

Schedule 1

Specification

1. Population Needs

1.1 National Context and Evidence Base

Sexual and reproductive health is an important and wide-ranging area of public health. Most of the adult population of England is sexually active, however, sexual and reproductive ill-health is not equally distributed across the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions. The highest burden of sexual ill-health is borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Some groups at higher risk of poor sexual and reproductive health face stigma and discrimination, which can influence their ability to access services.

Implementation of effective sexual and reproductive health interventions and services can positively impact both individual and population health and wellbeing, as well as contributing to reducing health inequalities. The Government has set out its ambitions for improving sexual health in its publication, *A Framework for Sexual Health Improvement in England*¹. This remains the key national policy document for sexual and reproductive health and HIV in England.

Local Authorities are mandated² to provide comprehensive open access sexual and reproductive health services. Guidance on how to commission these and other related sexual health, reproductive health and HIV services has been published by the Department of Health³ and Public Health England⁴. Ensuring access to a range of contraceptive options from a choice of providers is central to avoiding unintended and unwanted pregnancy. This includes provision of emergency contraception for use in the event of unprotected sexual intercourse if pregnancy is not desired, or in the event of and contraceptive failure.

Emergency contraception comes in the form of emergency hormonal contraception (EHC) ('the morning after pill'), and the intrauterine device (IUD) ('coil').

¹ Department of Health (2013). A Framework for Sexual Health Improvement in England. Available from: <http://www.dh.gov.uk/health/2013/03/sex-health-framework/>

² The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012. Available from: <http://www.legislation.gov.uk/ukdsi/2012/9780111531679>

³ Department of Health (2013). Commissioning Sexual Health services and interventions: Best practice guidance for local authorities. Available from: <https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>

PHE (2014). Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV. Available from: [Commissioning sexual health, reproductive health and HIV services - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281111/Commissioning_sexual_health_reproductive_health_and_HIV_services_-_GOV.UK.pdf)

⁴ PHE (2014). Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV. Available from: [Commissioning sexual health, reproductive health and HIV services - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281111/Commissioning_sexual_health_reproductive_health_and_HIV_services_-_GOV.UK.pdf)

The national picture for sexual and reproductive health is as follows:

- In 2019, there were 468,342 diagnoses of STIs made in England, a 5% increase since 2018⁵.
- Over the last ten years, there has been a fall in the number of emergency contraception items provided by both SRH services and at other locations in the community. At SRH services, the number of emergency contraception items provided in 2019/20 was 78,000. This is 14% less than in 2018/19 (91,000), and a fall of 45%, from 144,000, in 2009/10⁶.
- In 2020 there were 209,917 abortions for women resident in England and Wales, the highest number since the Abortion Act was introduced.⁷
- In 2018, the conception rate for women under 18 years was higher in the 50% most deprived areas in England, while the percentage of conceptions leading to a legal abortion was higher in the 50% least deprived areas in England⁸.

1.2 Local Context

The local picture for sexual and reproductive health in Oxfordshire is as follows:

- In 2019 the incidence of new STI diagnoses was 706 per 100,000 (compared to 900 per 100,000 for England)⁹
- In the 2016/17 financial year (1st April 2016 to 31st March 2017), 1,415 EHC treatments were provided through the Integrated Sexual Health Service or through participating Community Pharmacies (compared to 435 in 2014/15) (not including EHC items purchased privately over the counter at pharmacies).
- In 2018 the under 18 conception rate was 10.1 conceptions per 1000 women in Oxfordshire (16.7 in England)⁹
- In 2020 1894 abortions were undertaken, 4.2/1000 of which were in women aged under 18 ¹⁰.

In Oxfordshire, sexual health services are provided in a 'One Stop Shop' model through the Integrated Sexual Health Service. Additionally, since April 2014, EHC has been offered to young women aged 21 and under, through a Framework Agreement on an Approved Provider List (APL). There are 71 Community Pharmacy Service Providers currently contracted to provide this Service through this Framework.

