

## REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## TEENAGE PREGNANCY UPDATE REPORT

**1. Purpose of Report**

- 1.1. This report is intended to update the Children, Education and Skills Scrutiny Committee on progress with the teenage pregnancy agenda and current levels of teenage conceptions.

**2. Background**

- 2.1. As has been shared previously teenage pregnancy is associated with disproportionately poor outcomes for young parents and their children, across the spheres of health, education, economy and wellbeing.
- 2.2. The individual risk factors most closely associated with teenage conceptions are free school meals eligibility (this is a proxy measure of deprivation), persistent school absence by year 9 (age 14), slower than expected progress between the ages of 11-14 years, being a looked after child or a care leaver (3 times the rate of motherhood before the age of 18), being the victim of sexual abuse and exploitation, alcohol and a previous pregnancy. Where young people have experienced a number of these factors they will be at significantly greater risk of pregnancy at a young age.
- 2.3. Evaluation of the impact of the national teenage pregnancy strategy has identified 10 key factors which are considered necessary to support a reduction in teenage conceptions at a local level (Appendix One). Since July 2016 these have been used by public health to provide a framework for reducing teenage conceptions in Sunderland, and are reflected in the local teenage pregnancy action plan produced in 2017. This approach has been recommended in the Teenage Pregnancy Prevention Framework, published in 2018 by Public Health England and the Local Government Association.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/673458/TP\\_Prevention\\_Framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673458/TP_Prevention_Framework.pdf)
- 2.4. Rates of teenage conceptions continue to reduce nationally, regionally and locally although stark inequalities in rates persist between local areas and teenage births remain higher than comparable Western European countries.
- 2.5. A multi-agency teenage pregnancy action group was established by public health in October 2016 and continues to meet regularly to take forward the local strategy for teenage pregnancy, also providing an opportunity for challenge to the wider system. Through this work key priorities and gaps have been identified.

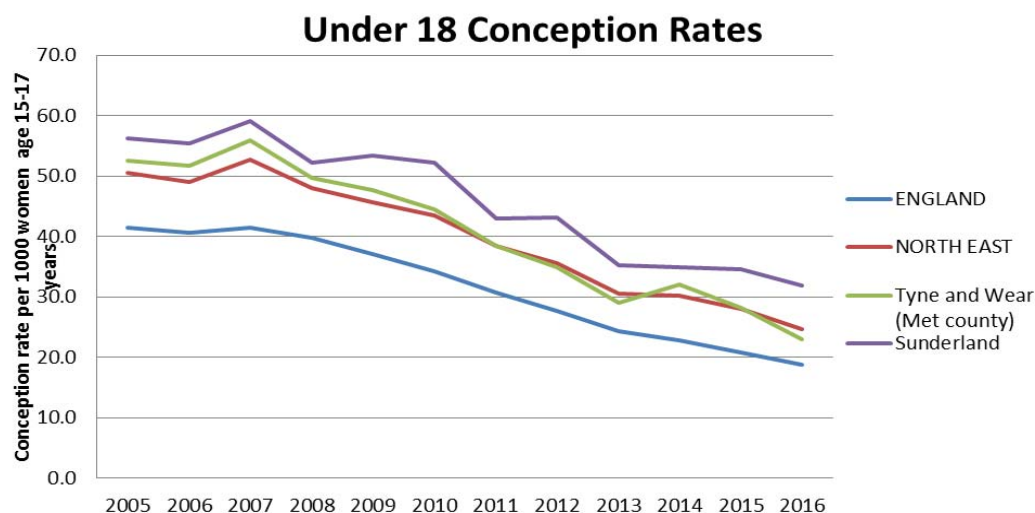
**3. Performance Data**

- 3.1. The most recent annual teenage conception data was published on 27<sup>th</sup> March 2018. This showed a continued reduction in the rate of teenage conceptions in Sunderland,

