

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 29

Brighton & Hove City Council

Subject: *Teenage Pregnancy Action Plan.*
Date of Meeting: 18th November 2009.
Report of: Director of Children's Services
Contact Officer: Name: *Kerry Clarke* Tel: **295491**
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Wards Affected: All All

FOR GENERAL RELEASE/ EXEMPTIONS/.

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report will outline the progress against the LAA Priority to Reduce the Under 18 conception (NI 112) delivered under the revised Teenage Pregnancy Action Plan.

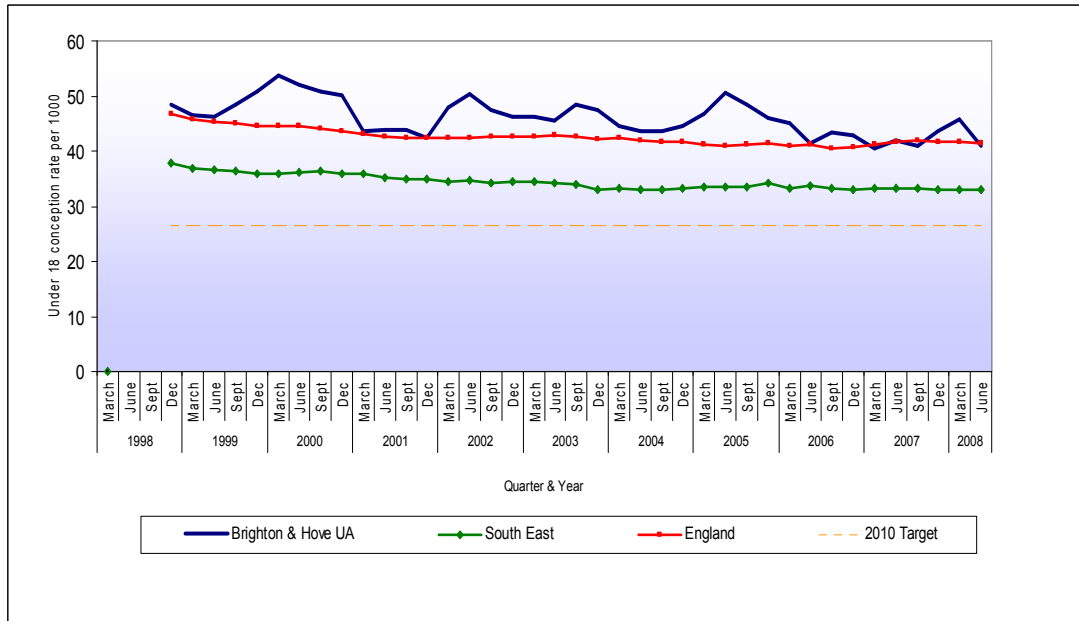
2. RECOMMENDATIONS:

- 2.1 That the Committee note the contents of the report, and the Teenage Pregnancy Action Plan and consider whether any further information or action is required.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The target for Brighton & Hove's under 18 conceptions is to achieve a 45% reduction from the 1998 baseline rate by 2010 (this equates to a target of 26.4 per 1000 women aged 15-17) (see Figure 1.1 below). The latest figures show the quarterly under-18 conception rates from 1998 up to the second quarter of 2008. Data for the last quarter is provisional and indicates a rolling average rate of 40.9 per 1000. The rate has fallen by 2.4% compared to the same quarter in 2007 (41.9 per 1000) as well as over the last two quarters, reversing the previous upward trend. Although the latest quarterly rate is 1% lower than for England (41.4 per 1000), it is still 24% above the South East rate (33.1 per 1000). Overall, the figures show a 15% rate reduction from the baseline.

Figure 1.1 Regional comparison of the quarterly under-18 conception rates, 1998-Q2 2008



3.2 The publication of Brighton and Hove’s Teenage Pregnancy Action Plan 2009 – 2011 represents a turning point in approach and ensures a more directive and evidence based approach to the prevention of teenage pregnancy than seen previously. This new strategic approach followed from a review of performance data, staff focus groups, and research from Sussex University and comparative studies which highlighted a number of key areas where targeted work is required.

3.3. The Action Plan was agreed by the CYPT Board in July 2009 and launched through a senior leadership conference and a management staff conference in August 2009. In summary the progress to date is:

Leadership: City wide leadership and separate staff conferences have been completed; this has set the direction and commitment to the direction of travel.

Culture and behaviour changes: The Media and Communications strategy has been revised and will be place by March 2010. This will be informed by an existing social marketing project that has been started and will be evaluated by February 2010.

Integrated Planning and Review: The completion of two quarterly performance meetings with key providers ensuring effective performance against key milestones for commissioned and non-commissioned services. An annual self assessment has been completed and has been scrutinised through a peer review process with a neighbouring authority and the Government Office of the South East. A revised performance management system will be implemented from April 2010 that will focuses upon outcomes.

