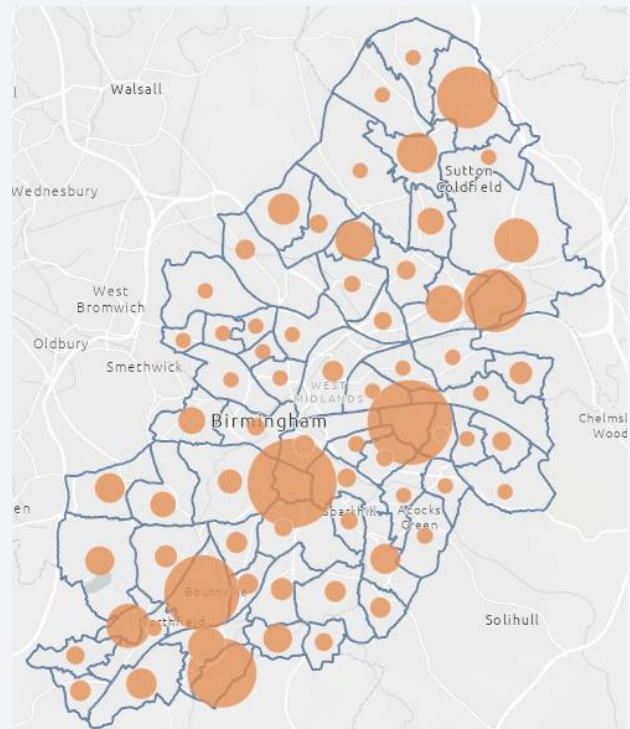
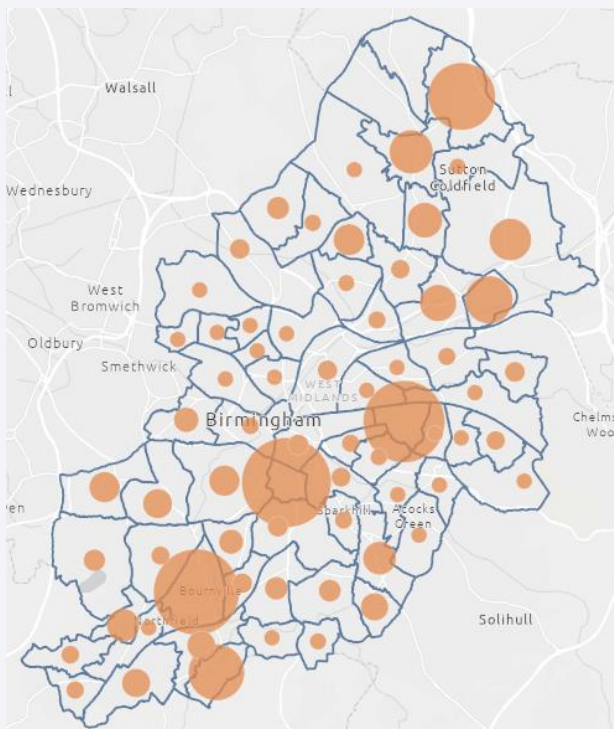
- The graphs and maps on this page show the rates of IUC and SDI usage in Birmingham.
- Activity during April to June 2021 saw a significant decrease; however, performance resumed to normal levels soon after.



GEOGRAPHICAL ANALYSIS HAS IDENTIFIED WARDS WITH LOW RATES OF PRESCRIBED LARCS.

IUC Insertions for 18-44 age group: Rate per 100,000 population. Based on GP ward.

SDI Insertions for 18-44 age group: Rate per 100,000 population. Based on GP ward.



THE TOTAL PRESCRIBED LARCS (EXCLUDING INJECTIONS) RATE IN SOLIHULL IS LOWER THAN THE RATES FOR ENGLAND AND THE NEAREST NEIGHBOURS.

- The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7).
- The total prescribed LARCs excluding injections rate, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8).
- There is a strong correlation score between abortion rate and total prescribed LARCs rate, based on Solihull and the nearest neighbours.

Indicator Name	England	Solihull Nearest Neighbours	Solihull
Total prescribed LARCs excluding injections rate per 1,000	50.8	57.3	47.9
GP prescribed LARCs excluding injections rate per 1,000	30.0	43.5	33.4
SRH Services-prescribed LARCs excluding injections rate per 1,000	20.8	13.8	14.6
Under-25s choose LARCs excluding injections at SRH Services (%)	27.6	26.7	16.7
Over-25s choose LARCs excluding injections at SRH Services (%)	43.8	46.4	37.8
Total abortion rate per 1000	18.7	16.7	22.1
KEY:	Lower	Similar	Higher

(GP) IUCD FITTINGS AND REVIEWS SAW NOTABLE DECREASES IN 2020-21; HOWEVER, REMOVALS INCREASED.

- IUCD fittings saw a decrease of 18%, whilst IUCD reviews saw a decrease of 39% when comparing 2020-21 against 2019-20. This is like due to COVID-19.
- The number of IUCD removals saw an increase of 14%.
- Implanon insertions and removals experienced an increase.

Activity	IUCD Fitting	IUCD Reviews	IUCD Removal	Implanon Insertion	Implanon Removal
2019-20	422	241	317	196	225
2020-21	346	146	362	206	251
Change: #	-76	-95	45	10	26
Change: %	-18%	-39%	14%	5%	12%

GEOGRAPHICAL ANALYSIS HAS IDENTIFIED WARDS WITH LOW RATES OF LARC INSERTIONS PER 100,000.

- The local data for 2020-21 shows that some wards have no LARC insertions (Blythe, Dorridge and Hockley Heath, Elmdon, Olton, St Alphege, and Shirley West).
- The below figures are shown as a rate per 100,000.

Ward Name / Rate Per 100,000	IUCD Fitting	IUCD Reviews	IUCD Removal	Implanon Insertion	Implanon Removal
Bickenhill	0	0	0	56	75
Blythe	0	0	0	0	0
Castle Bromwich	506	142	567	304	526
Chelmsley Wood	358	151	245	847	1073
Dorridge and Hockley Heath	0	0	21	0	0
Elmdon	0	0	0	0	0
Kingshurst and Fordbridge	163	145	363	381	236
Knowle	144	62	186	103	103
Lyndon	105	53	88	35	35
Meriden	999	981	1166	555	555
Olton	0	0	56	0	0
St Alphege	0	0	0	0	0
Shirley East	1101	200	600	340	440
Shirley South	2390	486	2185	934	1102
Shirley West	0	0	0	0	0
Silhill	440	211	996	134	383
Smith's Wood	113	38	151	151	151
Total	367	145	386	224	272
Sheldon	169	181	156	36	60

**COMPARING INFORMATION BETWEEN 2019-20 AND 2020-21 SHOWS THERE HAS BEEN A DECREASE
IN IUCD INSERTIONS.**

- The below figures are actual IUCD insertions.

Ward Name	2019-20	2020-21	Change
Bickenhill	0	0	0
Blythe	15	0	-15
Castle Bromwich	30	25	-5
Chelmsley Wood	32	19	-13
Dorridge and Hockley Heath	2	0	-2
Elmdon	0	0	0
Kingshurst and Fordbridge	14	9	-5
Knowle	26	7	-19
Lyndon	0	6	6
Meriden	35	54	19
Olton	0	0	0
St Alphege	0	0	0
Shirley East	40	55	15
Shirley South	133	128	-5
Shirley West	10	0	-10
Silhill	55	23	-32
Smith's Wood	24	6	-18
Total	416	332	-84

**COMPARING INFORMATION BETWEEN 2019-20 AND 2020-21 SHOWS THERE HAS BEEN AN INCREASE
IN IMPLANON INSERTIONS.**

- The below figures are actual Implanon insertions.

Ward Name	2019-20	2020-21	Change
Bickenhill	2	3	1
Blythe	5	0	-5
Castle Bromwich	8	15	7
Chelmsley Wood	14	45	31
Dorridge and Hockley Heath	6	0	-6
Elmdon	0	0	0
Kingshurst and Fordbridge	17	21	4
Knowle	8	5	-3
Lyndon	0	2	2
Meriden	9	30	21
Olton	0	0	0
St Alphege	0	0	0
Shirley East	29	17	-12
Shirley South	43	50	7
Shirley West	9	0	-9
Silhill	17	7	-10
Smith's Wood	17	8	-9
Total	184	203	19

RECOMMENDATIONS

KEY FINDING 3 – LARC PRESCRIBING IN SOLIHULL

- In Solihull, GPs and pharmacies are not partnered with Umbrella. GPs and pharmacies are commissioned directly by Solihull Metropolitan Borough Council (SMBC) to offer LARCs (GPs) and Emergency Hormonal Contraception (pharmacies).
- The total prescribed LARCs excluding injections rate, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8).
- There are a number of wards where there have been no LARC insertions by SMBC-commissioned GPs (2020-21).
- Elmdon, Lyndon, Olton, and St Aphege wards have had no LARC insertions by SMBC-commissioned GPs in either 2019-20 or 2020-21.
- In Solihull, the rate for SRH-prescribed LARCs is comparable to that of the nearest neighbours; however there appears to be a gap in provision for GP-prescribed LARCs.



IMPACT

- The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7).
- There is also a high repeat abortion rate amongst the under-25s (36.3%). The under-25 repeat abortion rate for the nearest neighbours is 25.7%.



RECOMMENDATION

- The model for delivering LARCs in Solihull should be reviewed to ensure that there is a maximising of take up.

KEY FINDING 4 – LARC PRESCRIBING IN BIRMINGHAM

- For the total prescribed LARCs (excluding injections), the rates in 2019 for both Birmingham and Solihull were lower than those of their nearest neighbours.
- In both Birmingham and Solihull, the rates for total prescribed LARCs (excluding injections) are lower than the rates for both their nearest neighbours and the national average. Historically, this has been the case.
- Birmingham is below average for LARCs prescribed via Sexual and Reproductive Health (SRH) services, whilst in Solihull, GP-prescribed LARCs are below the average.
- The rate of GP-prescribed LARCs in Birmingham is similar to that of the nearest neighbours; however, the rate for SRH-prescribed LARCs is lower than that of the nearest neighbours.
- The percentage of women in contact with Sexual and Reproductive Health Services who choose LARCs (excluding injections) as their main method of contraception is low in both Birmingham and Solihull.



IMPACT

- LARC offers the highest protection against unintended pregnancies. In addition, the use of reversible hormonal contraception has added health benefits for women in both the short and the long term. (Kopp Kallner H. (2018). Benefits of reversible contraception. F1000Research, 7, F1000 Faculty Rev-973. <https://doi.org/10.12688/f1000research.14370.1>)



RECOMMENDATION

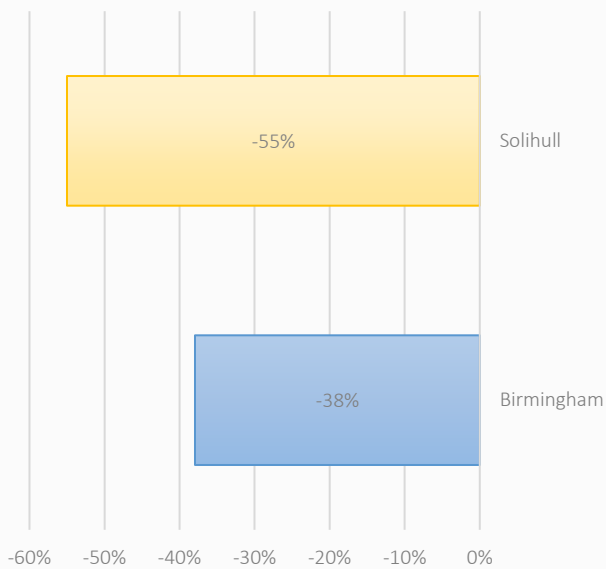
- There should be greater access to LARCs in Birmingham via all sources.

