

**Oxfordshire Joint Health Overview & Scrutiny Committee
23 April 2015**

Sexual Health Services for Oxfordshire

Report by Director of Public Health

1. Introduction

- 1.1 This report will describe the wide range of sexual health services delivered by all stakeholders in the county and discuss the services commissioned by Oxfordshire County Council to meet the sexual health needs of the population in Oxfordshire.

2. Exempt Information

N/A

3. EXECUTIVE SUMMARY

- 3.1 Since the transition of Public Health to Local Authorities in April 2013 as a consequence of the Health & Social Care Act (2012), there has been a statutory responsibility for Oxfordshire County Council to commission a range of sexual health services. This encompasses the provision of contraception and testing and treatment for sexually transmitted infections. Oxfordshire County Council commissions a number of services to achieve its statutory obligations including:
- Sexual Health Clinics
 - Long Acting Reversible Contraception (LARC) in GP Practices
 - Chlamydia Screening in GP Practices
 - Online Chlamydia Screening
 - Emergency Hormonal Contraception and Chlamydia Screening in Pharmacies
 - Sexual Health Services for young people delivered in schools by a School Health Nurse in each secondary school
 - Sexual Health Services for young people delivered in seven colleges of further education by College Nurses
 - Condom Distribution Scheme for young people
 - HIV testing in Pharmacies
 - HIV Prevention and Support
- 3.2 The wide range of sexual health services which are needed to meet the need of the local population require a multifaceted yet coordinated approach to

provide accessibility and acceptability for a diverse local population who will have individual need.

In addition to these providers Oxfordshire County Council also work in partnership with

- Public Health England (PHE) Thames Valley centre with regard to Health Protection and Sexually Transmitted Infections (STI).
- Oxfordshire CCG and the NHS Area Team as commissioners of General Practice, HIV treatment services and Termination of Pregnancy services.

3.3 Since the transfer of commissioning responsibility into Local Authority the Public Health Directorate have made a number of improvements within the contracting arrangements to make services more accessible to local residents needs including;

- Commissioning of a new Integrated Sexual Health Service combining contraception services with sexually transmitted infection testing and treatment into a 'one stop shop'. This has had the effect of increasing the number of hours residents can seek advice for contraception by 60.25 hours a week on the previous contraception service and STI testing and treatment by 66.75 hours a week.
- Free Emergency Hormonal Contraception in Pharmacies has been extended from only being available to young people under 18 to young people aged 21 years and under increasing take up from 249 per year to around 800 by the end of 14/15.
- Increasing the School Health nursing service from 18 to 35 nurses in each of 35 secondary schools, to ensure that each Secondary School has its own School Health Nurse. They provide sexual health education and advice and sexual health services to young people.
- Expansion of the College Nurse Service from Banbury, Bicester, Oxford City and Blackbird Leys colleges to 3 new colleges of further education in Abingdon, Witney and Henley.
- Tackling inequalities by focussing services where need is greatest.

Moving into the next phase of commissioning the Public Health Directorate will continue to monitor services and work with providers to develop services to meet the changing needs of the population.

3.4 The Director of Public Health also has a leadership and oversight role covering services provided by the NHS and Public Health England. In this respect a Sexual Health Action Partnership (SHAP) has been established to provide a platform for the Director to exercise his leadership role in working with local stakeholders to identify and address health protection issues related to sexual health and also the further integration of all sexual health services to provide seamless care for the population.

Building on the work that has taken place in the past twelve months the commissioners of sexual health services will plan in 2015/16 to;

- Continue to monitor services and work with providers to provide a range of quality services
- Continue to work with service providers to improve the integrated service
- Assess the first year of the integrated service in line with council policy
- Develop the partnerships with all stakeholders through the SHAP to take an in-depth look at improving chlamydia screening uptake and analysing diagnoses of gonorrhoea.
- Continued vigilance in safeguarding our children and young people as a top priority
- Continue to support the training and development of staff providing services
- Commission HIV prevention and support services

4. INTRODUCTION

- 4.1 Since the transition of Public Health to Local Authorities in April 2013 as a consequence of the Health & Social Care Act (2012), there has been a statutory responsibility for Oxfordshire County Council to commission a range of sexual health services. The County Council is however not the only commissioner of sexual health services as the Health & Social Care Act (2012) divided the responsibility for the commissioning sexual health services was divided between different organisations. The service needs of the individual may result in overlap of responsibility of organisations to meet these needs (figure1).

