

**MANCHESTER CITY COUNCIL
REPORT FOR INFORMATION**

Committee: Health and Well Being Overview and Scrutiny Committee

Date: 6th September 2007

Subject: Teenage Pregnancy Prevention and Support

Report of: Director, Joint Health Unit
Teenage Pregnancy Coordinator, Joint Health Unit

Purpose of Report:

To inform members about the national and local teenage pregnancy prevention and support strategies, to update on progress towards meeting the under-18 conception rate reduction target, and to highlight issues that the Committee may wish to address in future.

Recommendations:

The Committee is asked:

- i) To note the report.
- ii) To request that the Chair of the Manchester Health and Well Being Overview and Scrutiny Committee and officers discuss which aspects of the Manchester Teenage Pregnancy Strategy should be considered for joint scrutiny with the Chair of the Manchester Children and Young People's Overview and Scrutiny Committee.

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Background Documents:

'Teenage Parents Next Steps'

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00250/>

'Accelerating the Strategy to 2010'

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00156/>

'Teenage Pregnancy Next Steps'

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00145/>

Sexual Health in Manchester: A report for the Manchester Health and Wellbeing Overview and Scrutiny Committee
December 2006

Glossary:

CYPOSC	Children and Young People's Overview and Scrutiny Committee
DCSF	Department for Children, Schools and Families
DH	Department of Health
FRESH	Contraceptive and sexual health clinic for young people (MPCT)
GONW	Government Office for the North West
HWBOSC	Health and Well Being Overview and Scrutiny Committee
ISHC	Integrated Sexual Health Centre
LIG	Local Implementation Grant
LDP	Local Delivery Plan
MPCT	Manchester Primary Care Trust
NST	National Support Team
PIB	Performance Improvement Board
PSA	Public Service Agreement
SEU	Social Exclusion Unit
SRE	Sex and Relationships Education (SRE)
TOP	Termination of pregnancy
TPPB	Teenage Pregnancy Partnership Board
TPU	Teenage Pregnancy Unit

1 Background

- 1.1 In June 1999, the Social Exclusion Unit (SEU) launched the national Teenage Pregnancy Strategy with the aim of reducing the number of teenagers who become parents each year. Teenage parenthood is considered a serious social problem. Having children at an early age can damage young women's health and well being and limit their education, career and economic prospects. Although young people can be competent and loving parents, children born to teenage parents are much more likely to experience a range of negative outcomes in childhood and later life than children born to older parents. Reducing the number of teenage pregnancies is central to the Government's ambitions for reducing child poverty, deprivation and social exclusion.
- 1.2 Now, eight years into the programme, the national prevention strategy has been relaunched ('Accelerating the Strategy to 2010') and supporting guidance has been issued ('Teenage Pregnancy Next Steps') to support local areas to accelerate progress towards meeting the 2010 rate reduction target. A further document, 'Teenage Parents Next Steps', has been published to support local areas to act to improve outcomes for young parents and their children.

2 National and local targets

- 2.1 The Teenage Pregnancy Strategy set out two targets for England:
- a) Halve the under-18 conception rate by 2010 (shared PSA target between DH and DCFS)
 - b) Improve the health and social outcomes for teenage parents and their children, with a goal of 60% of mothers in education, training or employment by 2010
- 2.2 Manchester is required to reduce the number of conceptions to young women aged under-18 from 61.3 conceptions per 1000 young women aged 15-17 years old (1998 baseline) by 55% to 27.6 conceptions per 1000 in 2010 (reporting in 2012). This is a target for both the city council and Manchester PCT and is part of the PCT Local Delivery Plan (LDP).