VASECTOMIES AND STERILISATIONS

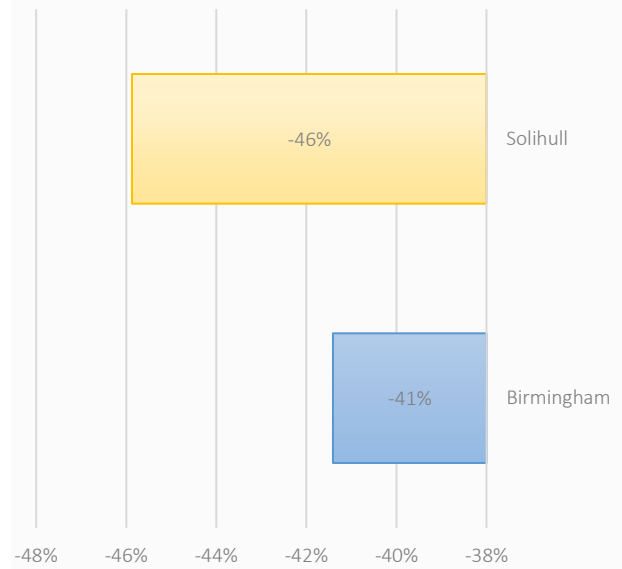
THE PAUSE ON ELECTIVE SURGERIES DURING THE COVID-19 PANDEMIC MEANT THERE WAS A REDUCTION IN THE NUMBER OF VASECTOMIES.

- In Birmingham and Solihull, vasectomy services are provided by the British Pregnancy Advisory Service (BPAS). The vasectomy and Termination of Pregnancy contract (also provided by BPAS) runs until March 2023.
- The halting of elective surgeries, apart from category 4 surgeries, meant there was a reduction in vasectomies.

THERE HAS BEEN A REDUCTION IN TOTAL VASECTOMY CONSULTATIONS BETWEEN 2019-20 AND 2020-21 IN BIRMINGHAM AND SOLIHULL.



THERE HAS BEEN A REDUCTION IN TOTAL VASECTOMIES BETWEEN 2019-20 AND 2020-21 IN BIRMINGHAM AND SOLIHULL.



EMERGENCY HORMONAL CONTRACEPTION

PHARMACY PROVISION IS PARTICULARLY IMPORTANT FOR YOUNG PEOPLE REQUIRING EMERGENCY HORMONAL CONTRACEPTION IN TERMS OF CONVENIENT LOCATIONS AND FLEXIBLE HOURS.

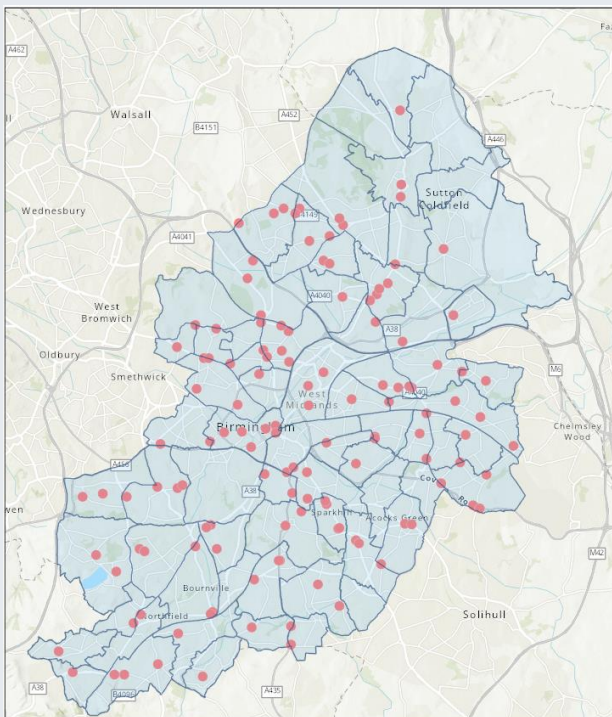
IN BIRMINGHAM

- Umbrella have partnered with GPs and pharmacies to offer a comprehensive contraception service including LARCs (available via GPs). There is a plan for pharmacists to start delivering the contraceptive injection, improving coverage.
- In Birmingham, there are 0.4 pharmacies per square kilometre providing free EHC.
- In Birmingham, there is a rate of 1,569 EHCs prescribed per 100,000 of the female 16-45 population.

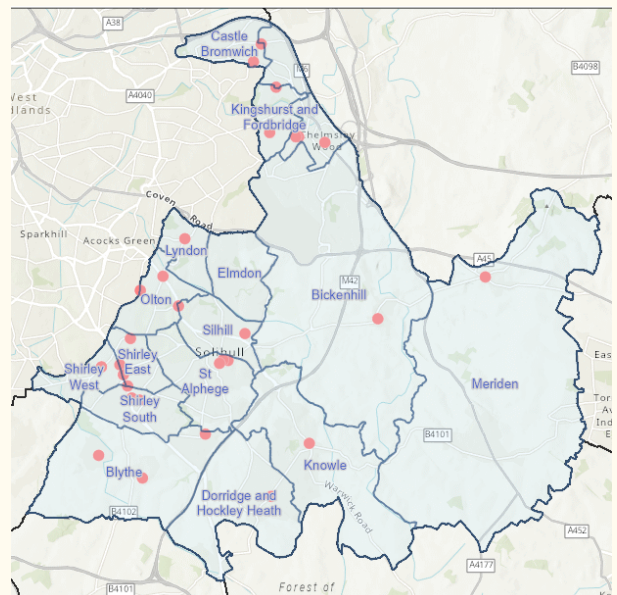
IN SOLIHULL

- GPs and pharmacies are not partnered with Umbrella. GPs and pharmacies are commissioned directly by SMBC to offer LARCs (GPs) and Emergency Hormonal Contraception (pharmacies).
- In Solihull, there are 0.1 pharmacies per square kilometre providing free EHC.
- In Solihull, there is a rate of 723 EHCs prescribed per 100,000 of the female 16-45 population.

IN BIRMINGHAM, THERE ARE 0.4 PHARMACIES PER SQUARE KM PROVIDING FREE EHC.



IN SOLIHULL, THERE ARE 0.1 PHARMACIES PER SQUARE KM PROVIDING FREE EHC.



KEY FINDING 5 – SEXUAL HEALTH SERVICE VIA PHARMACIES IN SOLIHULL

- Pharmacies in Solihull are not partnered with Umbrella and do not provide the same service. At the time of this assessment, pharmacies in Solihull provided chlamydia screens and emergency contraception.
- Wider sexual health interventions are not offered in pharmacies in Solihull.
- In Birmingham, there are 0.4 pharmacies per square kilometre providing free EHC.
- In Birmingham, there is a rate of 1,569 EHCs prescribed per 100,000 of the female 16-45 population.
- In Solihull, there are 0.1 pharmacies per square kilometre providing free EHC. (0.4 per square km in Birmingham). In Solihull, there is a rate of 723 EHCs prescribed per 100,000 of the female 16-45 population.
- Young people fed back that they would be more likely to engage with services that were closer to their locations rather than travel into Central Birmingham. Pharmacies were not always seen as an option due to the possibility that an Umbrella-trained pharmacist may not be available.



IMPACT

- Opportunities for delivering more localised sexual health promotion and treatment are impacted. This can mean that sexual health needs are not identified or met for patients in Solihull.

“Young people can be more reluctant to access sexual health services via their GP as their entire households are often registered with us too, and they can have misconceptions about their entitlement to confidentiality.”



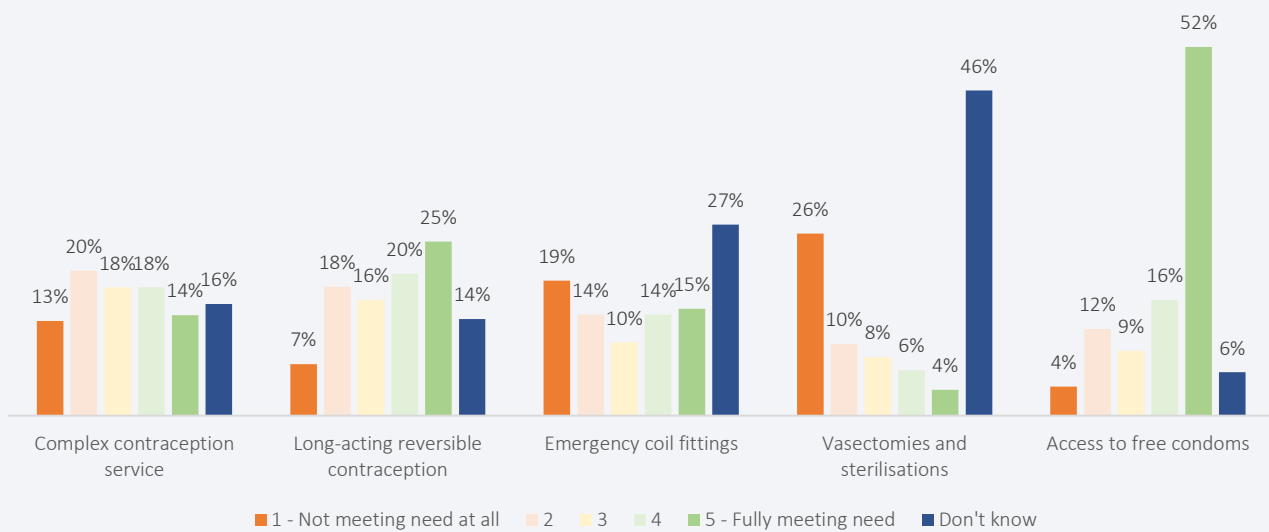
RECOMMENDATION

- Pharmacy services in Solihull should deliver the same services as those in Birmingham, leading to greater accessibility of sexual health services for the population of Solihull.

CONTRACEPTION ENGAGEMENT

Practitioners were asked if current provision relating to contraception was meeting need. 130 practitioners across a range of services responded.

THERE WAS A FEELING THAT EMERGENCY COIL FITTINGS (19% - NOT MEETING NEED AT ALL) AND VASECTOMIES AND STERILISATIONS (26% - NOT MEETING NEED AT ALL) WERE NOT MEETING NEED.



RECOMMENDATIONS

KEY FINDING 6 – VASECTOMIES AND STERILISATIONS

- The practitioner surveys identified a potential lack of knowledge in relation to the pathways for vasectomies and sterilisations.
- The chart shows that 48% of respondents to the practitioner surveys did not know whether vasectomy or sterilisation services were meeting need.
- 20% thought that they were not meeting need at all.



IMPACT

- Patients may not be directed towards the appropriate pathways or given suitable advice in relation to vasectomies and sterilisations.

RECOMMENDATION

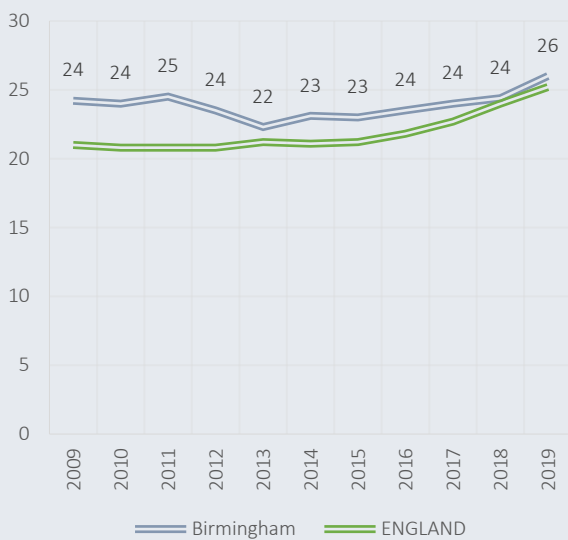
- There should be increased knowledge sharing in relation to patient pathways relating to vasectomies and sterilisations.
- A clear pathway is developed and provided to those involved in providing integrated contraception and sexual health services.

ABORTIONS

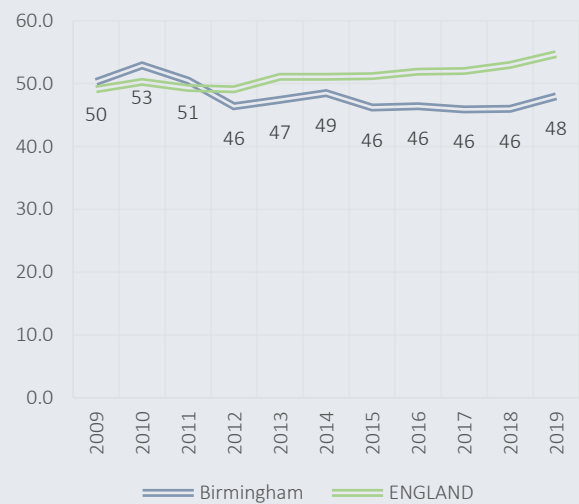
REDUCING ABORTION RATES IS LINKED TO THE PROVISION OF GOOD QUALITY SEXUAL AND REPRODUCTIVE HEALTH CARE AND EFFECTIVE CONTRACEPTION.

