

Oxfordshire's Joint Commissioning Strategy for Teenage Pregnancy and Young People's Sexual Health 2008 ~ 2010

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Summary

The Oxfordshire Joint Commissioning Strategy for Teenage Pregnancy and Young People's Sexual Health has been developed in response to:

- The CYP Board requiring an improvement in performance
- The GOSE review of the LAA (Local Area Agreement) highlighted teenage pregnancy as an area for further work.
- Teenage pregnancy being identified as the most critical negative indicator in the JAR.

Work so far has used the Oxfordshire Joint Commissioning Strategy Framework to assess needs, review current resources and services and undertake gap analysis. The next step in the development of the strategy is to undertake options appraisal for future provision and service redesign based on the recommendations below.

Recommendations

1. The future commissioning of termination services should include provision of contraceptive advice.
2. A more proactive approach to the delivery of SRE/PSHE (including drugs and alcohol) in secondary and primary schools, with clear targets for schools in hotspot areas, is essential. Priority should be given to provision of funding for key roles to support schools
3. Links need to be made into the Extended Schools agenda in order to increase outreach & sexual health services. The option to establish Bodyzones as part of extended services needs exploring
4. A successful and valued training programme is ongoing. However, training to ensure a workforce with the requisite skills and knowledge needs to be embedded in the joint workforce development strategy
5. Sexual health and teenage pregnancy to be substantially represented in Integrated Youth Support Services planned developments
6. Improve targeted health promotion and support for young parents by universal services including sexual health advice and support in non health settings such as children centres
7. Develop targeted programmes of work with high risk groups
8. Ensure mainstream funding for successful pilots
9. Investment is needed to provide direct communication to children and young people, particularly the hard to reach groups. A joint integrated communication strategy needs to be developed and implemented

All children's services should include within their plans work to raise aspirations - Priority will be given to working with the 14-19 Strategy including opportunities for post 16

1. Introduction and context

The purpose of the strategy

The purpose of this strategy is to provide a clear direction and focus for teenage pregnancy and young people's sexual health 2008 ~ 2010. The strategy sets Oxfordshire and its 13 localities in the national context. It describes our vision and the values that underpin our approach. It states our priorities and objectives and the outcomes we want to achieve.

The strategy has been developed in response to local need and in line with the evidence base of good practice. One of Oxfordshire's priorities in its Children & Young People's Plan 2006 ~ 2009 is to 'Reduce teenage conceptions and sexually transmitted infections (STI's) and improve access to young people's sexual health services'.

The Plan and progress against targets was reviewed in June 2007 and based on that review, six priorities have been identified for year two of the plan. All are pertinent to this strategy with priorities 1 and 3 of particular relevance:

1. Preventative and early intervention support for children and families at risk of harm and other harmful outcomes (for example, care exclusion or truancy from school, offending, drug and alcohol misuse, teenage pregnancy, not in education employment or training. (NEET).
2. Raising the educational aspiration, achievement and enjoyment of all pupils with a particular focus on vulnerable and/or underachieving groups of children and young people. Continue to focus support and intervention to improve Oxfordshire's attainment in relation to statistical neighbours.
3. Improving sexual health, reducing unwanted teenage conceptions and improving support for teenage parents.
4. Strengthening support to improve the emotional and mental health/wellbeing of all children and young people thereby reducing the incidence of behaviour difficulties, conduct disorders, mental health difficulties; with particular focus on tackling the problem of bullying.
5. Improving outcomes for children, young people and families in areas of deprivation including rural deprivation/isolation.
6. Ongoing engagement and participation of children, young people and families in the development of services.

In addition the following priorities for Service Integration in order to achieve these outcomes have been identified:

- culture and behaviour change to deliver integrated and preventative services including Team Around the Child, common assessment, lead professional arrangements including better identification, tracking and targeting;
- engagement and capacity building of the voluntary sector;
- targeting resources to areas of highest need;
- more effective engagement of schools and GPs;

- parenting strategy;
- a joint approach to commissioning and decommissioning;
- improved and joint information about services;
- cross-agency quality assurance/service standards.

Our vision

Our vision is for Oxfordshire to be a place where every child and young person receives the help they need to:

- enjoy good physical and mental health;
- be protected from harm and neglect and grow up with the necessary skills to become independent confident adults
- achieve educational success and enjoyment, have good opportunities for play and leisure and develop self-confidence and life skills for a creative and positive adulthood;
- make a positive contribution to the community and society; and
- live free from poverty, achieve their potential and make the most of their lives.

We believe that every child and young person has the right to:

- Be brought up safely in their own family, wherever possible.
- Receive full-time, high quality education appropriate to individual requirement
- Be supported in a healthy lifestyle and have access to health care that is confidential and appropriate to their need.

Oxfordshire in context

Overall Oxfordshire is an affluent county and children and young people living in Oxfordshire get a good start in life compared with the rest of the country. However there are 13 super output areas (SOAs) with deprivation in the bottom 20% nationally. Outcomes for children and young people are significantly poorer in these areas than in the rest of the county, and there is a correlation between these areas and teenage pregnancy.

Our priorities and the outcomes the strategy is intended to achieve

Our intention is to improve and integrate the ways we commission teenage pregnancy and sexual health service in order to:

1. Reduce the rate of teenage pregnancy by 45% by 2010, from the 1998 baseline of 34.1%
2. Monitor the diagnostic rate of new episodes of STI's among under 16's and 16-19 year olds
3. Contributing to and increasing the self esteem of all young people and in particular those who are deemed most vulnerable (as defined in Annex 1). This will empower them to make informed choices and prevent them having sex before they are ready, or indulging in exploratory sexual behaviours
4. Provide support to young people who are parents/step parents

5. Attain the shared target with Connexions for 60% of mothers aged 16-19 be engaged in education, employment or training by 2010
6. Target services, support and intervention appropriately, within the categories of those young people identified as most at risk, (see appendices).

Developing our strategy

Our strategy will address the seven national benchmarking priorities (1 ~ 7) and four local priorities (8~11) of:

1. 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
2. A strong senior champion who is accountable for and takes the lead in driving the local strategy
3. The availability of a well publicised young people focused contraceptive and sexual health advice services, with a strong remit to undertake health promotion work as well as delivering reactive services
4. A high priority given to Personal, Social, Health and Education (PSHE) in schools, with support from the local authority to develop comprehensive programmes of Sex and Relationship Education (SRE) in all schools
5. A strong focus on targeted interventions with young people, at greatest risk of teenage pregnancy, in particular Children Looked After, and young people who have offended
6. The availability (and consistent take up) of SRE training for professionals in partner organisations (such as Connexions Personal Advisers, Youth Workers, Social Workers) working with the most vulnerable young people;
7. 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 and a clear remit to tackle social issues such as teenage pregnancy and young people's sexual health
8. Advice and targeted support to young parents with appropriate assignment of key worker role. Combined with universal parenting support programmes that provide material on sex and relationship education.
9. A clear communication strategy that includes proactive publicity, the user perspective and involves parent/carers and other key stakeholders.
10. The ability to implement the strategy, including ensuring the right levels of data analysis and analysis of funding and unit costs of services
11. Ensuring that service response to parental mental health issues such as post natal depression is effective, and that raising the aspirations of vulnerable young people, is viewed as integral to all interventions and programmes of action.