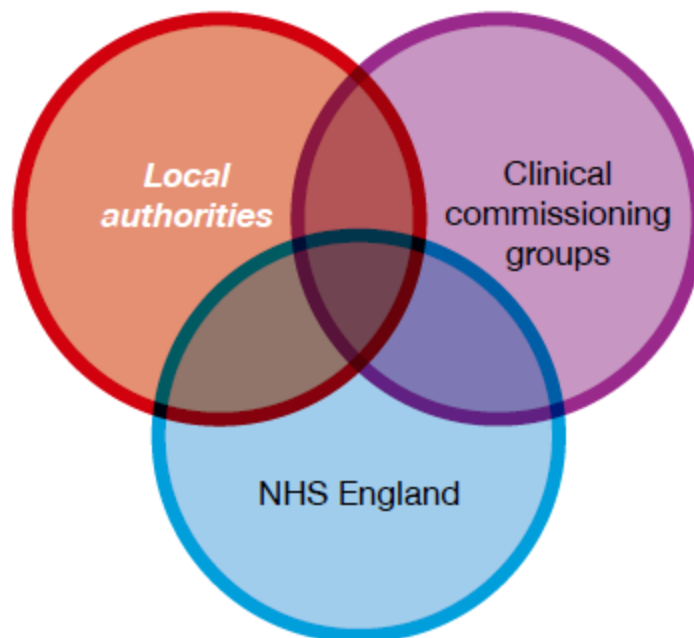


Figure1. Commissioning arrangements for sexual health services (from Making it work; A guide to whole system commissioning for sexual health, reproductive health and HIV ,2014. PHE)

Commissioning responsibilities of Local Authority

4.2 Oxfordshire County Council is responsible for the commissioning of the following sexual health services:

- Contraception (including the costs of LARC devices and prescription or supply of other methods including condoms) and advice on preventing unintended pregnancy, in specialist services and those commissioned from primary care (GP and community pharmacy) under local public health contracts (such as arrangements were formerly covered by Locally Enhanced Services and National Enhanced Services)
- Sexually transmitted infection (STI) testing and treatment in specialist services and those commissioned from primary care under local public health contracts, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing including population screening in primary care and general medical settings , partner notification for STIs and HIV
- Sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmacies

Commissioning responsibilities of Oxfordshire Clinical Commissioning Group

4.3 Oxfordshire CCG is responsible for commissioning the following sexual health services:

- Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway (except abortion for foetal anomaly by specialist foetal medicine services –see “NHS England commissions”)
- Female sterilisation
- Vasectomy (male sterilisation)
- Non-sexual health elements of psychosexual health services
- Contraception primarily for gynaecological (non-contraceptive) purposes
- HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)

Commissioning responsibilities of NHS England

4.4 NHS England is responsible for the commissioning of the following sexual health services:

- Contraceptive services provided as an “additional service” under the GP contract
- HIV treatment and care services for adults and children, and cost of all antiretroviral treatment
- Testing and treatment for STIs (including HIV testing) in general practice when clinically indicated or requested by individual patients, where provided as part

of “essential services” under the GP contract (i.e. not part of public health commissioned services, but relating to the individual’s care)

- HIV testing when clinically indicated in other NHS England-commissioned services
- All sexual health elements of healthcare in secure and detained settings
- Sexual assault referral centres
- Cervical screening in a range of settings
- Human Papilloma Virus immunisation programme
- Specialist foetal medicine services, including late surgical termination of pregnancy for foetal anomaly between 13 and 24 gestational weeks
- NHS Infectious Diseases in Pregnancy Screening Programme including antenatal
- Screening for HIV, syphilis, hepatitis B

4.5 Patient centred care is important as one individual can access a range of different commissioned services. Providers and commissioners need to work in collaboration to provide a “seamless” journey for patients using sexual health services locally as shown in figure2.¹

4.6 The user journey below (figure2) describes a young woman’s use of open access sexual health services. It illustrates the need to provide information, advice and care that support her positive sexual health. To avoid unwanted pregnancy and treat an STI, she uses services commissioned by two local authorities and NHS England. Her story underlines the importance of open access and young person-friendly services.

¹ Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV. (2014) Public Health England