A 2017 report from LSE reinforces this view: “The number of abortions still undertaken is an indicator of the potential price of failing to provide good quality sexual and reproductive health care, and of the importance of providing effective contraception to all women able to benefit from it.” (LSE, 2017, *Improving Access to Contraception*).

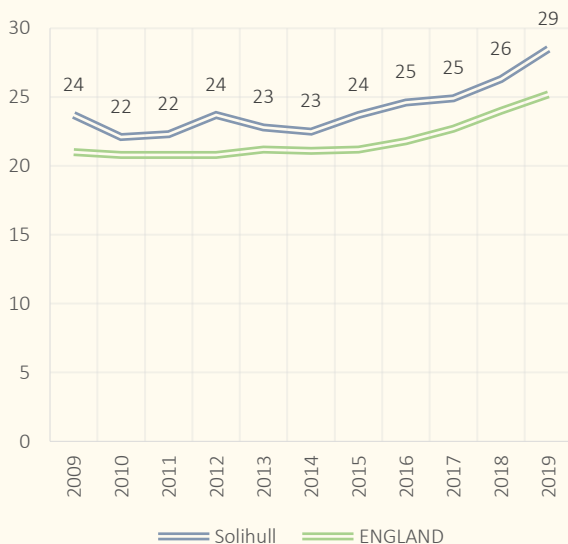
IN 2019, 26% OF CONCEPTIONS (ALL AGES) LED TO AN ABORTION



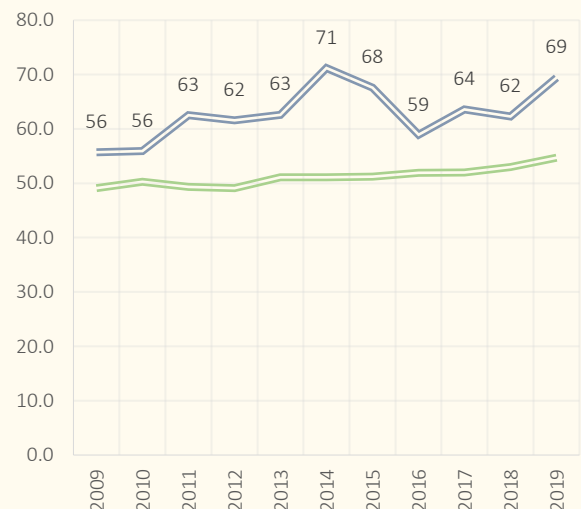
IN 2019, 48% OF CONCEPTIONS IN THOSE AGED UNDER 18 LED TO AN ABORTION



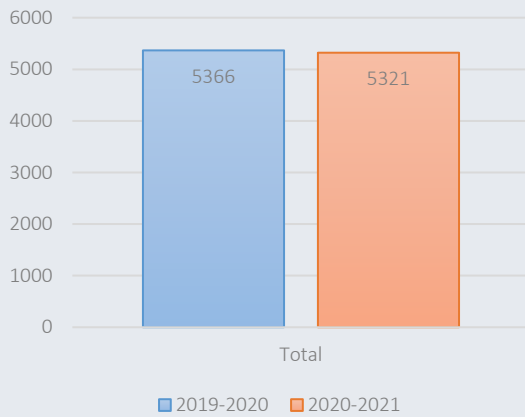
AT 29%, THE PERCENTAGE OF CONCEPTIONS LEADING TO ABORTION FOR SOLIHULL RESIDENTS IS AN INCREASE ON THE PREVIOUS YEARS AND IS THE HIGHEST RATE ACROSS THE ANALYSED TIME-SERIES. (ALL AGE)



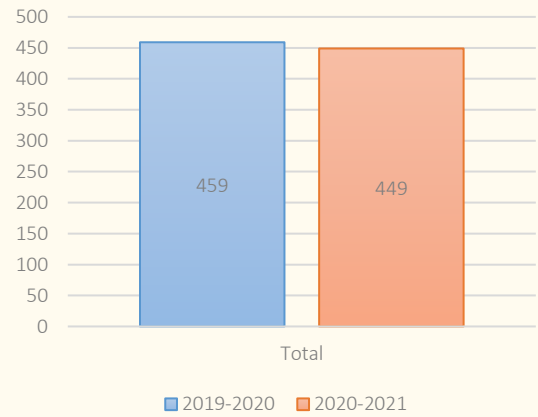
THERE HAS BEEN AN INCREASE IN ABORTIONS FOR CONCEPTIONS IN THOSE UNDER 18. (69%)



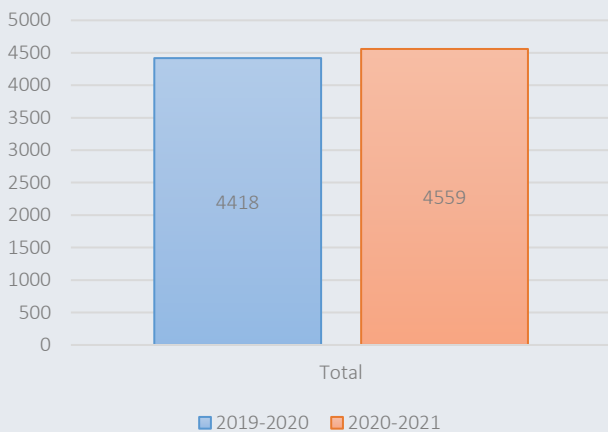
THERE HAS BEEN A SLIGHT REDUCTION IN ABORTION CONSULTATIONS IN BIRMINGHAM.



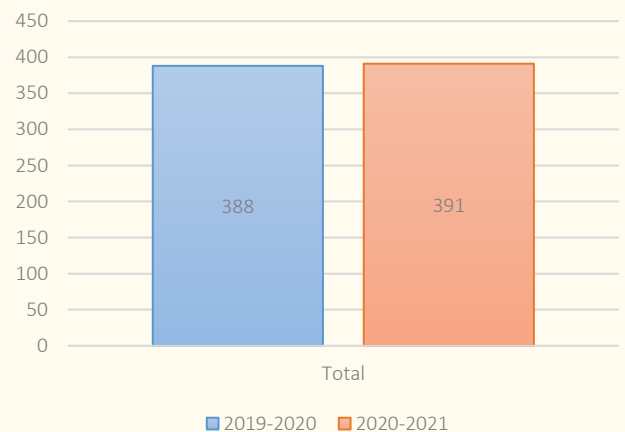
THERE HAS BEEN A SLIGHT REDUCTION IN ABORTION CONSULTATIONS IN SOLIHULL.



THERE HAS BEEN A SLIGHT INCREASE IN ABORTIONS IN BIRMINGHAM.



THERE HAS BEEN A SLIGHT INCREASE IN ABORTIONS IN SOLIHULL.



COVID-19 IMPACTED THE DELIVERY OF TAKE-OUT PRESCRIPTIONS. THERE HAS BEEN A DECREASE IN PATIENTS BEING GIVEN THEIR MEDICATION TO TAKE OUT, AND AN INCREASE IN PATIENTS RECEIVING MEDICATION VIA POST OR VIA COLLECTION.

RECOMMENDATIONS

KEY FINDING 7 – SOLIHULL ABORTION RATE

- The total abortion rate, at 22.1 per 1,000, is higher than that of the nearest neighbours (16.7) and the national rate (18.7).
- The total prescribed LARCs excluding injections, at 47.9 per 1,000, is lower than that of the nearest neighbours (57.3) and the national rate (50.8).
- At 29%, the percentage of conceptions leading to abortion for Solihull residents is an increase on the previous years and is the highest rate across the analysed time-series. This rate is higher than the rates for both England and Birmingham.
- In Solihull there is a high rate of repeat abortions amongst the under-25s. 36.3% of abortions in the under-25s are repeat abortions.
- Both Solihull (47.9 per 1,000) and Birmingham (42.1 per 1,000) have lower rates of prescribed LARCs compared to their nearest neighbours.
- 24% of respondents scored the current service response as 1 or 2 out of 5 (across Birmingham and Solihull).



IMPACT

- It is likely that the Solihull abortion rate has been impacted by the limited availability of free EHC in the borough.



RECOMMENDATION

- In relation to the high abortion rates in Solihull:
 - There should be a more widespread availability of LARCs and EHC in Solihull.
- In relation to the high repeat abortion rates:
 - Abortion services should be fully aware of contraception services in Birmingham and Solihull.
 - Abortion services should be providing appropriate sexual health advice to those using their services.
 - Abortion providers should consider auditing their contraceptive offering to patients.

STI TESTING PROVISION

STI TESTING KITS



- Umbrella offer STI testing kits to test for:

- Chlamydia
 - Gonorrhoea
 - HIV
 - Syphilis
-



GP

- GPs can direct patients to the Umbrella website to order the STI testing kits.
 - GPs follow the National Chlamydia Screening Programme for opportunistic screening of females under 25, outside of specialist sexual health services
 - There are no GPs in Solihull who are partnered with Umbrella.
-



PHARMACY

- Pharmacies can supply the STI self-testing kits to patients.
 - There are no pharmacies in Solihull who are partnered with Umbrella.
-



SEXUAL HEALTH CLINICS

- All patients attending Umbrella clinics are offered HIV and STI testing.
 - Clinics offer treatment for sexually transmitted infections.
-



COMMUNITY AND DELIVERY PARTNERS

- Community partners can assist people with ordering the STI self-testing kits.
 - Delivery partners can supply people with the kits.
-



KEY FINDINGS

- During the COVID-19 pandemic, there were a limited number of STI testing kits available. Services reported facing long delays in the receipt of kits.
 - The blockage in kit availability was due to a shortage of appropriate components.
- There was a shortage of STI testing kits during the pandemic.
 - Birmingham LGBT practitioners fed back that these kits were extremely popular with their service users.
 - The kits were useful to get people to engage with services and then offer additional testing (e.g., BBV).
 - The kits helped in increasing the testing rates.
- Practitioners from Birmingham Youth Service said that the kits were popular and the lack of availability of kits was an issue.

RECOMMENDATIONS

KEY FINDING 8 – ACCESSING SEXUAL HEALTH APPOINTMENTS

- During the COVID-19 pandemic there was only one sexual health walk-in clinic across Birmingham and Solihull.
- The clinic is in a Boots in Birmingham City Centre. Until October 2021, there was no walk-in offering in Solihull.
- To obtain a sexual health appointment, patients had to book via a phone service.
- Feedback from the engagement exercises was that there was a wait before an appointment was available.
- Feedback from the engagement exercise was that hard-to-reach groups preferred the option of a walk-in appointment. Those engaging in risky sexual activity would rather go to a walk-in appointment than wait three days for a booked appointment.
- Practitioners from Birmingham Youth Service fed back that they had to refer young people into services on their behalf.

“A client used to be able to collect condoms from clinics, now asked to go queue at the pharmacies, which young patients find embarrassing.”

Young Person’s Counsellor

IMPACT

- Patients cannot access sexual health services as easily as before. This is likely to increase the amount of unmet sexual health need across the general populations of Birmingham and Solihull.
- Telephone appointments and triage are a barrier to hard-to-reach and vulnerable groups, those with language barriers, hard of hearing groups and those without access to telephones or internet.
- Hard-to-reach groups may have been dissuaded from accessing sexual health services due to the lack of options in relation to walk-in clinics. This may mean that sexual health need is not identified or met.
- Young people without access to a key worker may not take the time to access the sexual health service.

RECOMMENDATION

- The availability of walk-in clinics in other areas of Birmingham and Solihull should be explored to achieve greater coverage of sexual health support and meeting of sexual health needs. Walk-in appointments must be made available to widen access to the most vulnerable groups.
- Alternative access routes should be explored, e.g., triage via an online chat, widening third sector referral pathways, or online appointment booking.
- There should be consideration given to temporary or ‘pop-up’ clinics to widen access for those who cannot access the current clinics.

