Commissioning Sexual Health services and interventions

Best practice guidance for local authorities

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Commissioning Sexual Health services and interventions

Purpose of this guidance

1. Local authorities will be responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities, with costs met from their ring-fenced public health grant. While they will be able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services, which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

2. The purpose of this guidance is to help local authorities to fulfil these legal requirements, and to link the action they take to fulfil these requirements to their broader responsibilities for improving sexual health, and to their new duty to improve the health of their population. This guidance describes best practice, and refers to a number of other resources which local authorities may find useful.

Context

3. Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk. However, many people, including health professionals, are not comfortable talking about sexual health issues and some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services. Groups at highest risk include young people, some black and ethnic minority groups, and gay and bisexual men.

The Commissioning Landscape

4. Patients and the public lie at the heart of the commissioning landscape, and all services, and interventions commissioned by local authorities and other service commissioners should be patient-centred and aimed at improving the health of individuals and the wider population. The forthcoming sexual health policy document will set out the Government's plans for improving sexual health in England.

5. In addition to the policy document, the Public Health Outcomes Framework[1] contains three specific indicators for sexual health:-
   - Under 18 conceptions
   - Chlamydia diagnoses in the 15 – 24 age group
   - Late diagnosis of HIV

[1] Public Health Outcomes Framework, 2012
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

A range of data will be available to local authorities to enable them to benchmark their performance against the Public Health Outcomes Framework indicators.

6. From April 2013, a number of different commissioning organisations are involved in commissioning various aspects of sexual health services. Local authorities are responsible for commissioning most sexual health services and interventions, but some elements of care will be commissioned by Clinical Commissioning Groups or by the NHS Commissioning Board. The table at Annex A gives more information about commissioning responsibilities. All the commissioning bodies (including local authorities in the exercise of their public health functions), will be required by law to have regard to the NHS Constitution in their decisions and actions, including those in relation to sexual health services. (The Constitution also applies to providers of sexual health services, whether NHS trusts, Foundation Trusts, GPs or other primary care providers, or private providers).

7. Health and wellbeing boards have a duty to promote integrated working between commissioners of health and social care, and will play a key role in ensuring that the sexual health services and care received by their communities is seamless. Through the Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy (JHWS) health and wellbeing boards will identify the health and social care needs of the local community and agree their joint priorities for local action. Sexual health needs will be considered as part of this process. Health and wellbeing boards and other key players like service commissioners, clinical senates, advocacy groups such as Healthwatch and local people themselves will help to play a role in ensuring that the right services are offered in the right times and places.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

8. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to arrange for the provision of certain services. An extract from the regulations which cover the provision of sexual health services is attached at Annex B, and these require the provision of:-
    - open access sexual health services for everyone present in their area; covering
        - free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
        - free contraception, and reasonable access to all methods of contraception.

9. The requirements are broadly the same as the requirements which the NHS previously had to fulfil. The rest of this section gives more detail about these requirements and how local authorities can go about fulfilling them.

Open access services

10. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies.

11. The regulations refer to the provision of “open access services for the benefit of all persons present in the area”. This means that anyone who is in an area is entitled to

use the services provided in that area, and services cannot be restricted only to people who can prove that they live in the area, or who are registered with a local GP, or who are referred by a local GP, or on other grounds such as that they are an overseas national or are just visiting the local area.

12. Open access services are confidential. This means that people who want to use services anonymously and do not want to give their name, address or other personal details cannot be denied access to services – although in practice most people are happy to provide these details. There is a longstanding recognition of the particularly sensitive nature of the information collected by these services and an equally longstanding commitment to ensuring that the uptake of services is not undermined by concerns about the confidentiality of service provision.

13. There are currently regulations and Directions[2] which assure patient confidentiality and limit the circumstances in which data collected by sexual health clinics can be shared with health professionals and others (eg service commissioners). This regulatory framework does not fully reflect the requirements of the new health and social care system and will be replaced in due course by legally binding guidance published as part of a statutory code of practice by the Health and Social Care Information Centre in partnership with the Department of Health and the NHS Commissioning Board. Whilst reaffirming the requirement to keep sexual health information either logically or physically separate from other health records, the new guidance will also reflect the importance of being able to share this sort of information amongst health professionals engaged in an individual's care where the individual has expressly consented for this to occur.