2. National and Local Guidance and Research

The "Teenage Pregnancy – Next Steps" document published in 2006 (DfES) has reviewed progress towards the key targets as laid down in the government's original 1999 strategy. Those targets were:

- To reduce under 18 conception rates by 50% by 2010 from a baseline of 47 per 1000, in 1998. This is the key high level target and is a Public Service Agreement within "Every Child Matters". It is also sighted in "Choosing Health"; The Assurance Framework and the Annual Health Check (Health Care Commission) At local level it is a key target in the Local Area Agreement and the Primary Care Trusts (PCT) Local Delivery Plan.
- For 60% of mothers aged 16-19 to be engaged with education, employment or training
- To establish a significant downward trend in the rate of under – 16 conceptions from a baseline of 9 per 1000. (Under 16 pregnancies make up a relatively small proportion of all under 18 conceptions, 80% are to 16 and 17 year olds)

The rate of decline has been steeper in areas that have received more funding and have had efficient strategic commitment to the Teenage Pregnancy Partnership. This positive link between funding and results indicates that effective delivery and strategic commitment of local strategies are driving under 18 conception rate reductions. This would indicate that beyond 2008, there is a clear need to target specific funding within Oxfordshire for teenage pregnancy and sexual health.

In-depth reviews carried out by the Teenage Pregnancy Unit in 2005 (in three high performing local authorities and three statistical neighbours with static or increasing rates,) sought to explain variation by identifying factors that were evident in successful areas, but absent in those where rates were increasing. The key factors identified in the 'Deep Dive' review have been previously highlighted (points 1-7 developing our strategy) Government recommendations in light of this review are that:

- All stakeholders must understand the actions required, from senior managers to front line professionals.
- A senior official in each stakeholder agency is accountable for delivery.
- Areas for development are identified and addressed as part of the strategy and Children and Young People's plan.
- Local provision matches the description of effective practice highlighted in "Teenage Pregnancy – The Next Steps" document (DfES 2006)

3. Assessment of need

Conception Statistics

These are produced by the Office for National Statistics (ONS) and are a well established statistical series that are compiled by combining information from birth registrations and abortion notifications. Conception statistics include pregnancies that result in:

- One or more live or still births (miscarriages are not included), or
- A legal abortion under the Abortion Act 1967

Age at conception

A woman's age at conception is calculated as the number of complete years between her date of birth and the date she conceived. In many cases her birthday will occur between conception and the birth or abortion; a woman may conceive, for example, at age 17 and give birth at age 18. The conception and birth may also occur in different calendar years. For these reasons the number of conceptions to teenage women in a given year will not match the number of maternities and abortions to teenagers occurring in that year.

Teenage Pregnancy in Oxfordshire

Oxfordshire's teenage conceptions are currently below the national average: the under eighteen conception rate for 2005 for the county was 34.1 per 1,000. (Rates are per 1,000 young women aged 15-17) and in 2006 was 27.4. The national rate is 42.3 per 1,000. Oxfordshire's rate had been rising steadily with an 8.8% increase since inception of the strategy in 1998, compared with a reduction in the national rate of 11.8%. However, the rate for 2006 has seen a 12.8% decrease since 1998, which has undercut the baseline of 34.1. Nonetheless, it is necessary to continue to achieve a significant decrease in the current rate in order to attain a 45% reduction by 2010.

Diagram 1 – Oxfordshire Compared to England and the South East

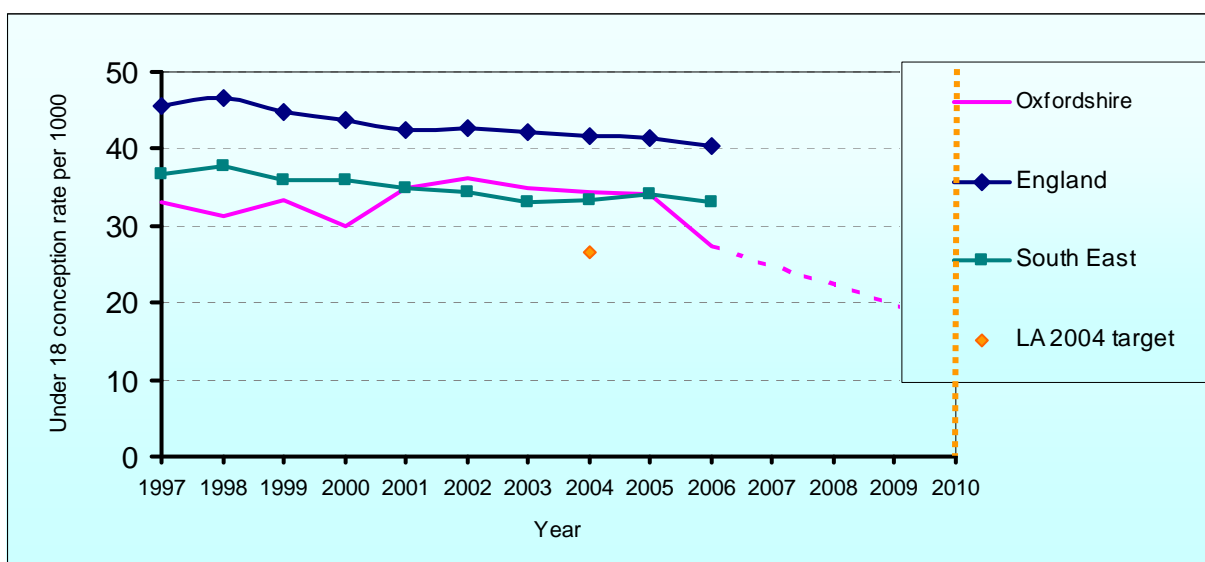
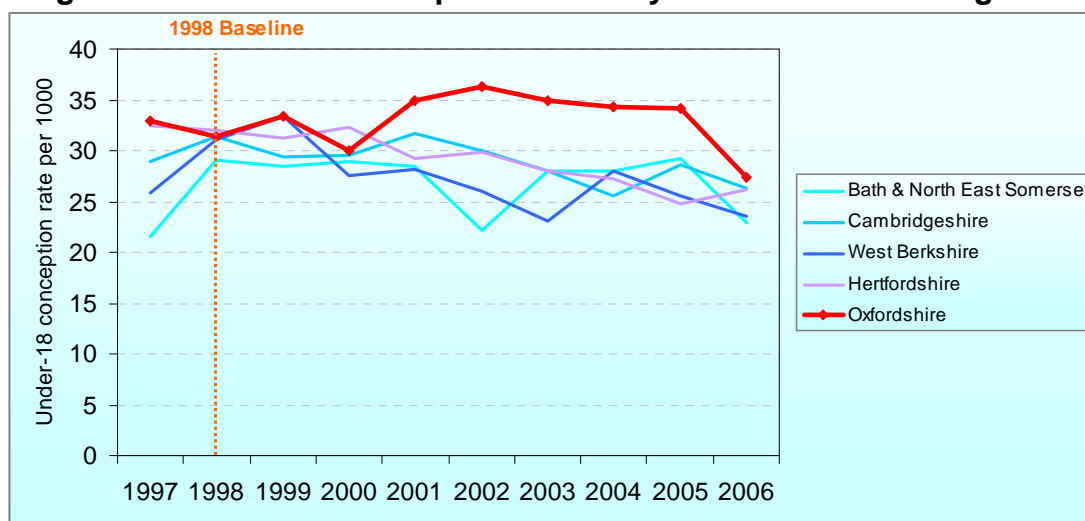