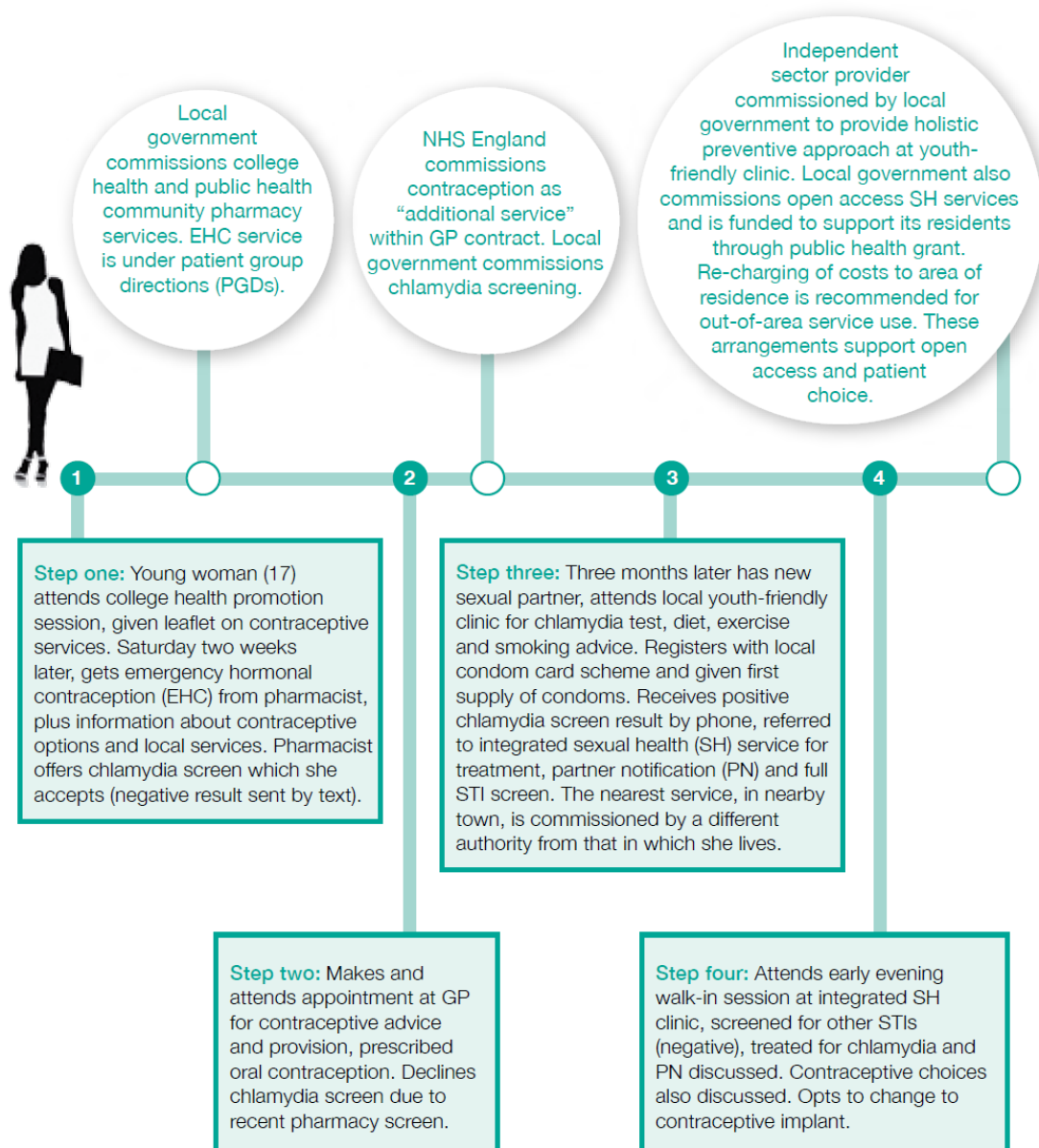


Figure 2 A Young Woman's Journey (Source: Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV. (2014) Public Health England)

5. Commissioning to meet Sexual Health Needs

5.1 The transfer of responsibility for the delivery of sexual health services into Local Authority as a consequence of the Health and Social Care Act (2012) provided the commissioning team in Public Health with an opportunity to improve services for the local population. The commissioning team have brought all sexual health contracts across from NHS into Local Authority and worked to commission services in line with best practice. Since 1st April 2014 there have been a number of changes within the contracting arrangements to make services more accessible to local residents including.

- Commissioning of a new Integrated Sexual Health Service combining contraception services with sexually transmitted infection testing and treatment into a 'one stop shop'. This has had the effect of increasing the number of hours residents can seek advice for contraception by 60.25 hours a week on the previous contraception service and STI testing and treatment by 66.75 hours a week.
- Free Emergency Hormonal Contraception in Pharmacies has been extended from only being available to young people under 18 to young people aged 21 years and under increasing take up from 249 per year to around 800 by the end of 14/15.
- Increasing the School Health nursing service to each of 35 secondary schools, more than doubling previous provision to ensure that each Secondary School has its own School Health Nurse . They provide sexual health education and advice and sexual health services to young people
- Expansion of the College Nurse Service from Banbury, Bicester, Oxford City and Blackbird Leys colleges to 3 new colleges of further education in Abingdon, Witney and Henley.
- Tackling inequalities by focussing services where need is greatest.