3 National and local performance against the rate reduction target

3.1 England

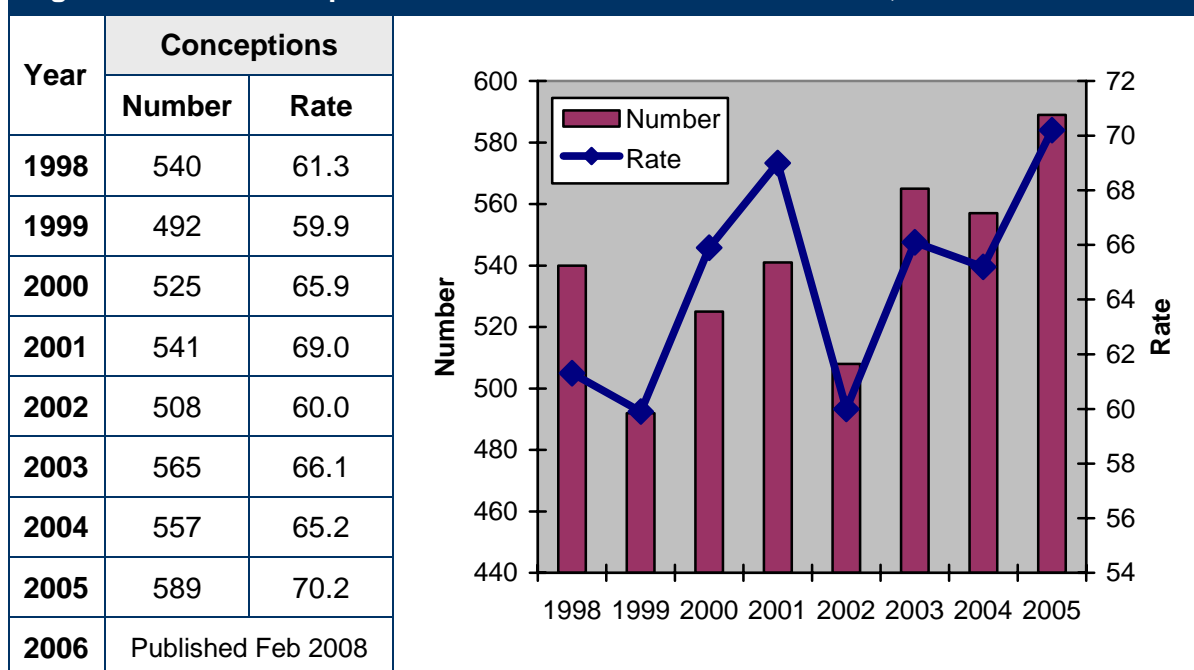
3.1.1 In England, good progress has been made on reducing the under-18 and under-16 conception rates since 1998. Both rates are now at their lowest levels since the mid-1980s. A decline of 11.8% has been recorded for the under-18 conception rate between 1998 and 2005. The under-16 conception rate in 2005 was 12.1% lower compared to 1998.

3.2 Manchester

3.2.1 Manchester is not on track to meet the LDP target. The under-18 **conception rate** has increased by 14.4% from 61.3 conceptions per 1000 young women in 1998 (baseline) to 70.2 per 1000 in 2005. The conception rate has fluctuated during this period and as such it is difficult to so say whether the figures for 2005 represent a genuine upward trend. (See Figure 1)

3.2.2 The increase in the **number of conceptions** between 1998 and 2005 is much smaller (9.1%), suggesting that one of the reasons behind an increase in the conception rate is a fall in the number of teenagers (aged 15-17) living in the city (by 4.6% since 1998) This may be the result of a fall in both birth rates and inward migration in the late 1980s and early 1990s.