Diagram 2 – Under 18 conception trends by DCFS statistical neighbours



As within the majority of local authority areas, there is evidence to suggest that there is a significant discrepancy in the rates of conception between the most deprived and the least deprived wards.

The wards within Oxfordshire that are among the highest 20% in England in terms of under 18 conception rates for 2000-4 are listed in Annex 2.

Although it is difficult to make direct comparisons we know that teenage pregnancy is closely linked to social deprivation and some of the wards with high conception rates house lower Super Output Areas (SOAs) that are within the most 20% deprived in the country (IMD 2004), e.g. Blackbird Leys, Northfield Brook, Barton & Sandhills, and Banbury Ruscote.

Young People's Sexual Health

As in the rest of the country the number of sexually transmitted infections (STI's) is increasing at an alarming rate. The number of Chlamydia cases diagnosed in Genitourinary Medicine (GUM) clinics almost doubled between 1998 and 2002 (558 to 950). With young women being the most at risk, in 2002 74% of Chlamydia cases seen at the Oxford Genito and Urinary Medicine (GUM) clinic were young women under 25. Gonorrhoea cases rose from 51 to 234 over the same period. Oxfordshire PCT is clear that the actual figures are much higher, as these figures do not capture undiagnosed cases or cases treated in general practice.

Some young people are prone to exploratory sexual behaviour. However, research suggests that the more information support and advice young people receive, the less likely they are to experiment at a young age and the more likely they are to use contraception when they have sex. The average age at which young people start having sex has been decreasing over the last thirty years and is now approximately aged 16, (Wellings et al 2001). There continues to be a significant amount of ignorance concerning sexual health, contrary to national and media perception which continues to fuel the debate of hysteria versus over sexualisation, often associated with young people's sexual health

It is clear from a comprehensive body of research (DfES2006) that the existence of multiple risk factors, leads to an exponential increase in the likelihood of teenage pregnancy. A table describing these factors is given in Annex 1. They include:

- Risky behaviours: early onset of sexual activity, poor contraceptive advice, poor mental health or a conduct disorder, involvement in crime, teenage motherhood, and repeat abortions
- There is strong correlation between STI's, sexual behaviour and drug and alcohol use. Young people, who are highly exploratory in one kind of behaviour, tend to be highly exploratory in other areas. (Sex Drugs Alcohol and young people, June 2007)
- Education related factors: low educational attainment, disengagement from school, leaving school at 16 with no qualifications
- Family and Background factors: living in care, daughter of a teenage mother, lack of parental aspirations

What Oxfordshire's young people told us

"I wouldn't have a clue where to go and I don't even know how to use a condom – I've never really had any sex ed"

*"you don't know whether to trust people like teachers and doctors and pharmacists"
"if you do it under 16 you're called a slut, if you haven't done it by when you're 16 people think you're weird"*

In November 2006, the Oxfordshire the Children and Young People's Participation group together with the Teenage Pregnancy Partnership board held a consultation event to which 80 young people from across the county attended, in order to discuss teenage pregnancy and sexual health. The young people's top ten concerns were:

1. Having unprotected sex, being pregnant, being underage, not having people to talk to & not knowing where to go
2. Not being able to talk to parents – frightened parents will find out
3. People gossiping, name-calling, making assumptions, judging
4. Pressure to have sex
5. Worries about being gay and not knowing who to talk to
6. Having an STI and not knowing who to talk to or where to go
7. Confidentiality
8. Rape, coercion, abduction and abuse
9. The need for information
10. The need for support for teenage parents

The things Oxfordshire's young people thought would help them most were:

1. Improve sex education in schools
2. Improve information that is available to all young people
4. More opportunities to talk about sex
5. Getting contraception. They thought it should be free and more accessible

They identified the following as gaps in service:

- We don't always know where services are
- Services are always moving
- We want to talk to adults that know how to deal with young people
- PSHE in schools is not good and some of us don't even get PSHE
- We don't plan Families, services should have appropriate names

(CHYPIN consultation 2006)

4. Service Review

A wide range of services are engaged in reducing teenage conceptions, promoting young people's sexual health and in providing support and nurturing to young people who are parents. This section maps activity, gaps and options, by service provider against the eleven benchmarking priorities (planned outcomes). This mapping, will enable us to undertake a gap analysis and an options appraisal.

A more detailed analysis of spend, activity level and lead agency by service is given in Annex 4.

Young people and their, parents, carers and communities have a key role to play in relation to reducing teenage conceptions and improving young people's sexual health, and the way local services are provided and how local people feel about them are key in implementing a successful strategy

The intention is to use this information to capture good practice at local level and to inform how frontline services can develop cultures and joint working practices that deliver effectively.

.A map of the localities and where services are sited is given in Annex 3

5. Gap Analysis and Options Appraisal

Strategic Priorities 1 & 2: Active engagement of all of the key mainstream delivery partners and high profile champions

Outputs	Gaps	RAG	Options	Service provider
<p>Strategic engagement Teenage Pregnancy Partnership Board fit for purpose and Linked effectively with CYPB Routinely monitors service delivery on outcomes</p> <p>Implementation</p>	<p>Ensuring all key stakeholders remain engaged</p>		<p>Membership to be reviewed annually Progress reviewed at each meeting Director of Children Young People and families to join the group</p>	<p>All key stakeholders</p>

group in place				
Outputs	Gaps	RAG	Options	Service Provider
Strategy developed and agenda advanced by Service Manager Teenage Pregnancy & Sexual Health	Action plan for 2008/09		Action plan to be developed from the commissioning strategy Supported by JAMS and locality coordinators	OCC PCT Localities: Service Managers OCC CYPF
Voluntary and Community Sector:	Funding streams restrict activity and engagement		VCS supported to develop innovative practice such as specific parenting support – i.e. Speakeasy Link with VCS involvement development programme	Voluntary and Community Sector Service Manager Commissioning and partnerships
Extended Services Workshops aimed at 26 schools partnerships have taken place	Need to Integrate the TP & SH agenda. Work has begun but needs to reflect integration more comprehensively		Strategy development for extended services	Extended Services Service Manager EES CYPF OCC

Strategic Priority 3: The availability of well publicised young people centred focused contraceptive and sexual health advice services, with a strong remit to undertake health promotion work as well as delivering reactive services.