14. The requirement to provide open access services does not prevent authorities from providing services targeted at specific groups, for example the provision of young people's services for the under 25s, or specialised services for gay and bisexual men, people with learning disabilities or sex workers. However, the overall service offering must be open access, and everyone present in their area must be able to access services, irrespective of age, gender or sexual orientation.

15. Although the regulations require local authorities to provide these services they do not set out how the services should be provided. They impose no requirements on the number of services an authority should have in an area, service levels per head of population or persons present in an area, where services are located, which providers should be commissioned to provide which services, opening hours, whether services are walk-in or appointment only, waiting times or staffing levels. All these important issues are for local determination and all can make a real difference to the quality of services and outcomes. For example:-

    - Services which are easy to get to and are accessible in terms of location, opening hours and waiting times mean that people will be more likely to attend – which in turn can reduce the incidence of STIs and unwanted pregnancy, and reduce the public health and other social costs associated with these issues.

[2] The National Health Service (Venereal Diseases) Regulations 1974 and The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000. see weblink http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4083027

- Ensuring the correct mix of clinical and other professional staff, working within safe and robust clinical governance protocols, can help to offer better and more accessible services for patients, which are more cost effective for service commissioners.

16. The Department of Health is currently developing a model service specification for integrated sexual health services for commissioners to use if they wish to.

17. Local authorities' ring fenced budgets are based on their resident population, and do not therefore cover any services provided to residents of other local authority areas under the requirement to provide open access services. When the allocations in respect of the ring-fenced public health budgets were announced on 10th January 2013, the Advisory Committee on Resource Allocation recommended the development and agreement of a system for charging where services are provided to other authorities' residents. The Department supports this recommendation, as a system of "cross charging" is essential for fair and transparent payments systems, although it would be for local authorities themselves to decide on whether they wished to use a system of cross charging. The Department and others are working to progress this issue, and further information will be issued when our work is complete.

STI testing and treatment

18. The regulations require local authorities to arrange for the provision of free STI testing and treatment, and the notification of sexual partners of infected people. Untreated STIs can lead to serious and painful health consequences, ranging from infertility to cancer. The requirement covers the provision of testing for all STIs including chlamydia, and HIV, and the provision of free treatment for all STIs, but not HIV. The Health Protection Agency provide information about the STIs covered by this requirement, as well as data on numbers of infections and prevalence[3].

19. The regulations do not impose any requirements about how and where this testing and treatment should be offered, how quickly appointments should be offered, or which providers should be commissioned to undertake testing and treatment. These are matters for local determination. There are a number of resources available to help commissioners to commission high quality STI testing and treatment services, including standards produced by the British Association for Sexual Health and HIV(BASHH)[4].

20. Rapid access to STI testing and treatment services can help to control outbreaks of infection and prevent onward transmission of STIs. The Department and the Local Government Association have recently issued a Sexual Health Commissioning - Frequently Asked Questions document[5] which notes the importance of ensuring that people are able to get immediate testing and treatment in some cases, to preserve their own health and to prevent onward infection. For other cases, it is best practice for the

[3] The Health Protection Agency's main webpage on STIs
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIVAndSTIs/
[4] British Association of Sexual Health and HIV : Standards for the Management of Sexually Transmitted Infections – a pdf is available via the following link
http://www.bashh.org/about/bashh_publications
[5] Sexual Health Commissioning - Frequently Asked Questions
http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE

care of patients and their sexual partners to be offered appointments as soon as possible, and ideally within 48 hours.

Chlamydia

21. Local authorities are required to provide STI testing services, and this includes chlamydia testing. Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious and costly health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) it is vital that it is picked up early and treated.

22. The number of diagnoses of chlamydia in the 15 – 24 age group is one of the sexual health indicators in the Public Health Outcomes framework, reflecting the important role that testing for and treating chlamydia plays in improving sexual health among young people. Maintaining and increasing chlamydia testing is expected to reduce the prevalence of chlamydia amongst young people and offering good access to chlamydia testing is important to achieve the indicator.

23. The National Chlamydia Screening Programme (NCSP) is facilitated, monitored and evaluated by the Health Protection Agency, which is one of the organisations forming PHE from 1st April 2013. The Programme's aim is to offer opportunistic chlamydia testing to young people aged 15 -24 as a routine part of consultations in primary care, sexual health and abortion services – rather than as a stand-alone programme of testing with no links into broader sexual and other healthcare services.