Prior to August 2017, Community Pharmacy Service Providers of EHC in Oxfordshire were contractually obliged to offer eligible young people a Chlamydia test as part of the National Chlamydia Screening Programme (NCSP). To better meet the needs of our population, any Oxfordshire resident can now request a free Chlamydia self-testing kit online as part of a programme that is marketed throughout Oxfordshire via Community Pharmacies, General

⁵ Sexually Transmitted Infections and Chlamydia Screening in England, 2019. Available from: [Sexually transmitted infections and screening for chlamydia in England, 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424842/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2019.pdf)

⁶ NHS Digital. Statistics on Sexual and Reproductive Health Services England 2019/20. Available from: [Sexual and Reproductive Health Services, England \(Contraception\) 2019/20 - NHS Digital](https://www.nhs.uk/statistics/sexual-reproductive-health-services-england-2019-20/)

⁷ Abortion Statistics, England and Wales: 2020. Available from: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2020>

⁸ Statistical bulletin: Conceptions in England and Wales: 2018. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2018>

⁹ Oxfordshire Sexual and Reproductive Health Profile. Available from: [Sexual and Reproductive Health Profiles - PHE](https://www.oxfordshire.gov.uk/media/1000000/sexual-reproductive-health-profile-2018.pdf)

¹⁰ Abortion Statistics, England and Wales: 2020. Available from: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2020>

Practice and the Integrated Sexual Health Service. Service Users who do not meet the criteria to access Chlamydia testing in this way can request a test at their local Genitourinary Medicine (GUM) clinic within the Integrated Sexual Health Service.

1.3 Social Value Considerations

Unintended pregnancy and abortion can have a lasting and negative impact on the lives of affected women, men and children. Although the relative influences of income level, social marginalisation or other factors are unclear, correlations are visible between deprived socio-economic backgrounds and rates of STIs, under 18 conceptions and abortions. Black women are at the highest risk of repeat abortion, signalling important health inequalities associated with ethnicity. Young people between the ages of 16 and 24 - around the time when most people become sexually active and start forming relationships - are also disproportionately affected by poor sexual and reproductive health. Around half of all pregnancies among under-18s end in abortion and having a baby in one's teenage years can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment. Children of teenage parents are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, illness, accidents and injuries. Through the prevention of unintended pregnancy and under 18 conceptions in the long term, provision of EHC will contribute to improving the economic and social wellbeing of Oxfordshire by tackling health inequalities and keeping people healthier for longer.

2. Key Service Outcomes

2.1 National Outcomes

The Service shall support delivery against the following sexual health Public Health Outcome Framework¹¹ measures:

- Under 18 conceptions.

2.2 Local Outcomes

The Service shall also aim to achieve the following local outcomes:

- Reduced unintended and unwanted pregnancies;
- Improved sexual and reproductive health in the local population;
- Reduced sexual and reproductive health inequalities affecting young people, more socially disadvantaged groups and some BME groups;
- Reduced burden on secondary care services, particularly abortion services, maternity services and ongoing care and support to young families.

¹¹ Department of Health (2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862264/At_a_glance_document2.pdf

3. Scope

3.1 Aims and Objectives of Service

The aim of the EHC Service in Oxfordshire is to reduce the risk of unintended and unwanted pregnancy in women, by providing adequate and appropriate access to EHC. The provision of the medication for EHC is under a 'Patient Group Direction' (PGD).

Service objectives include:

- Free access to EHC according to the inclusion criteria of the relevant PGD.
- Providing sexual health information and advice in order to develop increased knowledge, especially in high-need communities, such as those from cultures where sexual health is not spoken about;
- Ensuring that the Service is acceptable and accessible to young people;
- Signposting to other services such as the Integrated Sexual Health Service and the Free Condom Scheme;
- Assess all Service Users for any potential safeguarding risk.