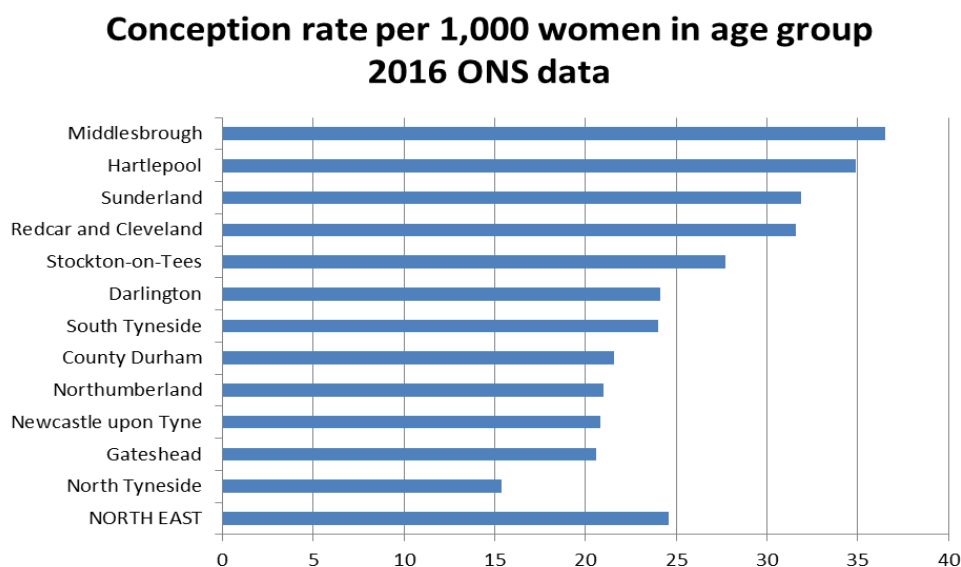
both for under 16's and under 18's. Since the 1998 baseline the teenage conception rate in Sunderland has reduced by 49.4%, from 63.1 per 1,000 population aged 15-17 years, to 31.9 per 1,000 population aged 15-17 years in 2016. The actual number of conceptions has reduced by 62.2% in the same period, from 357 to 135. To summarise, in 2016:

- the teenage conception rate in Sunderland was 31.9 per 1,000 population aged 15-17 years, compared to 24.6 in the North East and 18.8 in England (graph 1).
- the teenage conception rate in Sunderland is the third highest in the North East, and the sixth highest in England (graph 2).

**Graph 1**



**Graph 2**



- 3.2 In 2016 the rate of teenage conceptions in under 16's was 7.7 per 1,000 population aged 13-15 years compared to 8.5 in 2015, representing a rate reduction of 9.4%. Whilst encouraging to see a continued reduction in the rate of under 16 conceptions the rate continues to be higher than both the North East (4.9) and England (3.0) averages.

#### **4. Achievements and Service Developments**

- 4.1. A range of improvement activities have been taken forward in recent months, which support the priority of reducing teenage pregnancies. Key areas of action are summarised below.
  - 4.1.1. A Joint Strategic Needs Assessment (JSNA) for teenage pregnancy has been produced, which sets the strategic priorities and has informed the development of a local action plan to reduce teenage conceptions.
  - 4.1.2. School Nursing Provision has been re-established across secondary schools, special schools, pupil referral units and college sites. This provides regular opportunities for young people to access support from health professionals, across a range of issues including risk taking behaviour and sexual health. Much of the provision includes the availability of the C Card service, although this continues to be a challenge with some secondary schools (Appendix 2), and needs to be a priority going forward.
  - 4.1.3. Rebranding and launch of the C Card was a priority during 2017, due to the low number of outlets and the drop in young people accessing the service. This work was taken forward with input from 250 young people who were involved in designing the new brand and the new website and promotional materials were available from July 2017. A radio campaign ran on SunFM in November and December, to promote awareness of the C Card service and the importance of young people who are sexually active being able to protect themselves from sexually transmitted infections and unplanned pregnancy. This was developed by young people, through a competition made available to secondary schools. The winning advert was developed by students from Southmoor Academy. To coincide with this work training courses were made available to support services to provide the C Card. The impact of this work continues to be seen, with an average of over 250 young people accessing the service each month, and an increasing number of outlets available across the City. Analysis of data for September and October 2017 compared with the same period in 2016 shows a 64.2% increase in new C Card registrations, a 62.7% increase in distributions and a 73.3% increase in repeat users.
  - 4.1.4. In 2017/18 a new 0-19 public health service was procured and the new contract will commence on 1<sup>st</sup> July 2018. The service specification embedded contraceptive advice and support within the role of health visitors and school nurses, committed to the continuation of the family nurse partnership which offers enhanced support to pregnant women aged 19 and under and enhanced the sexual health offer which will be available through school nursing, to also include sexual health assessment and advice, pregnancy testing and the provision of emergency hormonal contraception. Evidence shows that supporting access to contraception is a key factor in reducing teenage conceptions, and so this has been an important development. The new contract also includes preventative work on risk taking behaviour and the delivery of Speakeasy sessions to parents and carers, supporting them to talk to their children about growing up, sex and relationships.
  - 4.1.5. New primary care contracts have been established for the purpose of increasing the availability of emergency contraception in pharmacies and access to long acting reversible contraception in GP practices. This work is ongoing, but early data suggests an increase in provision and access, particularly in relation to emergency contraception in pharmacies with monthly activity of over 250 contacts. The work

