**Title of Report**: An Overview of St. Helens Teenage Pregnancy Strategy Performance and Progress

**Originating Author/Organisation**: St Helens Council Children and Young People’s Services Department and Halton and St Helens Primary Care Trust

**Brief Description of Item**
This is an exception report outlining current and projected performance in respect of the Teenage Pregnancy target to reduce conceptions in those under age 18. Official ONS data in 2009 showed an increase in teenage conceptions (see details p2) and current quarterly projections indicate higher numbers that could, in the worst case scenario, translate into an overall annual percentage rate increase that is higher than the 1998 baseline.

**Appendix 1** shows the 2008 rolling quarterly performance data up to the end of the third quarter upon which the 2010 February outturn will be based. **Appendix 2** is a summary update report from Halton and St Helens PCT outlining progress on the implementation of the Sexual Health Strategy. **Appendix 3** is the Teenage Pregnancy Strategy 2009 - 2011

**Decision or Action Required**: The Board are asked to note this report and appendices and to receive a further update in March 2010 following the confirmation of provisional data and a final outturn.

**Please state briefly how the proposal contributes to the key priorities and objectives of the Children and Young People’s Plan (include reference to key targets or performance indicators)**
The St. Helens Children and Young People’s plan identifies the reduction in the number of <18 conceptions as a key priority for the borough of St. Helens. This is reflected in the St Helens Local Area Agreement, which identifies this as a key local target.

**Date decision required**: N/A

**Report Status**: Final

**Date**: 15th January 2010

**Please state if the Report will need to be considered by other Decision Making Boards/Forums e.g. Executive, PCT Board, CDRP and when this is planned**:

Local Strategic Partnership  28th January 2010
1.0 Introduction:

St. Helens has made good progress over recent years in reducing the rates of under 18 conceptions. In 2008 there had been a 23.8% reduction in rates from the baseline in 1998 (based on 2006 data.) However, the most recent published rate of conceptions (February 2009, based on 2007 data) showed that progress had slowed and the rate had risen slightly to provide an outturn of 11.4% from the 1998 baseline. Local PCT data analysis of the first three quarters of 2008 indicates that it is likely that the rate will rise further for the outturn of 2010 (based on 2008 data). The rates for 2008 show an increase in the first two quarters; however, the third quarter data from November 2008 has shown a decrease in the conception rates. (See Appendix 2). There is a strong possibility that the fourth quarter will also show an increase. If this occurs, it would make the rate of conceptions higher than the 1998 baseline. This will be well below the very challenging target for 2010 of 37%. Members will recall that a target for 2011 has not yet been set. Originally the request from GONW was for a Year 3 target of 50%. The information contained in this report confirms that the LA view that this target was unrealistic and unachievable was unfortunately correct.

In December 2009 Government Office North West said;
“St Helens have a very clear strategic vision with key priorities identified and action plans to support delivery. St Helens LA is addressing the recommendations made following the Support and challenge event. Strong strategic direction and leadership is evident, there is commitment and a focussed approach offered through the partnership arrangements and clear reporting systems through the Children’s Trust governance.”

However, despite this it is clear that progress has stalled significantly. There is now a need to urgently put in place a refreshed Action Plan and Recovery Plan to address the very significant fall back in progress.

2.0 Purpose of the Report:

This is to:

- provide a brief overview to the Children’s Trust Board and the Local Strategic Partnership of the current and projected position in respect of the Teenage Pregnancy Strategy and associated Sexual Health Strategy in St. Helens;
- report the current position in respect of the LAA Target; (the key LAA Performance Indicator for teenage pregnancy strategy is the number of conceptions in the under 18’s);
- outline the actions being taken to address this position
3.0 Recommendation / Proposed Decision:

The revised Teenage Pregnancy Strategy 2009-11 was revised and updated in 2009. The strategy identifies the key priorities that were established following a review of the prevention and support strategies and by taking into consideration the feedback from the annual Progress Reports; the Annual Performance Assessment and Joint Area Review processes; the outcomes of the Support and Challenge process with Government Office North West, the National Support Team (NST), the Strategic Health Authority and local partners.

Recommendations from the Support and Challenge event and from the NST visit to Halton and St Helens PCT included a recommendation to undertake a review of sexual health services across the two Boroughs, including those for young people.

“There is substantial evidence throughout National Strategies and prevalence data that sexual health is currently a key area of concern for NHS Halton and St Helens. Although the partnership and service provision as a whole can be seen as effective, there was a need to redesign and reconfigure services to meet an ever-increasing need’

In February 2009 The Directorate of Strategic Development commissioned Bearing Point to review all sexual health provision across the PCT footprint. In light of this review a sexual health business case was developed, which highlighted key recommendations and an implementation plan.