6. **Budget for Sexual Health Services**

6.1 The budget for sexual health services in Oxfordshire County Council for 2014/15 was £8.653M

- Integrated sexual health services £7.0M
- Chlamydia Screening programme £400K
- Out of area services (i.e. local residents accessing sexual health services elsewhere) £500K
- Online Chlamydia £15
- Condom Distribution Service £39K
- Pharmacy EHC £15K
- LARC £490K
- GP Chlamydia screening £60K
- Risky Behaviours £32K
- HIV Testing in Pharmacy Pilot £2K
- HIV prevention £100K

In addition, school and college nurse provided sexual health services are integral to the £2M contract for this service.

7. **Integrated Sexual Health Services**

7.1 Since 2001, following publication of the National Sexual Health and HIV Strategy Sexual Health Services were divided into three levels of service. Historically the level 3 services which manage more complex needs and HIV patients, have been located in acute hospitals. However changing and improved diagnostic methods and treatment have informed a clear national strategic direction that the services should also be community based. Current

best practice recommends that in order to ensure that the holistic sexual health needs of the patients are addressed within the same service, Genitourinary Medicine (GUM) and contraceptive services should be fully integrated.

Model of care for service

- 7.2 In order to deliver services which could address the needs of the population the key aim of the commissioned service is to provide a service in which individuals experience a seamless service that focuses on their care needs as comprehensibly as reasonably possible with relatively few handovers.
- 7.3 In order to achieve this aim, the redesigned service has the following objectives;
- Ensure that seamless sexual health care pathways will lead to better patient outcomes.
 - Extend the provision of contraception to all patients accessing sexually transmitted disease services thus greatly improving patient access.
 - Extend the provision of STI testing to those accessing contraception services thus greatly improving patient access..
 - Facilitate a “one-stop shop” holistic service model with a centralised booking system for patients whose needs can be addressed in one visit.
 - Develop specialist hubs within the service model providing immediate advice, support and facilities for onward referrals.
 - Develop a unified robust clinical governance framework with a single performance management framework.
 - Identify opportunities for productivity and efficiency to increase capacity and capability of services, and improve access and uptake of services.
 - Continue to ensure services are designed to be young people friendly.
- 7.4 The commissioned “hub and spoke” model is able to provide the required services in a more acceptable and available manner is shown in figure 3 below.

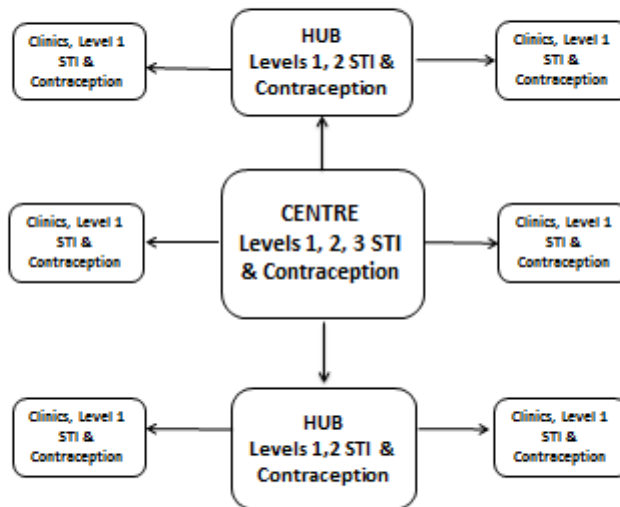


Figure3. Hub and Spoke Model of Integrated Service

Range of services delivered

7.5 The integrated sexual health service is delivered from 9 sites across the county which provide a range of services. The range of Genitourinary Medicine (GUM) and contraception services includes;

- GUM services include STI testing, prevention and advice.
- STI treatment and partner notification
- Psychosexual services
- Provision of contraception
- Safe sex advice and promotion
- HIV point of care testing (testing available more widely in community settings)
- Outreach services

7.6 However not every site provides the same range or complexity of services as this would not be practical or provide value to the taxpayer. The clinics are designated levels 1-3, the level three clinics providing more complex specialist care to the service user. In order to reduce health inequalities, level 3 services are located in the areas of greatest need

Service locations and opening times

7.7 The nine clinics which are part of the integrated sexual health are located in the following towns. The opening times for the clinics are detailed in the tables 1-4 below.