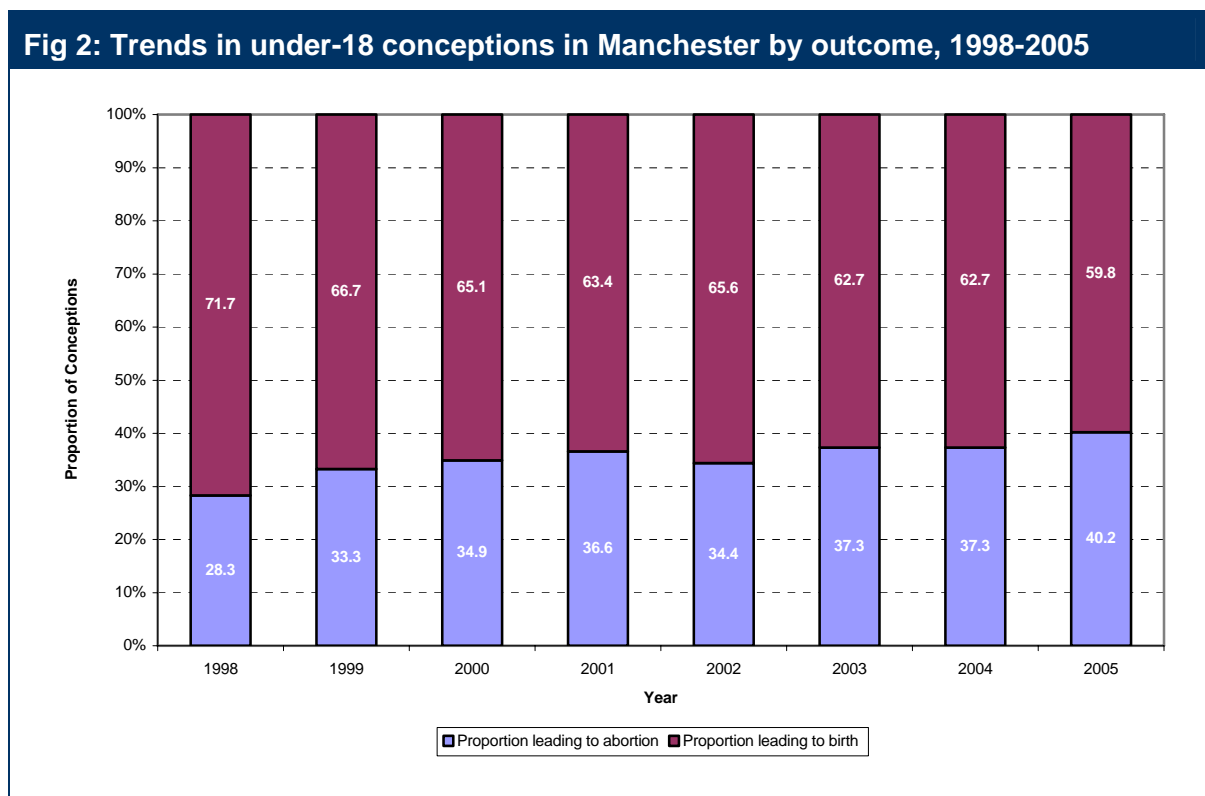
Fig 1: Under 18 conception numbers and rates for Manchester, 1998 – 2005



Sources: Office for National Statistics and Teenage Pregnancy Unit © Crown Copyright

3.2.3 The more significant trend seems to be in the **outcomes** of under-18 conceptions and the fact that the proportion of teenage girls who conceive and then go on to give birth has fallen since 1998 (by 16.6%). This has led to a fall in the birth rate among girls aged under 18 by 4.6% (from 44 per 1,000 girls aged 15-17 years to 42 per 1,000). The number of teenage mothers has fallen by 9.0%. (See Figure 2)

3.2.4 Improvements in the way termination of pregnancy services are delivered in the city may be reflected in the increase in the proportion of teenage conceptions that end in abortion (from 28.3% in 1998 to 40.2% in 2005) - a 42% increase.



Source: Teenage Pregnancy Unit © Crown Copyright

3.2.5 The current projection is that the under-18 conception rate in Manchester will be 73.3 per 1000 in 2010. The LDP target requires the rate to be 27.6 per 1000. This target remains extremely challenging and a dramatic reduction in the under-18 conception rate is required. (See Figure 3)

Fig 3: Manchester's progress against the rate reduction target

	Interim target 2004 (15% reduction)	LDP target 2010 (55% reduction)
Required conception rate	52.1	27.6
Projected conception rate	65.3	73.3
Distance from target (per 1,000)	13.2	45.7
Distance from target (%)	25.3%	165.4%

Source: Joint Health Unit

4 New national strategies and guidance

4.1 'Teenage Pregnancy Next Steps' sets out three core problems that must be addressed in order to reduce the under-18 conception rate. For each problem, a number of required national and local actions are detailed. Implementing these actions forms the basis of the current local teenage pregnancy prevention and support action plans.