KEY FINDING 9 – UMBRELLA WEBSITE

- Feedback received as part of the engagement process indicated that the Umbrella website was not user friendly in terms of the availability of sexual health services in pharmacies.
- The website asks patients to call to confirm the availability of the Umbrella pharmacist.



IMPACT

- Having to call the pharmacy may be a potential barrier to young people accessing sexual health advice and treatment. This may result in a need not being identified or treated.



RECOMMENDATION

- As many staff as possible at an Umbrella pharmacy should be trained in providing sexual health treatment and advice.
- The availability of the sexual health-trained pharmacist should be published on the Umbrella website.

KEY FINDING 10 – SOLIHULL SEXUAL HEALTH CLINIC LOCATIONS

- There has been limited access to Solihull clinics at the time of this needs assessment.
- Currently there is one delivery location in Solihull, located in Mell Square. The delivery location in Chelmsley Wood is being used as a COVID-19 vaccination centre.
- To travel from Chelmsley Wood to the clinic in Mell Square in Central Solihull takes approximately one hour by public transport.
- Demographic analysis of Solihull shows that the north part of the borough has greater risk factors relating to likely sexual health need.

“Recent closures of satellite clinics in areas of high need are a problem.”

Umbrella Doctor



IMPACT

- The closure of the sexual health clinic located in Chelmsley Wood made it more difficult for patients from the north of Solihull to access services.



RECOMMENDATION

- A sexual health clinical space should be opened up in the north of Solihull, a part of the borough with greater deprivation and a younger population, both groups that are likely to have sexual health needs.

KEY FINDING 11 – SEXUAL HEALTH OUTREACH

- During COVID-19, most sexual health outreach work was stopped.
- The following outreach work was not taking place during the COVID-19 pandemic:
 - Outreach work in clubs and bars.
 - Outreach work in public sex environments.



IMPACT

- Outreach work is important in identifying and meeting the sexual health needs of those in hard-to-reach groups.
- The reduction in sexual health outreach work is likely to mean increased unmet need across a wide range of patient cohorts, including those with a substance misuse need, those who are homeless, and young people.



RECOMMENDATION

- There should be a clear sexual health outreach strategy across Birmingham and Solihull to ensure that there is an opportunity for all hard-to-reach groups to engage with sexual health services and have their needs identified and met.
- There are opportunities for 'pop-up' sexual health clinics to be set up. There is evidence that these set-ups have worked well in the promotion of blood-borne virus testing and treatment.
- The employment of community sexual health champions should be explored in communities where there is traditionally poor engagement with sexual health services.

KEY FINDING 12 – PHARMACY OFFERINGS

- Based on the community survey, there is an opportunity to increase the knowledge of the services offered by pharmacies. Only 25% of respondents would use a local pharmacy for contraceptive advice.
- There was knowledge that pharmacies provide emergency contraceptives (49% of respondents would go to a pharmacy for emergency contraception), however, only 28% would go to a local pharmacy to receive a non-emergency contraceptive.



IMPACT

- Patients may not be accessing services in pharmacies due to a lack of knowledge about what is being provided there.



RECOMMENDATION

- Ensure the sexual health offering in pharmacies is appropriately promoted.
- It should be easier to access information on the availability of sexual health services from Umbrella pharmacies.

STI OVERVIEW

SEXUALLY TRANSMITTED INFECTIONS (STIS) ARE A MAJOR PUBLIC HEALTH CONCERN.

STIs are a major public health concern, which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage. (PHE, 2019).

POSSIBLE MITIGATING FACTORS FOR THE REDUCTION IN PERFORMANCE DURING THE COVID-19 PANDEMIC

- Prior to COVID-19, Umbrella offered a walk-in service at seven locations across Birmingham and Solihull. All 7 of these locations had to shut at the beginning of the pandemic (March 16th, 2020). There is a possibility that Birmingham's nearest neighbours did not have as many clinics, meaning that the drop in testing coverage and diagnoses rates was lower.
- The reduction in face-to-face contact with GPs impacted the LARC fittings and chlamydia testing offerings.
- Pharmacies had significantly reduced footfall, which reduced the number of patients who could be engaged for sexual health interventions.
- Reductions in herpes and genital warts could be attributed to reductions in sexual activity during the COVID-19 period.
- There was little or no outreach work completed by Umbrella and their partner organisations during the COVID-19 period. This was due to a lack of external events, closures of clubs and educational establishments, and closures of partner organisations.
- Problems with the supply of STI-testing kits compounded the issues regarding identifying diseases. These issues have been addressed by Umbrella.
- Prior to the COVID-19 pandemic, the charity Birmingham LGBT completed testing with the men who have sex with men population. Birmingham LGBT were closed or running at reduced hours during the pandemic.
- Changes to the population's working and socialising activities meant that there was less footfall in the centres of Birmingham and Solihull. This meant that people were accessing testing services closer to their areas of residence, which could be outside of Birmingham or Solihull.






IN BIRMINGHAM

- COVID-19 had a greater impact on STI-related indicators in Birmingham compared to its nearest neighbours.
- Between 2019 and 2020 (all excluding chlamydia):
 - The STI testing rate fell by 50% (nearest neighbours fell by 17%).
 - The new STI diagnoses rate fell by 54% (nearest neighbours fell by 30%).
 - STI positive testing rates fell by 45% (nearest neighbours fell by 20%).
- The proportion of 15-24-year-olds screened for chlamydia was below national rates and the rate of the nearest neighbours.
- There was a significant decrease in gonorrhoea diagnoses.

IN SOLIHULL

- COVID-19 had a greater impact on STI-related indicators in Solihull compared to its nearest neighbours.
- Between 2019 and 2020 (all excluding chlamydia):
 - The STI testing rate fell by 48% (nearest neighbours fell by 25%).
 - The new STI diagnoses rate fell by 58% (nearest neighbours fell by 31%).
 - STI positive testing rates fell by 43% (nearest neighbours fell by 21%).
- The proportion of 15-24-year-olds screened for chlamydia was below national rates and the rate of the nearest neighbours.
- There was a significant decrease in gonorrhoea diagnoses.

BIRMINGHAM







	BIRMINGHAM	NEAREST NEIGHBOURS
STI testing rate (exc chlamydia aged <25) / 100,000		
Number outside brackets shows the rate per 100,000. Number inside brackets shows the actual number tested ³ .		
2019	8,113 (60,733)	5,304 (183,467)
2020	4,078 (30,558)	4,352 (151,943)
Change in numerator		
New STI diagnoses (exc chlamydia aged <25) / 100,000		
Number outside brackets shows the rate per 100,000. Number inside brackets shows actual new STI diagnoses ⁴ .		
2019	1,058 (7,921)	910 (31,483)
2020	485 (3,633)	631 (22,018)
Change in numerator		
STI testing positivity (exc chlamydia aged <25) %		
Number outside brackets shows the percentage. Number inside brackets shows a sum of all positive diagnoses ⁵ .		
2019	7% (4,187)	7% (13,703)
2020	8% (2,318)	7% (11,011)
Change in numerator		

³ Total number of people tested for one or more infections for syphilis, HIV, gonorrhoea, and chlamydia at a new attendance.

⁴ The number of new STI diagnoses (excluding chlamydia in those aged under 25 years) among people aged 15 to 64 accessing sexual health services.

⁵ A sum of all positive diagnoses of syphilis, HIV, gonorrhoea, and chlamydia. Chlamydia diagnoses are only included in people aged 25 to 64 years.

SOLIHULL

	SOLIHULL	NEAREST NEIGHBOURS
STI testing rate (exc chlamydia aged <25) / 100,000		
Number outside brackets shows the rate per 100,000. Number inside brackets shows the actual number tested ⁶ .		
2019	5,711 (74,711)	4,052 (95,252)
2020	2,966 (39,071)	3,019 (71,300)
Change in numerator		
New STI diagnoses (exc chlamydia aged <25) / 100,000		
Number outside brackets shows the rate per 100,000. Number inside brackets shows actual new STI diagnoses ⁷ .		
2019	646 (845)	550 (12,933)
2020	269 (354)	379 (8,949)
Change in numerator		
STI testing positivity (exc chlamydia aged <25) %		
Number outside brackets shows the percentage. Number inside brackets shows a sum of all positive diagnoses ⁸ .		
2019	5% (393)	5% (4,883)
2020	6% (223)	5% (3,871)
Change in numerator		

⁶ Total number of people tested for one or more infections for syphilis, HIV, gonorrhoea, and chlamydia at a new attendance.

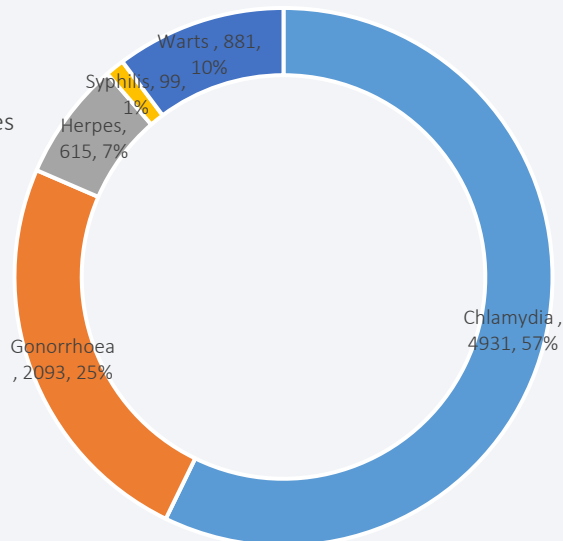
⁷ The number of new STI diagnoses (excluding chlamydia in those aged under 25 years) among people aged 15 to 64 accessing sexual health services.

⁸ A sum of all positive diagnoses of syphilis, HIV, gonorrhoea, and chlamydia. Chlamydia diagnoses are only included in people aged 25 to 64 years.

STI TESTING (GENERAL) BIRMINGHAM

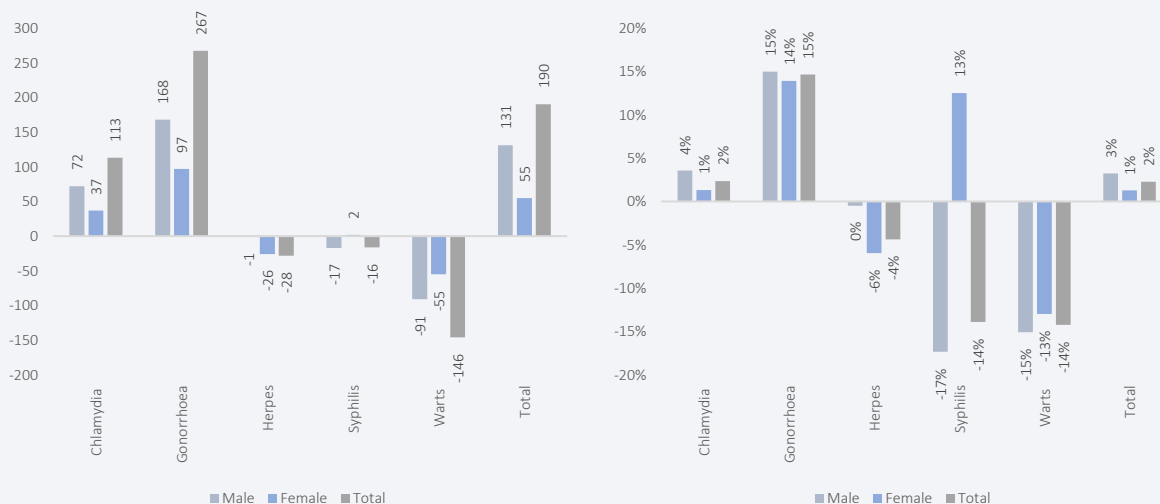
CHLAMYDIA ACCOUNTS FOR THE MAJORITY OF NEW STI DIAGNOSES.

- Chlamydia continues to account for the majority of new STI diagnoses.
- In 2019-20, chlamydia accounted for 57% of new diagnoses for patients from Birmingham attending Non-GUM (Level 2) services and GUM (Level 3) services.
- This is similar to the rate of 57% in 2018-19.



THERE HAS BEEN A SIGNIFICANT INCREASE IN GONORRHOEA DIAGNOSES.