Level 3 Services

Churchill Hospital Oxford

Clinic	Mon	Tues	Weds	Thurs	Fri	Sat
Walk-in	12:15-15:15	12:15-15:15	12:15-15:15	12:15-15:15	12:15-15:15	09:00-12:00
By Appointment	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	

Table1. Opening times for Churchill Hospital Clinic Banbury

Clinic	Mon	Tues	Weds	Thurs	Fri
Walk-in	13:00-17:30		13:00-17:30		09:15-12:15
By Appointment	09:15-12:00	13:00-17:30		09:15-15:15	

Table2. Opening times for Banbury Clinic

Level 2 Services

Clinic	Mon	Tues	Weds	Thurs	Fri
East Oxford	09:30-19:00	09:30-19:00	11:30-19:00	09:30-19:00	09:30-16:00
Didcot		15:30-17:30		14:30-17:30	

Table3. Opening times for level 2 Service Clinics

Level 1 Services

Clinic	Mon	Tues	Weds	Thurs	Fri
Abingdon			16:00-18:00		
Bicester	15:30-18:00	15:30-17:30			
Kidlington			17:00-19:00		
Wantage				17:00-19:30	
Witney	15:30-18:30		15:30-18:30		

Table4. Opening times for level 1 Service Clinics

Activity in 2014/15

7.8 To date of this report we have data for Q1-3 of the financial year 2014/5. In this time period there have been 33,006 service users access the service in Oxfordshire (table5). In the level 3 hub clinics the majority of service users are accessing GUM services (table6). In the level 1&2 peripheral clinics the majority of service users are accessing contraception services (table8).

Service	Q1	Q2	Q3	Q1-Q3
GUM	6972	6949	7039	20960
Contraception	3953	4190	3903	12046
Total	10925	11139	10942	33006

Table5. Numbers of Service Users Q1-3 2014/15

GUM activity by clinic

7.9 Table 6 provides detail of the GUM activity for the nine clinics in the integrated service. The majority (91%) of GUM activity is in the larger level 3 clinics

based in Oxford and Banbury. Please note there is no activity in Q1&2 for East Oxford due to the clinic commencing services from 1 July at this site.

Clinic	Q1	Q2	Q3	Q1-Q3
Churchill	5182	5011	5046	15239
Banbury	1621	1589	1367	4577
East Oxford	-	-	176	176
Didcot	80	115	139	334
Abingdon	0	27	55	82
Bicester	45	72	52	169
Kidlington	0	5	7	12
Wantage	25	30	54	109
Witney	19	100	143	262
Total	6972	6949	7039	20960

Table6. GUM activity by clinic Q1-3 2014/15

7.10 The number of tests for STI and positive diagnoses provided for Service Users is detailed in table7 below. Sexually transmitted infections and health protection will be discussed in more detail later in this report.

	Tests Done Q1-3	Positive Diagnosis
Chlamydia	4681	547
Gonorrhoea	4674	123
Syphilis	3760	13
HIV	3713	0
Herpes	-	444
Other Diagnosis	-	1588

Table7. Testing and diagnosis activity for STIs Q1-Q3 2014/15

Contraception Activity

7.11 Table 8 provides detail of the contraception activity for the nine clinics in the integrated service. 59% of contraception activity is conducted in the level 3 clinics but a larger proportion of activity is delivered by the peripheral clinics compared to GUM activity. Please note there is no activity in Q1&2 for East Oxford due to the clinic commencing services from 1 July at this site.

Clinic	Q1	Q2	Q3	Q1-Q3
Churchill	2162	2193	1911	6266
Banbury	448	477	397	1322
East Oxford	-	-	274	274
Didcot	322	363	333	1018
Abingdon	157	187	132	476
Bicester	146	188	173	507
Kidlington	104	149	113	366
Wantage	182	195	157	534
Witney	386	406	362	1154
Total	3953	4190	3903	12046

Table8. Contraception activity by clinic Q1-3 2014/15

7.12 Table 9 details the type of contraception delivered by the service for Q1-Q3 in 2014/15. Oral contraception is the most common method of contraception prescribed by the service to Users. However when considering the provision of contraception to the population of Oxfordshire we must consider the activity delivered by GPs which is discussed later in this report.

Contraception Method	Q1	Q2	Q3	Q1-Q3
Oral Contraception	1065	1734	1718	4517
Injectable Contraception	245	306	344	895
IUD/IUS	147	163	189	499
Implant	193	288	309	790
Emergency Contraception	170	242	246	658
Condom	-	127	145	272
Contraceptive Patch	-	86	81	167

Table9. Contraception activity in the Integrated Service Q1-3 2014/15 (note IUS is an intrauterine device (coil) which releases progesterone)

Future plans for the integrated service

7.13 The integrated sexual health service completed the first year of service on 1 April 2015. The commissioners will be evaluating the first year of the service and will continue to monitor the service in line with council contract management policy.

8. GP AND PHARMACY SERVICES

8.1 Public Health commission additional services from GP's and Pharmacies for sexual health as detailed below. This is achieved through an Approved Provider List (APL). These are services that are not part of the main General Medical Council contract and are offer enhanced services for patients. Oxfordshire County Council commissioned these services to start on 1st April 2014 and contracts are in place until March 2018.

