

# Sexual Health Strategic Plan

<p><b>Vision</b></p> <ul style="list-style-type: none"> <li>Birmingham is a City that believes all residents have the right and opportunity to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence.</li> <li>To improve the sexual health and wellbeing of all residents, Birmingham will build integrated sexual health system, which supports people in making informed, confident choices and when necessary, enables access to appropriate, quality services.</li> </ul>	<p><b>Key Aims</b></p> <ul style="list-style-type: none"> <li>Reduced levels of sexually transmitted infections</li> <li>Reduced levels of HIV and BBV transmission in high risk populations</li> <li>Reduced levels of unintended pregnancy, particularly in those under 18</li> <li>Reduction in the number of repeat abortions in all ages</li> <li>Reduced levels of sexual violence and coercion particularly in our most vulnerable groups</li> <li>Improving service access and service use experience of LGBT, BME and other underrepresented communities</li> <li>Reduced levels of sexual violence and coercion particularly in our most vulnerable groups</li> <li>Improving service access and service use experience of LGBT, BME and other underrepresented communities</li> </ul>
---	--

CORE PRINCIPLES		OUTCOME	ACTION	MEASURE	TARGET
<b>Better Treatment</b> <b>Better Support</b> <b>Better Prevention</b>	Integrated sexual health system providing education, support, choice and treatment promoting sexual health confidence through the sexual health life course.	% presenting with HIV at a late stage of infection.	Extend HIV testing to new primary care registrations and for medical admissions Extend point of Care testing for high risk target groups in selected community services	New diagnosis of HIV in target groups	Reduction
		Number of under 18 conceptions	Improve service responses to children and young people Increase proportion of LARCs	Pregnancy rate per 1,000 Proportion of repeat terminations	Reduction
			Focused early intervention to those at risk (e.g. priority schools, looked after children, care leavers, NEETS and Young Offenders)	Proportion of LARC as % of all contraceptive methods Rate per 1,000	Increase
		Chlamydia diagnosis rate in young adults.	Develop integrated service responses for high risk individuals and communities	Diagnosis rate per 1,000	Improve
		Reduced transmission of HIV, STIs and blood borne viruses	Increase the level of STI testing and treatment in primary care including	New diagnosis of all STIs	Increase
			Improve links with other relevant strategies (e.g. substance misuse, supporting people, adult / children safeguarding)	% of Repeat presentations for STIs testing and/or treatment	Reduction
		Earlier presentation and diagnosis of HIV, STIs and BBVs	Commission Reproductive Sexual Health (RSH) and GUM services to provide integrated care pathways Improve screening in high risk groups Promote routine HIV screening in high prevalence areas and settings	Proportion of earlier presentations Proportion complicated clinical presentations No. and % of people with HIV, Hep B and Hep C who are diagnosed late Rate of new and late diagnosis of liver failure resulting from Hep B and C	Improve
		Reduced number of initial and repeat abortions	Develop integrated service responses for high risk individuals and communities		Reduction
		Prompt access for earlier diagnosis and treatment.	Remodel mandated and non-mandated services	48 Hour Access Target	Maintain
		Increased use of effective good quality contraception	Increase and improve the role of NHS Primary Care and alternative community based services in delivering integrated sexual health services supported by education and training	Proportion of RSH provided in Primary Care and non-specialist settings Proportion of LARCs supplied in Primary Care	Increase
Reduced number of people repeatedly treated for STIs.	Better prevention services integrated into the role of treatment providers Increase awareness of linked risk behaviors	No. of repeat symptomatic/asymptomatic attendances requiring treatment	Reduction		
Better access to services for high risk communities	Further improve universal interventions (through partnership and workforce development and overall capacity building) Contribute to the safeguarding of vulnerable groups of adults and children Assertive outreach to high risk groups	Improve recording and data capture to measure access from specific groups. Initiate recording of cases of sexual violence exploitation, coercion and intimate partner violence	Improve		