Outputs	Gaps	RAG	Options	Service Provider
<u>CASH Services</u> Emergency Hormonal contraception (EHC) Scheme for pharmacies	Extend & mainstream role for pharmacies in EHC – Increase dissemination		To be facilitated and supervised by contraceptive and sexual health services	PCT provider service Pharmacists
Outreach sexual health nurse posts to be evaluated and commissioned as appropriate in March 2008	Provision may exceed demand. Lack of awareness of the roles Insufficient capacity		If outcomes are successful, establish mainstreaming	PCT Service Manager – TP & SH
Outputs	Gaps	RAG	Options	Service Provider
Provision of health promotion and support and extended service for emergency hormonal contraception and condoms on all school sites where possible Targeted to hot spot areas of teenage conception	Inequity of provision of extended role across the county: no services in some hotspots & not accessible to young people not in school Poor links with other service providers		Map provision Link in with development of strategy for extended school provision Target Hotspot areas of teenage conception	PCT School Nursing
A universal service providing contraception and Sexual health advice to whole population. Situated in Cowley. Satellites in Banbury, Didcot, Abingdon	Inadequate brand name that young people identify with Young people not at present involved in decision making process' and full range of services not available in all settings		Embed into communication strategy and re market with improved branding Extend Range of services on offer	Family Planning

Body Zones providing rural contraceptive services in partnership with extended school nurse role	Not available in all hotspot areas		Link with extended school nurse role and explore provision in hotspot areas	Family Planning School nursing
Activeten20 rural bus provision of contraceptive advice and health promotion	Lack of medium/long term funding Maintaining sufficient up to date young people friendly resources		Link in with c card scheme and mainstream provision of health resources. Secure funding	Activeten20
Provide access to medical and surgical terminations for population as a whole	Inequitable access. Poor information and signposting. Poor post termination		Improve post termination counselling, offer contraceptive advice, clarity on referral pathways	Termination Services
Outputs	Gaps	RAG	Options	Service Provider
	counselling and contraceptive advice. Provision of duty of care to termination patients appears open to interpretation.		And duty of care	
Specialist youth workers and connexions PA's providing advice on sexual health	Need better access to mainstreamed training		Inclusion in current schemes and referral pathways for sexual health promotion	ISS CYPF OCC
Provision of services that provide screening for sexually transmitted infections and access to health promotion	Difficulties with access for all young people		Develop programme in wide range of young people friendly services	GUM Terrence Higgins Trust PCT

Roll out of Chlamydia screening programme county wide	Roll out of programme has begun		Programme to be included in marketing strategy	County wide providers
Access to GP provision through young people friendly health services	Ensuring implementation and evaluation of well connected criteria		Provide YP friendly services via Improved training opportunities for primary care staff via multi-disciplinary training and c-card schemes	PCT Primary Care

Strategic Priority 4: A high priority given to Personal, Social, Health and Education (PSHE) in schools, with support from the local authority to develop comprehensive programmes of Sex and Relationship Education (SRE) in all schools

Do the RAG ratings need updating?

Outputs	Gaps	RAG	Options	Service Provider
SRE & PHSE SRE & PHSE delivered to young people in a variety of settings, including colleges of FE	Lack of provision of quality SRE services to all young people including those who do not seek access or who are excluded from educational settings		Strategy devolved to all schools plus recommendations for links with healthy schools and extended schools programme	Schools EES support VCS YSS
Include SRE in Healthy Schools Programme Ensure targeting of hotspot areas	Dissemination of information and support for c-card scheme. Information on school inspections for personal health and well being		Coordinated sign up to the healthy schools programme for all schools within Oxfordshire. Prioritisation of schools within the hot spot areas & young people most at risk	OCC PSHE Advisory Team
Governors to be trained on developing SRE and confidentiality policies	Only partial inclusion of SRE modules within governor training programmes		Full inclusion in training	PSHE Advisory Team School Nursing
Outputs	Gaps	RAG	Options	Service Provider

PSHE Advisory Team provides help and support to all schools for the dissemination of Sex and Relationship Education	Schools within hotspot areas for teenage pregnancy are not linked into all programmes. Have been offered and have declined		Include recommendations within strategies for extended schools and 14-19 agenda	PSHE Support and Implementation (Advisory Team)
PSHE programmes to include support for gay, lesbian, bisexual and transgender young people and homophobic as well as generic bullying	Lack of consistency in dissemination of relevant issues and inclusion in policies. Offered and in some case declined		Ensure relevant modules in SRE programmes and include links to other strategies such as bullying equality and diversity. School policies on bullying to be updated	Terrence Higgins Trust PSHE Advisory Team
PSHE programmes to include provision for young people with learning/ physical disabilities, and young people who are carers	Lack of consistency in dissemination of relevant issues and inclusion in policies. Materials must be specific to individual diversity		As above. School policies on bullying to include specific elements for diversity	PSHE advisory team
PSHE programmes to include specific provision for faith and culture	Improved work with individual communities to ensure input and evaluation		School policies to include specific reference to faith and culture issues	PSHE advisory team

Strategic Priority 5: A strong focus on targeted interventions with young people, at greatest risk of teenage pregnancy, in particular Children Looked After, and young offenders

Outputs	Gaps	RAG	Options	Service Provider
<p><u>Vulnerable Young People</u> Provide young people who offend (including young parents who offend) with sexual health promotion support and advice including access to related service provision</p>	<p>Obtaining accurate and relevant data Links with Primary Care require improvement</p>		<p>Establish an assessment system that identifies young parents and includes risk assessment for teenage pregnancy based on risk factors, as detailed in Annex 1. Include YOS workers in sexual health training and c card scheme</p>	<p>Youth Offending Service Primary Care</p>
<p>Attain the shared target with Connexions for 60% of young mothers to be engaged in education employment or training by 2010</p>	<p>Services need strengthening. Uptake of care to learn requires improvement</p>		<p>Connexions commissioning strategy to address this</p>	<p>OCC IAG CFBT MKYMCA</p>
<p>CAF training has taken place and is currently being disseminated and incorporated into teams around the child provision</p>	<p>New framework requires embedding Service plans to reflect the implementation and evaluation of the CAF process</p>		<p>All practitioners involved with young pregnant women must understand the need for assessment Young women to be assigned a key worker. Training ongoing and resourced</p>	<p>Localities Service Manager CYPF OCC All service areas</p>