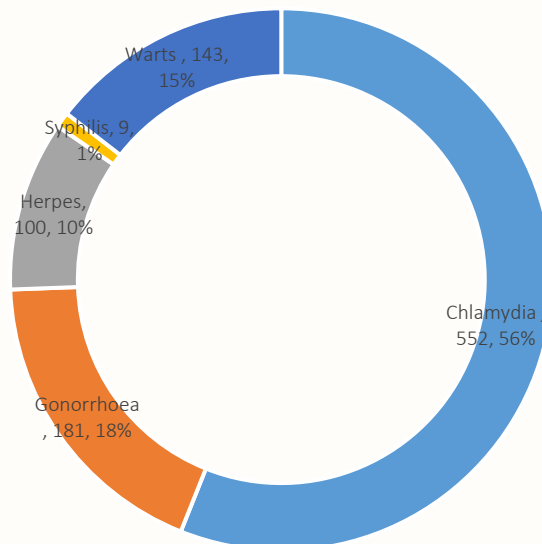
- There has been a significant increase in the number of gonorrhoea diagnoses during 2019-20 when compared against 2018-19.



STI TESTING (GENERAL) SOLIHULL

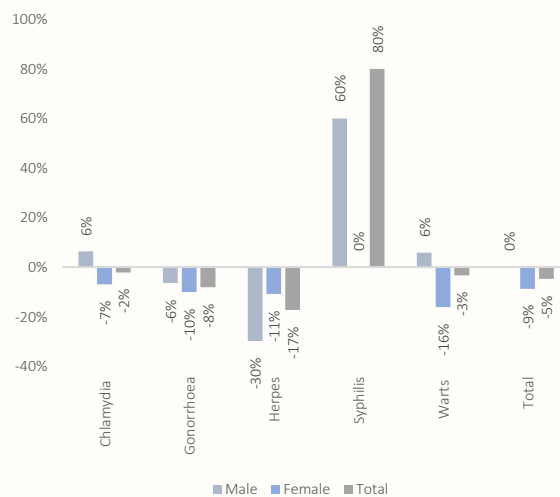
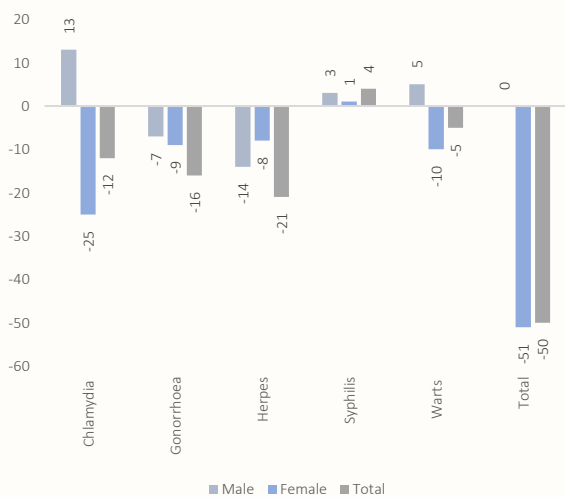
CHLAMYDIA ACCOUNTS FOR THE MAJORITY OF NEW STI DIAGNOSES.

- Chlamydia continues to account for the majority of new STI diagnoses.
- In 2019-20, chlamydia accounted for 56% of new diagnoses for patients from Solihull attending Non-GUM (Level 2) services and GUM (Level 3) services.
- This rate is similar to 2018-19.



MOST NEW STI DIAGNOSES SHOW A DECREASE.

- There has been an increase in syphilis diagnoses for males when comparing 2019-20 against 2018-19; however, this is based on small numbers.



RECOMMENDATIONS

KEY FINDING 13 – STI SELF-TESTING KITS

- During the COVID-19 pandemic, STI self-testing kits were available to order online except for the period August 2020 to December 2020. The lack of online kits during this period was due to an issue in the sourcing of kit components. If a patient called the Umbrella service during this period and was symptomatic, they were provided with an STI self-testing kit.
- Several key partners fed back on the importance of the self-testing kits in terms of identifying sexual health issues and in terms of encouraging patients to engage with other related services such as blood-borne virus testing.



IMPACT

- The shortage of self-testing kits meant that sexual health need was not being identified as easily. This also meant that treatment could not be started.



RECOMMENDATION

- To ensure that sexually transmitted infections are identified, the STI self-testing kits must be always available via multiple channels.
- It is recommended that the sexual health provider has access to multiple suppliers of self-test kits to prevent a lack of access in the future.
- An alternative to the way in which kits are currently supplied should be explored to reduce the risk of delays in the production of the kits. Other models to explore could include spot purchasing of STI self-testing kits.

KEY FINDING 14 – COVID IMPACT

- Nationally, the COVID-19 pandemic response, including social and physical distancing measures, led to a re-prioritisation and disruption in provision of, and patient access to, health services for HIV, STIs and hepatitis. In Birmingham and Solihull there were a number of disruptions:
 - In terms of patient consultations at GUM (Level 3) services, there was a large drop off of activity during the COVID-19 pandemic.
 - Community feedback showed that patients' opinion of the support that they received during the COVID-19 pandemic was not as good as pre-COVID-19. (Pre-COVID: 4% bad or very bad; during COVID: 32% bad or very bad).
 - Analysis of the most recent PHE Fingertips data shows that COVID negatively impacted the number of STI tests, diagnoses, and numbers testing positive in both Birmingham and Solihull. The reductions in both Birmingham and Solihull were greater in comparison to their nearest neighbours.
- Nationally, between March and May 2020, there were reductions in:
 - consultations undertaken by sexual health services (SHSs) and specialised HIV services
 - testing for viral hepatitis in drug services, prisons, general practice and SHSs
 - testing for HIV and STIs in SHSs
 - vaccination of gay, bisexual and other men who have sex with men (MSM) against Human Papillomavirus (HPV), hepatitis B (HBV) and hepatitis A (HAV)
 - diagnoses of viral hepatitis, HIV and STIs
 - hepatitis C (HCV) treatment initiations

“Chaotic patients, homeless, drug users without access to internet will have difficulties accessing some of their services. There might be walk-in services for those groups at SIFA, but no other places”.

IMPACT

- The response to the COVID-19 pandemic meant a decrease in the number of face to face appointments. Care is required to ensure that services remain widely accessible, particularly to underserved populations (e.g. certain Black, Asian, and minority ethnic groups, migrants, persons who inject drugs (PWID), sex workers, homeless persons, prisoners) who are disproportionately affected by hepatitis or have greater sexual health needs.
- PHE analysis is that access to harm reduction and BBV testing services for people who inject drugs have been adversely affected.
- PHE analyses show that, among those testing for STIs and HIV, heterosexuals and, particularly in the case of HIV, teenagers, have been under-represented since April 2020 compared to January to March 2020. There is evidence that young people, the age group with the highest burden of STIs, may experience greater difficulty in finding, accessing and engaging with relevant online sexual health information.

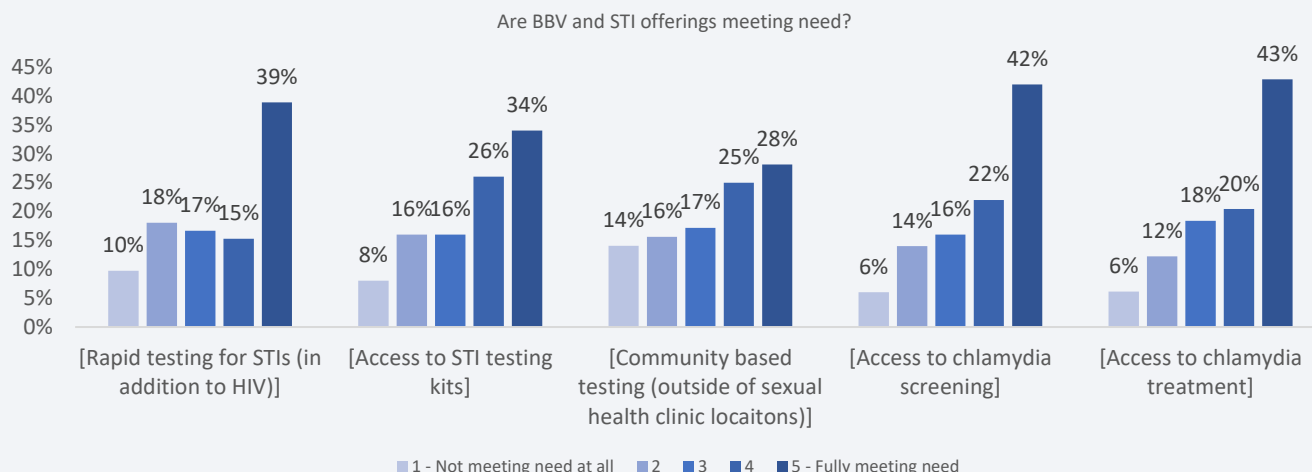
RECOMMENDATION

- Several initiatives were launched, by PHE and our partners, to counter the detrimental impact of COVID-19 on the control of STIs, on elimination goals for HIV and viral hepatitis, and in tackling inequalities. in (from PHE; *The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England*)

STI PROVISION – ENGAGEMENT

IS BBV AND STI TESTING PROVISION MEETING NEED? – PRACTITIONER SURVEYS

- Overall, practitioners felt that the BBV and STI testing was meeting sexual health needs.
- 34% of respondents who answered the question on testing kits (total – 56 respondents) thought that access to STI kits was fully meeting need. 28% scored this 1 or 2 out of 5, where 5 is fully meeting need.
- There were some free text comments highlighting delays in accessing STI-kits.



"We have no rapid STI testing as a service however we can refer to Umbrella. I think that an on the spot self taken kit would be beneficial to the people we work with so they are not having to make another appointment."

Team Leader, CGL

"When STI kits were available this was easily accessed by a number of providers however even before COVID there were periods where no test kits were available (currently availability of STI kits is a real problem)."

Birmingham Pharmacist

"Pre-COVID, screening kits were available, not now."

Birmingham Pharmacist

"Home test kit takes 2 weeks to arrive".

Birmingham GP

"It has been extremely difficult to order any STI self-testing kits".

Birmingham GP

What are the current gaps in provision?

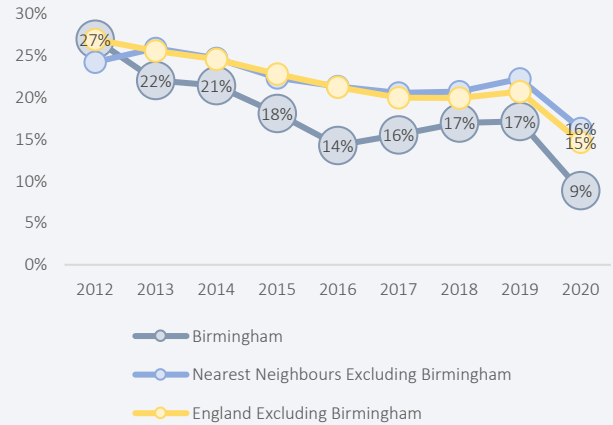
"Access to STI self-testing kits".