Core problems

- Poor knowledge and skills among young people in relation to sex, relationships, and sexual health
- Poor and inconsistent contraceptive use among young people.
- Lack of support for parents, carers and professionals on how to engage with young people on sex, relationships and sexual health

4.2 As well as addressing the core problems, wider action to address the underlying causes of teenage pregnancy is also required. Tackling these issues will provide young people at risk of early pregnancy and parenthood the choice and motivation to aspire to further education and rewarding careers, leaving the decision to have children until later in life. The following underlying causes of teenage parenthood have been identified:

Underlying causes

- Disengagement from / dislike of school among those most at risk
- Low attendance / attainment at school
- Lack of aspiration among young people in the most disadvantaged communities.

- 4.3 Local areas are compelled to consider the risk factors for teenage parenthood and to target resources and interventions at young people exposed to these risks. Broadly speaking, young people at risk of teenage parenthood tend to be concentrated within particular geographical neighbourhoods and among vulnerable groups. The local action plan has been updated to include action on targeting young people living in high rate wards, and those at risk due to their behaviour, their school attendance and educational attainment, and their family and social circumstances.
- 4.4 'Accelerating the Strategy to 2010' presents the learning from the in-depth reviews conducted in 2005. The reviews compared statistically similar areas (Manchester was included) with contrasting rates of progress in order to determine the characteristics of successful local prevention programmes.
- 4.5 The review concluded that the following seven characteristics are required for a successful local teenage pregnancy programme:
- Senior champion who was accountable for, and took the lead in driving, the local strategy.
 - Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies – Health, Education, Social Services and Youth Support Services – and the voluntary sector.
 - Availability of a well publicised young person-centred contraceptive and sexual health service, with a strong remit to undertake health promotion work, as well as delivering reactive services.
 - High priority given to PSHE in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools.
 - Strong focus on targeted interventions with young people at greatest risk of teenage pregnancy, in particular with Looked after Children.
 - Availability (and consistent take-up) of SRE training for professionals in partner organisations (such as Connexions PAs, Youth Workers and Social Workers) working with the most vulnerable young people; and
 - A well resourced Youth Service, providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.
- 4.6 Manchester has conducted a self-assessment and is now working to ensure that all of these areas are being addressed. Recent progress is described in the next section.

5 Recent Progress

5.1 Teenage Pregnancy Partnership Board and Sub-Groups

5.1.1 The Teenage Pregnancy Partnership Board (TPPB) is now chaired by Laura Roberts, Chief Executive of Manchester PCT, and has senior level representation from relevant partner organisations. Board members have been tasked to lead sub-groups to drive forward progress in the priority areas:

- a) Improving access to contraceptive and sexual health services
(Chair: Dr Sally Bradley, Director of Public Health, Manchester PCT);
- b) Improving sex and relationships education and school-based services
(Chair: Mike Livingstone, Assistant Director of Children's Services)
- c) Improving support for pregnant teenagers and teenage parents
(Chair: Steve Millward, Connexions Manager, Connexions Manchester)
- d) Data and performance management
(Chair: David Regan, Director, Joint Health Unit)

5.2 Improving access to contraceptive and sexual health services

5.2.1 Manchester PCT is in the process of reconfiguring contraceptive and sexual health services along a hub and spoke model. Hubs will have extended opening times and will provide a wide range of services. Spokes, such as GP practices, will provide a more limited range of services but refer to the hubs for more specialised cases. New hubs are due to open at Withington Community Hospital and the Forum in Wythenshawe in the autumn. Building work has commenced on the Integrated Sexual Health Centre (ISHC) situated next to the MRI campus and this is due to open early in 2008. Contraceptive and sexual health services are also being delivered from some GP practices, an increasing number of schools, and in a number of other settings through outreach activities. The PCT is considering options for establishing hubs in north Manchester and to introduce a wider range of services from an increased number of spokes.

