

## **CHILDREN'S SERVICES SCRUTINY COMMITTEE - 28 SEPTEMBER 2010**

### **TEENAGE PREGNANCY IN OXFORDSHIRE**

Report by Strategic Lead and Head of Joint Commissioning

#### **Background**

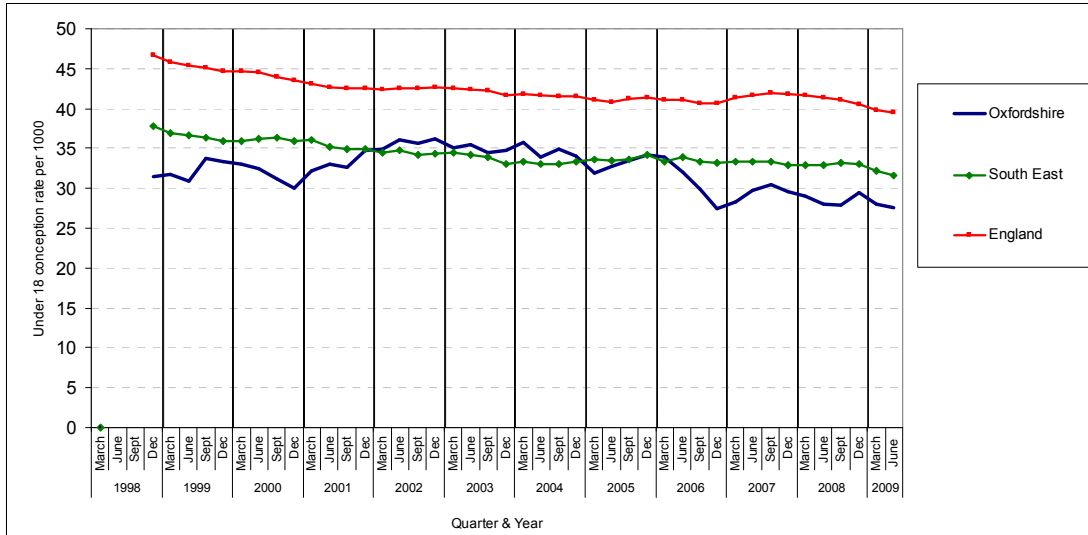
1. In March 2009 the Children's Scrutiny Committee received a report outlining the findings of the Confidential Inquiry into teenage conceptions in Oxfordshire held in July 2008. The Children's Services Scrutiny Committee examined the teenage pregnancy strategy and action plan again in July 2009 and a Children's Services Scrutiny Committee Teenage Pregnancy Strategy Sub Group (TPSG) was established to look in-depth at the matter.
2. In the autumn of 2009 the Reducing Teenage Pregnancy Co-ordinator presented the TPSG with a data assessment of Oxfordshire's teenage pregnancy strategy delivery. This assessment identified both strengths and weaknesses in the delivery of the strategy. An action plan was created to tackle the gaps in current delivery and to ensure progress on the targets. The TPSG contributed to this action plan.
3. The action plan identified a number of key areas for action:
  - Governance and strategy
  - Communications
  - Personal Social Health and Economic Education (PSHE)
  - Workforce development
  - Targeted interventions
  - Supporting parents
  - Supporting young mothers and reducing second teenage conceptions
4. This paper updates members on the latest position and outlines actions that have been taken based on the current 2009-10 action plan.

#### **The Latest Picture**

5. In February 2010 we confirmed the under 18 conception rate for 2008. This was positive news with a slight decline from 29.6 per thousand in 2007 to 29.5 per thousand in 2008. We now have teenage conception figures up to the second quarter of 2009. These statistics (provisional data) show there was a decrease in the rate of conceptions (April-June) compared to Q2 2008. The rolling quarterly average for Oxfordshire Q2 2009 was 27.6 per 1000 women aged 15 – 17 yrs, a fall of 2.82% from 28.4 per 1000 at the same time the previous year. Across the South East the rate of Under 18 conceptions fell by 6.4% from Q2 2008. Nationally the rate of under-18 conceptions was 40.1 per 1000 girls aged 15-17 – 3.6% lower than the rate of 41.6 for Q2 2008.

6. This is a promising decline and indicates 2009 rates are moving in the right direction. We do bear in mind that rates will fluctuate over each year so it is not yet possible to judge whether we will see an overall decrease for 2009.

**Oxfordshire’s under 18 conception rate in comparison to England and the South East region**



7. Oxfordshire’s under 18 conception rate compares favourable to the national rate. However, the focal point of the Oxfordshire strategy has always been that certain areas of deprivation, in particular Oxford City and Banbury, have rates well above the national rate and over three times the countywide rate. Such geographical differences indicate the need to target our resources at the most vulnerable young people.
8. It is also important to note that Oxfordshire’s rate for young mothers aged 16-19 in education, employment or training (EET) has significantly improved. In July 2009 it was 19.28% and in July 2010 it had increased to 32.18%. This success is a clear indication of partnership working as part of the teenage pregnancy strategy.

