

WIRRAL COUNCIL

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE - 21ST JANUARY 2010

JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND DIRECTOR OF CHILDREN'S SERVICES

TEENAGE PREGNANCY PRIORITY ACTION PLAN - PROGRESS AGAINST NATIONAL SUPPORT TEAM FOR TEENAGE PREGNANCY RECOMMENDATIONS

1. EXECUTIVE SUMMARY

1.1. This report provides evidence of further progress made against the recommendations and priority actions to be implemented following the visit in July 2008 of the Department of Health's National Support Team for Teenage Pregnancy. The Overview and Scrutiny Committee are asked to consider progress made to date.

2. BACKGROUND

The National Teenage Pregnancy Strategy was launched in 1999 with two specific objectives:

- To reduce the number of teenage conceptions by 50% by 2010 (by teenager we mean those becoming pregnant under the age of 18).
- To increase the number of teenage parents in education, employment or training

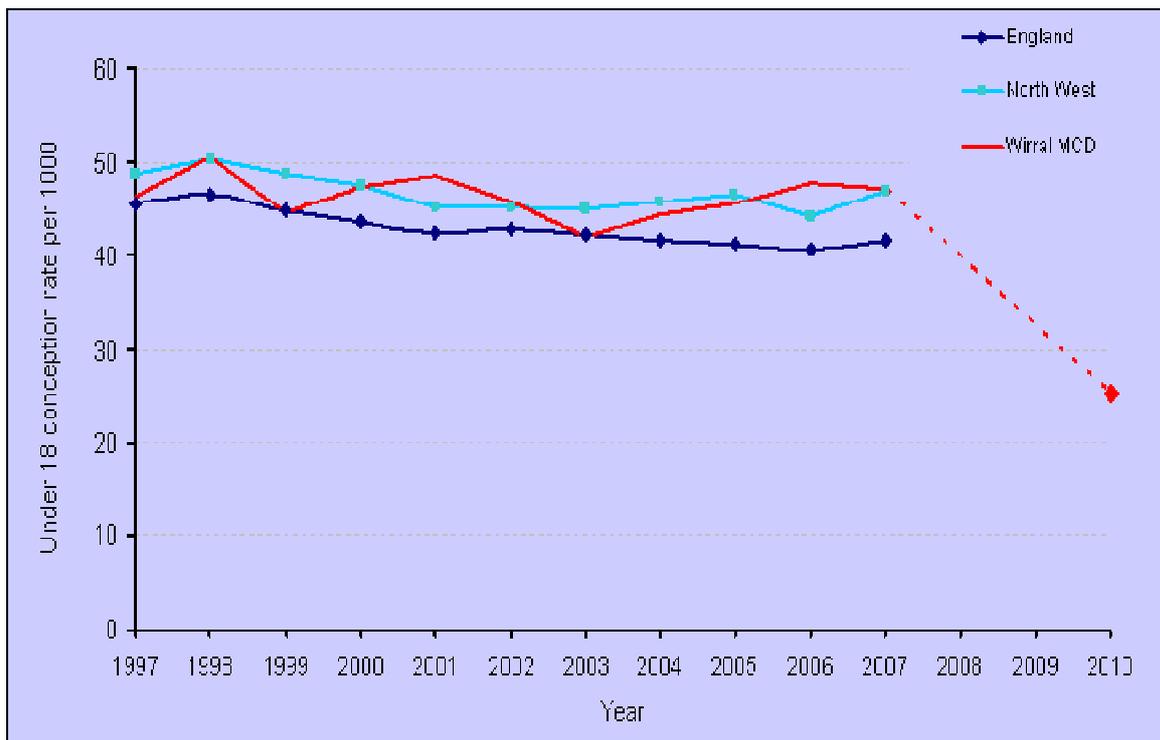
2.1. In Wirral, having previously fallen between 1998 and 2002, under-18 conceptions increased between the years 2003 to 2006. Data relating to teenage conceptions is produced annually and is released by the Department of Health two years behind, so that we can expect annual data for 2008 to be released in February 2010. Data for 2007 has shown a slight decrease in overall conceptions for the year (i.e. a reduction overall of 9 conceptions). However, early indications for the most recent data relating to 2008 (i.e. up to quarter three of 2008) are indicating a greater decrease in reducing teenage conceptions and as such we are hopeful that initiatives relating to this area of work are beginning to have an impact.