5.2.2 Manchester PCT and partners have acted to increase the provision of dedicated contraceptive and sexual health services for young people. Additional sessions will be delivered from the new hubs in central and south Manchester, and additional sessions have been introduced in north Manchester. Brook in Manchester has launched a dedicated clinic for boys and young men. Clinical outreach provision has been reviewed and funding has now been secured to expand the FRESH (PCT) outreach team. From October 2007, Brook will be providing services from a bus converted to provide clinical services. It is hoped that these developments will improve access to contraceptive and sexual health services.

5.2.3 Manchester has been selected as one of the North West areas to participate in the 'You're Welcome' pilot programme. 'You're Welcome' is a national initiative to improve the extent to which local services, including sexual health services, meet the needs of young people. Participation in this pilot has now commenced. As well as an increased number of access points, it is hoped that local services will better meet the needs of young people.

5.3 Sex and Relationships Education (SRE) and school-based services

5.3.1 Teenage Pregnancy Next Steps detailed a number of actions that local authorities should implement in order to improve SRE provision in their schools. The recent self-assessment indicated that commitment to, and curriculum time allocated for, PSHE / SRE varies between local primary and secondary schools. It was felt that Faith schools were reluctant to deliver SRE. Action is required to ensure that all schools are meeting the sexual health needs of their pupils. School nurses, as part of their extended role, are providing a contraceptive service in a number of high schools (8 high schools from September 2007 onwards) but further work is required to increase the uptake of contraceptive services and to encourage further schools to allow contraceptive services to be delivered from their premises.

5.3.2 Further work is required to implement a number of outstanding actions set out in the Next Steps guidance. These are:

- All schools are delivering a comprehensive programme of SRE, within PSHE, in line with Sex and Relationships Education Guidance issued by the Department for Education and Skills in 2000.
- PSHE is delivered through specialist teams, including teachers, community and school nurses, and other specialists such as drug and alcohol workers.
- PSHE training, support and supervision to be prioritised for schools situated in hot spot areas.

5.3.3 The Improving sex and relationships education and school-based services sub-group is leading on efforts to improve young people's access to high quality information about sex and relationships education in both formal and informal settings. Schools are being supported through the Healthy Schools and Manchester Education Partnership (MEP). A number of projects, including targeted work with young men and young women (Young People's Support Foundation), BME young people (Black Health Agency), and work delivered through Brook, contributes to improving young people's knowledge and understanding on sex, relationships and sexual health. Manchester Youth Service has acted to improve the provision of sexual health advice and has recommenced condom distribution.

5.3.3 Improving support for pregnant teenagers and teenage parents

5.3.4 It is generally accepted that support services for pregnant teenagers and teenage parents are well delivered in Manchester. However, further work is required, particularly to ensure equitable access to specialist maternity care across the city, and to ensure that support services are working in a coordinated and joined-up manner.

5.3.5 The TPPB has established a sub-group to support the further development of support services for pregnant teenagers and teenage parents. The sub-group will be tasked to progress identified problems and to implement the recommendations set out in Teenage Parents: Next Steps (July 2007). This will involve conducting a self-assessment of current provision.

5.4 Data and performance management

5.4.1 Nigel Burke, Director of Children and Learners Group at Government Office North West, wrote to Chief Executives of PCTs and Directors of Children's Services in June 2007 requesting that all local areas collect data to an agreed minimum data set for the region. The TPPB has established a working group to ensure that the minimum data set is collected.