24. Offering tests during other healthcare consultations picks up infections among young people who may not be aware that they have chlamydia because they have no symptoms and, with effective treatment and partner notification, also stops onward transmission to their partners and re-infection. The HPA provide more information about the Programme.[6]

25. While the regulations do not explicitly require authorities to participate in the NCSP, there is emerging evidence that the Programme has been successful in reducing chlamydia prevalence amongst young people[7] and participating is important to achieve the Public Health Outcomes Indicator.

HIV testing

26. The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection, and around half of people newly diagnosed with HIV are diagnosed after the point at which they should have started treatment. This

[6] The National Chlamydia Screening Programme http://www.chlamydiascreening.nhs.uk/ps/index.asp

[7] Screening and Treating Chlamydia trachomatis Genital Infection to Prevent Pelvic Inflammatory Disease: Interpretation of Findings From Randomized Controlled Trials, Sami L. Gottlieb, MD, MSPH,* Fujie Xu, MD, PhD,* and Robert C.Brunham, MD*Þ,* Sexually Transmitted Diseases & Volume 40, Number 2, February 2013

can have implications not just for the care of the individual person with HIV, but also for the onward transmission of the infection.

27. As mentioned above, local authorities are not responsible for providing specialist HIV treatment and care services but the provision of HIV testing is part of the local authority requirement to provide free STI testing services. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator. Standards produced by the British HIV Association set out best practice in offering HIV testing, and the importance of early diagnosis and onward referral to treatment[8].

28. Some groups, particularly gay and bisexual men and African populations, are at greater risk of contracting HIV, and some local areas have a higher prevalence of HIV. The Health Protection Agency provides information about the prevalence of HIV in specific groups and specific areas[9]. The National Institute of Health and Clinical Excellence (NICE) has produced guidance on HIV testing in these at risk groups[10].

29. Many HIV tests take place within traditional sexual health services, but there is a strong case to be made for offering tests in other settings such as primary care and other general medical settings, either to those people in the groups most at risk, or in high prevalence areas. This can help with the early diagnosis of new cases, and onward referral to treatment. This is referred to in the NICE guidance mentioned above and the HPA have also produced a document detailing the evidence and providing commissioning resources to help commissioners to expand HIV testing[11].

30. As highlighted, speedy referral to treatment services following a positive HIV diagnosis can help to make sure that the individual receives treatment as soon as possible which will benefit their own health, but may also help to reduce onward transmission of the infection. The Frequently Asked Questions document highlights the importance of local authorities and the NHS Commissioning Board and Clinical Commissioning Groups working together to offer comprehensive and seamless HIV testing and treatment services. In addition, the Department of Health website has a copy of a recent statement from the British Association of HIV and the Expert Advisory Group on AIDS on the circumstances in which early treatment can help to prevent new infections[12].

Partner Notification

31. People with STIs and HIV can put their current partners at risk of infection, and may have infected previous partners as well. Partner notification is an essential component

[8] British HIV Association Standards of Care for people living with HIV in 2013
http://www.bhiva.org/standards-of-care-2013.aspx
[9] The Health Protection Agency's main webpage on HIV
http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1200660065903
[10] NICE guidance on HIV testing for men who have sex with men
http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13413
NICE guidance on HIV testing among black Africans
http://www.nice.org.uk/guidance/PH33
[11] HPA webpage on expansion of HIV testing
http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317133705657
[12] EAGA/BHIVA statement on HIV treatment as prevention
http://www.dh.gov.uk/health/2013/01/eaga-bhiva-hiv-statement/

of STI management and control, protecting patients from reinfection, partners from long-term consequences from untreated infection and the wider community from onward transmission. It is important to make sure that partners who may be infected are offered the opportunity to be tested and to obtain any necessary treatment.

32. Notifying sexual partners – past or present – of their potential exposure to an STI or HIV can be a difficult task. Sometimes the person will choose to discuss the issue with their partner or partners themselves. However, in other cases the person may fear stigma or because of relationship breakdown of that relationship, and may prefer the service to contact their partners. In these cases, the service will contact partners without revealing the identity of the original patient. The BASHH standards referred to above note the need for services to operate partner notification services for patients who want to use them.

