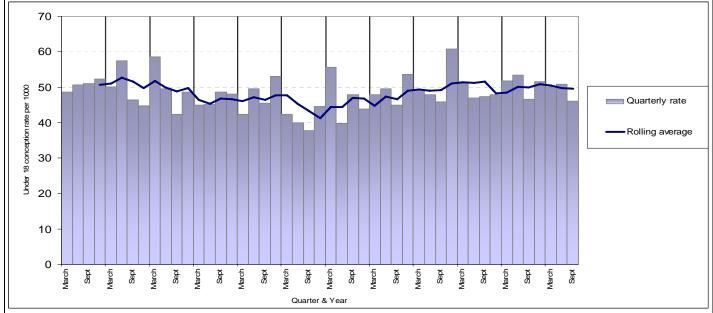
Lead Officer - Sarah Sinclair



# Why is this a priority

Evidence shows that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life and are up to 3 times more likely to become teenage parents themselves. Teenage parents are shown to be high users of services compared to other parents and are therefore a significantly higher cost to communities in comparison to those who become parents in later life.



NB Our performance is measured nationally against Office of National Statistics (ONS) conception rates for 15 -17 year old young women. There is a 14 month time delay in the data due to the nature of the information being collected and the significant number of suppliers of data. New data on under 18 conceptions rates from ONS will be available for the whole of 2009 in February 2011.

#### Overall progress to date and outcomes achieved - Quarter 1 2010-11

#### **Overall Summary**

The latest available position for Sept 2009 shows that this was the lowest quarterly rate since 2006 and that the rolling 12 month average for teenage pregnancy has now fallen for three consecutive quarters. However these are modest improvements and our overall judgement is that performance remains static without evidence of a consistent reduction towards the local partnership target. External support and review from the National Support Team suggests Leeds is the using the right strategy. We must therefore question whether we are applying our collective resources, from across the local authority and from partners, appropriately to change the direction of travel. As a result we have assigned a red rating for this priority and it is probable that it will continue as priority indicator in the new Children and Young People's Plan, supported by effective actions to reducing teenage conception rates. This does not negate the ongoing efforts outlined below to improve our strategic approach and to both support prevention and young parents. Our challenge is to translate these efforts into greater impact.

#### Activity achievements since the last quarter

#### **Strategic**

- The Children's Scrutiny Board and Health Scrutiny Board have agreed to work collectively to review and challenge progress and identify joint actions between Health and the Local Authority.
- The Health and Social Care Improvement Board has been instigated bringing together the local authority and NHS Leeds leadership into a closer working relationship to address shared actions for health and social care outcomes. Actions on children and young families work will address contributory issues for teenage conception including early effective parenting support and mental health support for young people.

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#### Data

• Improved locality information reporting at Middle-layer Super Output Areas (MSOAs) and Postal Sector will allow local Children's Service Leadership Teams and Area Committees to review local progress.

#### Communications

- The '12 days of mythmas' campaign run jointly by the Council and NHS Leeds is intended to challenge common myths young people have about sexual health. The campaign is available online (<a href="www.mythmas.co.uk">www.mythmas.co.uk</a>) and was promoted through both radio and posters sent to schools prior to the Christmas holidays. A breakdown of the take-up of the campaign will be available soon.
- Consistent advertising and development of a young person focused information portal on sexual health shows evidence of good take up from young people. October-December 2010 had a large increase in hits at Leedssexualhealth.com, a 49.3% increase compared to the same quarter the previous year. The number of visits to the site were 17,908 in this period, the most popular information viewed being was how to access STI testing and contraception services.
- Health and Wellbeing Board and Director of Public Health have agreed on strong alignment and
  integration between sexual health public health resources held in local authority and NHS Leeds which
  will improve the communications approach across the public health agenda for sexual health
  maximising coherence and minimising costs.

#### Work within education settings

- Attainment for teenage parents improved this year. GCSE results for pregnant schoolgirls and schoolage mothers and fathers in Leeds, increased by 10% for girls and 20% for boys. High GCSE attainment reduces likelihood of repeat teenage conception.
- 80% of schools have committed to support and develop Healthy Schools and a range of activity is in
  place to support the successful roll out of the initiative. 8 schools have come forward to provide
  leadership and mentor schools in their area in a peer support role. All teenage pregnancy priority
  schools are engaged with the new Healthy Schools Enhancement Model and will be focussing on
  teenage pregnancy as one of their first priorities.

### Sexual Health Services

- City-wise and Marie Stopes International have achieved the 'You're Welcome' accreditation. This is a significant first step to services being young people friendly.
- A further one year Strategic Health Authority (SHA) grant has been secured and action plan agreed towards improving access to contraception eg the drop in sexual health clinics with FE colleges have been commissioned for a further year.

#### Workforce Development

 The SRE Training Team was re-launched in December with a wider remit to support staff delivering SRE in settings other than schools. Work has begun to train up SRE Champions at Leeds City College campuses to provide peer support for colleagues delivering SRE. This will improve both the confidence and the quality of the delivery of SRE.