Birmingham GP

CHLAMYDIA – BIRMINGHAM

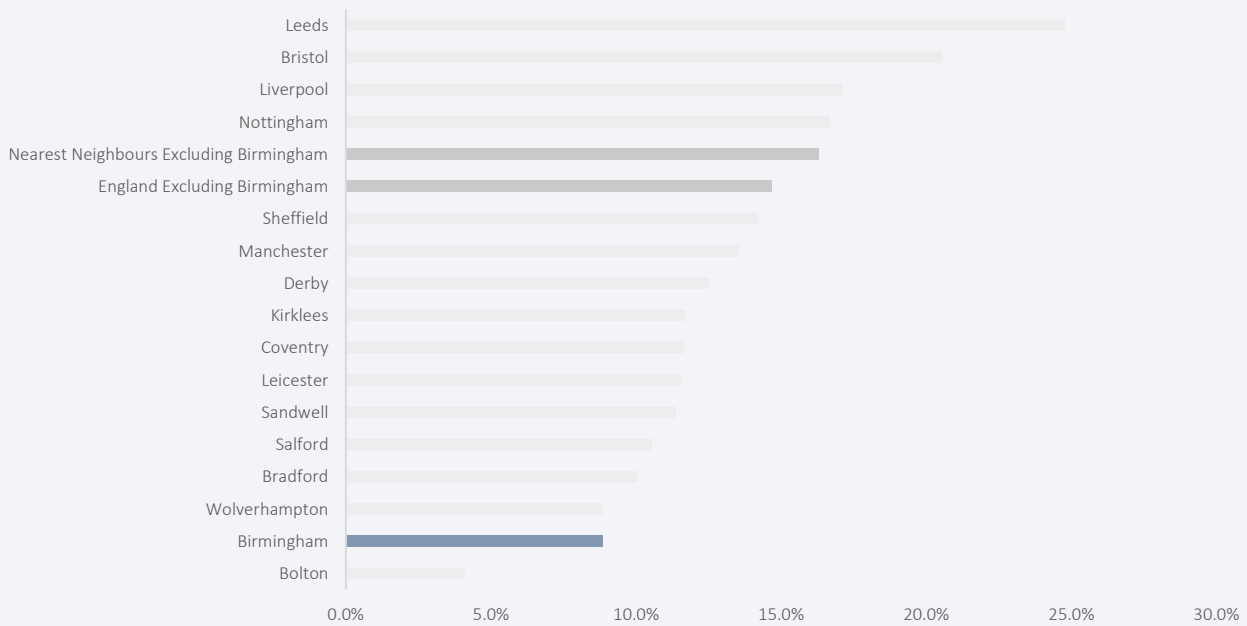
THE PROPORTION OF 15-24-YEAR-OLDS SCREENED IS BELOW NATIONAL RATES

- Nationally, the rates have declined since 2012.
- Birmingham has historically tracked below the national and nearest neighbour averages.
- The rate in Birmingham decreased from 17% to 9%, equating to an 8 percentage point change. Both England and the nearest neighbours saw a decrease of 6 percentage points.



BIRMINGHAM HAS LOW SCREENING RATES (15-24) COMPARED TO ITS NEAREST NEIGHBOURS.

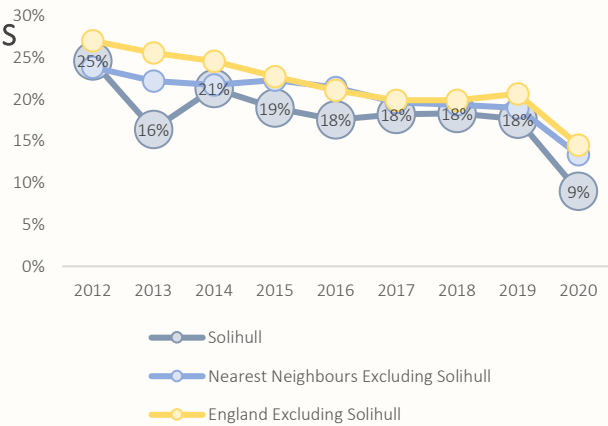
- In 2020, Birmingham had the second-lowest rates of chlamydia screening amongst 15-24-year-olds out of all of its nearest neighbours.



CHLAMYDIA – SOLIHULL

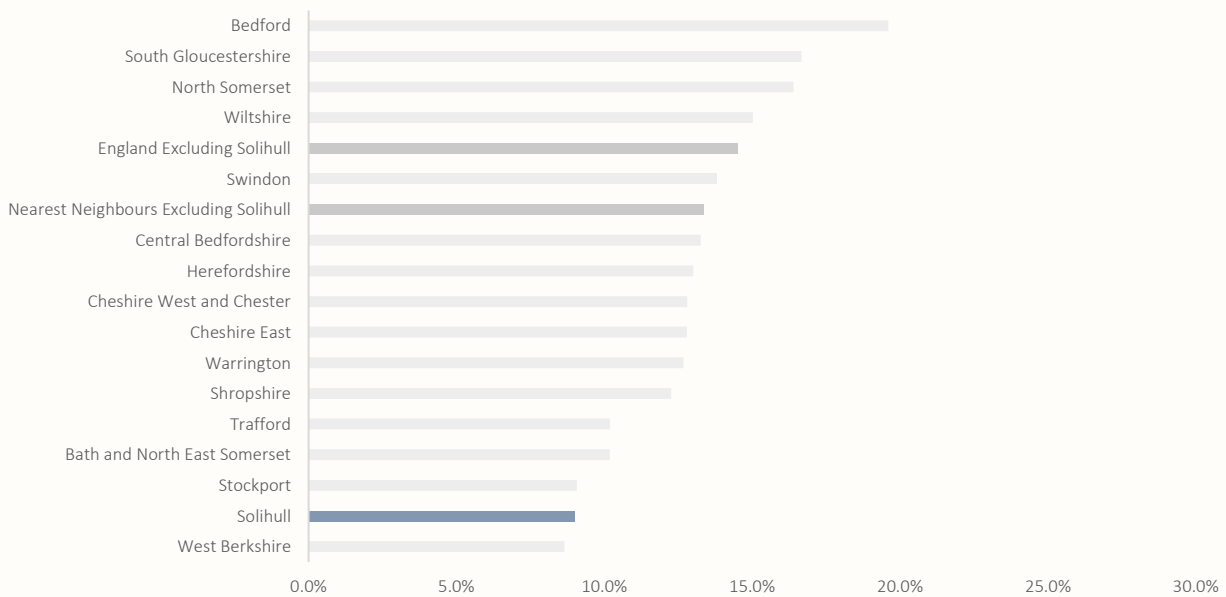
THE PROPORTION OF 15-24-YEAR-OLDS SCREENED IS LOWER THAN NEAREST NEIGHBOURS.

- Solihull saw a significant decrease in 2020.
- It would appear that both Birmingham and Solihull were impacted more by COVID-19 than England and the nearest neighbours.



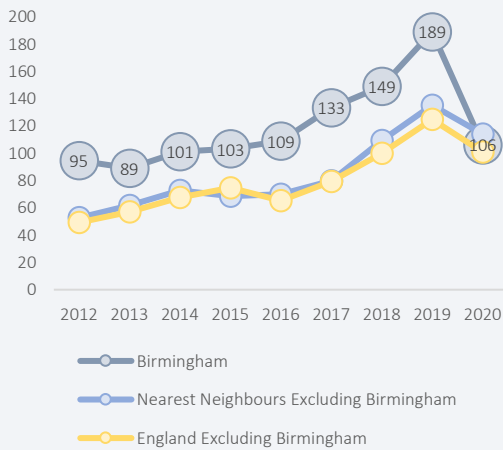
THE CHLAMYDIA DIAGNOSTIC RATE / 100,000 IN SOLIHULL IS LOWER THAN THE NEAREST NEIGHBOURS AVERAGE

- In 2020, Solihull had the second-lowest rates of chlamydia screening amongst 15-24-year-olds out of all of its nearest neighbours.

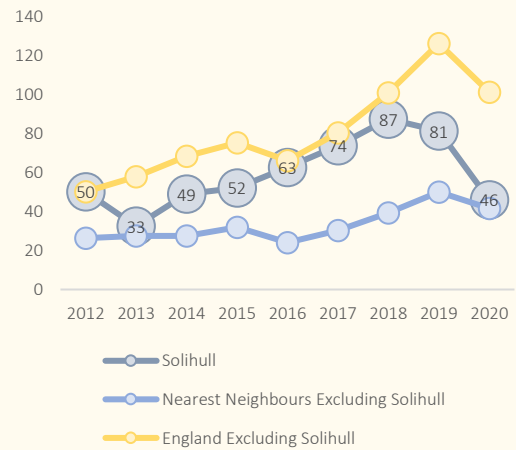


GONORRHOEA

IN 2020, THERE WAS A SIGNIFICANT DECREASE IN GONORRHOEA DIAGNOSES IN BIRMINGHAM.

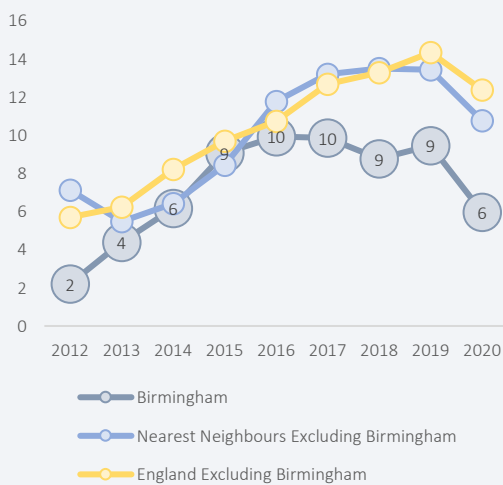


IN 2020, THERE WAS A SIGNIFICANT DECREASE IN GONORRHOEA DIAGNOSES IN SOLIHULL.

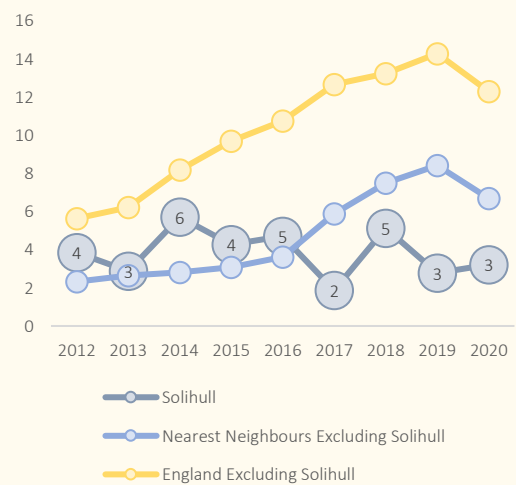


SYPHILIS

IN 2020, THERE WAS A DECREASE IN SYPHILIS DIAGNOSES IN BIRMINGHAM.

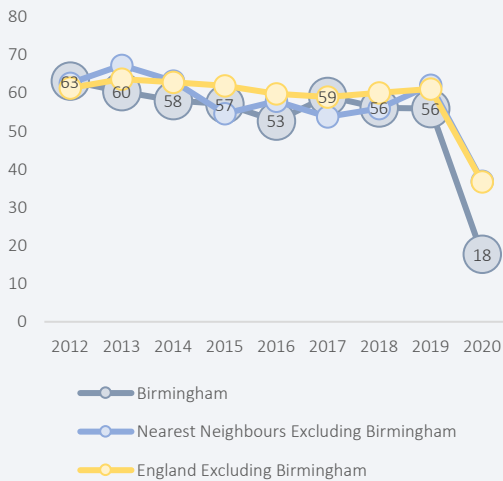


SYPHILIS DIAGNOSES REMAINED LOW IN SOLIHULL.

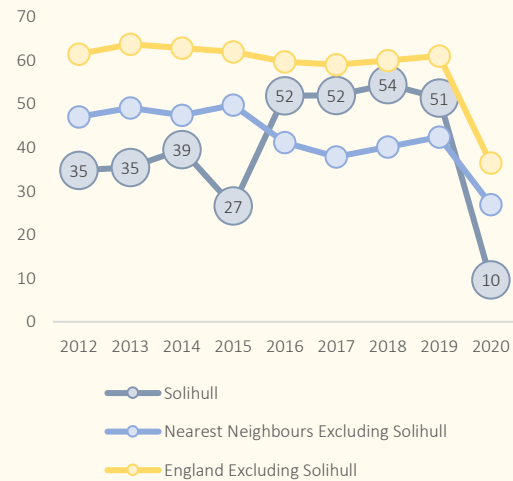


GENITAL HERPES

IN 2020, THERE WAS A SIGNIFICANT DECREASE IN HERPES DIAGNOSES IN BIRMINGHAM.

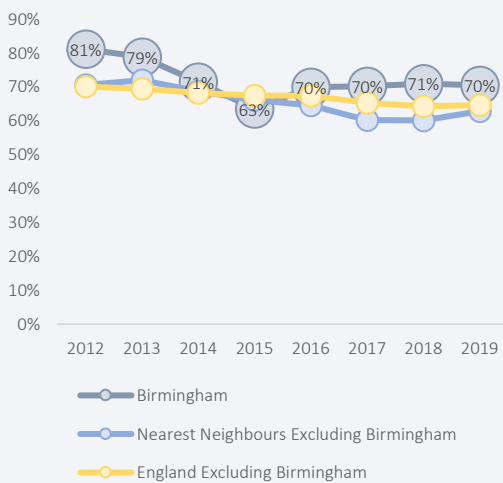


IN 2020, THERE WAS A SIGNIFICANT DECREASE IN HERPES DIAGNOSES IN SOLIHULL.