33. The manual produced by the Society of Sexual Health Advisers contains a chapter on partner notification, which includes fuller details of the different types of partner notification and their effectiveness, and how to develop a quality partner notification service[13].

Contraception

34. The consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions[14], which is one of the indicators in the Public Health Outcomes Framework.

35. These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. As for STIs, the regulations do not set out when, where and how contraception advice and other services should be offered, but the Faculty of Sexual and Reproductive Healthcare have produced standards to help commissioners to commission high quality sexual healthcare and contraception services[15].

36. These regulations cover both regular and emergency contraception. There are fifteen different methods of regular contraception, including condoms, the oral contraceptive pill and long-acting reversible contraception (LARC). The Family Planning Association's website describes these methods, how they work, their effectiveness and their benefits and risks[16]. Women, advised by their health professional, will be able to decide on which methods best suits their health and lifestyle needs.

37. The regulations require local authorities to offer reasonable access to a broad range of contraceptive methods. "Reasonable" is for local determination, but there is evidence

[13] Society of Sexual Health Advisers Manual (2004) http://www.ssha.info/resources/manual-for-sexual-health-advisers/
[14] J Santelli et al, American Journal of Public Health, 2007
[15] Faculty of Sexual and Reproductive Healthcare Service Standards : pdf copy can be accessed using this link http://www.fsrh.org/pages/clinical_standards.asp
[16] Family Planning Association webpage on contraception http://www.fpa.org.uk/helpandadvice/contraception

that it may ultimately be better for patient outcomes, and more cost effective, to offer unrestricted access to all methods for all age groups. This supports women controlling their fertility and ensures contraceptive needs are met using the most effective methods.

38. Clinical guidance from NICE[17] found that there could often be a substantial difference between the effectiveness of various methods arising from "typical" as opposed to "perfect" use, and that a choice of contraceptive methods was very important. For example, some contraceptive methods (such as the pill) routinely offered to women are very effective when used consistently and correctly (perfect use). However, the pill must be taken every day for a number of days, and contraceptive cover can be interrupted if the woman forgets to take the pill, or if she has an upset stomach (typical use). This contrasted with the effectiveness of LARC methods of contraception such as the implant, or intrauterine contraception, which once fitted will provide effective contraceptive cover without further action needed on the part of the woman.

39. The NICE guidance also noted that costs could be saved if more women used LARC methods of contraception. Awareness is growing, and more women are choosing these methods. In 2011/12, 28% of clinic attendees chose a LARC method, compared to 18% in 2003/04.

40. As mentioned above, these regulations cover emergency contraception, including emergency hormonal contraception (sometimes known as the "morning after pill"), other oral emergency contraception, and cases where an intrauterine device is used for both emergency and ongoing contraceptive purposes. The Frequently Asked Questions document notes that emergency contraception is more effective the earlier it is used after unprotected sex, and therefore that it should be available easily and from a wide range of outlets.

Wider sexual health issues

41. The regulations set out the requirements that local authorities must fulfil, but these requirements do not cover the entirety of sexual health care.

42. They do not cover preventive interventions such as information provision or education, marketing and advertising, or outreach, youth services and condom distribution schemes. However, joined up commissioning and seamless care pathways across the full range of sexual health services, including those not directly covered by the regulations, is crucial to improve outcomes and the health of the local population. In particular, robust prevention can support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for services such as STI testing and treatment

43. Post–exposure prophylaxis after sexual exposure (PEPSE) is a key preventive intervention which is designed for people who may have been exposed to HIV, to reduce the risk of them becoming HIV positive. Treatment needs to start as soon as possible and within 72 hours. It is necessary to complete a four week course of treatment. The Frequently Asked Questions document notes that PEPSE should be widely available from a range of outlets, including A&E.

[17] NICE guidance on long acting reversible contraception
http://www.nice.org.uk/CG30

44. The Department funds a small number of prevention programmes, run either by the Department itself or by voluntary sector organisations on our behalf. Our HIV prevention work, aimed at gay and bisexual men and black Africans, is run by a voluntary sector partnership led by the Terrance Higgins Trust and called “HIV Prevention England”. Local authorities will be able to work with Terrance Higgins Trust to align their local prevention work with the national programme.

Working together with other sexual health commissioners and providers

45. There are also very close links between sexual health services commissioned by local authorities and those commissioned by other authorities (see table at Annex A).