GP Services

8.2 GPs are a key stakeholder in the delivery of contraception services for the local population. There are 79 GP practices in the County which are part of our Approved Provider List (APL) and are commissioned to deliver the following services to the population of Oxfordshire;

- Long-acting reversible contraception (LARC) are methods of birth control that provide effective contraception for an extended period of time without requiring user action². They are the most effective reversible methods of contraception and the provision of services fitting LARC's is seen as essential health care in preventing unplanned pregnancies. For the purpose of this specification LARC refers to the following types of intrauterine contraception devices (IUCD) ("the coil") and implantable contraception:
 - intrauterine systems (IUS) can prevent pregnancies for five years
 - intrauterine devices (IUD) can prevent pregnancies for between three and ten years
 - subcutaneous implants can prevent pregnancies for three years
- Chlamydia screening (discussed later in this report)

8.3 GPs also provide other forms of prescription contraception as part of their General Medical Services (GMS) contracted services with NHS England. These contraception prescriptions include

- Oral contraception
- Contraceptive injection
- Emergency hormone contraception

Activity in 2014/15

8.4 The activity for Q1-3 in 2014/15 is in table10 below. Approximately 75% of LARCs in Oxfordshire were delivered by GPs the remaining 25% were delivered by the integrated service. The significantly activity in the delivery of contraception services reflects the importance of local GPs as the provider of choice for many people in the community.

² CG30 Long Acting reversible Contraception, October 2005, NICE <http://guidance.nice.org.uk/CG30>

Treatment	Q1	Q2	Q3	Q1-3
IUD	831	753	777	2361
Implant fit	488	467	498	1453
Implant Removal	222	202	227	651
Chlamydia screen offer	2841	2851	4000	9692
Chlamydia Screens done	834	946	1035	2815

Table 10. Contraception and Chlamydia Screening activity Q1-3 2014/15

Pharmacy services

8.5 The County Council has commissioned emergency hormone contraception and chlamydia screening with 34 pharmacies through an approved provider list (APL). Pharmacies are well placed in retail areas with high footfall and commonly wider opening times afford an important accessible service outside of normal working hours for young people.

Service objectives include:

- Free access for all young women (aged 21 years and under) to emergency contraception to reduce the risk of unwanted pregnancy
- Providing sexual health information and advice in order to develop increased knowledge, especially in high-need communities
- Ensuring that services are acceptable and accessible to young people
Provision of chlamydia screening as part of the National Chlamydia Screening Programme (NCSP)
- Signposting to other services

Activity in 2014/15

8.6 Use of this service has increased from 249 in 13/14 to around 800 in 14/15 which is a major improvement making this free service accessible to all under 21's. The activity for the 34 pharmacies in Oxfordshire for provision of EHC in 2014/15 is detailed in table 11 below. There has been an increase in the service in Q1&2 and we will observe the on-going trend in activity in 2015/16. When compared to the activity of EHC provision in the integrated service the pharmacy based delivery of EHC has overtaken the integrated service. This would suggest that having the offer of EHC in pharmacy is an acceptable choice for service users and contributes to the reduction of barriers to access across our services. Analysis of practice level data had shown that the highest level activity is in prominent locations with naturally busy footfall in Oxford and Banbury which will help to combat health inequalities and would provide a certain level of anonymity for service users.

Q1	Q2	Q3	Q4	Total
47	125	309	306	787

Table 11. EHC activity in Pharmacies in 2014/15

9. CONDOM DISTRIBUTION

- 9.1 Free condom distribution for young people has been an integral part of Oxfordshire's strategy for sexual health improvement. It is essential that young people can benefit from the operation of a co-ordinated, consistent and countywide condom distribution scheme.
- 9.2 This service provides free condoms to young people (aged up to 21 years or 25 years if they are deemed vulnerable) who do not access healthcare settings for sexual health (e.g. Integrated sexual health service) and contributes to reducing teenage conceptions and the rising sexually transmitted infections (STIs) rates amongst young people, as well as promoting good sexual health to this population.
In the first 3 quarters of the year around 21,000 condoms were distributed to around 1,600 service users.
- 9.3 The condom distribution scheme:
- Is a young person-centred confidential service that provides condoms, advice and information
 - Empowers young people to readily access support, advice and condoms from a number of different locations across Oxfordshire
 - Registers young people before using the service which includes a consultation with a trained worker, once this has happened the young person is able to get condoms from a number of outlets and be given new supplies
 - Ensures that young people are properly informed about sexual health, risk and effectual use of condoms and promote longer term sexual health awareness and behaviour and better use of services
- 9.4 The service provides a starter pack upon registration with the scheme which includes condoms, information about condom usage and what to do if there is condom error or the condom splits. Young people do not have to be sexually active to join the scheme. The service also provides onward referral and signposting to other sexual health services, e.g. SH service Termination of Pregnancy, Terence Higgins Trust (THT), Sexual Assault Resource Centre (SARC), Oxfordshire Sexual Health website, OSCP.
- 9.5 To ensure that all staff delivering the services are appropriately trained our provider also delivers regular training in Oxfordshire to ensure that professionals working with young people understand the requirements of the scheme. Training also ensures that where a professional believes that a person over the age of 21 years but under the age of 25 years would benefit from using the scheme they will be able to use their discretion.

