

WIRRAL COUNCIL

CABINET – 9th April 2009

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

1. EXECUTIVE SUMMARY

1.1. The Department of Health's National Support Team for Teenage Pregnancy visited Wirral, by invitation, in July 2008. The purpose of this visit was to evaluate progress made so far in Wirral to reduce the number of teenage conceptions, and recommend actions to accelerate the pace of change. This report outlines progress against the recommendations and priority actions to be implemented in Wirral to turn the curve of rising under 18 conception rates in order to meet the 2010 target of a 50% reduction. Cabinet is asked to consider progress to date and support the implementation of the National Support Team (NST) recommendations in full.

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, with the data being captured for 16 – 17 year olds and those aged 15 years and under).
- To increase the number of teenage parents in education employment or training

2.1. Data relating to teenage conceptions, inevitably, is not available instantly. This report covers data between 2003 and 2007. In Wirral, under-18 conceptions increased between the years 2003 to 2006, having previously fallen between 1998 and 2002. The results for the latest reporting period, year ending 2007 were announced on 28th February 2009, these show a fall in the rate for Wirral (6.7% reduction) as shown in the table below.

	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%

2.2. The recent reduction for teenage conceptions in Wirral is against the national trend and is therefore a positive indication that Wirral's performance is improving. This is illustrated in Figure 1 below. However, the graph also shows the extent of the challenge if targets for 2010 are to be met.

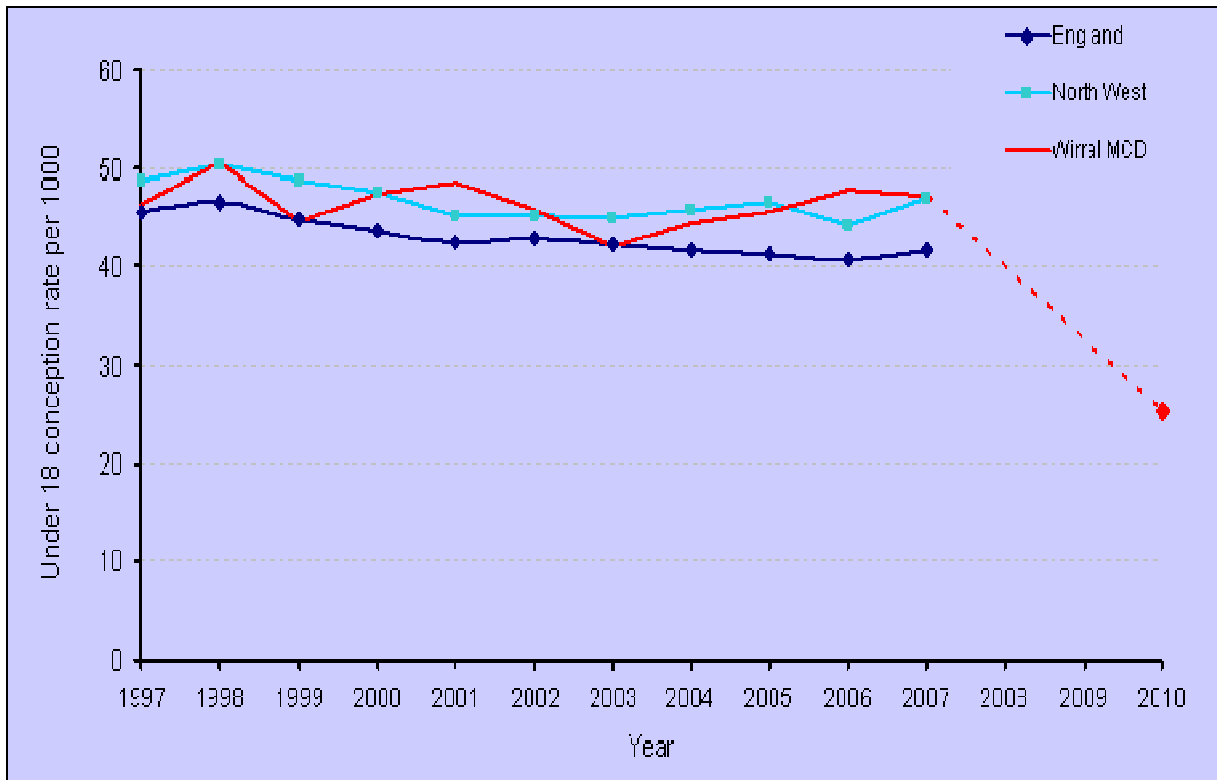
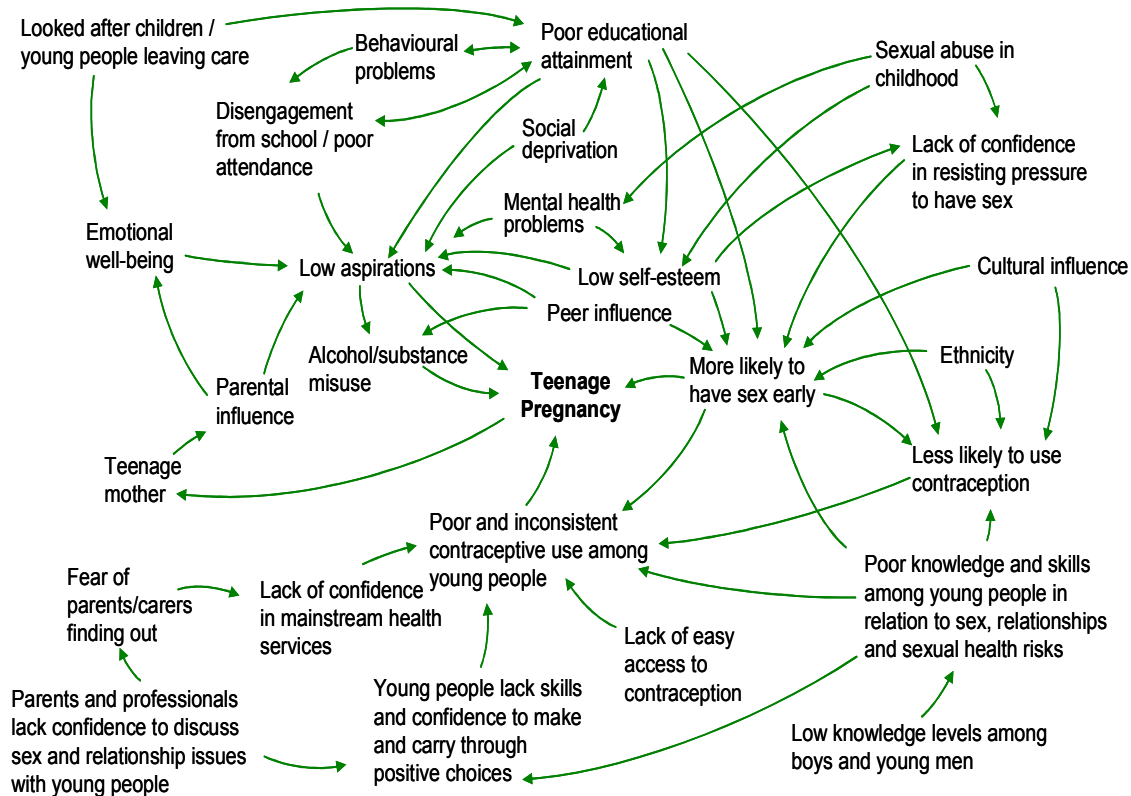


fig 1

2.3 The National Support Team produced the following diagram to support greater understanding of the complex issues affecting young people which may contribute to teenage pregnancy. These factors are relevant to both young men and women.



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.
- Looked after children – teenage motherhood is 3 times higher among looked after under 18s
- 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 account for one in three of all teenage conceptions. This is associated with the relationship between deprivation and teenage pregnancy.

3. **NATIONAL SUPPORT TEAM FINDINGS**

3.1 As the under-18 conception rate for Wirral had risen for the three years to 2006 the Wirral Teenage Pregnancy Steering Group invited the Department of Health National Support Team (NST) for Teenage Pregnancy to assess the current partnership approach and provide recommendations to enable us to achieve the under-18 conception target by 2010. The NST visited in July 2008 and interviewed a range of stakeholders including the Chief Executives of NHS Wirral and Local Authority, the Lead Member for Children's Services and Lifelong Learning, Director of Children's Services, Joint Director of Public Health and Heads of Branch within the Children and Young People's Department.

3.2 The NST identified the overall strengths within Wirral, including the inclusion of teenage conceptions in the LAA and Children and Young People's Plan, and commented on the enthusiasm and commitment to improve performance within the LA and the NHS Wirral. However, they also highlighted evidence that adults needed to be bolder and more 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 'turn the curve' of teenage conceptions. The NST advised Wirral that the 50% reduction of teenage conceptions by 2010 was possible if their key recommendations relating to Strategy,

Data, Communication and Implementation of the Teenage Pregnancy Strategy are implemented. This would equate to a reduction of 144 conceptions.

On their return visit in October 2008, the NST met with NHS Wirral and Wirral Council Chief Executives, Director of Children's Services, Joint Director of Public Health and other Heads of Service to hear about progress made since their visit in July and to identify areas where they could offer further support. They congratulated Wirral on the progress made (see Appendix 1).

3.3 The following is a summary of the NST key recommendations and actions taken so far to implement them. The Wirral Teenage Pregnancy Priority Action Plan is included at Appendix 2.

4. **Strategic Recommendations**

4.1 National Support Team Recommendations

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

Action taken so far

The Strategic Leaders Group has been established and has identified 'Accountable Leads' with responsibility for driving forward the NST recommendations and priority actions. The following leaders were identified, all of whom are now active members of the Teenage Pregnancy Steering Group:

Data	Tony Kinsella (NHS Wirral)
Communication	Emma Degg (Wirral MBC)
Commissioning	Teresa Williams (NHS Wirral) & Tricia Hopkinson
Sexual Health Services	Deborah Williams (NHS Wirral)
Sexual Health Policy	Anne Tattersall (NHS Wirral)
Borough Wide SRE	Peter Edmondson (Wirral MBC)
Workforce Training	Huw Wilkie (Wirral MBC)
Targeted Youth Support	Steve Pimblett (Wirral MBC)
Children in Care	Simon Garner (Wirral MBC)

- 4.2 The Teenage Pregnancy Steering Group, chaired by the Head of Branch, Children's Social Care, has commissioned bespoke 'Turning the Curve' training for steering group members, (March 2009), to ensure the agenda is shaped to maximise the opportunity to achieve the required reduction in teenage conceptions.
- 4.3 The Head of Health and Wellbeing for Children and Young People, recruited by NHS Wirral, took up post in January 2009, to provide additional strategic leadership and drive to improving children and young people's health and wellbeing, including teenage pregnancy. This is a joint post between the NHS and the Local Authority. In addition, the Health and Wellbeing Charter for Children and Young People launched in July 2008, outlines partnership responsibilities in ensuring improved health and wellbeing outcomes for all children and young people living in Wirral.

Future action planned during 2009/10

Future plans include: consolidating strengthened reporting arrangements, and the role of accountable leads in delivering the action plan; embedding teenage pregnancy developments within the overall joint commissioning framework. Additionally, governance arrangements will be strengthened through elected member training.

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.

Action taken so far

In response, an Accountable Lead for data has been identified with responsibility for chairing the Teenage Pregnancy Performance Management Sub Group. More joined-up systems are currently being introduced, to ensure that the Teenage Pregnancy Monitoring Data Set is complete and updated on a regular basis. Teenage pregnancy data is included as part of the Joint Strategic Needs Assessment (JSNA) and the mapping of conceptions by outcome (termination and birth) is currently underway. In addition, GONW have funded 2 half day workshops across the partnership to offer further assistance with data collection, analysis and use of teenage pregnancy and risk factor data.

Future action planned during 2009/10

Key Performance Indicators are being identified; the Steering Group will agree KPI's for performance management and the data set will be refined, with any data set gaps resolved.

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 service 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

In response, a relevant Accountable Lead has been identified and the Media and Communication sub group has been resurrected with additional resources allocated within the Teenage Pregnancy Area Based Grant to provide media training and workshops for Teenage Pregnancy Steering Group members, Head Teachers, Governors and young people who will be trained as teenage pregnancy spokes people. Following the success of the Local Government Association (LGA) event held in London in November 2008, which focused on the importance of preventing teenage pregnancy, Government Office North West (GONW) is supporting a similar event planned for Elected Members in Wirral on 21st April 2009.

Future action planned during 2009/10

The Teenage Pregnancy Communication Strategy and Action Plan is on target to be confirmed in May 2009. A new awareness raising campaign, as part of this strategy, is due to commence in August 2009.

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

Accountable Leads have been identified to drive forward these actions. John Moore's University has been commissioned to undertake a Comprehensive Sexual Health Needs Assessment specifically examining the needs of Wirral young people following NST recommendations. Furthermore, the Health Services in Schools initiative has been positively received by the Wirral Association of Secondary Heads (WASH) with 6 schools currently working with the Implementation Manager to establish this service within their school by March 2009, and a further 6 currently being identified for the next phase. This is funded by NHS Wirral. Discussions are also underway with the Catholic Secondary Schools to develop a model which takes account of specific faith issues.

Future action planned during 2009/10

The Sexual Health joint commissioning plan will be developed; part of this will involve commissioning additional contraceptive services. Health and Wellbeing Services will continue to be rolled out to all secondary schools, and there will be a review of the impact of the Health and Wellbeing Charter, involving 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, the development of a borough-wide Sexual Health Policy for Young People Under-19 years of age has been agreed by the Children & Young Peoples Partnership Board (CYPPB). This should enable staff working with young people to offer basic sexual health advice and sign posting with confidence.

Action taken so far

A permanent SRE Policy and Curriculum post has been recruited as part of the Healthy Schools Team within NHS Wirral to focus solely on SRE within school and non school settings. Two secondary schools (Oldershaw and South Wirral High) have been involved in the North West SRE Key Stage 3 Pilot, with 4 teaching staff trained in delivery of this new resource and curriculum. Evaluation of the pilot is currently being undertaken by John Moore's University.

Future action planned during 2009/10

A Borough wide approach to SRE will be developed; Teenage Pregnancy Champions will work with Head Teachers and Governors.

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.

Action taken so far

Accountable Leads have been identified to drive these areas of work forward. Basic Sexual Health Training is now being delivered 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. In addition, the Teenage Pregnancy Pathway and Health Visitor Protocol and Care Package have been updated and the underlying risk factors surrounding teenage pregnancy have been included within the Common Assessment Framework 'quick reference' leaflets.

7.3.2 A multi agency Teenage Pregnancy Sharing Good Practice Day held on 26th January 2009 highlighted the work undertaken by a range of services to prevent teenage pregnancy and promote positive sexual health and wellbeing.

Additional resources have been agreed through NHS Wirral to build capacity, skills and workforce confidence in teaching this agenda and preventing teenage conceptions

Future action planned during 2009/10

Further training will be delivered as part of the overall Workforce Development strategy. This will be a rolling programme of training, involving 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 Corporate Parent to explicitly include the promotion of positive sexual health and wellbeing.

Action taken so far

The Accountable lead has been identified to progress this area and Children in Care (CIC) and Care Leavers will be included as part of the young people sexual health needs assessment.

Future action planned during 2009/10

Foster carers awareness and role in preventing teenage conceptions will be strengthened through the work of the dedicated foster carer trainer; young people will be assessed and receive support through use of the risk assessment toolkit and increased access to services will be developed through the Care Leavers drop in centre.

8. SUPPORT REQUIRED FROM MEMBERS

- 8.1 The prevention of teenage conceptions is a sensitive issue and attracts considerable attention as a result. One of the key challenges highlighted through the NST visit to Wirral was the need to be more bold and confident when talking about sex and relationships. It is likely that the development of some of the above initiatives will attract media and public attention, however, in order to reduce conceptions by 50% by 2010 all interventions must be implemented. It is vital, therefore, that support to implement these interventions is committed and evident from members.

9. STAFFING IMPLICATIONS

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

10. EQUAL OPPORTUNITIES IMPLICATIONS

- 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

17. **RECOMMENDATIONS**

17.1 Cabinet is asked to note the progress made so far in implementing the recommendations of the National Support Team, and the challenging agenda to be implemented in a very short space of time if Wirral is to meet the 2010 target of a 50% reduction.

17.2 Cabinet is also asked to support the proposed event for Elected Members on 21st April 2009 and to recognise the role of members in championing and scrutinising the implementation of the Teenage Pregnancy Priority Action Plan, which incorporates the NST recommendations.

LEAD OFFICER DETAILS

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