GPs

46. GPs are key local providers of sexual health care, including contraception and STI testing and treatment, and diagnosing (or excluding) HIV.

47. While not everyone wants to visit their GP for sexual health care, they are the providers of choice for many patients as they are local and convenient. Most GPs offer standard contraception services as part of their GMS or PMS contracts, commissioned by the NHS Commissioning Board. Local authorities will not be involved in commissioning these services, although it may be useful for them to know about GP provision in their areas, particularly if there are any gaps in provision which may have implications for the services that local authorities provide.

48. Some GP practices have staff, including practice nurses, who have undergone additional training to offer LARC and many also offer chlamydia testing as part of the National Chlamydia Screening Programme. This provision used to be arranged through NHS Local Enhanced Service and National Enhanced Service arrangements. The Frequently Asked Questions document notes that local authorities will need to consider how this GP provision (and other primary care provision) feeds into their local service plans, and contract for it directly.

Pharmacies

49. Pharmacies are a feature of most local communities, and some provide a range of sexual health services, including offering chlamydia testing as part of the NCSP, participation in condom schemes and the provision of emergency contraception. Some pharmacies are keen to expand their sexual health role, and have taken part in pilots of other services, including the provision of regular oral contraception. As with GPs, this type of provision used to be arranged through Local Enhanced Service arrangements, and local authorities will need to put their own contracting arrangements in place to cover this type of provision.

Abortion

50. Clinical Commissioning Groups (CCGs) will commission abortion, sterilisation and vasectomy services. But abortion services can also play a key role in reducing the risk of repeat unwanted pregnancy (in 2011 36% of all abortions were repeat procedures),

as well as helping women to improve their overall sexual health. Abortion services can do this by providing access to all methods of contraception including LARC, and provision of STI and HIV testing to identify undiagnosed infections. The standard service specification which will be used by CCGs to commission abortion services refers to the importance of providing contraception and other services as well as the abortion procedure.

51. Local authorities and CCGs should consider working together and with local providers of sexual health and abortion services to ensure that local abortion providers are fully linked into wider sexual health services in their area that that offer services such as contraception.

HIV treatment and other services, and Sexual Assault Referral Centres

52. The NHS Commissioning Board will commission HIV treatment and care, and Sexual Assault Referral Centres (SARCs). There is a very close link between the prevention and treatment of HIV, and this guidance already notes the importance of HIV testing, and ensuring that there are seamless care pathways from prevention, to testing to treatment and other services at local level.

53. The purpose of specialised HIV care for adults and children is to manage HIV disease and treatment to reduce morbidity, mortality and reduce the transmission of HIV infection to others. The service includes NHS outpatient and inpatient care provided by multidisciplinary teams overseen by HIV consultant physicians. Service specifications have been developed by the HIV Clinical Reference Group. The specification[18] sets out the place of specialised care in the overall HIV pathway. The effectiveness of specialised care depends on other support services being in place, and effectively coordination between services.

54. It is also important to ensure that there are quality pathways established for Sexual Assault Referral Centres in relation to counselling and GUM care.

Link with other local authority services

55. Local authorities are well placed to understand all the needs of their population and to provide joined-up services which meet those needs.

56. Some people, particularly people living in deprivation will experience multiple inequalities including poor sexual health alongside other issues such as smoking, alcohol or drug misuse, being overweight or obese and not taking sufficient exercise. Some may also need wider support from other council services, through schools and the broader education system, housing, leisure and family and social care support.

57. The local Joint Strategic Needs Assessment and Joint health and Wellbeing Strategy will help local authorities to make the crucial links between the various services they provide.

[18] The HIV Specification can be accessed through the NHS Commissioning Board's specialised commissioning webpage
http://www.commissioningboard.nhs.uk/resources/spec-comm-resources/

Other key issues

58. The Frequently Asked Questions document referred to throughout this guidance contains the latest details about key issues such as clinical governance, contracting, prices for services (known as tariffs) and payments by local authorities to out of area providers who provide services to their residents, which will often happen with open-access services (although any systems for paying for out of area residents, and the prices charged, are not mandatory and will be for local authorities themselves to reach agreement on). The Department, Public Health England and the Local Government Association will work together to review the Frequently Asked Questions document frequently to make sure that it contains the latest information, and reflects key emerging issues.