2.2. The table below refers to data from 2006 up to and including provisional data for quarter three of 2008.

	Number of conceptions	Rate per 1,000 young women under 18 years	% ending in termination
1998	314	50.6	43%
2006	312	47.8	48%

2007	303	47.2	53%
Jan – Sept 2008	191 (provisional DH data)	42.6	42%

2.3. The recent reduction for teenage conceptions in Wirral is against the national and regional trend and Wirral has been recognised recently as an area of good practice by Government Office North West. However, the graph below shows the extent of the challenge if targets for 2010 are to be met.



2.4 The nationally recognised risk factors for a young person becoming a teenage parent include:

- Early first sex – girls having sex under 16 are 3 times more likely to become pregnant than those who delay first sex. High quality sex and relationship education is associated with young people delaying their first sexual experience and being able to resist peer pressure.
- Involvement in crime – teenage boys and girls who are in trouble with the police are 3 times more likely to become a teenage parent.
- Alcohol and substance misuse – many young women report going further than they intended, or not remembering whether they have had sex because they were drunk.

- Educational attainment – among girls leaving school at 16 with no qualifications one in 3 will have a birth under 18 (compared with 1 in 100 for girls leaving school at 17 or over). However even areas with high deprivation scores can have lower levels of teenage conceptions, if school attainment is higher.
- Children in Care – teenage motherhood is 3 times higher amongst Children in Care
- Poor mental health – confidence and self esteem enable young people to make informed choices, young people who are unhappy at school or excluded for behavioural issues are more likely to become teenage parents.
- Health inequalities begin from birth. In the first year of life a child born to a teenage mother has a 60% higher risk of death than those of a child born to parents aged 18 or over. The longer term outcomes for a child born to a teenage mother are also not as good in terms of poverty, health and education. Indeed they are more likely to become a teenage parent themselves and perpetuate the cycle of deprivation.

2.5 The four wards of Birkenhead, Bidston, Tranmere and Seacombe continue to account for one in three of all teenage conceptions. This is associated with the relationship between deprivation and teenage pregnancy.

3 Strategic Action Plan Implementation

3.1 The National Support Team (NST) visited Wirral in July 2008 and interviewed a range of stakeholders including the Chief Executives of NHS Wirral and the Local Authority, the Lead Member for Children's Services, Director of Children's Services, Joint Director of Public Health and Heads of Branch within the Children and Young People's Department. In their conclusions they identified overall strengths within Wirral, including having teenage conceptions included in the LAA and Children and Young People's Plan, and commented on the enthusiasm and commitment to improve performance within the LA and NHS Wirral. However, they also highlighted evidence that adults needed to be more bold and confident when talking about sexual health and wellbeing across Wirral children's services and emphasised the need for us to be less cautious when discussing sexual health and wellbeing with young people in order to significantly reduce the number of teenage conceptions. Acting upon the key recommendations arising from the NST visit a Teenage Pregnancy Strategic Action Plan has been developed, driven by the Teenage Pregnancy Steering Group. The following is a summary of the key recommendations and actions taken so far to implement them.

4 Strategic Recommendations

4.1 National Support Team Recommendations

The National Support Team recommended that a Strategic Leadership Group should drive forward the agenda, and for the Local Authority and NHS Wirral to foster a philosophy of Teenage Pregnancy Prevention being everyone's responsibility.

4.2 Action taken so far

The Strategic Leadership Group has identified 'Accountable Leads' with responsibility for driving forward the NST recommendations and priority actions. Each Accountable Lead takes responsibility for reporting on their area of the action plan at every Teenage Pregnancy Steering Group meeting and ensuring timely progress against each recommendation.