3.2 Service outline

The Service Provider shall:

- Ensure all staff members providing the Service must be trained in completing an emergency contraception consultation. This will include supply of medication, safeguarding assessment and completion of the relevant documentation to ensure activity can be processed and payments made.
- Ensure all requests for EHC shall be dealt with sensitively and discreetly, with due regard for the young person's right to privacy.
- Use private consultation room shall be used for the consultation with the Service User.
- Where appropriate, allow for a telephone consultation for those over 18 years old, particularly during any restrictions related to COVID19.
- Adhere to national clinical guidance¹² before supply of the medication to determine the Service Users precise risk of pregnancy.
- Supply the relevant drug (Levonelle1500 or Ulipristate Acetate) under the relevant locally agreed Patient Group Direction, free of charge, to those women who meet the inclusion criteria in the PGD, irrespective of place of residence, but in line with Fraser Guidelines and local safeguarding policies and procedures.
- Provide condoms if Emergency Hormonal Contraception is supplied and demonstrate their correct use as part of the consultation, under the C-Card Scheme operating in Oxfordshire. Where appropriate the Service Provider should signpost the young person to local C-Card outlets (information on outlets will be provided by Oxfordshire's Integrated Sexual Health Service).
- EHC must only, be supplied in person, to the intended Service User. Supervised consumption is recommended.

¹² FSRH CEU Clinical Guidance: Emergency Contraception – December 2020. Available from: <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

- Telephone consultations may be carried out to those women aged 18 or over. In particular to manage any risk associated with the spread of COVID19, or similar infection.
- Provide support and advice to Service Users accessing the Service, including advice on the avoidance of pregnancy and STIs through safer sex and condom use; advice on the use of regular contraceptive methods; advice on how to access local sexual health services; and advice on how to access home testing kits for a range of STIs, including chlamydia through the online request system (for those over 18 years old). Those under 16 years will need to go to the sexual health clinic or their GP. Information leaflets for the above shall be made available to Service Users. These can be obtained from the Oxfordshire Public Health Promotion Unit¹³. Alternatively a text message can be sent automatically with various information sources using the web based platform.
- Directly refer vulnerable young women, using the web based platform, to either a School or College Health Nurse or the Community Outreach Service provided by Oxfordshire's Integrated Sexual Health Service, with the Service User's consent.
- Ensure that this Service is only offered by professionals who have completed the required training (see Section 3.3).
- Record all activity on a web based system approved by the Council. This system shall inform the Service Provider of the questions which must be asked during the consultation process (see Section 6).

3.3 Employees

The Service Provider shall:

- Employ sufficient numbers of Staff who are sufficiently and appropriately skilled and qualified to ensure the safe responsive and efficient delivery of the Service.
- Ensure that all healthcare practitioners are registered with an appropriate professional body (such as General Pharmaceutical Council (GPhC)¹⁴) and can demonstrate evidence of their fulfilling and maintaining the competency criteria.
- Ensure that all health practitioners delivering this Service have
 - Completed the Declaration of Competence for Emergency Contraception from the Centre for Pharmacy Post-graduate Education (CPPE)¹⁵ on EHC, that is no more than 3 years old, within 3 months of starting the provision of EHC under the relevant PGD
 - Completed the online training at ***, within *** of starting the provision of EHC under the relevant PGD.
 - Completed the online OSCB online training at ***, within ** of starting the provision of EHC under the relevant PGD.
 - Complete appropriate CPD training, such as local training events provided by the Council.
- All employees in the organisation shall know how to respond to a request for EHC and ensure that the conversation is handled sensitively when they are not professionally qualified to deliver the Service.
- Have a protocol in place that will explain what happens if the accredited health practitioner is unavoidably not on site to supply EHC to ensure that the Service User

¹³ <https://hpu.oxfordhealth.nhs.uk/default.aspx>

¹⁴ GPhC <http://www.pharmacyregulation.org/>

¹⁵CPPE Training <https://www.cppe.ac.uk/>

is supported and informed to obtain EHC through another Service Provider. This will include ringing ahead if signposting to another Service Provider to ensure that the Service is actually available at that time.