undertaken to deliver the new contracts also provided a focus on priority wards, to ensure equitable access across the City.

- 4.1.6. Through the teenage pregnancy action group a Teenage Pregnancy Early Intervention Pathway has been developed, which will be widely circulated to stakeholders to allow them to provide support to any young person under the age of 20 who suspects they may be pregnant. The resource provides a flowchart of steps to be followed if a young person discloses that they suspect they may be pregnant, or a pregnancy has been confirmed, and also details the different services available to provide intervention and support.
- 4.1.7. Public Health has developed a Healthy Public Places pilot to support a targeted approach to working with schools on priority issues. A small amount of funding is made available, which schools match, to develop and deliver specific pieces of work and interventions, working collaboratively with key stakeholders. Schools engaged with this are Sandhill (sexual health / risk taking behaviour), Kepier (risk taking behaviour) and Southmoor (mental health). This work will be monitored to identify best practice which can be shared with other schools.
- 4.1.8. City Hospitals Sunderland is taking forward work with maternity services to implement new guidance from the Faculty of Sexual and Reproductive Health regarding contraception post pregnancy. The guidance supports planned post pregnancy contraception, and the role of maternity in providing access to this prior to discharge, including long acting reversible contraception. There is still work to be done in relation to this, but early changes are evident.
- 4.1.9. A public health campaign targeting alcohol use in young people was delivered in March 2018, in response to the high rates of alcohol related admissions amongst under 18's in Sunderland. Tackling the high rates of alcohol use amongst young people will contribute to a reduction in teenage conceptions, as it is known that for many young people alcohol use is associated with other risk taking behaviour.

## **5. Current and Future Priorities and Challenges**

- 5.1. As would be expected there are work streams which are proving to be more challenging than others, or which will require longer to implement. The key areas of challenge and / or concern are highlighted below.
  - 5.1.1. There is a need for robust pathways between all services working with young people and sexual health services. Whilst this is in place for some services and works well it is an area which could be improved, and any services working with young people should as a minimum consider providing access to C Card.
  - 5.1.2. All services working with young people should seek to achieve You're Welcome accreditation, a national quality standard for young people friendly services.
  - 5.1.3. Until recently there was a dedicated young person's nurse working within sexual health services, who provided targeted support and outreach to young people, with a particular focus on vulnerable young people. This post has been vacant since January 2018, which leaves a gap in provision. Public Health is taking on the commissioning of this role from April 2018 and interviews are being held in April to appoint to the vacancy. The post holder will work proactively with schools and

services in wards with the highest rates of teenage conception, as well as providing targeted support to looked after children, family nurse partnership, B2B and young people who repeatedly DNA at appointments for contraception.