5.4.2 The minimum data set requires all areas to use local sources to monitor the number of live births and abortions to young women aged under-18 at the time of conception. Agreement has been reached with Child Health (MPCT) and the abortion providers to submit monitoring returns on a quarterly basis. This will allow us to monitor local trends, both in terms of the number of live births and abortions, and the area of residence of the young women conceiving, in advance of the publication of the official statistics from the Office for National Statistics (ONS). The data that we have received for 2006 indicates that the number of conceptions is lower than 2005.

5.5 Cross-cutting issues

5.5.1 The Teenage Pregnancy Partnership Board and sub-groups will also consider some of the cross cutting issues that need to be addressed. In particular, further work is required to ensure that staff members from all partner organisations feel confident to discuss sex and relationships with young people and know how to refer to contraceptive services. The need to target at-risk groups, e.g. Looked After Children, Young Offenders etc, will also be progressed. It must be recognised that some of the underlying causes of teenage parenthood – education related factors including disengagement from school and poor attainment; risky behaviours such as alcohol and substance misuse and involvement in crime; and family and social circumstances must also be considered.

6 Challenge and Support

6.1 Areas that have experienced an increase in the under-18 conception rate since the 1998 baseline have been classified as 'red light' areas and are receiving external challenge and support to improve the coordination of their local prevention and support programmes. Government Office North West (GONW) is leading the challenge and support process in Manchester, and is providing assistance to re-balance the local strategy and action plans in favour of prioritising prevention activities.

- **National Support Team (NST) for Teenage Pregnancy**

The National Support Team for Teenage Pregnancy will visit Manchester on the 4th, 5th, 10th and 11th September. The team will interview senior level and operational staff from partner organisations in order to assess the strength of local arrangements to address teenage pregnancy issues. The team will make a number of recommended actions.

- **Termly Ministerial Reports**

Manchester, along with other red-light areas, is required to submit termly monitoring reports through Government Office to the Public Health Minister and Minister for Children and Families.

- **Performance Improvement Board (PIB)**

The Performance Improvement Board, led by Government Office North West, has identified seven key areas for improvement, including teenage pregnancy. The PIB meets on a monthly basis and requires updates on local actions at each meeting.

- **SERCO**

SERCO will be working with partners to provide support to address a number of identified issues including coordination arrangements, training for staff, school health and school-based provision, and youth and community provision.

- **You're Welcome Pilot**

GONW has appointed a consultant to support a number of areas in the North West to implement the You're Welcome quality criteria for contraceptive and sexual health services for young people. The pilot commenced in August 2007.

- **SRE Pilot**

Manchester has been selected as one of the local areas to participate in the GONW pilot to establish minimum standards for SRE in schools. Pilot is due to commence in the autumn of 2007.

- **North West Data Toolkit**
GONW has issued a toolkit for local areas to use in order to improve the collection of local data relating to conceptions (births and abortions) and data relating to the wider risk factors for teenage parenthood. Manchester is implementing the toolkit through the Data sub-group.
- **Further Education Pilot**
Manchester has been selected as one of four sites in England to work with the Department of Health to hold Condom Essential Wear road shows in partnership with further education colleges. It is anticipated that road shows will take place in Manchester in the autumn or winter.

7 Conclusion

- 7.1 Manchester will not be successful in reducing the under-18 conception rate unless all of the core problems – poor knowledge and skills among young people, poor contraceptive use, and lack of support from parents and professionals - are addressed. Ensuring that sexually active young people understand the importance of using contraception and improving their access to services will have the most immediate impact on the under-18 conception rate.
- 7.2 Improving sex and relationships education in schools and other settings will provide young people with the knowledge and skills to make informed choices in relation to their sexual health and to resist unwanted early sexual experience. All partner organisations are now required to review their service provision to ensure that all local actions set out in the national and local action plans are implemented.
- 7.3 Members may therefore wish to consider which areas of the local teenage pregnancy programme they would like to scrutinise jointly with the Children and Young People’s Overview and Scrutiny Committee (CYPOSC) later in the year.