

High and Increasing Rate Ministerial Report for Leeds – July 2009

1. INTRODUCTION

- 1.1 Reducing teenage pregnancy and parenthood is one of the ten targets for the 2009–2014 Children and Young Peoples Plan for Leeds.
- 1.2 The Leeds community has prioritised teenage pregnancy reduction within the Local Area Agreement (LAA). In line with the Leeds Teenage Pregnancy and Parenthood Strategy (TPPS) the priority within the LAA has been to focus intervention within the wards with the highest conception rates.
- 1.3 The TPPS sets the overall framework for all interventions relating to this priority area with co-ordination and performance management provided by the Teenage Pregnancy and Parenting Partnership Board (TPPPB) and the Integrated Strategic Commissioning Board of the Leeds Children's Trust.
- 1.4 The paper describes the current Leeds position; summarises the effective interventions currently underway and those planned for the next year; and highlights key risks and challenges.

2. CURRENT LEEDS POSITION

- 2.1 The Government (PSA) target is to reduce teenage pregnancy rates in Leeds by 55% by 2010 from the 1998 baseline and to support 60% of teenage parents into education, employment and training. The figures from 2007 show a decrease in the number of under 18 year conceptions in the city, from a base rate of 50.4 conceptions per 1000 15 -17 year olds in 1998 to a rate of 48.1 in 2007, which is higher than the national average. The provisional figures from quarters 1 and 2 for 2008 show an increase on the 2007 figures.

	1998 Baseline	2007	Difference
Leeds	50.4	48.1	-4.6%
England	46.6	41.7	-13.7%

	2008 Q1 Provisional Rolling Qtr Average	2008 Q2 Provisional Rolling Qtr Average
Leeds	48.5	50.3
England	41.6	41.4

- 2.2 In order to assess the impact of local initiatives and to ensure these are targeted appropriately and that progress is being made against the target, there has been a need to obtain information which is more up to date. Work has been ongoing to supplement the national data using locally available information from acute hospital providers. Information on NHS contracted deliveries and terminations is available within six weeks of the month in which the event occurred. From this information a conception date can then be estimated, and ensure there is a local proxy measure

of progress. Information is now being made available to an agreed quarterly timescale and this is being used at a local level to identify the hotspots within wards and identify if there are any trends (both up and down) and link this to targeting the initiatives.

3. NATIONAL EVIDENCE – EFFECTIVE INTERVENTIONS

3.1 National evidence and guidance in the Teenage Pregnancy Next Steps Guidance and Teenage Parents Next Steps Guidance, identified that certain measures are being delivered intensively in high performing areas, but are either not being delivered, being delivered ineffectively, or only partially delivered in poor performing areas. These include:

- a) Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by the professionals working with them.
- b) Strong delivery of Sex and Relationship Education (SRE) and Personal, Social and Health Education (PSHE) by schools and further education colleges.
- c) Targeted work with at risk groups of young people, in particular looked after children (LAC) and care leavers.
- d) Workforce training on sex and relationship issues within mainstream partner agencies.
- e) A well resourced youth service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health.
- f) Work on raising the aspirations and ambitions of young people most at risk – providing motivation as well as the means to prevent pregnancy.
- g) Support for parents and carers on providing sex and relationships education, including provision of information, advice and guidance, to enable them to better support their children.
- h) Supporting teenage parents to prevent repeat unintended conceptions, as 20% of teenage conceptions are second or subsequent conceptions (before 20 years); and in the longer term the prevention of teenage pregnancy by raising the aspirations of teenage parents and reducing risk factors for early pregnancy in their children.

4. CURRENT INTERVENTIONS IN LEEDS

This summary of current interventions in Leeds is set out against the key recommendations made by the Teenage Pregnancy National Support Team review visit in November 2007 and their review visit in March 2009.