Service users

9.6 The service is available to young people aged up to 21 years or 25 years if they are deemed vulnerable and will target the following groups:

- young people in school, further education and higher education
- young people living in rural areas
- young men who have sex with men
- young people who come from or who have visited areas of high HIV prevalence
- young people from Ethnic Minorities
- young people who misuse alcohol and/or drugs

Activity in 2014/15

9.7 Information about the activity in Q1-Q3 2014/15 is provided in table12 below. By Q 3 there were 53 distribution sites and 204 professionals trained to deliver the scheme. There are 1616 people actively using the scheme and 20985 condoms distributed.

	Q1	Q2	Q3	Q1-Q3
New Registrations	259	340	855	1454
Users	338	382	896	1616
Condoms distributed	4076	4485	12424	20985
Active distribution sites	35	25	53	53
Staff trained	82	44	78	204

Table12. Activity in Q1-Q3 2014/15 in Condom distribution service

10. SCHOOL HEALTH SERVICE

10.1 Oxfordshire County Council commissions a School Nursing Service that provides public health interventions for every secondary school in Oxfordshire on the basis of council priorities, the school's needs, best available evidence and the priorities in the Healthy Child Programme. The service provides a named, whole time equivalent school nurse, working in every secondary school in Oxfordshire. This contract has increased the number of School Health Nurses across Oxfordshire from 18 to 35 in secondary schools full time (compared with more typically a few hours a week in each school).

10.2 This is a three year contract, running from April 2014 – March 2017 with an option to extend for two years to provide school nursing services in Oxfordshire primary and secondary schools. The provider is Oxford Health NHS Foundation Trust.

10.3 The service works closely with a range of partners including:

- Schools,
- Early intervention service,
- Children's social care,
- Health visitors,
- GPs,
- Specialist substance misuse service,
- Sexual health service,
- Mental health services include Primary Child and Adolescent Mental Health Services (PCAMHS) and Child and Adolescent mental Health Services (CAMHS)
- The Kingfisher Team

Model of care for service

10.4 The service model aims to strengthen public health services for school-aged children and young people and to promote optimal health and wellbeing. It brings together the wide range of recommended programmes and initiatives for local areas including the Healthy Child Programme. Part of this is the provision of sexual health advice and provision of sexual health services and signposting young people to other services.

11. **Sexual Health Services and Safeguarding**

11.1 The commissioners of sexual health services in Oxfordshire County Council consider the safeguarding of users the highest priority for all the commissioned services. The requirements for safeguarding and CSE in all contracts require the following of all providers contracted to deliver services:

- All staff abide by the safeguarding policies operated by Oxfordshire Safeguarding Childrens Board³ and Oxfordshire Safeguarding Adults Board⁴. This shall include understanding safeguarding referral procedures and referral pathways to social care.
- All services are subject to the Oxfordshire Safeguarding Children's Board policy on consent, which means following national law and regulations very closely.
- All staff had a satisfactory Disclosure and Barring Service⁵ (DRB) check.
- All staff receive training on confidentiality and information governance.
- All staff receive training to a level appropriate to their role and abide by the legislation on safeguarding (children and adults).
- All staff shall receive training about child sexual exploitation and adhere to local policies and protocol published by Oxfordshire Safeguarding Childrens Board for child sexual exploitation.

³ Oxfordshire Safeguarding Childrens Board <http://www.oscb.org.uk/wps/wcm/connect/occ/OSCB/Home/>.

⁴ Oxfordshire Safeguarding Adults Board <http://www.safefromharm.org.uk/wps/wcm/connect/occ/Safe+From+Harm/Home/>

⁵ Disclosure and Barring Service <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

11.2 The services cannot work in isolation and health professionals are required to work across a number of networks and providers which include the Kingfisher Team and Oxfordshire Multi Agency Safeguarding Hub (MASH).

12. Partnership Working in Sexual Health

12.1 Providing appropriate sexual health services for the local population requires a coordinated approach between a number of organisations. The local leadership of the DPH, on behalf of local authorities, is critical to ensuring that the local authority and local partners are implementing preventative strategies to tackle key challenges to the local population.