4.3 The Teenage Pregnancy Steering Group, chaired by the Head of Branch, Children's Social Care, commissioned bespoke 'Turning the Curve' training for steering group members, (March 2009), using an 'outcomes based accountability' framework to reduce the number of teenage conceptions and raise young people's aspirations. This has resulted in the development of a pilot project to develop specific action plans using the framework within communities with high teenage pregnancy rates.

4.4 In April 2009, with the support of the NST, we hosted an event for Elected Members to raise awareness of the teenage pregnancy strategy and explore the potential for members to assist in the strategic delivery of this target. This has resulted in some Members agreeing to take on the role of Teenage Pregnancy Strategy Champion. In April 2009, the Teenage Pregnancy Strategy Coordinator left NHS Wirral to take up a post in another authority. The role was covered on a part time basis until December 2009 when the new Teenage Pregnancy Coordinator took up post.

4.5 Future action planned during 2010/11

Future plans include: inducting the new Teenage Pregnancy Coordinator into the role, and consolidating the strengthened reporting arrangements and the role of accountable leads in delivering the action plan; embedding teenage pregnancy developments within the overall joint commissioning framework and hosting regular Teenage Pregnancy Strategy Champions forums to empower champions to take forward the strategy within their own area of responsibility. In addition we plan to hold media training for all 'accountable leads' and key stakeholders to ensure they are empowered to react appropriately to any potential media interest.

5. **DATA RECOMMENDATIONS**

5.1 National Support Team Recommendations

The NST recommended a more intelligent use of data analysis to monitor performance outcomes and investment of resources and for ongoing and routine data sharing processes across agencies to be established and facilitated by a Performance Management Sub Group.

5.2 Action taken so far

The Accountable Lead for Data has responsibility for chairing the Teenage Pregnancy Performance Management Sub Group and having taken action to refine and update the teenage pregnancy monitoring data set, key performance indicators are now in the process of being agreed by the TPSG to ensure all identified gaps are resolved. An information sharing agreement has been established between NHS Wirral and Children and Young People's Department to enable this to happen.

5.3 Future action planned during 2010/11

Regular reviews of the data set and performance management arrangements are planned to take place through the Performance Management Sub Group with regular reports to TPSG.

6. **COMMUNICATION RECOMMENDATIONS**

6.1 National Support Team recommendations

In order to foster a philosophy of teenage pregnancy prevention being everyone's responsibility, the NST recommended the development of a specific Teenage Pregnancy Communication Strategy and Action Plan, linked to a broader Children and Young People's Communication Strategy using the Health and Wellbeing Charter. They also suggested a thorough review of current publicity and branding to include internal and external communication, media handling protocols and young people's publicity with explicit and consistent branding. In addition they advised that we identify and train media spokespeople, including young people.

6.2 Action taken so far

Having identified an Accountable Lead for Media and Communication, a sub group was reconvened and additional resources allocated within the Teenage Pregnancy budget to develop a communication strategy to link into the broader Children and Young People's communication strategy and to raise awareness amongst staff groups of the links between low aspirations and teenage pregnancy. In addition a marketing campaign aimed at vulnerable young people has been developed entitled 'Be You' to include five key strands specifically designed to target each area of the Teenage Pregnancy strategy:

Be Positive:	Raising aspirations
Be Safe:	Promoting contraception
Be Clued-Up:	Dispel myths
Be Strong:	Peer pressure / self esteem
Be in Control:	Drugs and alcohol

The campaign utilises six main communication channels including a website, www.beyou.me.uk, a Facebook page for those over the age of sixteen, advertising on bus interiors, bus stops and train stations, and printed media to include posters and flyers as part of a travelling exhibition to be taken around schools, colleges, clinics, libraries and youth settings. The campaign was launched in September 2009 at Wirral Metropolitan College, during Fresher's Fayre and will run again for one month during December to coincide with Christmas festivities.

6.3 Future action planned during 2010/11

Internal communications are to be strengthened by holding a yearly themed update on teenage pregnancy for all key stakeholders and young people are to be trained as media spokespeople for teenage pregnancy and positive sexual health and wellbeing.