4.1 Strategic: Senior Local Sponsorship and Engagement of all Key Partners

- The Teenage Pregnancy National Support Team were requested to return in March 2009 (18 months after their initial visit) to undertake a review. The review report addresses each of the original 8 recommendations made to TPPP. The key findings from the review have been included in the TPPP action plan :-

- A strategic refresh of the TPPPB board, strategy and development of an associated joint commissioning framework.
- Development of improved SRE provision within a multi-agency approach incorporating in school and out of school activities that are monitored for quality and consistency.
- Improve access to sexual health services driven by a needs assessment and performance management processes.
- Improved local data quality and data sharing between services.
- Involvement of Local Strategic Partnership in a broader drive to improve aspiration of young people in Leeds.
- The appointment of a new Priority Outcome Commissioner to secure and speed strategic commissioning. The role will commission currently identified funds, develop a joint commissioning program through identifying partners current (and potential) resource commitment to teenage parents and champion at a senior leadership level this target within the CYPP for Leeds.
- A Health Scrutiny Board review report focused on improving the sexual health of young people and included 9 recommendations. These recommendations are listed below and have been included within the current action plan.
 - Accessibility and co-ordination of health services to be improved.
 - Improvement in sharing and quality of data between NHS and the Local Authority
 - Improvements to be sought in Sex and Relationships Education (SRE)
 - Particular focus on SRE and governors involvement in schools in hot spot areas.
 - Support to parents (particularly in hot spot wards) to improve communication with their children around sexual health issues.
 - To support young people led activity in improving sexual health services
 - Coherent and consistent messages to be presented across agencies in Leeds.
 - To improve elected member involvement in sexual health issues in young people
 - To bring to council scrutiny this issues further within scrutiny of other areas of need.
- Two Councillors workshops on teenage pregnancy and parenthood have taken place. The first on raising awareness and issues around Teenage Pregnancy and Parenthood, and the second was to consult with young people on their experiences and of current SRE practice and recommendations for improvement. A third workshop is planned October to continue to raise understanding of the issues and good practice of SRE in schools, and the role Members have as Governors in schools.

Impact – teenage pregnancy and parenthood is a rising priority with additional commissioning capacity, cross agency awareness and political support. There is now a higher level of political leadership and management and this support has been key in driving forward change.

4.2 Data

- Priority has been given to improving performance management, specifically data quality, information sharing and performance reporting within each organisation and across the partnership.
- A comprehensive performance management framework has been established for all commissioned services.
- During 2009/10 work will continue to improve the local data set, including utilising 12 week booking data required for the implementation of the maternity access targets set within *Maternity Matters*.
- It is proposed to integrate teenage parent local data with other local need data.

Impact – Leeds now has a proxy measure of teenage parenthood which is significantly ahead of ONS measures to assist in measuring program impact. Data is now more robust in Leeds. The data is robustly shared across relevant partners. Locality planning and targeted working will be based on a shared understanding of teenage parenthood rates at ward and school cluster level.

4.3 Communication

- The communications plan is regularly reviewed and updated.
- In Leeds there has been a poster campaign over the 2009 Valentine period and communication initiatives throughout the summer within Leeds' young person's activity program, known locally as 'Breeze'. There will also be a pre Christmas and New Year campaign. These campaigns coincide with the highest risk calendar periods.
- Regionally, throughout Yorkshire and the Humber, there was a joint campaign with Galaxy Radio, which has now developed into a regular regional communication work.
- Communication impact assessment will be built into the communications plan.

Impact – Communication with young people and professionals has improved through a planned approach that responds to the overall needs of the change program. Consistent use of wide reach media (radio) has increased the number of young people communicated with. Young People have received information at the time they need it and in settings they choose to go to.

4.4 Provision of young people focused contraception and sexual health services, trusted by teenagers and well known by professionals working with them

- A Task and Finish Group (reporting to the TPPP) has been given responsibility for reviewing existing services and undertaking redesign and making recommendations for redesigned contraception and sexual health services to commissioners;
- Mapping to identify contraception and termination hotspots within priority wards and mapped against service provision is now available.
- The Contraception and Sexual Health (CaSH) service from September 2009 will be offering an after school contraception outreach clinic in the six priority wards.