**Progress on Teenage Pregnancy Action Plan**

9. **Governance and strategy**
  - A Task and Finish group was established to ensure accountability for actions and monitor progress. It is chaired by the Assistant Director of Public Health and attendees represent a wide range of services. The group has met five times this year. It has completed a number of tasks and identified particular areas that need continued focus.
  - We now produce regular performance data reports covering national data sets and data from Integrated Youth Support Service (IYSS), Contraception and Sexual health (C&SH), Oxford Radcliff Hospital termination of pregnancy service and Child Health Data.

**10. Communications**

- We have established a teenage pregnancy communications strategy sub group bringing together the Primary Care Trust (PCT), Oxfordshire County Council (OCC) and Community Health Oxfordshire (CHO).
- We have created a teenage pregnancy communications strategy and key messages which have been agreed across communication teams

**11. Personal Social Health and Economic Education (PSHE)**

- We have continued the new enhanced specification for support to Sex and Relationships Education with the Healthy Oxfordshire Schools Team. It is targeted at the six secondary schools that sit in Oxford and Banbury. We have also supported the delivery of an education programme called 'Last Orders' which links alcohol abuse and sexual health through an interactive play and a series of workshops.
- We have commissioned Oxfordshire Association for Young People to run peer education groups in four schools addressing knowledge, self esteem and healthy relationships.

**12. Workforce development**

- We have conducted a training needs assessment of staff working with young people and produced a report summarising the various training provision offered across OCC, the PCT and CHO around risk taking behaviours for young people. We plan to design a new training programme that links risk taking behaviours ready for delivery in 2011.
- We continue to deliver sexual health training to a wide range of professionals. In addition to this we have organised training/workshops on working with young men, supporting young parents to apply for childcare funding, young people with Learning Difficulties and Disabilities, young fathers, accredited education for young parents, communicating with young people and addressing sexual health and alcohol together.

**13. Targeted interventions**

- We have been working closely with IYSS to create an IYSS teenage pregnancy strategy. We have built up our network of IYSS sexual health links to include Connexions and Youth Offending Service.
- We have extended the School Health Nurse programme so that the service runs in Banbury and Oxford during the summer holidays. The service is called 'Shade' and covers all aspects of health including mental health, diet and sexual health according to young people's needs. The service includes a weekday text or phone line and drop- in sessions. The drops-ins have been delivered in partnership with IYSS.
- We have worked closely with Meadowbrook to train their staff in sexual health skills. We are now working closely with HOST to deliver a development program to improve staff skills around sexual health.
- We have worked with C&SH to roll out a contraception and sexual health outreach nurse. This nurse successfully reaches an average caseload of 100 young women per quarter and is able to meet the needs of some of the most vulnerable young women in the county.

- We have run two successful publicity campaigns, one with the Chlamydia screening team, to promote uptake of the condom card scheme and sexual health services.
- We have commissioned C&SH to establish a nurse led health service for Oxford and Cherwell Valley College. The service began in March 2010 and by the end of term had already seen 203 students, the majority of whom wanted contraception support.
- We have ensured the new commissioning strategy for terminations of pregnancy includes provision of contraception and is linked to targeted C&SH provision for women aged under 18 years. We will continue to monitor the progress of the service through the Task and Finish group.
- We are developing an 'Early Intervention' toolkit to help professionals identify and work with those young people most vulnerable to a teenage conception. This evidence based model will be launched mid autumn in a pilot in Blackbird Leys, Rose Hill and Lye Valley.

#### 14. **Supporting parents**

- We have trained a team of parent support practitioners in the 'Speakeasy' programme. This programme will run for parents to help them talk to their children about sexual health and relationships.

#### 15. **Supporting young mothers and reducing second teenage conceptions**

- Oxfordshire is a Wave 3 pilot site for the Family Nurse Partnership (FNP) programme. We successfully launched the programme in December 2009 and have now recruited a full staff team. A strong steering group has led the programme. The nurses have so far recruited 77 young mothers aged under 20 years, all of whom are offered an intensive programme of evidence based interventions, lasting until their child is two years old. The programme has also been very successful at engaging young fathers and other family members.
- The "Young Mums to Be" course offers accredited learning specifically designed for young parents. Over 30 young mothers are enrolled at present. The course educates young women about pregnancy and birth, mother and child health, development and bonding, sexual health and it encourages a return to EET.
- We have established a 'Supporting young parents' network to build partnership working and information sharing. The network meets quarterly and a countywide conference, attended by over 100 participants, was held in March 2010.
- The Task and Finish group has driven forward the creation of a midwifery care pathway for teenage parents. We have also established a protocol that all under 18 mothers will have a CAF completed on them and a 'Team Around the Child' meeting to include midwifery, Connexions, Children's Centres and Health Visitors. Training for midwives and children's centres is being rolled out this autumn.

## Conclusion

16. We have made significant progress this year in improving services and delivering the teenage pregnancy strategy. This can now be seen in the reduction of teenage conceptions and the increase in young parents in EET. However, there is no room for complacency. Both under 18 conception figures and EET take up are still disproportionately poor for the most vulnerable young people in the most deprived parts of Oxfordshire. The improvements we have seen are a result of excellent partnership working and a sustained and focussed effort. This level of continued effort will be required if we are to continue to see positive results.

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Background Papers: Nil

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September 2010