7. **IMPLEMENTATION RECOMMENDATIONS**

7.1 Contraception and Sexual Health Services

7.1.1 National Support Team Recommendations

The NST recommended the need for a clear Contraception and Sexual Health Joint Commissioning Plan, which feeds into the 0-19 year's joint commissioning framework, developed in partnership and informed by an up to date sexual health needs assessment for young people. They also highlighted the need for designated young people's services with an emphasis on positive sexual health and wellbeing, to be delivered in a variety of settings, including outreach and domiciliary settings, available 7 days a week and to target 'hotspot' areas.

7.1.2 Action taken so far

Brook was commissioned through the 0-19 year's joint commissioning process earlier in the year to deliver outreach sexual health services to vulnerable groups, including young men. In addition, John Moores University was commissioned by NHS Wirral to undertake a Comprehensive Sexual Health Needs Assessment to examine the needs of Wirral young people. This is now reaching its conclusion and the findings and recommendations will be reported to the TPSG in the New Year. Furthermore, the first phase of the Health Services in Schools initiative was implemented in twelve Wirral Secondary Schools in November 2009, with a further twelve schools anticipated to participate by April 2010 and an additional service for young people engaged with Wirral Youth Offending Service to be established. Discussions between NHS Wirral and the Catholic Secondary Schools have resulted in the development of a specific model to take account of faith issues within the programme for these participating schools. This initiative has been funded by NHS Wirral as part of their Sexual Health Programme and involves the commissioning of Youth Service and School Nursing Service to deliver the programme in partnership and includes the delivery of a 'Bitesize Brook' programme in all non-faith participating schools.

7.1.3 Future action planned during 2010/11

Additional contraception services will be commissioned and condom distribution will be developed to become a requirement within all commissioned health outreach services for young people.

7.2 Sex and Relationship Education

7.2.1 National Support Team recommendations

The National Support Team recommended that there should be senior strategic level leadership and direction of Sex and Relationship education (SRE) in the LA and NHS Wirral and the development of a borough-wide Sexual Health Policy for Young People Under-19 years of age to enable staff working with young people to offer basic sexual health advice and sign posting with confidence.

7.2.2 Action taken so far

A permanent SRE Policy and Curriculum lead was recruited in April 2009 as part of the Healthy Schools Team within NHS Wirral to focus solely on SRE within school and non school settings. The postholder is currently undertaking an audit of SRE within Wirral schools to ensure the development of a Borough wide approach to SRE. Two local secondary schools (Oldershaw and South Wirral High) were involved in the North West SRE Key Stage 3 Pilot, with 4 teaching staff trained in delivery of this new resource and curriculum and an SRE resource to include lesson plans and delivery framework has since been produced for use in all Secondary Schools.

7.2.3 Future action planned during 2010/11

Teenage Pregnancy Strategy Champions are to be identified through the Champions Forum to work with School Heads and Governors to further develop the SRE and PSHEE curriculum.

7.3 Workforce and Targeted Recommendations

7.3.1 National Support Team recommendations

The NST recommended the need for workforce training to be established as part of the corporate Children's Workforce Strategy, and the need for risk factors related to Teenage Pregnancy to be explicitly included in holistic risk assessments.

7.3.2 Action taken so far

Accountable Leads have been identified to drive these areas of work forward and basic Sexual Health Training has been offered to all Area Team members and associated teams working with children and young people in Wirral, to provide staff with the basic knowledge and skills required to offer advice, support and signposting in relation to young people's sexual health and wellbeing. The TPSG has conducted regular

monitoring of staff groups attending this training to ensure consistency in attendance across all workforce disciplines. In addition, the Teenage Pregnancy Pathway and Health Visitor Protocol and Care Package were updated earlier in 2009 and the underlying risk factors surrounding teenage pregnancy has been included within the Common Assessment Framework 'quick reference' leaflets. Speakeasy training has been rolled out to targeted schools across Wirral to increase the number of professionals trained to deliver this training to parenting groups to ensure parents are encouraged and empowered to talk to their children about issues relating to sexual health and healthy relationships.