3.4 Confidentiality and Safeguarding are of paramount importance.

The Service Provider shall:

- Make all Service Users aware that their right to confidentiality will be respected and maintained in line with GPhC and other professional bodies' recommendations.
- Ensure, when dealing with a Service Users aged under 16 years, they adhere to the best practice guidance for health professionals in providing advice and treatment to young people under the age of 16 on contraception, sexual and reproductive health¹⁶. This guidance sets out what Service Providers shall do to ensure that they protect the confidentiality of Service Users. It also sets out the good practice contained in the Fraser Guidelines, which detail the circumstances in which treatment can be provided to Service Users aged under 16 years without parental consent.
- Ensure that all Staff have had a satisfactory Disclosure and Barring Service¹⁷ (DRB) check, that is no older than 3 years old.
- Ensure all Staff receive training on confidentiality and information governance.
- Ensure all Staff receive training to a level appropriate to their role and abide by the legislation on safeguarding (children and adults).
- Ensure all Staff shall abide by the safeguarding policies operated by Oxfordshire Safeguarding Children Board¹⁸ and Oxfordshire Safeguarding Adults Board¹⁹. This shall include understanding safeguarding referral procedures and referral pathways to social care. Further information on how safeguarding procedures apply to the provision of EHC to Service Users under the age of 16 years can be found in Appendix 1.
- Ensure all Staff receive training about child sexual exploitation and adhere to local policies and protocol published by Oxfordshire Safeguarding Children Board for child sexual exploitation.
- Have an equality and diversity policy in place and observe the Equality Act 2010 and not discriminate on basis of age, gender, including transgender, ethnicity, sexual orientation, disability, religious or political affiliation.

3.5 Days/Hours of operation

The Service Provider shall:

- Operate, as a minimum, Monday-Friday during the working hours 8am - 6pm as a minimum and shall provide the Service for the duration of the declared opening hours.
- Be available 52 weeks of the year.

3.6 Population covered

- The Service Provider shall make the Services available to the female population of Oxfordshire under the terms of any current PGD.

¹⁶ Best practice guidance for doctors and other health professionals in providing advice and treatment to young people under the age of 16 on contraception, sexual and reproductive health.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960

¹⁷ Disclosure and Barring Service <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

¹⁸ Oxfordshire Safeguarding Children Board <http://www.oscb.org.uk/>

¹⁹ Oxfordshire Safeguarding Adults Board <http://www.osab.co.uk/>

3.7 Any acceptance and exclusion criteria and thresholds

Acceptance criteria, the Service Provider shall:

- Supply EHC to any woman under the terms of the relevant PGD when:
 - The consequences of not supplying are likely to outweigh the risks of using EHC. This includes Service Users who refuse to provide a postcode or who live outside of Oxfordshire;
 - The young person is unlikely or unable to access another sexual health service and/or General Practice
- Make the Service available to those who self-refer or who are directed to the Service from other agencies.
- Be accessible to all members of the community irrespective of age, disability, ethnicity, faith, sexuality, marital status or civil partnership, status of residence or language spoken.
- Be flexible and responsive, adapting to the individual needs of Service Users in terms of their circumstances.
- If the Service Provider is concerned about the sexual health of a young person aged under 15 years and consider them to be at risk of and STI, e.g. chlamydia they shall provide the Service to them providing they adhere to 'Guidance for professionals safeguarding sexually active young people under the age of 18 including those at risk of sexual exploitation in Oxfordshire'²⁰.

Exclusion criteria, the Service Provider will not:

- Supply EHC if the Service Users is outside of the age range of any current PGD.
- Supply EHC if the Service User is deemed non-Gillick competent or the Service Provider feels that EHC cannot be provided within Fraser Guidelines. If so, the Service Provider shall signpost/refer the young woman to a GP.
- Supply EHC if the Service User has exceeded the 72-hour time limit of Levonelle 1500. The Service User shall be informed about EllaOne (Ullipristal Acetate) or the use of an intrauterine device or system and should be referred to their GP or the Integrated Sexual Health Service as soon as possible. If the Service User is eligible, they may be referred to their School or College Health Nurse who is able to issue EllaOne. If EllaOne becomes available under a PGD this offer is able to be made to the Service User by the Pharmacy.