59. The Frequently Asked Questions document also notes that data will be very important in commissioning and monitoring services. Annex C contains details of relevant data sources on sexual health.

ANNEX A

Sexual Health Commissioning Responsibilities from April 2013

Local Authorities will	Clinical Commissioning	NHS Commissioning
comprehensive sexual health services, including: • Contraception,including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) sterilisation vasectomy non-sexual health elements of psychosexual health services gynaecology, including any use of contraception for non-contraceptive purposes.	contraception provided as an additional service under the GP contract HIV treatment and care, including post-exposure prophylaxis after sexual exposure promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs sexual health elements of prison health services Sexual Assault Referral Centres cervical screening specialist fetal medicine

ANNEX B

Extract from the regulations

Sexual health services

6.—(1) Subject to paragraphs (4) and (5), each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area—

(a) by exercising the public health functions of the Secretary of State to make arrangements for contraceptive services under paragraph 8 of Schedule 1 to the Act (further provision about the Secretary of State and services); and

(b) by exercising the public health functions of local authorities pursuant to section 2B of the Act—

(i) for preventing the spread of sexually transmitted infections;

(ii) for treating, testing and caring for people with such infections; and

(iii) for notifying sexual partners of people with such infections.

(2) In paragraph (1), references to the provision of open access services shall be construed to mean services that are available for the benefit of all people present in the local authority's area.

(3) In exercising the functions in relation to the provision of contraceptive services under paragraph (1)(a), each local authority shall ensure that the following is made available—

(a) advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and

(b) advice on preventing unintended pregnancy.

(4) The duty of the local authority under paragraph (1)(a) does not include a requirement to offer to any person services relating to a procedure for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.

(5) The duty of the local authority under paragraph (1)(b) does not include a requirement to offer services for treating or caring for people infected with Human Immunodeficiency Virus.

ANNEX C

Resources

The Public Health Outcomes framework

Public Health Outcomes Framework, 2012
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Evidence and data (these links should access the most up to date data release)

The Health Protection Agency : data on STIs
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIVAndSTIs/

The Health Protection Agency : data on HIV
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/

Office for National Statistics : under 18 conceptions
http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2011/2011-conceptions-statistical-bulletin.html

Health and Social Care Information Centre : Contraception Statistics
http://data.gov.uk/dataset/nhs-contraceptive-services-england-2011-12-community-contraceptive-clinics

Bayer Healthcare Contraception Atlas 2011
http://www.swagnet.nhs.uk/Contraception%20Atlas%202011%20v5%20-%20Bayer%20Healthcare.pdf

Department of Health : Abortion Statistics
http://transparency.dh.gov.uk/category/statistics/abortion/

Clinical and Service Standards

British Association of Sexual Health and HIV : Standards for the Management of Sexually Transmitted Infections (2010)
http://www.bashh.org/about/bashh_publications

Faculty of Sexual and Reproductive Healthcare Service Standards (2011)
http://www.fsrh.org/pages/clinical_standards.asp

MEDFASH : Recommended standards for sexual health services (2005)
http://www.medfash.org.uk/uploads/files/p17abl5efr149kqsu10811h21i3tt.pdf

British HIV Association Standards of Care for people living with HIV in 2013
http://www.bhiva.org/standards-of-care-2013.aspx

Society of Sexual Health Advisers Manual (2004)
http://www.ssha.info/resources/manual-for-sexual-health-advisers/

You're welcome : Quality criteria for young people's health services (2011)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127632.pdf

Time to test for HIV: Expanded healthcare and community HIV testing in England (2011)
http://www.hpa.org.uk/timetotesthiv2011

NICE guidance

NICE guidance on long acting reversible contraception, 2005
http://www.nice.org.uk/CG30

One to one interventions to reduce the transmission of sexually transmitted infections and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (PH3) (2007)
http://guidance.nice.org.uk/PH3

NICE guidance on HIV testing for men who have sex with men (2011)
http://www.nice.org.uk/guidance/PH34

NICE guidance on HIV testing among black Africans (2011)
http://www.nice.org.uk/guidance/PH33

National Chlamydia Screening Programme

The National Chlamydia Screening Programme
http://www.chlamydiascreening.nhs.uk/ps/index.asp

Information about transition issues

Sexual Health Commissioning - Frequently Asked Questions
http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE