



Children and Young People Overview and Scrutiny Panel
Joint Task and Finish Group
Scrutiny Review – Report
February 2010

DRAFT – Working Progress Version 4.0

A Focus on Reducing Teenage Conception Rates in the City

Plymouth City Council

This page has been left blank

DRAFT 4.0

Contents Page

Section	Title	Page Number
1	Introduction	4
2	The Panel	4
3	Scrutiny Approach	4
4	Witnesses	5
5	Acknowledgements	5
6	Executive Summary	5
7	Recommendations	7
	Appendix 1 – PID	9
	Appendix 2 – National Strategy, Plymouth's Response, Performance and Need	13

1 Introduction

- 1.1 The Overview and Scrutiny Management Board approved in principle, on 2 September 2009 the establishment of a joint task and finish group that will set out recommendations to maximise the City's drive to reduce teenage conception rates in the City.

The Joint Task and Finish Group would achieve this through reviewing the effectiveness of the new 'Improving Young People's Sexual Health and Wellbeing: Strategy 2009-2012' and accompanying Implementation Plan. Through a series of briefings and interviews the Panel will seek to identify gaps and areas for development with the proposed strategy and plan. Particular emphasis will be placed on the role of the media and the messages that need to be conveyed. A report will be produced including a number of recommendations for improvement to support the implementation plan.

Membership was drawn from both Children and Young People and Health and Adult Social Care Overview and Scrutiny Panels. The Task and Finish Group will submit its findings for approval to the Overview and Scrutiny Management Board, prior to consideration at Cabinet and Council.

2 The Panel

- 2.1 The Joint Task and Finish group had a cross-party membership comprising the following Councillors –

- Councillor Purnell (Chair)
- Councillor Mrs Aspinall (Vice Chair)
- Councillor Delbridge
- Councillor Mrs Stephens
- Councillor Mrs Watkins

For the purpose of the review, the joint task and finish group was supported by –

- Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk Taking Behaviour
- Patrick Hartop, Policy and Performance Officer
- Amelia Boulter, Democratic Support Officer

3 Scrutiny Approach

- 3.1 The task and finish group convened on five occasions to consider evidence and hear from witnesses -

- 21 October 2009
- 11 November 2009
- 24 November 2009
- 22 January 2010
- 22 February 2010

- 3.2 At its meetings on 21 October, 24 November and 22 January, the task and finish group considered evidence from witnesses, raised questions and considered answers and recommendations relating to a focus on reducing teenage conception rates in the city.

4 Witnesses

- 4.1 The task and finish group heard representations from –

- Teenage Parents
- Plymouth Centre for Young Parents
- Young People's Sexual Health Team
- Personal, Social, Health and Economic (PSHE) Education
- Plymouth District Scouts
- Plymouth City Council Youth Service
- Connexions
- Education Welfare Services
- Harbour Young People's Specialist Substance Misuse Team
- Team Manager, Children's Services
- Foster Carers
- Children's Social Care
- Community Contraception and Sexual Health Service
- Midwifery
- Family Nurse Partnership

5 Acknowledgements

- 5.1 The Joint Task and Finish Group wish to thank and acknowledge the contribution from the witnesses and council officers. The Panel would like to state a special thank you to the teenage Mums who attended to give evidence. The evidence provided by the teenage Mums was powerful and the Panel hope that the recommendations that have followed reflect some of the important issues they raised.

6 Executive Summary

- 6.1 The Overview and Scrutiny Management Board established a Joint Task and Finish Group to undertake a review that would focus on how the city can maximise its impact on reducing teenage conception rates in the city.
- 6.2 The Group was asked to make recommendations on –
- the effectiveness of the 'Improving Young People's Sexual Health and Wellbeing: Strategy 2009 – 2012' and accompanying Implementation Plan;
 - areas of development with the proposed strategy and plan; and
 - the role of the media.
- 6.3 The Group heard representations from a variety of witnesses and received questionnaire responses.

6.4 Key findings included;

- the City's new strategy shows a greater coherence than previous and reflects a wide Partnership response. The City must ensure that the approach is joined-up and avoids letting young people slip through the net;
- reducing harmful risk taking behaviour (including reducing unprotected sex) is an important priority and this agenda should be championed at the highest level in the City;
- there are clear links between income inequality and teenage pregnancy levels;
- 9 neighbourhoods (out of a total of 43) account for 45% of all conceptions in the city. These neighbourhoods are also some of our most deprived neighbourhoods;
- teenage pregnancies can sometimes be seen as route to a positive experience in loving relationships for the young Mums and Dads – this is particularly true where low self esteem or low aspiration were factors;
- poor attendance at school has a significant affect on young people's vulnerability to becoming pregnant;
- respectful and healthy relationships need to be a more prominent part of the message to help delay sex and promote sexual health and wellbeing;
- uptake of Local Authority training for secondary school staff on Relationships and Sex Education is improving but inconsistent – with most schools now engaging;
- teachers do not appear to have sufficient time to undertake training on sexual health matters;
- the quality of RSE across all schools is improving but inconsistent. As part of the new Sexual Health Strategy a Task and Finish group focused on schools will seek to address this inconsistency;
- it is clear that young people vulnerable to harmful risk taking, including having unprotected sex, should be identified as early as possible and schools have a key role in achieving this;
- parents and carers need to feel able to talk about these issues with their children;
- issues around boys and young men have not been adequately addressed;
- media messages and the range of media available mean that young people are exposed to many sexualised images and sex-related articles. This can give an impression that the majority of young people are sexually active and increase pressure on young people to have sex when they are not ready;

- use of different media mediums such as social networking sites should be explored to get messages out to young people about relationships, sex and where to get support with the aim of reducing any pressure to have sex when young people are not ready;
- there is a need to improve co-ordination of grant funding that aims to impact on reducing risk- taking behaviour (including reducing unprotected sex);
- there is evidence of pockets of best practice across the city with a wide variety of providers involved in delivery. Scrutiny took evidence from many people, representing a wide range of services doing really good work;

7 Recommendations

7.1 The Joint Task and Finish Group have agreed the following recommendations. The first recommendation should be driven by the Local Strategic Partnership and the remaining recommendations should be given enhanced focus within the City's implementation plan to support delivery of the City's Young Peoples Sexual Health Strategy –

- (1) The City must strive to raise aspirations of all people particularly young people and this will support a reduction in teenage conceptions;
- (2) Governance and accountability for the delivery of this agenda must be clear with a named senior champion at the highest level promoting the City's drive to reduce harmful risk taking behaviour including unprotected sex. An effective Partnership, working to a clear and transparent understanding of the financial costs to support the delivery of this agenda is required across Plymouth City Council, Plymouth NHS and the Voluntary and Community sector;
- (3) Key services must have the capacity and be competent to identify, at the earliest point, vulnerability to teenage pregnancy (and other harmful risk taking behaviour). Primary and Secondary Schools are pivotal in this identification. The City must then be able to provide personalised holistic support to the young person that can contribute to outcomes linked to an increase in self esteem, aspiration and attainment. The work of Education Welfare Officers should be further explored to determine their potential to maximise their role in early identification and support;
- (4) The City must aim to provide a consistently delivered, high quality, age appropriate Relationship and Sex Education (RSE) programme in all schools (primary, secondary and alternative provision) with Governors and members of Senior Management Teams committing to training to support the delivery of Relationship and Sex Education in their schools;
- (5) Within the Relationship and Sex Education programme the relationship of substance (including alcohol) misuse to high risk sexual activity, and media messages on sex, should be addressed;
- (6) Issues for boys and young men need to be equally addressed through our planning and delivery of services;

- (7) Families should be able to talk about relationships and sex, with parents /carers having access to clear advice for help and identifiable sources of support;
- (8) The City needs to ensure that data reflecting use of the emergency contraceptive pill by under-18s from Pharmacy's is collected to further improve understanding of need and support meeting need
- (8) Services for Children and Young People need to clearly promote messages that support equipping young people with the skills to resist harmful risk taking behaviour including unprotected sex. Alongside acknowledging the legal age of consent to be 16 the City needs to promote the notion of a young person making healthy choices about their sex life including understanding the implications of becoming a parent. To support this, the City should explore how to best utilise young people's use of information, advice and support through a range of media systems e.g. internet; mobile phones; magazines posters etc;
- (9) Services for Children and Young People need to ensure routine engagement with young people to help shape strategy, service planning and design in line with best practice and innovative developments.



Request for Scrutiny Work Programme Item

1	Title of Work Programme Item	A Focus on Reducing Teenage Conception Rates in the City.
2	Responsible Director (s)	Bronwen Lacey, Director of Services for Children and Young People
3	Responsible Officer tel No.	Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk-Taking Behaviour ext: 7561
4	Aim	To review the Strategy and develop the accompanying Implementation Plan with a specific focus on those areas having a clear impact on reducing the teenage conception rate of the city
5	Scope	<i>The Panel to review the effectiveness of the Improving Young People's Sexual Health and Wellbeing: Strategy 2009-2012' and accompanying Implementation Plan.</i> Through a series of briefings and interviews the Panel will seek to identify gaps and areas for development with the proposed strategy and plan. Particular emphasis will be placed on the role of the media and the messages that need to be conveyed. A report will be produced including a number of recommendations for improvement to support the implementation plan.

5	Objectives	<p>To:</p> <ul style="list-style-type: none"> provide an overview of <i>deep dive findings from national teenage pregnancy unit – this sets out best practice and is the basis for determining areas of improvement in the city. Specific challenges to reducing the teenage conception rate in Plymouth will also be identified</i> Brief <i>Scrutiny Panel on areas of activity requiring most improvement and establishing a clear understanding of who currently delivers this activity or whether there are gaps in service provision</i> Gather evidence from a series of panel interviews with key local stakeholders Produce a report summarising findings including a communications plan and key recommendations. Report to be received by the Responsible Officer by October 26th 2009 to support completion of the Implementation Plan.
	Benefits	<ul style="list-style-type: none"> Greater understanding of what works and why in Plymouth Smarter delivery plan focused on areas for greatest improvement Greater clarity on how to create media images
	Beneficiaries	All children and young people in the city
6	Criteria for Choosing Topics	<ul style="list-style-type: none"> Focus on reducing teenage conception rate of the city Focus on delivery that requires most attention in regard to improving performance and meeting best practice criteria Focus on improving coherent communication of strategy through media
	Exclusions	All areas of the strategy that do not require significant improvement in support of reducing the teenage conception rate

8	Programme Dates	<ul style="list-style-type: none"> PID to be completed by 21.08.09 PID submitted to Overview and Scrutiny Management Board 02.09.09 PID submitted to Health and Adult Social Care OSP 23.09.09 PID submitted to Children and Young People OSP 24.09.09 Task and Finish Group meeting to take place by 26.10.09 Sexual Health Strategy and Implementation Plan to be finalised by 31.10.09 		
	Timescales and Interdependences	Milestones	Target Date for Achievement	Responsible Officer
			Report from Scrutiny to be with Responsible Officer by October 26th	Dave Schwartz
9	Links to other projects or initiatives / plans	<u>Corporate Improvement Priorities</u> CIP 7 Keeping Children Safe?? CIP 8 Improving skills and educational achievement?? Children and Young Peoples Plan 2008 – 2011 Priority 8 <u>Stretch targets</u> Reduce the under 18 Teenage pregnancy rate - conception rate (conceptions to women aged less than 18 years per 1,000 women aged 15-17 years inclusive)		
10	Relevant Overview and Scrutiny Panel	Children and Young People Overview and Scrutiny Panel / Health and Adult Social Care Overview and Scrutiny Panel		
11	Lead Officer for Panel	Richenda Broad, Acting Asst Director, Commissioning, Policy and Performance		
12	Reporting arrangements	O&S Management Board (to approve this document) - 02.09.09 HWB OSP (to set membership) – 23.09.09 CYP OSP (to set membership) – 24.09.09		
13	Resources	The Responsible Officer will support the process as required by Scrutiny as will a Policy Officer / assistant Policy Officer		
14	Budget implications	Mainly within existing resources??		

15	Risk analysis	The work of Scrutiny will help maximise a determined drive to reduce teenage conceptions set within a broad strategic approach to improving young people's sexual health. The work will therefore support the city in impacting on one of its priority areas. For Scrutiny to not be involved will reduce the potential impact on this priority.
16	Project Plan / Actions	

DRAFT 4.0

National Strategy, Plymouth's Response, Performance and Need

1. National Strategy

- 1.1 The reasons for tackling teenage pregnancy are well documented and include health and wider inequalities issues. For example:
- teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner;
 - teenage mothers are 20% more likely to have no qualifications at age 30;
 - teenage mothers experience 3 times the rate of post-natal depression and have a higher risk of poor mental health for 3 years after the birth;
 - teenage mothers are 3 times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, with negative health consequences for the child;
 - children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems;
 - the infant mortality rate for babies born to teenage mothers is 60% higher;
 - the majority of teenage pregnancies are unplanned and nearly half end in abortion;
 - many of the above issues are equally relevant to teenage fathers;
 - England's teenage pregnancy rate is much higher than comparable Western European countries;
- 1.2 The Teenage Pregnancy Strategy (1999) set out a national target to halve the under 18 conception rate by 2010

2. Plymouth Response

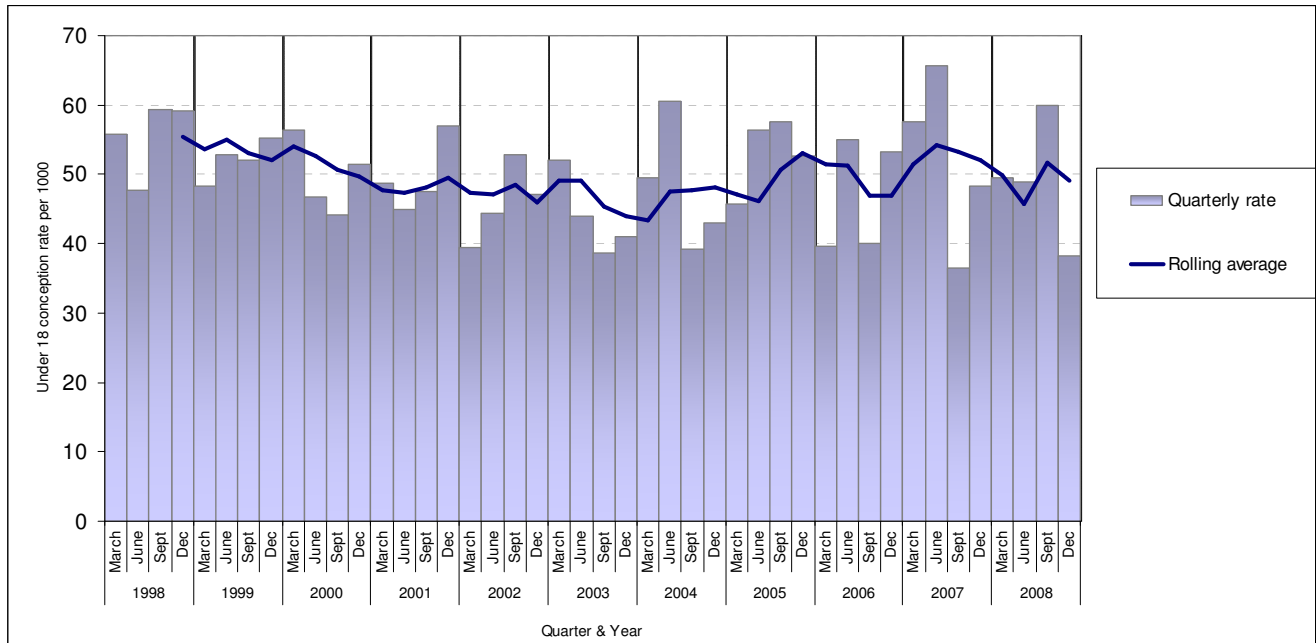
- 2.1 As well as working toward the national target Plymouth agreed a local stretch target requiring a drop from the base-line of 57% by 2010.
- 2.2 During the Summer of 2008 as a recognition of slow progress against the City's targets Plymouth's Director of Public Health and the Director of Children's Services requested a 'summit' of key stakeholders take place to address performance.
- 2.3 The 'Summit' led to a short term action plan. Key outcomes from this plan were an improved strategic coherence and drive across the partnership and an enhancement in activity in the City commencing quarter 4 in 2008.

- 2.4 The basis for developing a longer term strategy was set in motion and in the following year a needs assessment was undertaken, strategy produced and a comprehensive implementation plan is now being completed. Activity is increasing and the use of data and intelligence has clearly improved.
- 2.5 The new strategy is called, Improving Young People's Sexual Health and Wellbeing. The strategy has 4 key strategic outcomes. These are (1) Increased resilience and raised aspirations of children, young people and their families to improve sexual health and wellbeing (2) Young people are enabled to engage with safe and responsible behaviours that promote sexual health and wellbeing needs and choices (3) Young people have access to and utilise high quality, locally delivered and timely support and services that respond to their sexual health needs and choices (4) Systems will be in place that facilitate effective delivery of integrated sexual health advice, services and support to young people and their families
- 2.6 A new Young Peoples Sexual Health and Teenage Pregnancy Partnership is the group that is accountable for the delivery of the Sexual Health Strategy. This Partnership reports to the Children and Young Peoples Trust Executive Group.

3. Performance and Need

- 3.1 The Scrutiny Panel Joint Task and Finish Group held its final meeting on February 22nd 2010. On February 24th the latest official data was released covering the year 2008. This data and some brief analysis are included to ensure this report reflects the most up to date information available.
- 3.2 Progress to date shows that the latest official (provisional) data for 2008 under-18 conception rate for **England** was **40.4** per 1000 girls aged 15-17 – a decrease of 3.2% from the 2007 rate and the lowest rate for over 20 years. Since the 1998 baseline, the under-18 conception rate has fallen by **13.3%**.
- 3.3 The latest official (provisional) data for 2008 under 18 conception rate for **Plymouth** was **48.6** per 1000 girls aged 15 -17 a decrease of 2.5% from the 2007 rate. Since the baseline, the under-18 conception rate has fallen by **11.2%**.