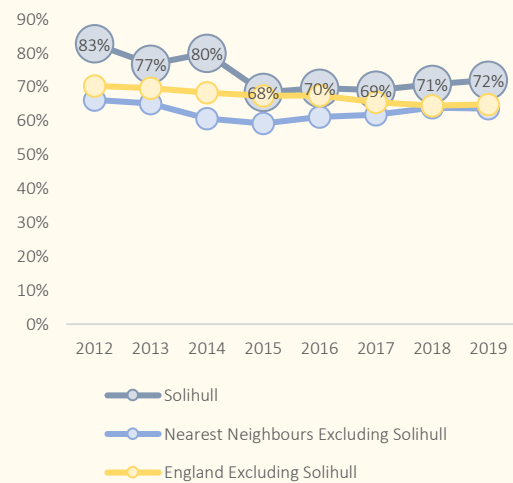


HIV

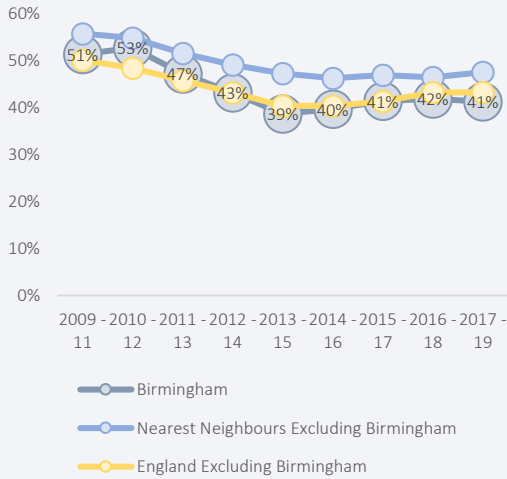
UP UNTIL 2019, BIRMINGHAM HAD GREATER TESTING COVERAGE COMPARED TO ITS NEAREST NEIGHBOURS AND ENGLAND.



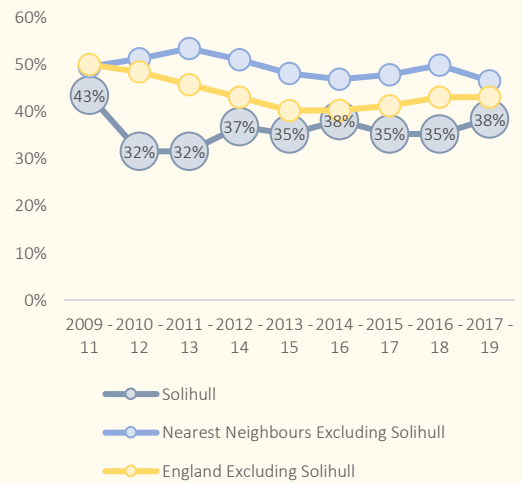
UP UNTIL 2019, SOLIHULL HAD GREATER TESTING COVERAGE COMPARED TO ITS NEAREST NEIGHBOURS AND ENGLAND.



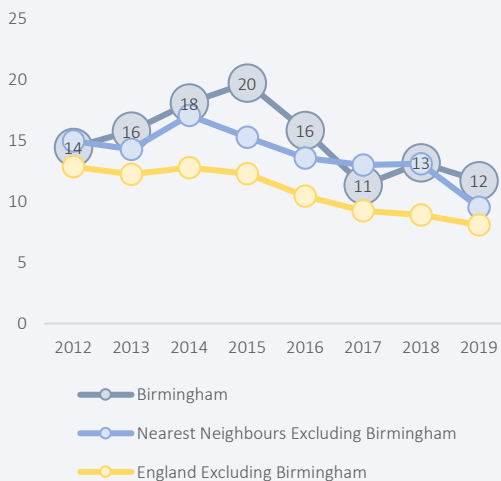
UP UNTIL 2019, BIRMINGHAM HAD LOWER RATES OF HIV LATE DIAGNOSIS COMPARED TO ITS NEAREST NEIGHBOURS AND ENGLAND.



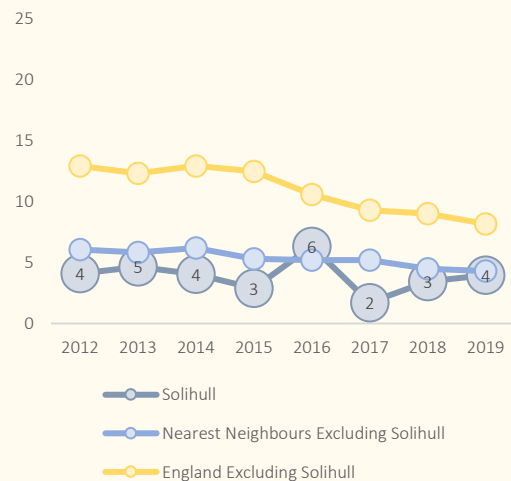
UP UNTIL 2019, SOLIHULL HAD LOWER RATES OF HIV LATE DIAGNOSIS COMPARED TO ITS NEAREST NEIGHBOURS AND ENGLAND.



IN 2019, BIRMINGHAM'S HIV TESTING COVERAGE WAS GREATER THAN ITS NEAREST NEIGHBOURS AND ENGLAND.



UP UNTIL 2019, SOLIHULL'S HIV TESTING COVERAGE WAS LOWER THAN ITS NEAREST NEIGHBOURS AND ENGLAND.



RECOMMENDATIONS

KEY FINDING 15 – HIV TESTING

- Birmingham has a new HIV diagnosis rate of 11.7 per 100,000 in those aged 15+.
- All GPs do not routinely screen new patients for HIV.
- Any HIV screening of new patients completed would have been impacted by the COVID-19 pandemic.
- The self-test STI kits include HIV tests. There was a lack of availability of the self-testing kits during the COVID-19 pandemic.

11.7 per 100,000

NEW HIV DIAGNOSIS RATE (15+)
BIRMINGHAM (2019)

Birmingham Nearest Neighbours: **9.8**

England: 8.1

4 per 100,000

NEW HIV DIAGNOSIS RATE (15+)
SOLIHULL (2019)

Solihull Nearest Neighbours: **4.3**

England: 8.1

“We will test for HIV if patient is requesting but do not do this routinely with all new patients -we have not enough capacity to do blood test for all our new patients (usual turnaround of 200 new patients a month).”



IMPACT

- PHE analysis on the impact of COVID-19 on STIs, HIV and viral hepatitis found that there was a high proportion of MSM who did not access STI testing despite disclosing condomless sex with multiple partners.
- The identification of HIV may have been impacted by the reduction in testing pathways.



RECOMMENDATION

- Birmingham and Solihull should adopt the Fast Track Cities initiative across the region, including increasing access to testing and treatment which will lead to a decreased number of cases.
- Testing should be offered in GP and accident and emergency settings as per the BHIVA guidelines. This may require GPs to be funded to provide these blood tests.
- Outreach testing should be offered in community settings as per NICE Guidelines (NG60): ‘venues where there might be high-risk sexual behaviour, for example public sex environments’.

SPECIFIC COHORTS

HOMELESS

ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with people who are homeless:

- The homeless client group have some barriers to accessing sexual health services, such as lack of access to technology (mobile phones, internet).
- Practitioners fed back that the client group were unlikely to use the take-away testing kits. This was also true for the younger homeless cohort.
- Practitioners fed back that sexual health is not a priority for people who are homeless, especially those who are rough sleeping.
- Those who are homeless may not always turn up for appointments.
- Practitioners felt that there was an opportunity for services to be delivered from existing homeless hubs, which would reduce the barriers to accessing sexual health services.

“Clients are unable to book appointments due to internet and phone issues.”

Team Leader, Homeless organisation

What are the gaps in current sexual health services?

“No outreach to the vulnerably housed and rough sleeping. [Services are needed] outside of office hours”

Engagement Worker to Entrenched Rough Sleepers

SUBSTANCE USE

ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with those with a substance misuse need:

- Attending appointments is difficult for this cohort. If appointments are attended, they may not be during normal working hours.
- Those with a drug and alcohol problem were generally seen as being hard to reach. There may be limited access to the internet and phones.
- At the time of this assessment, the self-test kits were not available at any of the CGL hubs in Birmingham.
- Practitioners identified a training need in relation to sexual health knowledge amongst drug and alcohol practitioners.
- Practitioners believed that more sexual health interventions could be delivered within drug and alcohol services.

“We have no rapid STI testing as a service however we can refer to Umbrella. I think that an on the spot self-taken kit would be beneficial to the people we work with so they are not having to make another appointment.”

Team Leader, Shelter

“It is difficult to get into a doctor’s surgery as it is so there needs to be more localised provisions or even resources available at local community centres.”

Drug and Alcohol Practitioner

YOUNG PEOPLE ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with young people:

- It was difficult for young people to access sexual health services during the COVID-19 pandemic. Having a telephone triage was seen as an extra barrier for young people.
- Practitioners highlighted delays accessing the self-testing kits. There were also reports of long waits for appointments.
- It was highlighted that the lack of a free pregnancy testing service with Umbrella was a missed opportunity to engage with young people regarding their wider sexual health needs such as underage sex, and exploitation.
- There was a walk-in clinic for young people in the Boots Chemist in central Birmingham. Practitioners fed back that young people would prefer to have walk-in centres closer to them.

“The services require the people I work with to come to the sexual health clinic, there needs to be more done to make the service more accessible for people who have anxiety over this.”

Team Leader, Homeless organisation

“[There is] not enough availability [of sexual health services] for young people in the settings that they feel comfortable.

The clinics are great but they are very medical, they [young people] need professionals to come to them and work with them where they are comfortable.

Young Person’s Practitioner

LGBT+ ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners from specialist LGBT+ organisations:

- Umbrella is partnered with Birmingham LGBT and runs a sexual health service from the Birmingham LGBT premises in central Birmingham.
- Birmingham LGBT runs a walk-in clinic 7 days a week (post COVID-19, this reduced to 6 days a week).
- The clinic provides sexual health information and access to rapid HIV and assisted STI testing.
- Additional clinics are also provided, however were paused during COVID-19 (Abuse Survivors Clinic, PrEP Advice, Trans Clinic, Well Woman Clinic.)
- Practitioners fed back that there was a gap in substance use services for those in the LGBT community who engaged in chemsex.

What are the gaps in sexual health services?

“Language barriers for clients whose first language is not English. More Trans awareness training in team as well as cultural/race training.”

Outreach Worker

“Generally, I would say that the service is meeting the needs of the community I would like to see us introduce the Rapid test for syphilis.”

Sexual health practitioner

ETHNIC MINORITY GROUPS ENGAGEMENT KEY FINDINGS

A focus group was completed with a group of women of reproductive age from South Asian Communities. The group covered the following areas:

- Were any issues raised by participants in relation to sexual health?
 - Not enough information provided by sexual health services when attending the clinic about the different contraception methods.
 - Some participants would like to be able to access STI testing easier and quicker – for example chlamydia testing kits in pharmacies that you can pick up – same for all STIs.
- Were there any themes/recommendations to be put forward for the sexual health needs assessment?
 - More education about sexual health – in schools, in colleges and at universities – for international students as they do not always receive this in their home countries.
 - More social media advertisements.
 - More awareness of sexual health services – in particular access after COVID-19 pandemic.
 - Sexual Health Ambassadors – more knowledge in the community, run sexual health training for community groups to teach others.

OLDER PEOPLE ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with older people:

- Older adults do not actively seek out support as it is possibly viewed as taboo.
- Questions arise in relation to consent and a person's ability to consent.
- There is not a lot of outreach into extra care settings.
- This population are quite able and quite active.

PEOPLE WITH DISABILITIES ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with those with disabilities:

- Sexual health can be a taboo subject. Disabled people are not seen as sexual beings.
- Disabled people unable to access smear tests.
- There is a need to make information on sexual health accessible and to make sure issues are followed up correctly.
- There are occasions where if a person with learning disability does not have a carer to support them, then help cannot be accessed.
- People with learning disabilities may mask understanding about health questions.
- Health practitioners may not understand the needs of those with learning disabilities.
- Staff training and upskilling is essential - staff need confidence to raise issues with the people they are working with.
- People with learning disabilities require face-to-face contact to process information. Online consultations are difficult for them.