- From September 2009 on-site contraception clinics will be running in the three main FE providers in the city providing 18 hours per week on site contraception and sexual health service provision.
- A service model for level 1, 2 and 3 sexual health services has been developed along-side a draft service specification for sexual health service provision. Leeds is awaiting a national service specification due October 2009 before commissioning this work. Work has begun to commission a central booking service which will help access into service for all and provide a texting service for reminding and cancelling appointments for young people.
- An action plan to improve access to contraception has been developed which will focus on front line staff training, marketing and research into young people's views on Long Acting Reversible Contraception (LARC).
- CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited by March 2010.
- Contraception and Sexual Health (CaSH) clinics are now open weekly at after school times in each of the six wards with the highest rate of teenage pregnancy (4 new outreach clinics in new locations).
- We have increased the number of staff who are trained in contraception and particularly LARC Provision (eg, the coil, or hormonal implants) at the British Pregnancy Advice Service and Marie Stopes Services in Leeds.
- 95 clinical sessions commissioned to sign off GP's as competent to fit LARC (this is on-going and GP's who meet criteria from deprived areas have been prioritised – Impact on the city but can't break down to priority wards at moment. 2-3 theory training days for GPs already happened).

Impact – Leeds now has a program in place to deliver sexual health services for young people located in the right places, open at the right times and offering the appropriate services. Services are now young people friendly and are offering effective intervention choices in reducing the incidence of teenage pregnancy and supporting teenage parents.

4.5 Strong delivery of sex and relationship education (SRE) and personal, social and health education (PSHE) both in schools and out-of-school settings

- 10 secondary schools (and one Specialist Inclusive Learning Centre and one Pupil Referral Unit) serving hot spot areas (and other schools) have been targeted for support to audit and plan for: improved PSHE/SRE infrastructure; timetabled/curriculum provision; teaching and learning; PSHE provision and support for vulnerable young people. PSHE/SRE schemes of work are being developed to be made available to all schools.
- The multi agency SRE Training Team have delivered 'Using the Contraceptive Kit Confidently' training to the secondary PSHE coordinators in the hot spot areas and in individual school settings.
- A 'whole school approach' package for primary schools has been designed for heads, teachers, governors, parents and children. This is a locally accredited 3 - day training programme with follow up support work within schools. Priority schools are being targeted although other schools can access the training. A similar training package is being developed for secondary schools. A potential barrier is securing school staff release for the 3 day training. A barrier has been

identified regarding school staff's reluctance to engage with a 3 day training course, this is being addressed through intervention by the Primary SRE Consultant.

- Safeguarding partnership work with the Child Protection Team and Primary SRE Advisor is linking the Primary SRE curriculum with child protection issues.
- A primary school consultation toolkit for young people has been designed, developed and piloted in Leeds by the Primary SRE Advisor, this complements the NCB Sex Education Forum Secondary Toolkit. Early verbal feedback has been positive and pending review this will be available to all targeted primary schools.
- Youth Service has adopted and is working to National Youth Agency guidelines for Healthy Youth Work

Impact – The Children's Trust structures are now fit for purpose to support PSHE/SRE quality improvements. Quality improvements are directly evidenced through the availability of new resources and a new training package for teachers, 20 teachers are scheduled to be trained starting in September 2009. Introduction to schools has been judged successful through verbal feedback, high signing up rate to the courses and evidence that teachers are recommending the course to colleagues.

4.6 Targeted work with at risk groups of young people, in particular the six hot spot wards, looked after children and care leavers

- **Geographical targeted work:** Locality events on 'Tackling Teenage Pregnancy' were held in the Inner South and Inner East to pull together a wide range of stakeholders, including sectors that have been under-represented at teenage pregnancy events previously. Both events used a 'Leadership Challenge' approach to the issue of reducing teenage conceptions. There was active support from local members at both events.
- Themed local multi-agency Task and Finish Groups are now taking the recommendations forward to develop them into a locality action plan which will have a commissioning element, alongside the nominated Teenage Pregnancy Leads of the South and East Leeds Leadership Teams.
- The Inner South and Inner East Area Committees have agreed to receive the draft action plans at their early autumn meetings to work to ensure that the locality action plans for reducing teenage pregnancy and the Area Development Plans complement each other.
- A commissioning plan for the 6 priority wards is being developed and implementation will be underway before Christmas

Impact – The events attracted around 100 people at each, representing a diagonal slice of front line workers, managers and leaders across the hot spot areas, and mobilising sections of the children's workforce who have previously had limited engagement with the planning and implementation of teenage pregnancy and parenting work. This has transferred into the breadth of membership of the Task and Finish groups. This also has enabled local intelligence and data to inform commissioning plans and has ensured sign up to implementation from sectors of the workforce, who have not previously seen themselves as key to the teenage pregnancy and parenthood agenda.