Outputs	Gaps	RAG	Options	Service Provider
<p>Supported Housing provision for young parents who are most vulnerable</p> <p>Provision of support to pregnant young women via young person maternity care pathway pre and post natally</p>	<p>Need to improve assessment and support process via links with CAF</p> <p>Implementation of care pathway by all midwives remains problematic</p>		<p>Individual support for managing daily living and access to benefits system</p> <p>Resolve care pathway issues. Improve joint working. Access to appropriate training for midwives</p>	<p>Supporting people OCC Health Visitor for Homeless young people</p> <p>Midwifery Service YSS</p>
Teenage and Parent One	Mainstreaming across the county		Decide appropriate funding streams	Midwifery PCT
Teenage and Parent Two	Lack of sustainable funding		Plans to replicate in north and south. Decide appropriate funding streams	Health Visiting and Midwifery
A universal service that works with families from conception and early years through to school age	<p>Lack of care pathway for pregnant teenagers.</p> <p>Inadequate targeting and implementation of service to young mums and dads.</p> <p>Lack of knowledge and skills in family planning and sexual health.</p>		<p>Address gaps</p> <p>Link with core skills development for health visiting</p>	Health Visiting
Offer services to young parents including community based programmes	Requires linking in with c-card scheme and parenting programmes		Extend and consolidate link in with Sure Start provision model and links with current programme	Childrens Centres

Outputs	Gaps	RAG	Options	Service Provider
Offer targeted early and specialist intervention with clear referral pathways for identified vulnerable young parents	Clarification of the integrated support agenda including sexual health provision for PA's and aligned agenda for EET and NEET		Targeted work planned in hotspot localities. Improve engagement with young men and young men who are parents	Information Advice & Guidance YSS Terrence Higgins Trust Activeten20
Peer education within various settings including schools and Children Looked After settings	Coordination and appropriate strategic support for programmes		Ensure links with parenting strategy	Children Looked After PACT: (Parents & Children Together) Teenage Pregnancy Project Officer
Health Promotion advice and parenting strategies provided in Huntercombe Young Offenders Institution	Linking with local screening programmes such as Chlamydia		Support and information re services offered to young men on release	Thames Valley Police Terrence Higgins Trust PCT

Strategic Priority 6: The availability (and consistent take up) or SRE training for professionals in partner organisations (such as YSS Connexions Personal Advisers and Youth Workers, Social Workers) working with the most vulnerable young people:

Outputs	Gaps	RAG	Options	Service Provider
Work programme of Service Manager and Project Officer (SH/TP) to include training programme	Definition of roles and links with commissioning and training strategies		Coordinate and provide training from a central location with resourced administrative support Long term arrangements established by March 2008	OCC/PCT
PHSE Advisory Teacher promotes and supports curriculum delivery	Lack of engagement for programmes within all schools throughout Oxfordshire		Improve links with extended schools agenda	PHSE Advisory Teacher
Mainstreamed multi disciplinary training programme for all front line professionals linked with workforce development. To include safeguarding children training re sexually active under 18 year olds	Not currently mainstreamed		Programme to be offered on an annual basis. To become effective for 2008 and linked with induction, performance assessment. CAF and TAC.	PCT OCC
DfES Certification Programme take up: a minimum of one teacher and school nurse within each school	Engagement of Teachers and school nurses within hotspot areas		Programme Operational	Schools EES Support

Strategy Priority 7: 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 misuses

Outputs	Gaps	RAG	Options	Service Provider
Clear core service that provides sexual health support, and work on increasing aspirations	Poor access for young people in rural areas.		Mandatory provide of information multi-disciplinary training for all youth workers and connexions PA's	YSS
Trained youth workers and Connexions PA's deliver information sessions to young people/engage young people in discussion on sex and relationships, including challenging negative sexual health attitudes in boys and young men	Training for all connexions PA's and youth workers requires embedding into workforce development programmes and induction		Focus on young people who are hard to reach and do not always access statutory services such as; UAS YP who's first language is not English	YSS

Strategic Priority 8: Advice to parents including wider parenting support programmes that provide material on sex and relationship education.

Outputs	Gaps	RAG	Options	Service Provider
Parenting Strategy being developed to extend existing networks. Needs to ensure a clear focus on Young People	Providers yet to be commissioned		Involvement of all service areas Improve assessment process. Schools to consult on the SRE Provision including culture faith issues	
YOS Parenting courses & other parenting courses which parents are required to attend by court orders	Lack of systematic inclusion		All parenting course tutors to be trained in SRE	Courts YOS Providers of parenting courses

Strategic Priority 9: A clear communication strategy

Outputs	Gaps	RAG	Options	Service Provider
Proactive publicity of local services to young people most at risk	Little publicity at present		Joint agency marketing strategy Consultation work to involve young people in service provision and design such as name change of contraceptive services	OCC PCT All Services
Inclusion of parents and carers in development of communications strategy	Parents and carers not consulted in a systematic way regarding provision of sex and relationships education		Confirm and implement joint agency strategy and communications policy	TP & SH Service Manager Youth Forums, NHS Patient & Public Involvement Forums Local Authority Scrutiny Committees

Strategic Priority 10: The ability to implement the strategy

Outputs	Gaps	RAG	Options	Service Provider
Monitor the diagnostic rate of new episodes of STI's amongst U16s and 16-19 year olds	Gaps addressed		Robust monitoring arrangements in place	PCT
Protocols in place for sharing data across sectors	Data collection and analysis, is not joined up across the strategy and partners		Agreement on protocols	OCC PCT
Contracts with healthcare providers to require the collection & provision of age, gender, ethnicity and postcode (within confidentiality guidelines)	Data collection is happening but no systematic approach or overview		Agree information sharing and centralise data	OCC PCT

Strategic Priority 11: Raising the aspirations of young people is viewed as integrated to all other interventions and programmes of action

Outputs	Gaps	RAG	Options	Service Provider
Raising the aspirations of vulnerable groups of children and young people	Workforce consistency in approach to raising aspirations		Opportunities created via 14-19 and the core offer	All 14-19 strategy
Young people to value/respect themselves	Significant number of young people do not have aspirations or value and respect themselves		Training for all workforce in raising aspirations for young people	All
Teenage parents to be emotionally resilient, and protected from long term mental health difficulties, with appropriate screening and support for emotional and mental health difficulties	Mental health issues and post natal depression in teenage mothers not being picked up. Teenage parents are more likely to suffer from long term mental health concerns.		Ensure that young teenage parents receive timely, appropriate mental health services. The workforce are trained and knowledgeable	PCAMHS CAMHS
Young parents to be targeted for support in relation to positive aspirations for themselves and their children	Poor access to appropriate programmes such as care to learn and other support provision		Improved uptake of care to learn	Children's Centres Health Visitors Midwifery

7. The Design of Future Provision

The Oxfordshire Joint Commissioning Strategy has been used as a framework to undertake a detailed service review and to identify outputs, gaps and options for service provision and redesign. It makes explicit the inter-relationship between the Teenage Pregnancy planned outcomes, the health inequalities identified in the Director of Public Health's Report and the priorities for year two of the Children and Young People's Plan.