The business case was presented to the Management Board on 3rd June 2009. Increased investment was agreed for:
- Acute sexual health provision
- Community sexual health provision” (appendix 1)

A detailed analysis of all the evidence gathered and the report findings has informed the identification of the key actions in each of eight priority areas which have been incorporated into the revised Teenage Pregnancy Strategy 2009-11.

The current Teenage Pregnancy Action Plan is being reviewed to ensure all the priorities for 2009-2010 have been completed and a recovery plan for 2010-2011 will be available from February 2010. This will be presented to the Children’s Trust Board in March, when in addition the final 2010 outturn will be known.

Some of the key priority actions include:
- PCT Business Case and Project Implementation plan to be in place and aligned with the Teenage Pregnancy strategy.
- Reconfigured governance arrangements to align strategy with joint commissioning needs and cycles with the Children’s Trust
- Review and alignment of PCT and LA sexual health communications.
- Merger of the three condom schemes into one, well publicised easy access ‘C Card’ scheme that all organisations can access
- Utilise FE and school based services to provide sexual health services either on site or nearby;
- Provide support to schools starting their compulsory Sex and Relationship Education curriculum from September 2010 through the Citizenship consultant.
- Products are being tested to support young people, including the development of a
Resilience Model with the Educational Psychology Department and an Outreach Intervention Project with TP team and Youth Service. In addition to this a Healthy Body/Healthy Mind programme has been used extensively across schools with pupils identified as ‘at risk’.

- Mandatory training for those working on Targeted Youth Support including commissioned services and taking area working into account.
- Improve outcomes around maternal nutrition, stopping smoking, breastfeeding, emotional well-being, substance misuse and second pregnancies.

A comprehensive overview is documented within the Teenage Pregnancy Strategy 2009.

3.0 Supporting Information:

The following information is provided:

Appendix 1 - Quarterly under 18 conceptions data 1998- 3rd Quarter 2008

Appendix 2- Report to PCT PBC Strategic Group- December 2009

Appendix 3 – Teenage Pregnancy Strategy 2009 - 2011

5.0 Financial Implications:

The service has received £360,300 in 2009/10 and £373,056 in 2010/11 to co-ordinate, commission and provide services which promote sexual health for teenagers, further reduce the under 18 conception rate and address the causes and consequences of premature parenting. The funding will support the continued delivery of the following: the development and implementation of the local Teenage Pregnancy Strategy; training and co-ordination of activity through partner agencies; Teen Action Zone Outreach Team providing direct targeted sexual health services for young people (The Primary Care Trust fund one full time worker seconded to the Team). Access to continuing education and training for teen mothers; Support for the delivery of Sex and Relationships Education in schools. The funding also includes £50,000 in 2009/10 and £55,000 in 2010/11 which is new money to support the development of a residential service for teenage parents and their babies in partnership with Supported Living, the Primary Care Trust and CYPS. Without Grant funding the Teenage Pregnancy Team would be reduced to 2 posts which are PCT core funded. Activity on the Local Teenage Pregnancy Strategy would be much reduced with a resulting impact on outcomes. CYPS would be at risk of reduced grading in the Annual Performance Assessment with a knock on effect on the CAA.

6.0 Legal Implications: No direct implications

7.0 Land or Property Implications: No direct implications.
8.0 Anti-Poverty Implications:

Having children at a young age has been shown to damage the education and career prospects of young women, and teenage mothers are 22% more likely to be living in poverty by age 30 compared to mothers giving birth at a very young age and to improve outcomes for young parents. ST. Helen’s Teenage Pregnancy Strategy aims to reduce the number of young people giving birth at a very young age and to improve outcomes for young parents.

9.0 Equality and Diversity Implications (please refer to any impact assessments):

St. Helen’s Teenage pregnancy strategy supports the equalities agenda of the council. There is a wealth of documentation which reports that premature parenting can further increase a young woman’s socio-economic deprivation and worklessness with research reporting Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.

10.0 Risks associated with proposal

The evidence base shows that the negative health, education and social impact of teenage parenting can have a detrimental, intergenerational effect within communities that are resistant to regeneration and this perpetuates poverty.

- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth;
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers;
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers - both of which have negative health consequences for the child;
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems;
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.

11.0 Background Papers:

The following lists of documents were used to complete this report and are available for public inspection for four years from the date of the meeting.

- St. Helens summary of progress 2008/9