

ROTHERHAM BOROUGH COUNCIL –

REPORT TO CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH

1.	Meeting	Cabinet Member for Adult Social Care and Health
2.	Date:	8th December, 2014
3.	Title	Arrangements for the provision of Emergency Hormonal Contraception (EHC) for young girls aged 14 – 16 (Update)
4.	Directorate	Public Health

5. Summary

This report is to update the Board in relation to the progress made to date on the expansion of the Emergency Hormonal Contraception (EHC) sexual health services commissioned from Community Pharmacies across Rotherham and the development of care pathways and safeguarding reporting mechanisms for all young people accessing these services.

Service providers and commissioners have developed care pathways, reporting mechanisms and training for the expansion of the scheme to young people aged 14 and 15 years of age. Once pharmacists are aware of all the protocols and have accessed all relevant training, including online CSE training, then the scheme can be expanded with the first wave anticipated to be active January 2015.

6. Recommendations

That the Cabinet Member notes the report

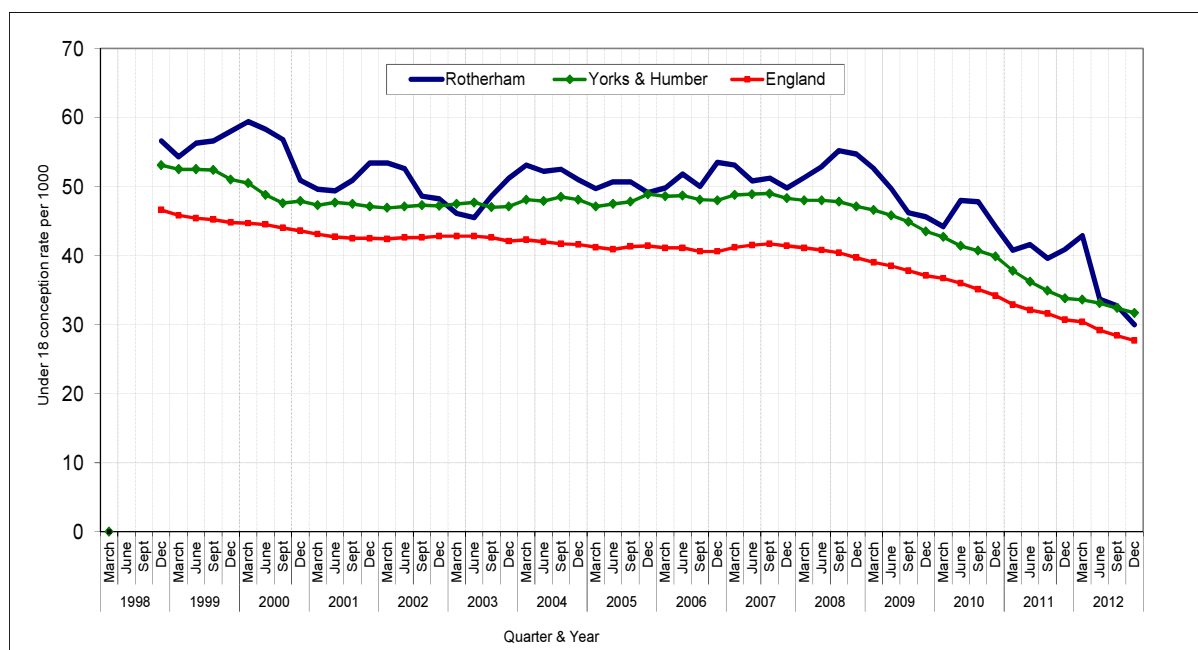
7. Proposals and details

The current Public Health Services contract (from April 2013) in relation to Emergency Hormonal Contraception (EHC) with Pharmacists operating in Rotherham specifies that they provide the service, free of charge, to females aged 16 years and over. This is an alternative choice of provision within the community to that which is offered by General Practitioners, outreach Nurses and the Rotherham Integrated Sexual Health Service. The contract is designed to provide greater access and choice for women/young women in Rotherham and aims to reduce unintended pregnancy and termination of pregnancy.

Females under 16 years are not able to obtain EHC at pharmacies under this contract at present denying this vulnerable group of young people a valuable service choice based in the community. It is acknowledged that by extending this service to this age group the service providers need to be especially vigilant in relation to any safeguarding issues which may arise, especially concerns around the possibility of child sexual exploitation (CSE). It was proposed by the Children, Young People and Families Board (October 2014) that the contract be renegotiated to allow for an extended service to females 14 and 15 years and that a referral pathway be introduced to address any safeguarding issues which may arise.