The analysis has enabled recommendations for the future provision of teenage pregnancy and sexual health services and our direction of travel for 2008-2010. These recommendations are

- Teenage pregnancy money to continue to be ring fenced at local level, within the Local Area Agreement (LAA)
- Young people's views must continue to be fully reflected in the development of the strategy.
- The governance and partnerships arrangements in place must continue to be strengthened. Inputs need to be sustained or increased by all parties in order to achieve this
- All Directorate Services to produce plans to pro-actively raise the profile of sexual health services with young people, this to include raising the aspirations of young people through defined programmes.
- The highest priority is given to Personal, Social, Health and Education (PSHE) in schools and colleges. Monitoring arrangements to continue and be strengthened and to include a comprehensive strategy for health provision within schools
- Links to be made into the Extended Schools agenda in order to increase outreach & sexual health services. The option to establish Bodyzones as part of extended services needs exploring.
- A strong focus is given to targeted interventions with young people, at greatest risk
- Sexual health and teenage pregnancy to be a priority within the development of Targeted Youth Support, Integrated Youth Support Services and the challenges of 'Aiming High'
- Improve targeted health promotion and support for young parents by universal services including sexual health advice and support in non health settings such as children centres and extended school provision
- Clear links to be made between the Teenage Pregnancy and Parenting strategies, with sufficient emphasis on supporting young parents
- Investment is made in providing direct communication to young people A joint integrated communication strategy needs to be developed and implemented
- Multi agency data fields and information sharing protocols are agreed and continue to be monitored through service support

Commissioning Objectives

- To ensure the continuation of the multi-disciplinary training programme it requires embedding into the joint workforce development strategy and must be commissioned by a central body, thereby obtaining the same profile as Safeguarding Children Training
- The future commissioning of termination services should include provision of contraceptive advice and ensure improved access for vulnerable young women.
- Priority should be given to provision of funding for key roles that provide support to schools, such as one school nurse per comprehensive/ feeder schools. To enable improved enhanced service provision, particularly within schools in "hotspot areas"
- Health Visitor core provision to be clearly defined and commissioned to ensure input for young women at ante natal and post natal stage.
- All pregnant vulnerable young women to be accessing the CAF process
- Ensure mainstream funding for successful pilots.
- Investment is needed to provide direct communication to children and young people, particularly the hard to reach groups.
- Gaps in PSHE/SRE provision to be reported to the partnership board with subsequent measures agreed to target head teachers and governing bodies

7. Procurement and Market Management Plans

Future Commissioning and Procurement plans will be defined from the 2008/09 Action Plan. All tenders and contract issues will complete a risk assessment at key stages in the process, and service specifications will be developed which will be as accurate and reflective of the service provided as possible. These will focus on the outputs and outcomes to be achieved as a result of the work to be contracted

8. Monitoring Arrangements

The Teenage Pregnancy Partnership Board will be responsible for the overall monitoring and evaluation of the strategy, including expenditure and outputs. They will be supported by the Teenage Pregnancy Strategy Service Manager who will work with service leads and commissioning colleagues to monitor plans and activity and to provide an overview of performance against the strategy as a whole, for the board. The Teenage Pregnancy Partnership board will report to the children and young people's board regularly. Robust reporting will be a key component of contracts and work with providers to allow for comprehensive analysis and review of progress and outputs by the partnership

Annex 1 The multiple risk factors that lead to an increased likelihood of teenage pregnancy. (DfES 2006)

Factors associated with high teenage pregnancy rates

Risk factor	Evidence
Risky Behaviours	
Early onset of sexual activity	<p>Girls having sex under-16 are three times more likely to become pregnant than those who first have sex over 16.ⁱ</p> <p>Around 60% of boys and 47% of girls leaving school at 16 with no qualifications had sex before 16, compared with around 20% for both males and leaving school at 17 or over with qualifications.</p> <p>Early onset of sexual activity is also associated with some ethnic groups (see below)</p>
Poor contraceptive use	<p>Around a quarter of boys and a third of girls who left school at 16 with no qualifications did not use contraception at first sex, compared to only 6% of boys and 8% girls who left school at 17 or over, with qualifications.</p> <p>Survey data demonstrate variations in contraceptive use by ethnicity. Among 16-18 year olds surveyed in London, non-use of contraception at first intercourse was most frequently reported among Black African males (32%), Asian females (25%), Black African females (24%) and Black Caribbean males (23%).ⁱⁱ</p>
Mental health/conduct disorder/ involvement in crime	<p>A number of studies have suggested a link between mental health problems and teenage pregnancy. A study of young women with conduct disorders showed that a third became pregnant before the age of 17.ⁱⁱⁱ</p> <p>Teenage boys and girls who had been in trouble with the police were twice as likely to become a teenage parent, compared to those who had no contact with the police.^{iv}</p>
Alcohol and substance misuse	<p>Research among south London teenagers found regular smoking, drinking and experimenting with drugs increased the risk of starting sex under-16 for both young men and women. A study in Rochdale showed that 20% of white young women report going further sexually than intended because they were drunk^v. Other studies have found teenagers who report having sex under the influence of alcohol are less likely to use contraception and more likely to regret the experience.^{vi}</p>
Teenage motherhood	<p>A significant proportion of teenage mothers have more than one child when still a teenager. Around 20% of births conceived under-18 are second or subsequent births</p>
Repeat abortions	<p>Around 7.5% of abortions under-18 follow either a previous abortion or pregnancy. Within London this proportion increases to around 12% of under-18 abortions</p>
Education-related factors	
Low educational attainment	<p>The likelihood of teenage pregnancy is far higher among those with poor educational attainment, even after adjusting for the effects of deprivation. On average, deprived wards with poor levels of educational attainment had an under-18 conception rate double that found in similarly deprived wards with better levels of educational attainment. (80 per 1000 girls aged 15-17 compared with 40 per 1000)</p>
Disengagement from school	<p>A survey of teenage mothers showed that disengagement from education often occurred prior to pregnancy, with less than half attending school regularly at the point of conception. Dislike of school was also shown to have a strong independent effect on the risk of teenage pregnancy.^{vii}</p> <p>Poor attendance at school is also associated with higher teenage pregnancy rates. Among the most deprived 20% of local authorities, areas with more than 8% of half days missed had, on average, an under-18 conception rate 30% higher than areas where less than 8% of half days were missed.</p>
Leaving school at 16 with no qualifications	<p>Overall, nearly 40% of teenage mothers leave school with no qualifications.^{viii}</p> <p>Of girls leaving school at 16 with no qualifications, 29% will have a birth under 18, and 12% an abortion under 18, compared with 1% and 4% respectively for girls leaving at 17 or over.Error! Bookmark not defined.</p> <p>Leaving school at 16 is associated with having sex U16 & with poor contraceptive use at first sex (see below).</p>

