

CITY OF PLYMOUTH

Subject: Overview and Scrutiny Management Board:
A focus on reducing teenage conception rates in the city

Committee: Cabinet

Date: 19 October 2010

Cabinet Members: Councillor Mrs Watkins

CMT Members: Director of Services for Children and Young People

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Department for Children’s Services

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Ref:

Part: I

Executive Summary:

The Overview and Scrutiny Management Board approved in principle, on 2 September 2009, the establishment of a Joint Health and Adult Social Care and Children and Young People Task and Finish Group that will set out recommendations to maximise the city’s drive to reduce teenage conception rates.

The enquiry took place between October 2009 and February 2010 when a range of witnesses were called and from this evidence the Joint Task and Finish Group agreed ten recommendations. The report was presented to the Overview and Scrutiny Management Board in July 2010 prior to being received by Cabinet on 19 October 2010.

This report focuses on a key area of activity for both Children and Young People and Health Services, and consequently the recommendations to Cabinet reflect the complexity and sensitivity of this subject. Addressing the issue of teenage conception requires the city to improve aspiration of all members of the community, provide targeted support to those most at risk and ensure a high quality universal offer is available that supports healthy sex lives and wellbeing.

Appendix 1 (page 5) is the full report, whilst appendix 2 (page 19) provides a brief summary on current progress against each of the recommendations.

Corporate Plan 2010 - 2013

This report helps to meet the following corporate priorities:

| | |
|-----------------------|----------------------------------------------|
| Corporate Priority 4 | Reducing inequalities between communities |
| Corporate Priority 7 | Keeping children safe |
| Corporate Priority 8 | Improving skills and educational achievement |
| Corporate Priority 14 | Providing better value for money |

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

With the Comprehensive Spending Review this October and the local budget setting process to follow, there will be significant challenges to deliver this agenda effectively if less resource is allocated to reducing teenage conceptions in the city over the medium term. The Sexual Health and Teenage Pregnancy Partnership has begun to review its key priorities with a view to establishing a clear direction that will support impact where it is most needed and ensure that continued investment will be effectively and efficiently used. This report contributes to this process.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

None.

Recommendations and Reasons for recommended action:

For Cabinet to approve the recommendations from the Scrutiny Task and Finish Group in full.

Alternative options considered and reasons for recommended action:

Options were considered as part of the work of the Task and Finish Group and the final recommendations reflect the range of evidence heard and judgements made.

Background papers:

- Plymouth Children and Young People's Plan 2008 – 2011
- Plymouth City Council Corporate Plan 2008-2011
- Plymouth Children and Young People's Trust – Improving Young People's Sexual Health and Wellbeing: Joint Commissioning Strategy 2009 - 2012
- Plymouth City Council – Youth Services Action Plan 2008
- Department for Children, Schools and Families – Teenage Pregnancy: Accelerating the Strategy to 2010: 2008
- Children Acts 1989 and 2004
- Education Act 1996

Sign off:

| | | | | | | | | | | | |
|-----|-------------------------|-----|------------------|----|-----|--------------|-----|----|-----|---------------|-----|
| Fin | DJN 101 1.00 6 | Leg | 977 7/D VS | HR | N/A | Corp Prop | N/A | IT | N/A | Strat Proc | N/A |
|-----|-------------------------|-----|------------------|----|-----|--------------|-----|----|-----|---------------|-----|

Originating SMT Member: Claire Oatway

RECOMMENDATIONS

Teenage Pregnancy Report Recommendation 1

- (1) The city must strive to raise aspirations of all people, particularly young people, and this will support a reduction in teenage conceptions.

Teenage Pregnancy Report Recommendation 2

- (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.

Teenage Pregnancy Report Recommendation 3

- (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.

Teenage Pregnancy Report Recommendation 4

- (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.

Teenage Pregnancy Report Recommendation 5

- (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.

Teenage Pregnancy Report Recommendation 6

- (6) Issues for boys and young men need to be equally addressed through our planning and delivery of services.

Teenage Pregnancy Report Recommendation 7

- (7) Services to better assist families to talk about relationships and sex, with parents/carers having access to clear advice for help and identifiable sources of support.

Teenage Pregnancy Report Recommendation 8

- (8) The city needs to ensure that data reflecting use of the emergency contraceptive pill by under-18s from Pharmacies is collected to further improve understanding of need and to determine if this provision is accessible with respect to locality and opening hours.

Teenage Pregnancy Report Recommendation 9

- (9) 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.

Teenage Pregnancy Report Recommendation 10

- (10) 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.