Workforce Development. A training schedule is in place within Core Skills and Knowledge program and a revised training strategy will be in place by May 2010 which forms part of the CYPT workforce development strategy.

3.3 Service Provision: services have been commissioned to address specific objectives.

Targeting second conceptions: teams have been recruited so all young parents are offered targeted sexual health assessments post-natal uptake of 80 percent and targeted health visiting service with 100 percent young parents and vulnerable siblings identified and signposted to targeted prevention services.

Terminations – the post has recently been recruited to ensure all young people are offered a young persons specialist support package as part of accessing terminations with access to contraception on site.

Targeted Posts: All posts are now in place in the three locality teams, the 16 plus team, and the Youth Offending Team to provide targeted behaviour change interventions attached to sexual health risk taking to a minimum of 500 young people pa.

CASH services: Plans are in place to ensure a revised community sexual health service will be in place by 2010 from Morley Street that is re-branded. This is based on the recommendations from the CASH review. Revised LES service within primary care and pharmacy from May 2010 and all revised in 2013.

3.4 Six months into the 2009/10 the following service improvement functions are being implemented to drive forward the achievements:

- Targets are being finalised::
 - The Health Visitor service so that the take-up of contraception assessments, vulnerability of repeat conception, and assessments of whether younger female siblings are at risk can be monitored.
 - Housing, Social Care, Integrated Youth Support Service and Media reporting to monitor activity
- The Teenage Pregnancy and Substance Misuse Partnership Board has endorsed the expectation of CAFs being completed against all targeted work.

- The social marketing project has provided some initial insights into the motivations of local young people to have unprotected sex. Although the final outcomes are not expected until December, this knowledge will be used to inform the winter campaign and the emphasis is on young women's thought patterns about their relationships when having unprotected sex and entering relationships.
- The targeted prevention posts in the West and Central are trialling the "You and Sex" sexual health screen resource on young women to assess their vulnerability to early conception.

4. CONSULTATION

- 4.1 A young people: mystery shopper exercise was completed in 2009
- 4.2 Contraception and sexual health services review exercise was completed in June 2009.
- 4.3 A GOSE self assessment was completed in June 2009.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

[Address all capital and revenue financial and property implications arising out of the report proposals. This section to be completed by relevant finance officer]

5.1 Financial Implication:

There are no new financial implications directly arising from the recommendations of this report. The action plan and service improvements outlined in the report are fully resourced within the current joint budget. The council has allocated £0.25M for teenage pregnancy services in 2009/10 which is funded from various sources. In addition NHS Brighton and Hove contribute separate allocations to the teenage pregnancy agenda.

Finance Officer Consulted: David Ellis

Date: 26/10/09

5.2 Legal Implications:

The Action Plan should assist all agencies in promoting the wellbeing of teenagers further to their duties under the Children Act 2004. Where teenagers do fall pregnant they may be entitled to a range of services as children in need under the Children Act 1989.

Lawyer Consulted: Natasha Watson

Date: 23.10.09

5.3 Equalities Implications:

The commissioning of the Teenage Pregnancy agenda is compliant with the policies of the city council and its partners. An Equality Impact Assessment (EIA) is built into the performance management arrangements planned for Feb - April 2010 once all sections of the action plan are in place. A report will then be made available.

5.4 Sustainability Implications:

The existing financial commitment will fall within the scrutiny process that is to be implemented across all budgets on value for money and achievement of world class commissioning. There is no immediate threat anticipated until 2011.

5.5 Crime & Disorder Implications:

It is anticipated that by reducing risk taking behaviour and supporting the development of aspirations with the young people who are reached until the work commissioned to deliver the Teenage Pregnancy agenda, this will have a positive impact of reducing crime and disorder.

5.6 Risk and Opportunity Management Implications:

All risks associated with the Teenage Pregnancy Action Plan are managed by the Teenage Pregnancy/Substance Misuse Board. Any significant risks are highlighted onto the BHCC Performance Management System (Interplan) and information from Interplan is reported to the CYPT Board in the Quarterly Performance Improvement Reports.

5.7 Corporate / Citywide Implications:

The Teenage Pregnancy Action Plan addresses corporate and city wide implications where appropriate. The media and communication post sits within the corporate team.

SUPPORTING DOCUMENTATION

Appendices:

[If none, state None. Any appendix more than 20 pages long should be listed and placed in the Members' Rooms at Kings House and referenced in the main body of the report]

1. [2568 Teen Preg act plan 5-5 lowres2](#)
2. [U18 Q2 2008 TP Stats Briefing U16 2005-2007](#)

Documents In Members' Rooms

1. None
2. None

Background Documents

[List any background / supporting documents referred to or used in the compilation of the report. The documents must be made available to the public upon request for four years after the decision has been taken]

1. [TP Self Assessment Sept 2009](#)
2. [CASH Review 2009](#)