- 5.1.4. A member of nursing staff from the Looked After Children's service at City Hospitals Sunderland is being supported through training to be able to fit long acting reversible contraception. This will increase capacity within the service to provide access to contraception, and reduce the need for young people to make additional appointments with the sexual health service. Work has also been taken forward recently to improve data collection as part of health assessments and reviews within the service, to ensure looked after children and care leavers can be more effectively supported in relation to contraceptive needs and the number of pregnancies amongst looked after children are monitored.
- 5.1.5. The importance of consistent, high quality relationship and sex education is repeatedly identified at both a national level and by young people in Sunderland. The statutory requirement for relationship education in primary schools and relationship and sex education in secondary schools from September 2019 can only be a positive step. However the challenge will be to ensure this is fully implemented and schools are confident in delivering on this agenda. Whilst currently there are good examples of delivery in schools this is not the case across the board, and has been identified as a gap locally.
- 5.1.6. Whilst there has been success in revitalising the C Card service there are still 8 secondary schools with no provision, and a further secondary school where it is available only to 6<sup>th</sup> form students. The new 0-19 public health contract will require the provider to find alternative routes of provision when this is the case, but the most convenient way for young people to access is through school. As such, this needs to be revisited with schools where there is no provision.
- 5.1.7. Developing the wider workforce capacity in relation to sexual health has been identified as a priority, and is something which is evident in areas which have achieved significant reductions in teenage conceptions in recent years. This approach would ensure a broad range of staff across the wider young people's workforce have enough knowledge to have initial conversations about sexual health and have the confidence to support young people to access specialist services when needed. This should include substance misuse services, social care, youth workers and youth offending.
- 5.1.8. The existing electronic c card data system is being refreshed to strengthen the process in relation to safeguarding and Child Sexual Exploitation and provide additional functionality, including an electronic passcode, postal distribution and offline capability.
- 5.1.9. A programme of grants have been developed for 2018/19 to support work and develop capacity to address risk taking behaviour in young people, with a focus on alcohol and relationship and sex education. This is being funded through the public health grant, and there will be a formal application process.
- 5.1.10. During 2018/19 the specialist sexual health services will be recommissioned and this will provide an opportunity to ensure local provision continues to be reflective of need and pathways with other services are enhanced.