3.4 Quarterly rates in Plymouth Unitary Authority (Source: ONS) from the 1998 baseline. The change in baseline reflects an 11.2% drop.



3.5 For Plymouth in 2008 the percentage of conceptions leading to termination was 47% which reflects a 9% increase on the 2007 figure of 38%. The average % for conceptions leading to termination over the 11 years since baseline is 39.6%.

3.6 Data for 2008 (covering 2005-2008) shows that the number of repeat abortions for under 18s in Plymouth was 3.5% (n=10) of all abortions for under 18s. For England this figure is 7.7%. Plymouth's performance is good as this is significantly lower than the England average.

3.7 For 2008/09 the % of under 18s using the Community Contraception and Sexual Health Service that then use long acting reversible contraception (LARC) is 22%. Plymouth's performance is good as this is significantly higher than the England average of 11.5%.

3.8 2008 shows a drop in the actual number of conceptions by 17 from 234 to 217.

3.9 For quarter 4 of 2008 (Oct - Dec) Plymouth had the 2nd lowest number of conceptions in any one quarter since the baseline in 1998. The number of conceptions for quarter 4 was 42 (lowest ever was 41 during quarter 3 2007). This is the lowest ever number of conceptions for quarter 4. The average number of conceptions during quarter 4 for all years since the baseline in 1998 is 55. The quarter 4 2008 number therefore represents 13 less than the average which also reflects a 24% drop on the average for quarter 4. During quarter 4 2008 the partnership stepped up activity significantly in line with the short term action plan in place at the time.

3.10 The evidence leads to the conclusion that the City should be cautiously optimistic that efforts as a partnership, that were stepped up in quarter 4 2008, have begun to improve impact.

- 3.11 Though the City is a long way off reaching the national target (50% drop from baseline) and local stretch target (57% drop from baseline) performance with respect to the % change from the base-line when compared to the whole of England is 2.1 % off the average. The whole country has therefore found the national target a very challenging task.
- 3.12 Plymouth also uses local data (known as proxy data) to help with planning. This data does not count conceptions in the same way as the official data and should not therefore be compared with the official data. However this data does provide some important evidence. This includes:
- 9 neighbourhoods (out of a total of 43) account for 45% of all conceptions in the city. They are also some of our most deprived neighbourhoods;
 - there is a 4 fold difference in conceptions when comparing least deprived to most deprived neighbourhoods;
 - in 8 out of the top 9 neighbourhoods we identify occasions where clusters of 3, 4 or 5 conceptions occur in a single month. These stand out when compared to the average monthly conception numbers and we have been able to determine through partnership analysis that in many cases these clusters are linked by friendship or through events e.g. a party.
- 3.13 Levels of deprivation are higher in Plymouth than England as a whole. 53.9% of Plymouth people are in the bottom two quintiles for deprivation. Given the relationship of teenage pregnancies and conceptions to deprivation this infers that we also need to address deprivation to impact on teenage conception rates.
- 3.14 Plymouth and Children Young Peoples Trust assessment of sexual health need identified 3 main areas we need to focus on. Further work on the strategy and implementation plan recognises some key issues we need to address to meet these needs.
- first, in any population where there are sexually active young people we will see a number of conceptions take place. In order to minimise the number of conceptions there needs to be support for parents and carers to be able to speak to their children about relationships and sex, high quality relationship and sex education delivered through schools, a range of accessible high quality universal provision providing access to information, advice and support including access to contraception;
 - second, young people who drink alcohol and whose judgement then becomes impaired may become sexually vulnerable leading to sex that is regretted. In order to minimise conceptions we need to ensure that young people understand the consequences of alcohol on decision making and that targeted provision is in place providing access to information, advice and support including access to contraception. The capability to identify early emerging risk taking behaviour and provide support to address this is significant;

- third issues around low aspiration and low self esteem have strong links to teenage conceptions. In order to minimise conceptions we need to better understand what may delay decisions to become pregnant or engage in harmful risk taking behaviour. There are also strong links here with agendas aiming to address the inequality gap; trans-generational expectations, improving attainment and raising aspiration. The capability to identify early emerging need and provide support to address this is significant.

3.15 The current strategy is new and the implementation plan being finalised. Impact of the strategy with respect to achieving its strategic outcomes is too early to determine though activity from quarter 4 2008 and subsequent continual increases in activity supports a view of being cautiously optimistic.

DRAFT 4.0