3.8 Interdependencies with other services

The Services shall maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of care delivered, ensure the holistic nature of the Service and to strengthen and extend established partnerships across the local sexual health economy.

3.9 Activity planning assumptions

The Council shall not guarantee any minimum or maximum volume of activity to the Service Provider under this Service.

²⁰ OSCB. Guidance for professionals safeguarding sexually active young people under the age of 18 including those at risk of sexual exploitation in Oxfordshire http://oxfordshirescb.proceduresonline.com/p_underage_sexual_act.html

The Service Provider shall accept all activity subject to the exclusion criteria or prior agreement with the Council and comply with all reasonable requests of the Council in understanding and managing Service User activity.

3.10 Data recording and Reporting Requirements

The Service Provider shall:

- Provide and fund all suitable Information and Communication Technologies (ICT) systems (hardware and software), that will support data collection and reporting with the capacity to transmit data securely in line with policy and national standards.
- Record all activity on a web-based system provided by the Council.
- Anticipate that the Council's requirements shall vary from time to time and the Council may also request additional data from the Service Provider for local public health analysis.

3.11 Audit/Review

The Service Provider shall:

- Participate in organised audits of the Service.
- Co-operate with any locally agreed assessment of Service User experience.
- Demonstrate that key Staff have undertaken continuous Professional Development relevant to this Service.
- Accept that the Council will annually review the Service Specification, as well as responding to issues which may require a more urgent review.

4. Applicable Service Standards

4.1 Applicable national standards

NB: this is not an exhaustive list of the guidance available; the websites for each organisation provides detailed information. Service Providers shall ensure services reflect updates in guidance and recommendations as and when they are produced.

Faculty of Sexual and Reproductive Healthcare (FSRH)

- Emergency Contraception Clinical Guidance – December 2020
<https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

GOV.UK (Department of Health)

- Best practice guidance for doctors and other health professionals in providing advice and treatment to young people under the age of 16 on contraception, sexual and reproductive health.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960
- Department of Health (2013). A Framework for Sexual Health Improvement in England.
<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>
- You're Welcome Quality Criteria for Young People Friendly Health Services
<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

National Institute of Health and Clinical Excellence (NICE)

- PH3 Nice Guidance (2007) Prevention of Sexually transmitted infections and under 18 conceptions
<https://www.nice.org.uk/guidance/ph3>

Others

- Equality Act 2010
<http://www.homeoffice.gov.uk/equalities/equality-act/>
- Care Quality Commission
<http://www.cqc.org.uk/>

4.2 Applicable local standards

The Services will use local resources where available and guiding principles when planning and implementing changes and improvements. These will include:

- Oxfordshire Safeguarding Children Procedures
<http://www.oscb.org.uk/>
- Guidance for professionals safeguarding sexually active young people under the age of 18 including those at risk of sexual exploitation in Oxfordshire
http://oxfordshirescb.proceduresonline.com/p_underage_sexual_act.html
- Oxfordshire Safeguarding Adult Procedures
<http://www.osab.co.uk/>

The Services shall use the Department of Health's 'You're Welcome' Quality Criteria²¹ and local resources where available as guiding principles for planning, implementing, and informing changes to the Service, in order for the Service to be young people friendly where appropriate.

5. Location of Provider Premises

Only Service Providers with premises located within the Council boundaries may deliver this service.

The Service Provider shall meet the costs of using venue/s, ensuring they are fit for purpose and have adequate insurance, liability cover and are compliant with the Disability Discrimination Act (DDA).

The Service Provider shall ensure that the venue/s are readily accessible and geographically accessible for Service Users arriving by public transport, by car and on foot.