APPENDIX 1



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

A Focus on Reducing Teenage Conception Rates in the City

Plymouth City Council

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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 mothers who attended to give evidence. The evidence provided by the teenage mothers 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;
- Nine 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 and to improve life chances;
- Issues around boys and young men have not been adequately addressed. For example, we need to ensure that sexual health services improve accessibility for boys and young men who often perceive these services as being for young women and girls; there also needs to be appropriate emphasis given to issues for boys and young men in relationship and sex education, particularly around areas of responsibility toward contraception and implications of pregnancy;
- 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 People's 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) Services to better assist families 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 Pharmacies is collected to further improve understanding of need and to determine if this provision is accessible with respect to locality and opening hours;
- (9) 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;
- (10) 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 | Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk-Taking Behaviour |
| | Tel No. | 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 | The Panel to review the effectiveness of the '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. |
| 5 | Objectives | <p>To:</p> <ul style="list-style-type: none"> • Provide an overview of 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 • Brief 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 • 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 26 October 2009 to support completion of the Implementation Plan. |

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| | 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 Interdependices | Milestones | Target Date for Achievement | Responsible Officer |
| | | | Report from Scrutiny to be with Responsible Officer by 26 October | 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 People's 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 | | |

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| 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 | |

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 three times the rate of post-natal depression and have a higher risk of poor mental health for three years after the birth;
 - Teenage mothers are three 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

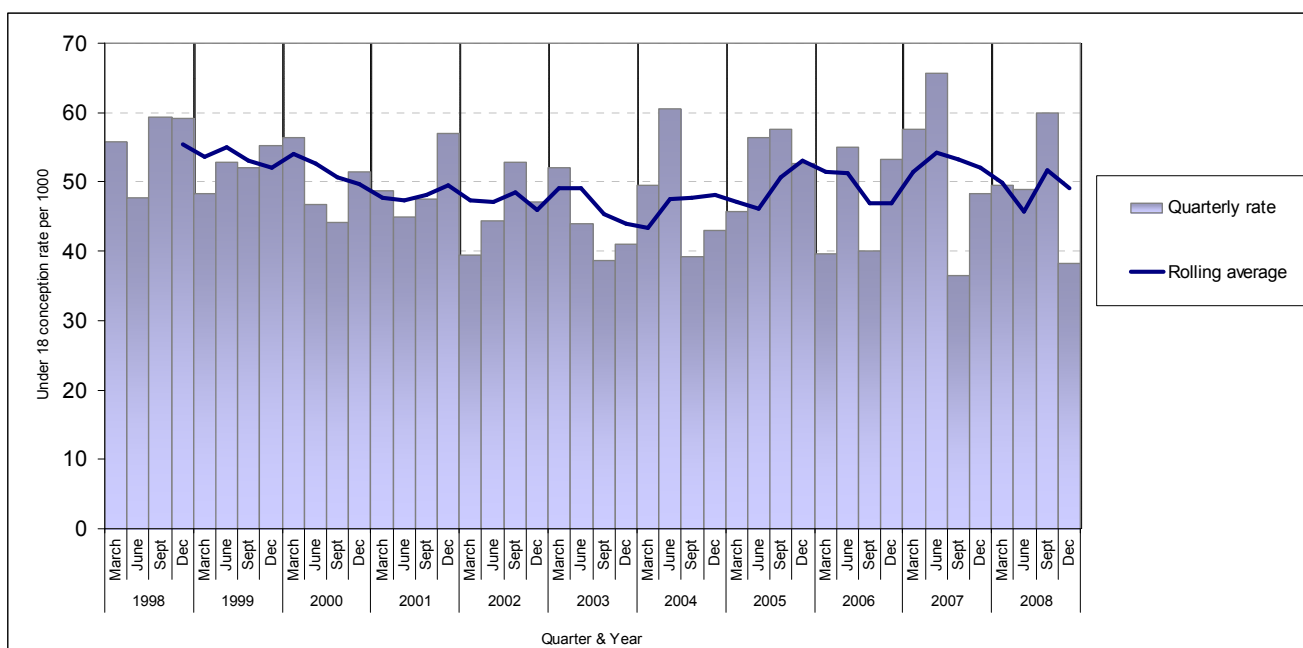
- 2.1 As well as working toward the national target, Plymouth agreed a local stretch target requiring a drop from the base-line of 57% by 2010.
- 2.2 During the summer of 2008, as recognition of slow progress against the city's targets, Plymouth's Director of Public Health and the Director of Children's 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, a 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 four 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 People's 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 People's Trust Executive Group.

3. Performance and Need

- 3.1 The Scrutiny Panel Joint Task and Finish Group held its final meeting on 22 February 2010. On 24 February 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 second 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:
- Nine 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 four 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 People's Trust assessment of sexual health need identified three 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.