#### Work with parents and carers

- Leeds has one of the UK trial projects for the Family Nurse Partnership approach proven effective with young and vulnerable mothers in the USA. A third year evaluation of the UK trial indicated that this service is effective in promoting good parenting, reducing swift second (repeat) teenage pregnancies and improving parents access to work. This approach is supported by the recently published Allen Review on Early Intervention and we are actively creating an opportunity for joint investment between the local authority and children's services to extend this approach as priority for joint investment.
- Ciaran Moore, a young father supported by the Education Leeds Specialist Learning Mentor for School Age Fathers, has been short listed for the Brook UK Young Person of the Year Award 2011.

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#### **Risks and Challenges**

- To replicate the impact achieved in other core cities our challenge is to use the new Children's And Young People's Plan and Children's Trust Board framework to improve our approach to systematic joint working that addresses the causes behind teenage pregnancy. To effect this we must ensure that membership of the Teenage Pregnancy and Parenthood Partnership is of sufficient senior level to drive change; and ensure that causative factors are being addressed through services considering teenage pregnancy and parenthood as a priority. A reduction in teenage conception is not achievable without a renewed significant joint systemic approach across the local authority and partners.
- Reducing resources and competing service change may challenge further improvement in services.
  One response to this has been a review of all planned expenditure across partners of TP related
  services, this was undertaken for the 2011-12 budget in order to look for opportunities to improve
  efficiency and effectiveness through reducing investment in low impact targeted services.
  Recommendations are being taken forward.
- Leeds has a lower investment in community based health services which young people can access for their sexual health needs than other leading Core Cities. The challenge will be whether we can meet the demand for service use with the likely reduced investment levels in this area.
- With changes in the relationship with schools there is a risk that universal settings do not consistently
  implement high quality SRE and promote access to sexual health services, especially to vulnerable
  groups at high risk of teenage conceptions, eg pupils with Special Educational Needs
- The risk that family support and parenting services not consistently prioritising the needs of teenage
  parents across the city could leave some of the most vulnerable young parents without the support
  they need. This will also mean that we will not sufficiently reduce risk taking behaviours.

All the challenges and risks identified above are being considered by the Teenage Pregnancy Board with mitigating actions included in the action plan

| Council / Partnership Groups       | Teenage Pregnancy and Parenthood Partnership Board |             |          |  |  |
|------------------------------------|--|-------------|----------|--|--|
| Approved by (Accountable Officer)  | Paul Bollom/ Sarah<br>Sinclair                     | <u>Date</u> | 19/01/11 |  |  |
| Approved by (Accountable Director) | Nigel Richardson                                   | <u>Date</u> | 03/02/11 |  |  |

#### **Lead Officer – Sarah Sinclair**

| Key | Key actions for the next 6 months   |                                      |   |                               |                              |  |  |  |  |
|-----|---|--------------------------------------|---|-------------------------------|------------------------------|--|--|--|--|
|     | Action  | Lead<br>Officer                      | Milestone   | Timescale                     | Date Action<br>Last Reviewed |  |  |  |  |
| 1   | Creating local prevention approaches in the identified hotspot areas in Inner West Leeds.  (NB locality work already underway to address hotspots in Inner East and Inner South Leeds)  | Paul Bollom                          | <ul> <li>"Westnet" event to be held in West of Leeds to challenge and support local services in the area to develop a shared objective and accountability.</li> <li>Development of a local action plan addressing SRE, positive activities and good access to services with local accountability</li> </ul>   | 13/1/11<br>Feb 2011           |                              |  |  |  |  |
| 2   | Research on effective sexual health services in schools (HYPS) requires they take place more than once a week in any one school and are delivered in partnership between the school, school health and youth services.  | Gary<br>Milner                       | Future of youth work provision to be agreed for funding and priorities clarifying contribution to HYPS services in future.  | February<br>2011              | 11 January<br>2011           |  |  |  |  |
| 3   | Effective cities in reducing teenage conception require all services in contact with young people to be young person friendly and able to support young people confidently in their sexual health needs. All CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited. Target set for GP practices in high rate localities | Vicky<br>Womack<br>Barbara<br>Newton | <ul> <li>Four GP practices in high rate areas nominated to complete You're Welcome accreditation.</li> <li>Children's Services in Leeds aim to make Leeds a 'Child Friendly City' which would include the aim of all services for children and young people, including sexual health services, being friendly and children centred. Actions to address this to be developed as part of the new CYPP.</li> </ul> | November<br>2011<br>July 2011 | 11 January<br>2011           |  |  |  |  |
| 4   | Effective services for young fathers are not evidenced in Leeds. We undertake to research the current service offer and the needs of young fathers and ensure services are in place for these parents.  | Jenny<br>Midwinter                   | Research into the needs of young fathers in<br>Leeds via a longitudinal study in Leeds begun in<br>partnership with the Timescape project at<br>University of Leeds. This will be presented to<br>policymakers in Westminster   | Mid 2011                      | 11 January<br>2011           |  |  |  |  |

## **Performance Indicators**

NI 112 - Under 18 conception rate per 1000 girls ages 15-17 - The 2009 figures are released in February 2011