- **Looked after children and care leavers:** The NHS have mainstreamed the formerly TPPS funded Sexual Health Nurse for looked after children. This role continues to have a significant impact on access to CaSH Services and there has been a reduction in reported conceptions in the same period last year.
- The Looked After Children's Health team has had a large increase in capacity since April enabling increased targeted work with young people with learning disabilities and asylum seekers. There is also now a second nurse specifically for sexual health.
- Within Children and Young People's Social Care a number of projects are ongoing to improve the quality of assessments, care planning and support for vulnerable young people including looked after children and care leavers. This will include early intervention and support relating to their sexual health. Alongside this work will be increased access to sexual health training for staff and carers.
- The new Relationships Policy for looked after children will be published in September which will be a useful resource in delivering on 'The Promise', as referenced in the Leeds CYPP, made to young people in care.
- Voluntary sector partners, such as Women's Health Matters are supporting locality based work, which meets the needs of looked after children and improves access to services for other young people in these hot spot areas.

Impact – The improved partnership between voluntary and statutory agencies is increasing the effective use of local data and is having a definite impact on the targeting of and access to services of young people in the care system.

4.7 Workforce training on sex and relationship issues

- The Prevention Task and Finish group have evaluated the effectiveness of the current sexual health training calendar, which runs until September 2009. A new edition will be produced once the review of community based schemes (Chlamydia Testing (CSWAP), C-CARD & Pregnancy Testing) has been completed.
- The multi agency SRE Training Team have delivered training to the secondary PSHE coordinators in the hot spot areas and in individual school settings.
- Teenage Pregnancy and Parenthood will be integrated into the Leeds' workforce reform program. This will develop a core learning module to be completed by all children's workforce practitioners joining services in Leeds.

Impact – Specialist worker and generic in-service training programs are developing to provide the necessary skills for the workforce to deliver effective teenage pregnancy prevention and teenage parent support to all young people. Skills required in preventing and responding to teenage pregnancy are now seen as a core training requirement for all relevant practitioners coming into Leeds services.

4.8 Work with parents and carers

- There are 20 Speakeasy facilitators trained across the city, predominantly concentrated in the hot spot areas and **15** parent courses have been successfully completed. Speakeasy is a national program providing support to parents and carers to talk to their children about challenging issues and

particularly sexual health matters. Network meetings have been organised to co-ordinate the roll out of the programme and share good practice.

- During this years Breeze events parents were surveyed to find out how confident they feel in talking to their children about sex and relationships. Consultation with parents and carers in Leeds has evidenced that they are very aware of the importance of talking to their children about sex and relationships. They stated that better support, information and knowledge on their child's school curriculum would enable them to communicate more effectively and easily with their children from a young age.

Impact – Speakeasy is now delivered in Leeds as a key evidence based course offered to parents with targeting to those living in hot spot wards. The Primary PSHE/SRE Consultant will use the findings from the Breeze events to inform primary schools that parents are keen to involved and support the SRE curriculum in school. Schools will be encouraged to promote greater parental participation, resulting in a decrease in withdrawal from the SRE curriculum and an increase in schools' confidence in providing quality SRE provision.

4.9 Supporting teenage parents

- New regular quarterly review meetings between Health and Early Years senior staff has been instigated following the designation of a named Health Visitor to every Children's Centre. These have reviewed and improved communication. Better understanding of each others respective roles has been observed with better advice given to parents on the nature of each service.
- The Family Nurse Partnership is operational and is working with young pregnant women and mothers and their families to improve early parenting, improve antenatal health, enhance child development and school readiness and link the family to wider social networks and employment.
- The pre and post 16 care pathways and the maternity care pathway have been integrated into a comprehensive working document for professionals and young people. This provides clear guidance to enable young people and young parents/carers to access a joined up professional approach across the city.