²¹ Department of Health (2011). *You're Welcome: Quality Criteria for Young People Friendly Health Services*. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813

Appendix 1: Provision of Emergency Hormonal Contraception to young people under 16 years of age

It is the responsibility of all agencies to safeguard children and young people up to their 18th birthday (Children Act 1989, 2004). In relation to any young person under the age of 16 who requests EHC, the Service shall abide by the safeguarding policies operated by Oxfordshire Safeguarding Children Board.

Oxfordshire Safeguarding Children Board

The Oxfordshire Safeguarding Board has published guidance for professionals working with sexually active young people under the age of 18 years including those at risk of sexual exploitation in Oxfordshire. The guidance acknowledges that most young people under the age of 18 will have an interest in sex and sexual relationships and states that all agencies working with young people must utilise and understand the guidance. The guidance can be accessed at http://oxfordshirechildcare.proceduresonline.com/pdfs/working_with_sexually_active_yp.pdf

Safeguarding Process

In relation to any young person considering themselves to be sexually active, teams must act proactively ensure that these young people are not at risk of harm. For any immediate concern, the Multi-Agency Safeguarding Hub (MASH) should be contacted at the earliest opportunity. The Local Authority Designated Officer is available for advice and support during training/support visits or at any time a site needs to and there is also support and advice available from Children's Social Care teams in the community and hospitals. All contact details are provided below.

Key Responsibilities of Staff

Young people aged under 13 years

Under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to give consent to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under the age of 13 is very serious and should be taken to indicate a risk of significant harm to the child. Penetrative sex with a child under the age of 13 is classed as rape.

If a child under 13 years of age requests EHC and if there is a reasonable concern that sexual activity has taken place, the case should be discussed with a nominated child protection lead in the organisation and assessed individually. There should be a presumption that a referral is made to Children's Social Care or the CSE team in order that a full assessment can be made.

However, the duty to safeguard the child from most harm would include protecting them from an unintended pregnancy, so providing that they have been assessed using the Fraser Guidelines, treatment should not be withheld.

Young people aged between 13 and 15 years

The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges

that this group of young people is still vulnerable, even when they do not view themselves as such.

EHC will be provided to young people between 13 and 15 years, when in compliance with Fraser guidelines and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16 years. However, when a service user is under 16 years, and there is concern that the young person has been the victim of sexual abuse, physical harm or has been exploited, advice must be sought from nominated child protection lead in the organisation and/or a referral made to Children's Social Care or the CSE team.

Reporting requirements

As part of local Quarterly Contract Review process, the Service shall report to the Council the number of risk assessments (for sexual abuse or exploitation for sexually active young people and vulnerable adults) requiring referral and to which safeguarding organisation.

Oxfordshire Safeguarding Children Board: Reporting Child Safeguarding Concerns

Full details of child safeguarding reporting procedures can be found at <http://www.oscb.org.uk/reporting-concerns/>

Immediate Concerns about a Child

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, including allegations/concerns that the child has been sexually/physically abused.

You should call the MASH immediately Tel: 0345 050 7666 (This number will take you through to Customer Services who will ask a series of questions and triage into MASH where safeguarding concerns are raised).

To talk about an on-going concern

If you want to speak to someone about an already open case, contact the relevant Children's Social Care Team:

- Oxford City – 01865 328563
- North Oxfordshire (including Banbury, Witney and Bicester): 01865 323039
- South Oxfordshire (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 01865 323041
- Emergency Duty Team: 0800 833 408
- John Radcliffe Hospital Assessment Team: 01865 221236 (for antenatal safeguarding concerns and issues concerning children in the hospital).

If you are unsure whether to make a referral

You can contact the Locality and Community Support Service (LCSS) and request a 'no names' consultation (meaning you don't give the child's name). You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made they will advise you of this:

- LCSS Central: 0345 241 2705
- LCSS North (including Banbury, Witney, Bicester, Carterton and Woodstock): 0345 241 2703
- LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 0345 241 2608

To report concerns about child sexual exploitation

If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited please contact the Kingfisher Team on: 01865 309196. Out of hours calls to this number will be diverted to the Thames Valley Police Referral Centre.