7.3.2 Future action planned during 2010/11

Having carried out an evaluation of the basic sexual health training programme the option of delivering similar training to complete Area Teams has been considered for future training events. We continue to develop and deliver a rolling programme of training as part of the overall Workforce Development strategy and Sexual Health programme and aim to involve young people in the design and delivery. Training will include those working with specialist groups of young people.

7.4 Children in Care Recommendations

7.4.1 National Support Team recommendations

The NST recommended that we specifically improve access to sexual health services for Children in Care and Care Leavers and for the role of the Corporate Parent to explicitly include the promotion of positive sexual health and wellbeing.

7.4.2 Action taken so far

Children in Care (CiC) and Care Leavers have been included as part of the young people's sexual health needs assessment and the awareness of foster carers regarding their role in preventing teenage conceptions has been strengthened through the inclusion of sexual health training within the foster carer recruitment programme. In addition, all children in care are referred to the CiC Nurses to ensure health plans are in place and the Members event held in April 2009 further strengthened the role of Members as Corporate Parent when considering CiC as vulnerable and at risk of early sexual activity.

7.4.3 Future action planned during 2010/11

We are currently exploring the potential for increased access to sexual health services for children in care and care leavers through the development of the risk assessment toolkit and increased access to services at the Care Leavers drop in centre.

7.5 Supporting Teenage Parents

7.5.1 National Support Team recommendations

NST recommendations in this area focussed on the re-launch of the reintegration guidance for schools to support school age parents to remain in education training and employment and to offer structured and coordinated support given the high rate of teenage parents who feature in the local NEET register.

7.5.2 Action taken so far

The revised reintegration guidance was approved by the TPSG in May 2009 and disseminated to key stakeholders. Connexions receive funding through TPSG to employ a personal adviser for teenage parents and this role is monitored through the Better Support Sub Group with teenage parents NEET data regularly presented to TPSG.

7.5.3 Future action planned during 2010/11

Guidance is to be developed for FE settings to support young parents to remain in education training or employment along with the development of targeted work with young parents to improve specific health outcomes in conjunction with the Being Healthy Children's Trust outcome group.

8. **SUPPORT REQUIRED FROM MEMBERS**

8.1 The prevention of teenage conceptions is a sensitive and complex issue that attracts considerable attention as a result. One of the key challenges highlighted through the NST visit was the need to be more bold and confident when talking about sex and relationships. With this in mind, we have introduced some sensitive initiatives in Wirral over the past twelve months, including the implementation of health services in twelve secondary schools, which were advertised Wirral wide. However we are mindful that we still have some way to go if we are to achieve the government target of halving teenage conceptions by 2010 and it is vital that we have the continued commitment and support from members in this challenge.

9. **STAFFING IMPLICATIONS**

9.1 There are none as a direct consequence of this report.

10. **EQUAL OPPORTUNITIES / EQUALITY IMPACT ASSESSMENT**

10.1 There are none as a direct consequence of this report.

11. **COMMUNITY SAFETY IMPLICATIONS**

11.1 There are none as a direct consequence of this report.

12. **LOCAL AGENDA 21 IMPLICATIONS**

12.1 There are none as a direct consequence of this report.

13. **PLANNING IMPLICATIONS**

13.1 There are none as a direct consequence of this report.

14. **ANTI –POVERTY IMPLICATIONS/SOCIAL INCLUSION IMPLICATIONS**

14.1 Babies born to teenage mothers have an increased risk of poverty and achieving less well at school.

15. **LOCAL MEMBER SUPPORT IMPLICATIONS**

15.1 See 8 above.

16. **BACKGROUND PAPERS**

- DH (2008) Feedback to Wirral from Teenage Pregnancy National Support Team – 15 July 2008
- Teenage Pregnancy Priority Action Plan
- Cabinet Report of the Joint Director of Public Health and Director of Children’s Services - Teenage Pregnancy Priority Action Plan Progress and National Support Team for Teenage Pregnancy Recommendations – 9th April 2009

17. **RECOMMENDATIONS**

17.1 Overview and Scrutiny Committee are asked to note the continued progress made in implementing the recommendations of the National Support Team, and the continued challenging agenda if Wirral is to meet the 2010 target of a 50% reduction.

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