

<b>HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL</b>	<b>Agenda Item No. 6</b>
<b>31 MARCH 2009</b>	<b>Public Report</b>

## **Report of the Executive Director of Strategic Resources**

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### **PROGRESS REPORT ON THE TEENAGE PREGNANCY STRATEGY**

#### **1. PURPOSE**

The purpose of this report is to enable the Panel to scrutinise and review the outcomes of the strategy, to reduce under age conceptions in Peterborough.

#### **2. RECOMMENDATIONS**

The Panel is asked to receive and comment upon the progress report of the Teenage Pregnancy Strategy

#### **3. BACKGROUND**

This report is submitted to the Health and Adult Social Care Scrutiny Panel as an update to an earlier report to Panel on April 1<sup>st</sup> 2008.

#### **4. KEY ISSUES**

##### **4.1 Performance**

The national teenage pregnancy target is a 55% reduction in teenage pregnancies by 2010 (from the 1998 baseline of 57.7 conceptions per 1,000 15-17 female population in Peterborough.) This is a challenging target and one which is unlikely to be met nationally, according to the latest national data published in February, with only the current year remaining of the 10 year strategy.

4.2 Teenage Pregnancy performance data is provided by the Office of National Statistics and is taken from birth registrations and terminations to females under the age of 18. Due to timeframes involved in waiting for birth registrations, the data there is usually a 14 month time lag in producing the national performance data. Data is counted per calendar year, with provisional quarterly rates being released throughout the year. Final confirmed of the full year data is released around the end of February each year, based on data pregnancies as much as two years earlier. The data is broken down into local authority areas; the data at ward level is usually 2-3 years behind.

4.3 All TP data is released as the **number** of conceptions and the **rate** per 1,000 15-17 year old female population. However, only the rate is used for the National Indicator as it gives a fair measure across both sparsely populated and populous areas. Government use the final full year rate to decide RAG ratings.

- 4.4 Peterborough's latest teenage pregnancy data was released in February 2008 and relates to calendar year 2007. This gave a provisional rate of 48.5 conceptions per 1,000 15-17 female population which is a 16.7% reduction from the baseline. This equates to 155 conceptions (down from 190 in 2006 and 185 in the baseline year). The proportion of conceptions leading to abortion is 41% for under 18s (51% nationally). Accordingly, the local area agreement (LAA) Year 1 target of 8% reduction has been exceeded. Peterborough has outperformed all but one statistical neighbour this year (**appendix 1**).
- 4.5 However, TP remains a significant issue for Peterborough as its rates are still above regional and national averages. (The regional rate is 33.1 and the national rate is 41.7 conceptions per 1,000 15-17 female population.) Locally, 16 of 24 wards have TP rates higher than the national average. The trajectory to target remains very challenging with the need to reduce conceptions from 155 to 83 by end of 2010 (**see appendix 2**). Historically, Peterborough's rates have dropped and risen again therefore it is important to maintain levels of scrutiny and priority to ensure a continued downward trend.

#### **4.6 Strategic Progress**

Peterborough received a positive Teenage Pregnancy National Support Team (NST) visit in October 2008. The TP strategy had been examined in the newly created Greater Peterborough Solution Centre, the findings of which were presented to the NST. The team endorsed the solution centre recommendations and made a number of additional recommendations. They include:-

- Strong strategic leadership & golden thread of accountability
- Joint commissioning approach with performance management and strong use of data
- Services with clear pathways, reaching most vulnerable and at risk
- Workforce development
- Citywide approach and delivery of Sex and Relationship Education
- Improve communications
- Improve access to contraceptive and sexual health services
- Embed Sex and Relationship Education for parents in Parenting Strategy
- Embed teenage pregnancy work in targeted youth support and activities

- 4.7 Implementation of NST recommendations is taking place currently. Task and finish groups comprising staff from the city council and partnership agencies have been established to progress all the actions. NST recommendations relating to strategic leadership and accountability and a move towards joint commissioning have been examined further within the TP Solution Centre. A plan is now in place to ensure that TP sits firmly within the new joint commissioning arrangements within the Children's Trust Partnership Board, reporting into the Being Healthy partnership group chaired by the Director of Public Health and co-chaired by the Director of Children's Services and Nursing for the NHS Foundation Mental Health Trust.

#### **4.8 Results of the Teenage Pregnancy Solution Centre Pathfinder (08-09)**

Although a comprehensive strategy had been developed, it was not sufficiently targeted at areas of greatest need to have impact. The performance management was not sufficiently

developed to hold the multitude of services and professionals involved in this area of work to account for service delivery. There were many routes by which young people could access sexual health services, but these were not clear to all concerned and in particular to young people. This resulted in services without clear focus. In addition, the largest portion of funding was being spent on supporting teenage parents with too little being spent on targeted prevention. **(See appendix 3)**

#### **4.9 Developing the solution**

To address the issues identified, two tools were developed to ensure the most effective use of resources:

- Risk Profile Tool - developed to record and map the number of young people who might be at risk of teenage pregnancy in a given area or school population, based on known indicators of risk for teenage pregnancy
- Customer Segmentation Tool - developed to identify and target key sections of the population, ensuring that services are delivered where the need is greatest

4.10 A more targeted approach to delivery was trialled through 2 pilots towards the end of 2008, which resulted in an increase in uptake of relevant services by the young people in the pilot areas. The pilot evaluation will now contribute to the design of the future service delivery.

4.11 A 'golden thread' of accountability has been agreed through the Solution Centre. This begins with Greater Peterborough Partnership, through to the Children's Trust Board and its Be Healthy Partnership who will provide strategic leadership, accountability and commissioning decisions for the TP Strategy **(see appendix 4)**.

4.12 A joint commissioning approach to TP has been agreed by all partners. It will be led by Children's Services Commissioning Team in partnership with PCT Commissioners.

4.13 The final output of the Solution Centre has been an agreed vision of future TP delivery (in line with NST recommendations) and commitment to deploy resources accordingly. **(see appendix 5)**.

#### **4.14 Future Actions**

- A detailed financial analysis is to be undertaken to identify resources deployed in TP work (NHS Peterborough and PCC) (March-May 09)
- New ways of delivering teenage pregnancy services (the delivery framework) will be designed in detail in line with the needs assessment and through consultation with partners (NHS Peterborough, PCC Children's Services, service users & voluntary sector) (March – June 09)
- The Be Healthy Partnership will agree delivery framework and allocation of resources (June 09)
- The commissioning team will ensure that the new delivery framework is in place, allocating funding re-directing funding accordingly (June 09 onwards)
- Ongoing monitoring and reporting will be undertaken by the commissioning team and fed back to the Children's Trust Partnership Board via the Be Healthy Partnership Board

## **5. IMPLICATIONS**

- 5.1 Changes to the way teenage pregnancy services are delivered will have implications for resource allocation. This is to ensure children and young people have equality of access by providing services in relation to need. These issues have been addressed by senior managers participating in the Solution Centre process.

## **6. CONSULTATION**

- 6.1 Feedback from young people on the design of TP related services have been obtained through surveys and independent focus groups undertaken by the Children's Engagement Team.
- 6.2 Through the TP Solution Centre, partner agencies have been consulted and engaged in the re-design of strategic arrangements and frontline delivery.

## **7. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 7.1 Peterborough data, taken from Teenage Pregnancy Analysis Spreadsheet Feb 09 (Teenage Pregnancy Unit, DCSF)

## **8. APPENDICES**

Appendices 1-5 attached