Good progress has been made on reducing teenage pregnancy in Rotherham and it is important for this trend to continue. Rotherham's under 18 conception rate has fallen to its lowest in the period 1998-2012 at 30.0 conceptions per 1,000 females aged 15-17. This represents a 26.7% decrease over the 2011 rate of 40.9. The number of conceptions has decreased from 201 to 144, a decrease of 28.4%. Rotherham's 2012 rate is the lowest rate in South Yorkshire and is close to the England rate of 27.7 (and to Rotherham's 2010 target of 28.3). The rate for under 16 conceptions has also fallen from 9.4 to 6.8 conceptions per 1,000, bringing Rotherham statistically in line with the rest of England.

U18 Conception Rates by Quarter 1998 – 2012 Rotherham compared to Yorkshire & Humber and England (rolling 4 quarterly average)



It is acknowledged that there are also specific safeguarding issues in relation to this vulnerable group of young women which need to be taken into consideration. It was also agreed therefore, by the Board, that a referral pathway for any young woman under 18 years accessing EHC provision in a Pharmacy setting was developed with specific reference to the identification of any concerns in relation to CSE. Consequently it is proposed that any Pharmacist supplying EHC to a young woman aged 14 and 15 years will automatically refer through to Rotherham IYSS where support, appropriate referral and a further risk assessment will be carried out.

The proposal to extend the provision of EHC at Pharmacies to young women aged 14 and 15 has been taken to the Local Pharmaceutical Committee (LPC) who agreed, in principle, to the necessary variations to the local contract. The variation will include the necessity for all participating Pharmacists to have successfully completed the RMBC online training package on CSE and sexual abuse.

The referral pathway for Pharmacists dispensing EHC to young women has now been developed (**Appendix 1**). An assessment against the CSE risk indicator descriptors for all young women asking for EHC will be used together with the newly proposed automatic referral for those aged 14 and 15 years. An electronic recording system (already in use for supervised consumption of drugs at Pharmacies) is now also in use in relation to EHC to allow for more accurate monitoring. Data collected by this system is able to give a much clearer picture of the use of pharmacy accessed EHC.

The electronic recording system has now been modified and, once, 'live' this modification will flag an automatic alert (when indicated by age/date of birth) for a young woman aged 14 and 15 years and will highlight the required referral process. IYSS have produced a protocol and guidelines (**Appendix 2 and 3**) for the referral of young women from accessing EHC via Pharmacies. The number of younger women coming through this referral pathway is not anticipated to be large (based on the under 16 conception rate of 6.8 per 1,000 young women aged 15 and under but numbers will be monitored).

Pharmacists are required to indicate that they have referred the young woman on the electronic recording system before they are allowed to progress. There is an additional new alert which will indicate whether or not the individual has accessed EHC before (either at the same pharmacy or any other pharmacy in Rotherham).

A timetable for delivering training to Pharmacists in the use of the CSE and sexual abuse risk indicator tool, the electronic recording system and the referral process, including the online CSE training is now being put together and the LPC have been consulted once again in relation to operation of the system. Once the training has been delivered the contract variation will be processed and Pharmacists signed up to the new contract will be able to operate the service extension. The first pharmacists, targeted in relation to their EHC activity, are expected to be offering the expanded service in January 2015.

8. Finance

There should be no additional financial concerns as the overall contractual value for the Pharmacy EHC contract in Rotherham takes into account an estimated level of activity across all ages.

9. Risks and uncertainties

Rotherham has made good progress in relation to tackling unintended teenage pregnancy, the numbers having fallen considerably in recent years. The lack of community based EHC provision for younger, vulnerable young women could reverse this trend. Rotherham also needs to tackle the level of sexually transmitted infections in the population by targeting those most at risk. There are, however, safeguarding issues to be taken into consideration with sexual activity below the ages of 16 years and, therefore, an automatic referral system between Community Pharmacists and IYSS is being introduced.

10. Policy and Performance Agenda Implications

There are implications for performance in relation to the Public Health Outcomes Framework (Teenage pregnancy, Chlamydia screening and HIV early detection).

The further development of the safeguarding measures should also be seen as a contribution to measures designed to identify and prevent sexual exploitation.

11. Background Papers and Consultation

Public Health Outcome Framework for England, 2013 -2016

Keywords: sexual health; teenage pregnancy; contraception; young people,

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