APPENDIX 2: Reducing Teenage Conception Rates in Plymouth

Current progress on recommendations from Report: A focus on reducing teenage conceptions in the city

| Recommendation | Progress |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. The city must strive to raise aspirations of all people particularly young people and this will support a reduction in teenage conceptions</p> | <ul style="list-style-type: none"> • Raising aspiration remains a key aim of the work of the Children and Young People's Trust and will be reflected in the new Children and Young Peoples Plan. The 2020 Partnership will also have aspiration as a key priority. • Along with raising attainment in education a range of activities aim to impact on raising aspiration. For example youth service supported positive activities for young people, extended school projects and targeted work by Connexions preventing young people becoming NEET in the North West and the South West of the city. • There remain strong links between neighbourhoods with the highest levels of deprivation having the lowest levels of aspiration. There are still significant challenges to breaking this relationship |
| <p>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;</p> | <ul style="list-style-type: none"> • Over the last 12 months the Sexual Health and Teenage Pregnancy Partnership has developed and is now overseeing implementation of a comprehensive delivery plan • The Partnership is currently reviewing priorities with a view to targeting resources to ensure effective and efficient use of resources available • As part of this process, improved understanding of the financial cost of delivery across the Partnership will be achieved • Current refresh of the Children and Young People's Plan will lead to new governance arrangements for April 2011, including identifying a new senior champion that will cover risk taking behaviour |
| <p>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</p> | <ul style="list-style-type: none"> • Young Peoples Sexual Health Team continue to provide training across the Partnership so improving competence to meet sexual health need • A training offer delivered by the Specialist Substance Misuse Treatment Service available this Autumn will provide opportunity to staff working with vulnerable young people to develop competencies in motivational interviewing and brief interventions. These competencies are key when working with vulnerability • Support delivered through use of the common assessment framework (CAF) or other multi-agency plan is an area targeted for improvement |

| Recommendation | Progress |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Current work to determine what is the most effective service design across key youth services will lead to more efficient services and systems. This will allow us to respond more effectively to vulnerable young people from April 2011 |
| <p>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;</p> | <ul style="list-style-type: none"> • The Sexual Health and Teenage Pregnancy Partnership Task and Finish Group has commenced work focusing on schools with a remit that includes “enable schools with the support of partners to provide the highest quality RSE at both primary and secondary schools” The Task and Finish Group will report by April 2011 • The local authority’s Personal Social Health Education and Economic (PSHEE) Team continues to provide training for staff at all levels in schools to support delivery of RSE |
| <p>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;</p> | <ul style="list-style-type: none"> • The local authority’s Personal Social Health Education and Economic (PSHEE) Team provides guidance, consultation and training on RSE. This includes links to substance misuse and the media • The Young Peoples Specialist Substance Misuse Service are commissioned to provide sexual health interventions alongside substance misuse interventions • The Young Peoples Sexual Health Team provide training that addresses links with substances and media issues |
| <p>6. Issues for boys and young men need to be equally addressed through our planning and delivery of services</p> | <ul style="list-style-type: none"> • Sexual Health and Teenage Pregnancy Partnership Sub-Group focusing on boys and young men have commenced work with a remit to look at our current delivery plan with a view to identifying key areas of activity that will impact the most on boys and young men. The Group will monitor this activity, its impact and challenge the Partnership to ensure there is a clear focus on meeting their needs |
| <p>7. Services to better assist families to talk about relationships and sex, with parents /carers having access to clear advice for help and identifiable sources of support</p> | <ul style="list-style-type: none"> • Sexual Health and Teenage Pregnancy Partnership Sub-Group focusing on Communications has commenced work. This group will produce a strategy that will include “Raising public awareness to encourage dialogue within families about relationships and healthy sex lives” • ‘Speakeasy’ training being delivered. This training enables staff to support parents / carers. • Parent Support Advisors have also been trained by the Young Peoples Sexual Health Team |

| Recommendation | Progress |
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| 8. The city needs to ensure that data reflecting use of the emergency contraceptive pill by under-18s from Pharmacies is collected to further improve understanding of need and to determine if this provision is accessible with respect to locality and opening hours | <ul style="list-style-type: none"> • Plymouth Primary Care Trust is currently responding to this request and will provide this data |
| 9. 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 | <p>Sexual Health and Teenage Pregnancy Partnership Sub-Group focusing on Communications has commenced work. This group will produce a strategy that will include:</p> <ul style="list-style-type: none"> • Promoting positive messages supporting healthy sex lives and reducing teenage conception rates • Utilising Information Communication Technology (ICT) as a means to deliver and communicate with stakeholders (this includes children and young people as our key stakeholder) • The Young Peoples Sexual Health Team provides a wide range of resources that provide information and advice as well as where to go for support |
| 10. 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 | <ul style="list-style-type: none"> • Ofsted's Inspection of safeguarding and looked after children in Plymouth (2010) noted that "the voice and active participation of children and young people in service planning was outstanding". • The city's Young People's Sexual Health Strategy 2009; a recent YWCA commissioned report by the Children and Young People's Trust and the most recent Children's Fund consultation have all engaged with young people leading to improved understanding of sexual health need and providing a vehicle for their experiences and views to be channelled. |

Achieving all the recommendations

This template provides a summary of progress against the recommendations of the Report. Much work was underway at the time the Report was being produced and additional activity has commenced since the Report was written. The Partnership are very aware that there remain significant challenges to fully achieving all of these recommendations in full but are fully committed to doing so.