12.2 In order to achieve this and in line with best practice, a Sexual Health Action Partnership (SHAP) has been initiated by Oxfordshire County Council and first met February 2015. The purpose of the SHAP is to assist the DPH to deliver statutory functions in the following roles;

- Monitoring of local data
- Reporting of local issues which may affect the delivery of services to the local population
- Planning and provision of sexual health services
- Prevention and sexual health awareness
- Relationships and accountabilities

12.3 By bringing together local key stakeholders in partnership to agree the local issues and how to address them a better integration of all the different services can be facilitated to further improve the sexual health of the local population.

12.4 The group will report to the Director of Public Health and will next meet in June to agree the priority issues and how to address them.

13. HIV Prevention and Support

13.1 The prevention, awareness of HIV and support for those who are diagnosed with HIV is an important contributor to addressing prevalence of HIV in the community. By educating the public in safe sexual practice and encouraging regular testing for high risk groups, early identification and treatment of infected individuals can help in reducing transmission in the community.

13.2 In Oxfordshire prevention and support services are provided by Terrence Higgins Trust (THT). The service is currently under review and will be expected to be commissioned for 1 April 2016 when the current contract for services completes its term.

13.3 Delivery of the current HIV Prevention and Support Service is expected to achieve and/or contribute to the following outcomes:

- An improved knowledge of how to access mainstream sexual health services among high risk groups.
- A decrease in risky sexual behaviour, due to an improvement in knowledge of STI & HIV prevention and condom usage.
- An increase in the numbers of high risk groups accessing sexual health screening/testing services.
- Improved sexual health awareness of STI's and HIV prevention among high risk groups, and an improvement in sexual health wellbeing.
- Reduction in the rate of any subsequent STI by individuals.
- Reduction in onward transmission of any existing STI by individuals.
- Increased access to information regarding HIV and other relevant issues
- Increased knowledge of other services available to people living with HIV in Oxfordshire
- Increased ability for people living with HIV to self-manage their long term medical condition
- Increase client mental health well-being, as a result of timely intervention of the respite service. Service provider follows up and monitors behaviour changes.
- Reduction in social isolation of people living with HIV

13.4 The current service is delivered through provision of:

- One to one sessions
- Group work sessions
- Targeted outreach sessions (including virtual outreach)
- Respite opportunities

13.5 The Service Provider works closely with proprietors of venues, faith leaders and African community members to access high risk groups.

13.6 The current service is available to individuals who are part of high risk groups in the County. The service does not work with individuals who are aged under 18 years old.

14. **HIV testing in Pharmacy**

14.1 Current guidelines in the UK⁶ aim to increase HIV testing in all healthcare settings to reduce the levels of undiagnosed HIV. In areas where more than 2 in 1000 people in the general population have diagnosed HIV, the guidelines recommend an HIV test is considered for everyone at GP registration and hospital admission. Appropriately targeted, community HIV testing has also been advocated by NICE⁷.

⁶ British HIV Association, 2008 *UK National Guidelines for HIV testing*
<http://www.bashh.org/documents/1838.pdf>

⁷ NICE PH34 Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men.

- 14.2 The aim of the service is to increase uptake of HIV testing by at risk groups in Oxford using a targeted community approach. The targeted approach involves The Leys Pharmacy on the Cowley Road.
- 14.3 The service has been running as a pilot since 1 January 2013 and will continue until 31 March 2015. The cost is approximately £2K per year to deliver.
- 14.4 The service as it currently runs, can be offered to any clients requesting it who fit within the following criteria:
- Clients who speak adequate English to understand the service. Or clients with whom the pharmacist can converse in their native language.
 - Only for clients aged 16 or over
 - Clients who feel they have been exposed to a risk of HIV.
- 14.5 Service Exclusion
- Clients who are only seeking an HIV test to receive documentary evidence of their health are not eligible for this service. These clients should be referred to their GP or GUM, and will be asked to provide formal identification.

Activity in 2014/15

14.6 In 2014/15 there were a total of 66 tests provided from the pharmacy site on Cowley road and none of the tests were positive (Table14).

	Q1	Q2	Q3	Q4	2014/15
People tested	20	19	18	9	66

Table14. Activity in HIV in Pharmacy testing 2014/15

15. **Conclusion**

- 15.1 Sexual health services have developed rapidly in the last two years since many of the services moved from the NHS into Local Authority.
- 15.2 A suite of new contracts have been let, access to services across the County has increased and provision of services in schools and pharmacies has greatly expanded. At the same time the highest standards of safeguarding have been put in place.
- 15.3 The next steps have begun to be taken, namely careful contract monitoring and adjustment and strengthening the joint work across all organisations in the County.

RECOMMENDATION

- 16. The Joint Committee is RECOMMENDED to note the contents of the report and the sexual health services delivered to the population of Oxfordshire.**

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Background papers: Nil

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