## **6. Summary**

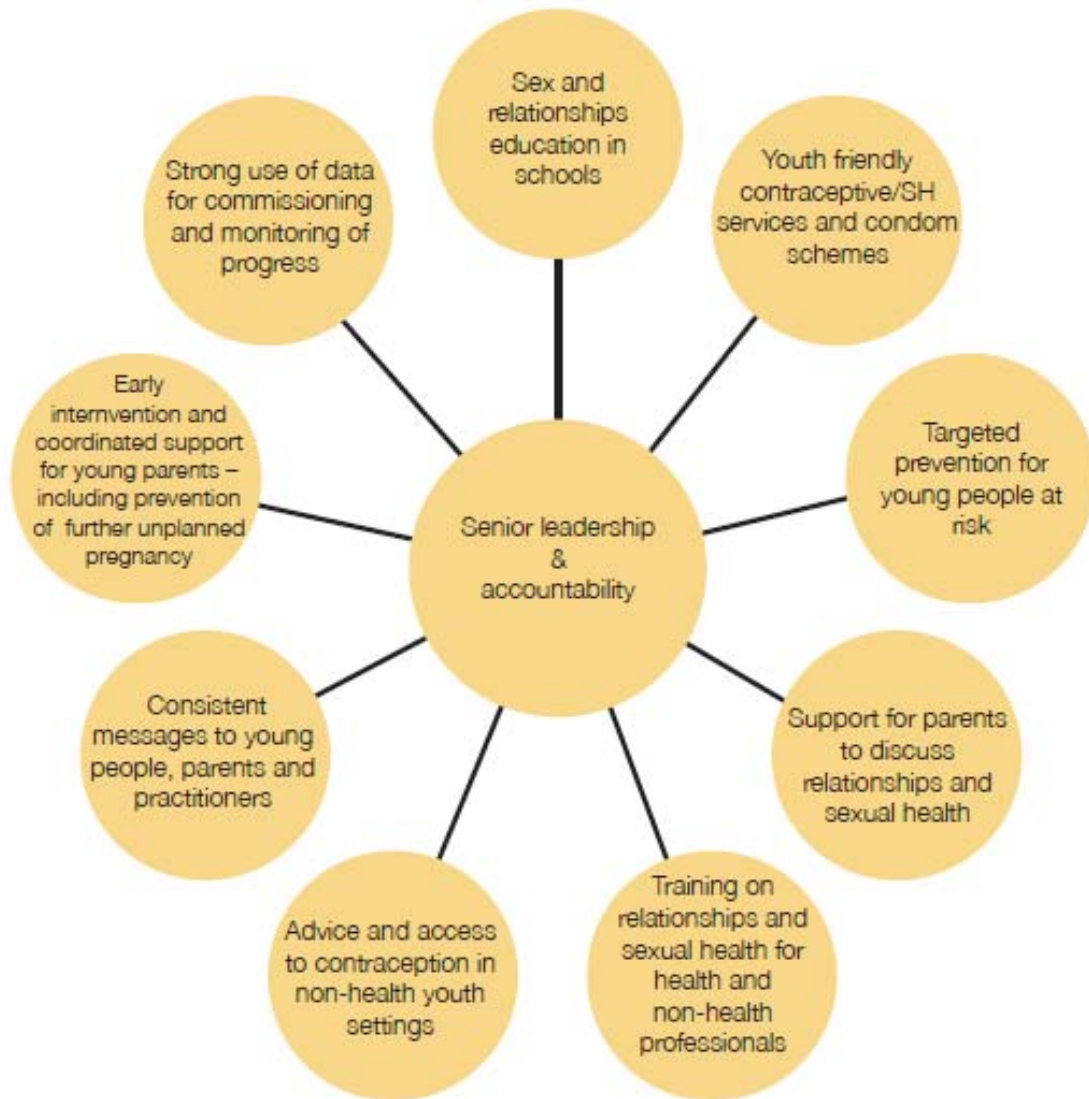
- 6.1. As has been shown there continues to be progress in reducing rates of teenage conception in Sunderland, but we are not yet narrowing the gap between Sunderland and the North East or England.
- 6.2. Much progress has been made over the last 18 months, and early indications are this is starting to have an impact. However, teenage pregnancy continues to be an issue which needs to be owned across the wider system in order to accelerate the pace of reduction. Developing the capacity of the wider workforce to have those initial conversations with young people, ensuring the provision of high quality relationship (and sex) education, addressing alcohol use and continuing to improve access to contraception are important priorities going forward.

## **7. Recommendations**

- 7.1. To accept the contents of the report.
- 7.2. To continue to support the teenage pregnancy agenda.

## APPENDIX ONE

### Ten Key Factors in Addressing Teenage Pregnancy



## School Nurse Drop-Ins and C Card Provision as of March 2018

Secondary Schools	Drop In	C Card Provision
Academy 360	Yes	Yes
Biddick Academy	Yes	Yes
Castlevew Academy	Yes	Yes
Farringdon Academy	Yes	No
Grindon Hall	Yes	No
Hetton	Yes	Yes
Houghton Kepier	Yes	Yes
Monkwearmouth Academy	Yes	Yes
Oxclose Academy	Yes	Yes
Redhouse Academy	No – starting again after Easter	No
Sandhill View Academy	Yes	Yes
Southmoor Academy	Yes	Yes - 6 <sup>th</sup> form only
St Aidan's Academy	Yes	No
St Anthony's Academy	Yes	No
St Roberts	Yes	No
Thornhill Academy	Yes	No
Venerable Bede Academy	Yes	Yes
Washington Academy	Yes	No
Special Schools / Independent	Drop In	C Card Provision
Barbara Priestman Academy	Yes	No
New Bridge Academy	Yes	Yes
Portland Academy	Yes	No
Thornhill Park	Yes	No
Pupil Referral Units	Drop In	C Card Provision
Beacon of Light	Yes	Yes
Link Pallion	Yes	Yes
Link Tudor Grove	Yes	Not known
Young Mams Hendon Health Centre	Yes	Not known
College	Drop In	C Card Provision
Bede College	Yes	Yes
New City College	Yes	Yes
St Peters college	Yes	Yes
Usworth College	Yes	Yes