ASYLUM SEEKERS, REFUGEES AND NEWLY ARRIVED MIGRANTS ENGAGEMENT KEY FINDINGS

Below is a summary of feedback from practitioners who work with those with asylum seekers, refugees, and newly arrived migrants:

- Practitioners fed back that health is explored constantly. Sexual health is not something that has been brought up in discussions.

RECOMMENDATIONS

KEY FINDING 16 – CHILD-SPECIFIC SEXUAL ABUSE SURVIVORS’ CLINICS

- At the time of this assessment, there was no child-specific sexual abuse survivors’ clinic run in either Birmingham or Solihull.
- The adult Abuse Survivors Clinic sees patients from age 13 and above. Those younger than this are seen by a pediatrician in the Sexual Assault Referral Centre (SARC).
- The benefit of running a child-specific sexual abuse survivors’ clinic is access to specialist advice and the clinic being completed in a child friendly environment.
- There used to be a dedicated Young Persons’ ASC; however this was not well attended. It is possible that this was because it was not promoted well.



IMPACT

- No child specialist workers are available to see patients.

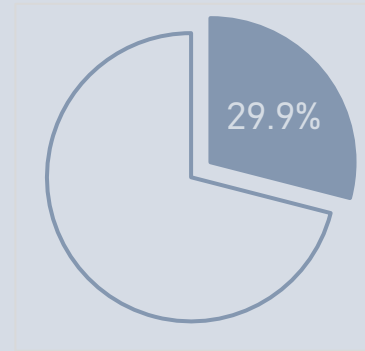


RECOMMENDATION

- A child-specific Abuse Survivors’ Clinic should be set up. It should be ensured that any clinic that is run is well-promoted across Birmingham and Solihull.

KEY FINDING 17 – CHEMSEX

- The HIV Commission recommended that to help end new cases of HIV, commissioners should explore co-delivery between drug and alcohol services (including sensitivity to the specificity of chemsex) and sexual health services.
- Feedback from practitioners was that there was a potential knowledge gap in some services in relation to chemsex.
- National Drug Treatment and Monitoring System (NDTMS) data indicates that there are only small numbers of men who use GHM, methamphetamine, and mephedrone engaging in substance misuse treatment in Birmingham and Solihull.



29.9% of gay men living with HIV reported having had chemsex in the last year.

IMPACT

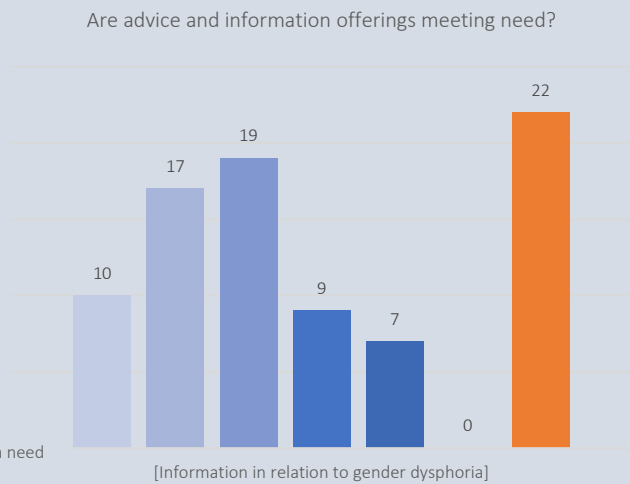
- Practitioners in a position to identify and address sexual health needs relating to chemsex may not have the confidence or knowledge to address needs with service users.
- The expansion of knowledge and services in relation to chemsex could help reduce the number of new HIV infections in Birmingham and Solihull.
- It is possible that large numbers of those engaging in chemsex are not approaching substance misuse services and as such are not likely to receive professional help for any substance misuse issues.

RECOMMENDATION

- An expansion to the response to chemsex should be explored across all services including drug and alcohol, mental health, and sexual health services.
- The referral routes from sexual health services through to substance misuse services should be reviewed to ensure that appropriate referrals are made.

KEY FINDING 18 – GENDER DYSPHORIA

- The practitioner surveys identified a potential lack of knowledge in relation to treatment for gender dysphoria.
- The GP advisor fed back that there was a general knowledge gap amongst GPs around gender dysphoria.
- The specialist trans-clinic run by Umbrella in conjunction with Birmingham LGBT was stopped during the COVID-19 pandemic.



“Regarding gender dysphoria, there are a number of areas for improvement in the responses of health services.”

“Patients exploring gender dysphoria treatment are supported by primary care services but have to wait to start pharmaceutical/surgery treatment until they have been assessed by an NHS service. Long NHS waiting lists mean that some patients use private clinics. GPs are not able to support these patient’s medication needs.”

“Secondary care clinics for gender dysphoria are hard to access.”



IMPACT

- Patients may not be given full or accurate advice in relation to gender dysphoria.
- Access to care in Birmingham and Solihull is limited due to the location of gender dysphoria services and long waiting lists.



RECOMMENDATION

- Clear guidance and pathways to the current service offering should be widely disseminated to GPs, sexual health practitioners and partners.
- Training packages delivered to GPs, sexual health practitioners and partners should include information on gender dysphoria.

KEY FINDING 19 – THE RATE OF SEXUAL HEALTH SCREENS TAKEN AT FIRST ATTENDANCE IN BIRMINGHAM AND SOLIHULL IS LOW FOR CERTAIN NATIONALITIES.

- Below shows the rate of sexual health screens taken at first attendance for Birmingham and Solihull.
- The rate is low for those from Pakistan, India, and Bangladesh, as shown in the table below.
- In Birmingham, there is a low uptake of first attendances for Asian or Asian British male heterosexuals.
- In Birmingham, there is a low update of first attendances for Asian or Asian British female heterosexuals.
- There were difficulties in exploring this issue further due to the lack of opportunities for engagement work as a result of COVID-19.

Country / 2019-20	Number of 1st Attendances	Number of 1st Attendances %	Number of sexual health screens taken	Number of sexual health screens taken %	% of sexual health screens taken (at 1st attendance)
Unknown	39404	56%	34941	59%	89%
United Kingdom	23185	33%	18706	31%	81%
Jamaica	833	1%	718	1%	86%
Pakistan	569	1%	341	1%	60%
Zimbabwe	419	1%	347	1%	83%
Nigeria	388	1%	305	1%	79%
Romania	371	1%	290	0%	78%
Poland	289	0%	214	0%	74%
India	245	0%	144	0%	59%
Italy	188	0%	133	0%	71%
Bangladesh	188	0%	84	0%	45%

- In Solihull, there were low rates for those from Pakistan (57%).



IMPACT

- There is unmet need for the Pakistani, Indian, and Bangladeshi populations.



RECOMMENDATION

- There should be further investigation into the reasons for the variance.
- More engagement activities with this cohort should be undertaken to explore possible barriers to services and to widen access.

KEY FINDING 20 – THOSE WITH A LEARNING AND/ OR PHYSICAL DISABILITY

- Disabled people are more likely to be digitally excluded. ('Digital Divide').
- In 2017, 56% of adult internet non-users were disabled, a much higher rate than the proportion of disabled adults in the UK population as a whole, which in 2016 to 2017 was estimated to be 22%. (ONS, 2017).



IMPACT

- The impact of COVID-19 has meant that more sexual health interventions are completed online and over the phone, which can inadvertently exclude those with a learning disability.



RECOMMENDATION

- There is a need to make information on sexual health accessible to those with a disability. This could be done by ensuring that there are strong partnerships with appropriate organisations working with and for those with disabilities.
- Service providers should engage with those with physical disabilities to identify the physical and practical barriers to accessing sexual health services.

KEY FINDING 21 – TRAINING NEEDS FOR THOSE ADVOCATING AND SUPPORTING HARD-TO-REACH AND VULNERABLE GROUPS

- The engagement exercise highlighted that some of those working for and advocating for those with disabilities may not discuss sexual health needs. The reason for this this is not clear but could be related to a confidence issue on the part of the practitioner.
- The engagement exercise highlighted that some of those working for and advocating for older people may not discuss sexual health needs. The reason for this this is not clear but could be related to a confidence issue on the part of the practitioner.



IMPACT

- Those with a learning disability may not have their sexual health needs identified through a lack of advocacy and support to access services.
- Older people may not have their sexual health needs identified through a lack of advocacy and support to access services.



RECOMMENDATION

- There is a need to make information on sexual health accessible and to make sure issues are followed up correctly.
- Those working with and for people with disabilities and older people should be provided with the confidence and tools to raise sexual health issues.

KEY FINDING 22 – BARRIERS TO ACCESS FOR HOMELESS PEOPLE

- Research indicates that as a cohort, homeless people can struggle to access health and social care services.
- Practitioner feedback indicated that the homeless cohort are unable to conform to the rigid access times and conditions of mainstream clinics.

“Clients are unable to book appointments due to internet and phone issues.”

“No outreach to the vulnerably housed and rough sleeping. [Services are needed] outside of office hours”

“Specific advice online is great, but the homelessness client group don't necessarily engage in this way.”



IMPACT

- Opportunities to address the sexual health needs of the homeless cohort are being missed.
- Opportunities to reduce the barriers to sexual health services for those who are homeless are not being taken.



RECOMMENDATION

- Link nurses between homeless and SM services would help break barriers from homeless people accessing services.
- The possibility of providing sexual health services from existing homeless hubs should be explored.

KEY FINDING 23 – THOSE WITH SUBSTANCE MISUSE ISSUES

- Those with substance misuse issues are an at-risk group due a sometimes-chaotic lifestyle which makes them vulnerable to a range of health problems including poor sexual health and unwanted pregnancies.
- Those with substance misuse issues are associated with poor engagement with medical treatment and increased chances of transmitting HIV.
- In both Birmingham and Solihull, there was limited partnership working between substance misuse services and sexual health services.
- Practitioners believed that more sexual health interventions could be delivered within drug and alcohol services.
- The Fast-Track Cities initiative in Birmingham is promoting the elimination of BBVs (Hepatitis B, Hepatitis C, and HIV) through increased testing and treatment. There is a high prevalence of Hepatitis C amongst injecting drug users.



IMPACT

- Opportunities to address the sexual health needs of those with substance misuse issues are being missed.
- Opportunities to reduce the barriers to sexual health services for those with substance misuse issues are not being taken.



RECOMMENDATION

- More sexual health interventions should be delivered in partnership with drug and alcohol services, as this is a group that does not engage with sexual health clinics.

CERVICAL SCREENING

KEY FINDING 24 – CERVICAL SCREENINGS

- The area covered by NHS Birmingham and Solihull CCG has low coverage rates for cervical screens in both the 25 to 49 and the 50 to 64 age groups.

Cervical screening coverage rates age 25 to 49

Coverage for 25 to 49 age group:-	Eligible women on last day of review period	Women with adequate screen in previous 3.5 years	3.5-year coverage %	Screens needed to meet 80%	RANK of 135 CCGs
ENGLAND - 135 CCGs	10,264,947	7,071,719	68.89	1,140,239	
Midlands and East region - 40 CCGs	2,943,335	2,079,243	70.64	275,425	
NHS BIRMINGHAM AND SOLIHULL CCG	227,069	146,906	64.70	34,750	113

Cervical screening coverage rates age 50 to 64

Coverage for 50 to 64 age group:-	Eligible women on last day of review period	Women with adequate screen in previous 5.5 years	5.5-year coverage %	Screens needed to meet 80%	RANK of 135 CCGs
ENGLAND - 135 CCGs	5,199,083	3,897,682	74.97	261,585	
Midlands and East region - 40 CCGs	1,574,596	1,192,800	75.75	66,877	
NHS BIRMINGHAM AND SOLIHULL CCG	102,172	74,627	73.04	7,111	104



IMPACT

- Low take-up of cervical screens leads to increased risk of cervical cancer amongst female population of Birmingham and Solihull.



RECOMMENDATION

- Cervical screening should be completed in sexual health services to widen access.