Impact – Leeds now has a robust care pathway for all young parents to ensure referral to relevant services. Evidence based targeted services are in place which are addressing the key poor outcomes of unsupported young parents.

4.10 A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health

- Youth Service has adopted and is working to National Youth Agency (NYA) guidelines for Healthy Youth Work.
- All organisations within Integrated Youth Support Services will work to NYA Guidelines in order to be approved through the commissioning process for health-related work with young people. This will ensure consistent quality practice across commissioned and direct delivery providers.
- Training is under development with Youth Service, IYSS, School Nursing and NHS Sexual Health Team in order to standardise the professional development

of staff and to ensure that consistent, accurate messages are delivered to young people.

- Additional training on a range of health issues is available through the NYA health-e learning package. This matches and supports the same modular framework as the guidelines.
- Youth Service developing links with teenage parents' midwives to create a support pathway for teenage parents.

Impact – The quality and consistency of youth work provision is high across all providers in Leeds including their practice and referral procedures. This is supported by best practice resources to ensure that health information is accurate and of high quality.

5. PERFORMANCE MANAGEMENT

- 5.1 An Information Sharing Agreement has been drafted and signed by the partner organisations. This will ensure appropriate sharing of data.
- 5.2 A performance framework has been designed which identifies proxy measures for impact assessment of interventions to reduce teenage conceptions, such as delivery of sex and relationship education in schools, provision of contraceptive services, educational attainment, provision of support to teenage parents and the number of young people who are Not in Education, Employment or Training (NEET). Work is ongoing to populate this framework. This will ensure that the program impact is understood on an ongoing basis and allow for management of consistency of the quality of delivery. It will allow refinement of resource allocation to those interventions which have greatest impact.

6. RISKS AND CHALLENGES

- 6.1 Teenage pregnancy and parenthood is an issue which cross cuts many services and strategies and has significant impact on individuals and communities. There has been major progress in the implementation of the Teenage Pregnancy Strategy, which has more recently quickened pace. However, risks and challenges to delivery against the target continue:
- a) There are real risks that not all relevant services and strategies perceive that teenage pregnancy and parenthood is a priority for them, and that many services can have a positive effect. For example, we will work further housing services to ensure they are fully engaged with the Teenage Parent Partnership Strategy as unstable and inappropriate housing for teenage parents and their children is key.
 - b) There are many interventions which are not fully operational and their impact is yet to be realised. There is a risk that unless momentum is maintained impact from interventions will take too long for Leeds to achieve its targeted teenage parenthood reductions.
 - c) Services will need to be further challenged to be young people friendly to ensure that young people will access them, and especially those young people who do not readily access mainstream services. All services, including primary care and

non health settings, need to comply with the Department of Health 'Your Welcome' standards, which enable providers to meet the needs and requirements of young people.

- d) There is no central point which professionals can refer to in order to ensure young parents to be and teenage parents are accessing the relevant services as early as possible, such as antenatal services. This will be improved by increased uptake of the Common Assessment Framework and development of the Lead Professional role to fully encompass teenage parent work. There are potential impacts on the delivery against other key targets such as breastfeeding, smoking cessation, maternal and child nutrition, birth weight and infant mortality.
- e) The earlier a young person at risk of becoming a teenage parent can be identified the more success there is in keeping them engaged and the less likelihood of becoming involved in risk taking behaviours, for example, substance and alcohol use, offending, antisocial behaviour and unsafe sexual activity. We are challenging ourselves to better understand early indicators of risk and respond at this stage.
- f) There is support for school age young fathers to continue their education. However, there is little specific support available for young fathers post 16, both in terms of preparing for parenthood and seeking education, training and employment. Consultation with young fathers found they felt that they would have been more likely to stay included with their child and partner if they had received more support from the pregnancy onwards. The Teenage Parent Partnership Board is undertaking a Gender Equalities Impact Assessment of its activities and this will be used as a suitable time to highlight this issue and amend its program accordingly.