Family/Background factors	
Living in Care	<p>Research has shown that by the age of 20 a quarter of children who had been in care were young parents, and 40% were mothers^x.</p> <p>The prevalence of teenage motherhood among looked after girls under-18 is around three times higher than the prevalence among all girls under-18 in England.</p>
Daughter of a teenage mother	<p>Research findings from the 1970 British Birth Cohort dataset showed being the daughter of a teenage mother was the strongest predictor of teenage motherhood.</p>
Ethnicity	<p>Data on mothers giving birth under age 19, identified from the 2001 Census, show rates of teenage motherhood are significantly higher among mothers of 'Mixed White and Black Caribbean', 'Other Black' and 'Black Caribbean' ethnicity. 'White British' mothers are also over-represented among teenage mothers, while all Asian ethnic groups are under-represented</p> <p>A survey of adolescents in East London^x showed the proportion having first sex under-16 was far higher among Black Caribbean men (56%), compared with 30% for Black African, 28% for White and 11% for Indian and Pakistani men. For women, 30% of both White and Black Caribbean groups had sex under-16, compared with 12% for Black African, and less than 3% for Indian and Pakistani women</p> <p>Poor contraceptive use has also been reported for some ethnic groups (see below)</p>
Parental aspirations	<p>Research shows that a mother with low educational aspirations for her daughter at age 10 is an important predictor of teenage motherhood.</p>

Annex 2

Table 1: Wards in Oxfordshire amongst the highest 20% of high conception wards in England

Among highest 20% in England 2003 (2001-2 data) for teenage conceptions	Among highest 20% in 1999 (closest wards to 2003)	Lower SOA IMD 2004 overall rank and percentage within 32,482 SOAs in England			IMD 2004 Education domain		
		Lower Super output area (SOA)	IMD 2004	% SOAs more deprived	Education domain rank	% SOAs more deprived	
St Mary's - BBL	East and St Clements (2) Blackbird Leys	St Mary's 87	10201	31.4%	19736	60.8%	
Blackbird Leys		Blackbird Leys 20	5002	15.4%	1230	3.8%	
Banbury Grimsbury & Castle		Banbury Grimsbury & Castle 35	7714	23.7%	10066	31.0%	
Northfield Brook BBL			2365	7.3%	1620	5.0%	
Marcham & Shippon - SO		Northfield Brook 69	30134	92.8%	18282	56.3%	
Bicester Town	Bicester East	Marcham & Shippon 38	12769	39.3%	2760	8.5%	
Littlemore -cow	Littlemore		7529	23.2%	3180	9.8%	
Banbury Neithrop		Bicester Town 66	9490	29.2%	5473	16.8%	
Wallingford North SO		Littlemore 52	23428	72.1%	29209	89.9%	
Witney South SO		Witney South	Banbury Neithrop 48	20267	62.4%	13054	40.2%
Iffley Fields City		East		7623	23.5%	7522	23.2%
Cowley Marsh City	Iffley	Wallingford North 77	10301	31.7%	16742	51.5%	
Cowley City				10543	32.5%	7722	23.8%
Barton & Sandhills City	Headington	Witney South 19	4511	13.9%	330	1.0%	
Abingdon Caldecott SO		Iffley Fields 46	9062	27.9%	685	2.1%	
Jericho & Osney City		Cowley Marsh 32	14376	44.3%	26356	81.1%	
Didcot Northbourne SO		Cowley 29	17018	52.4%	7094	21.8%	
Banbury Ruscote		Barton & Sandhills 14	4931	15.2%	378	1.2%	
Sandford		Abingdon Caldecott 92	19185	59.1%	17733	54.6%	
		Jericho and Osney 49					
		Didcot Northbourne 32					
		Banbury Ruscote 49					
		Sandford 57					

Annex 3

Oxfordshire localities with the location of key service providers included

Teenage Conception (Under 18 crude rate) at 2002-2004

Wards in Oxfordshire PCT

The two wards with the highest teenage conception rate in 2002-4 were Cowley Marsh and St Mary's in Oxford (the same as 2001-03). The next highest is Banbury Grimsbury & Castle in Cherwell. There are 20 wards across Oxfordshire which are considered to be within the highest 20% in England.

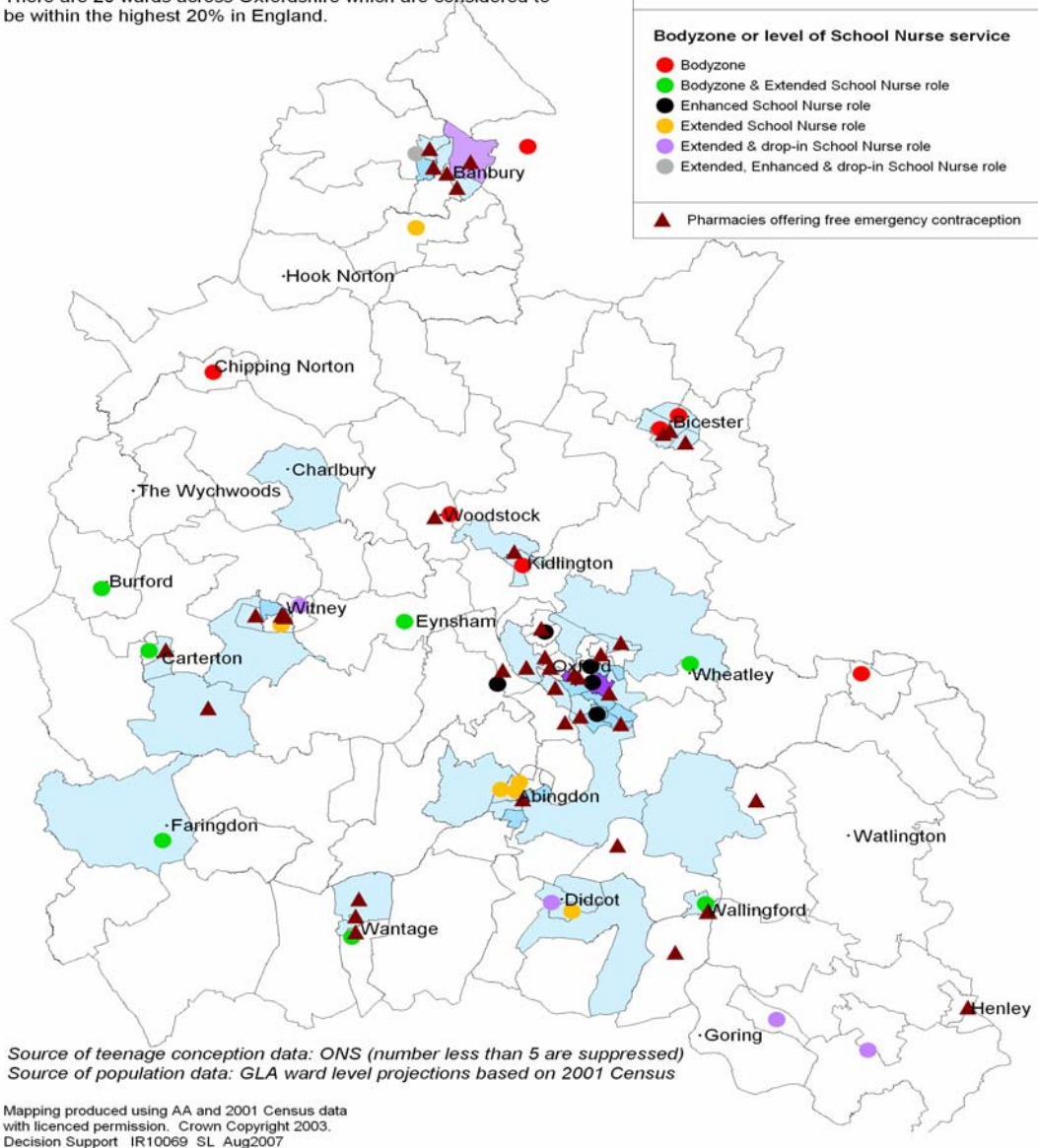
2002-04 Under 18 conception rate Crude rate per 1,000 females aged 15-17 years

132.68 to 165.87	(2)
99.51 to 132.68	(1)
66.34 to 99.51	(10)
33.17 to 66.34	(37)
0 to 33.17	(87)

Bodyzone or level of School Nurse service

- Bodyzone
- Bodyzone & Extended School Nurse role
- Enhanced School Nurse role
- Extended School Nurse role
- Extended & drop-in School Nurse role
- Extended, Enhanced & drop-in School Nurse role

- ▲ Pharmacies offering free emergency contraception



Annex 4

Service	Lead Agency	Target Addressed	Cost per Year	Source of Funding	Outputs per Year	Geographical Area	Progress
<u>Training</u> Multi-disciplinary training	PCT/OCC	Prevention of under 18 conceptions and reduction of STI's	£10,000 for first year	Funded from existing resources for first year	200 frontline professionals trained	County Wide	Well received, evaluation very positive
Condom distribution scheme	OCC	Prevention of under 18 conceptions and reduction of STI's	£5,000 in the first year	Teenage Pregnancy ring fenced money	150 front line professionals trained in quality condom distribution	County Wide	Dissemination of scheme begun. Positive feedback from young people
CPD for teachers and community nurses	PSHE Advisory Team	Prevention of under 18 conceptions and reduction of STI's	£18,850 approx per annum	TP LIG 2007	20 professionals trained per year	Targeted schools where possible	
Sexual Health Matters	OCC	Prevention of under 18 conceptions and reduction of STI's	£5,000 per annum approx using private venues	Teenage Pregnancy ring fenced money to date	100 front line professionals per annum	Countywide	Accredited programme, positive evaluations
<u>Contraceptive and Sexual Health Services</u> Alec Turnbull Centre	PCT	To provide choice to clients on methods of contraception and increase access to CASH services.	Just under £1million	PCT mainstream funding	Service to increase under 25 attendances by 10% in 2007/8, 1,230 clients seen per month.	Situated within Cowley, hotspot areas	
Satellite Clinics	PCT	To prevent all unplanned pregnancies.	£50,000 (included in £1million annual budget)	PCT Mainstream funding		Banbury, Didcot, Abingdon & Witney. Hotspot areas	

Oxfordshire's Joint Commissioning Strategy for Teenage Pregnancy and Young People's Sexual Health
2007 ~ 2010

Service	Lead Agency	Target Addressed	Cost per Year	Source of Funding	Outputs per Year	Geographical Area	Progress
Contraceptive and Sexual Health Services Body Zones	PCT	NICE guidance to increase use of LARCs	£50,000 (included in £1million annual budget)	PCT mainstream funding	Total LARC usage 2006/7 was 1531 therefore target for 2007/8 will be an increase of 76 patients per year. Review of Didcot and Banbury services to be undertaken October	County Wide, mostly rural areas and towns	
Emergency Hormonal Contraception from Pharmacies	PCT/OCC	Prevention of under 18 conceptions and reduction of STI's	£45,000 per annum	PCT mainstream funding	391 consultations Jan – Dec 2006. 283 supplied with EHC	Countywide	Currently 50 pharmacies signed up to the scheme
School Nurse Extended provision	PCT	Prevention of under 18 conceptions and reduction of STI's	£122,121 approx	PCT mainstream funding	School nurses spend approx 20% of their time on sexual health work	Countywide	
GUM Service	PCT	Prevention of under 18 conceptions and reduction of STI's	Funded through PBR cost 06/07 was just under £4million	PCT mainstream funding		Based in Headington	
Satellite Clinics	PCT	Prevention of under 18 conceptions and reduction of STI's		PCT mainstream funding		Countywide/ Hotspot areas	
Activeten20 rural bus provision	PCT/OCC	Prevention of under 18 conceptions and reduction of STI's	PCT invest £22,000 per annum plus some additional special project work each year	Teenage Pregnancy Fund		Countywide	
Integrated Youth Support Connexions	OCC	Prevention of under 18 conceptions and reduction of STI's	£461,000 per annum	OCC mainstream funding	YSS provide approx 10% of their time on sexual health work 1.600 young people approx	Countywide	

Annex Five

Glossary of Terms

1. DfES – Department of Education and skills
2. Chlamydia – Sexually transmitted infection
3. CHYPIN- Children and young people involvement
4. OCC – Oxfordshire County Council
5. CYPF – Children Young People and Families
6. EES – Educational Effectiveness Service
7. TP and SH manager – Teenage Pregnancy and Sexual Health manager
8. IYSS – Integrated Youth Support
9. PCT –Primary Care Trust
10. CAMHS – Child and Adolescent Mental Health
11. PCAMHS – Primary Child and Adolescent Mental Health Service
12. CYPB - Children and Young People's Partnership Board
13. YOS – Youth Offending Service
14. UAS – Unaccompanied asylum seekers
15. PA – Personal Assistant
16. YP –Young People

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East London University College London, City University and Queen Mary, University of
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