

## OXFORDSHIRE'S TEENAGE PREGNANCY STRATEGY UPDATE

### Summary of Key Issues:

Members are asked to approve the attached up date to the teenage pregnancy commissioning strategy and action plan which aims to speed up progress towards meeting teenage pregnancy targets

### Summary

Reducing teenage pregnancy and supporting young parents form vital elements of the Children and Young People's Plan to narrow the gap for our most disadvantaged and vulnerable groups. Overall, teenage conception rates are reducing but 2007 saw a slight increase. It became clear that more action was needed immediately to reduce teenage conception rates. In July 2008 a Confidential Inquiry into Teenage Pregnancy was conducted and as a result, a new leadership team was established to take forward delivery of a number of high priority actions. Progress against these actions has been reported to the Trust.

In April 2009 a new Teenage Pregnancy Coordinator was appointed to cover the secondment of the current post holder. A key task for the new coordinator (working to the leadership team) has been to undertake a thorough assessment of the delivery of the Commissioning Strategy for Teenage Pregnancy using available performance data and through consultation with a wide range of commissioners and service providers. Although there is evidence in 2008 data that the conception rate is once again decreasing, it is clear that progress is not sufficient to meet LAA targets for 2010/11 and so the leadership team have used the self-assessment to identify strengths and gaps in current plans. The result is a concise, targeted action plan, to be delivered by a senior 'Task and Finish Group' accountable through the Chair to this Trust.

The strengths identified by the self-assessment, that we need to build upon are:

- Committed and accountable senior leadership
- Teenage pregnancy is embedded in county's strategic plans
- A wide range of good quality data

- Strong delivery of Personal, Social, Health and Economic Education (PSHE), including sex and relationships education
- Good provision of contraception and sexual health services (CASH) for young people including an outreach nurse, widely available emergency hormonal contraception, Bodyzones and the availability of Long Acting Reversible Contraceptives (LARCs)
- Teenage pregnancy is one of the vulnerability factors identified by the new Integrated Youth Support Services (IYSS)
- Good quality publications for young people
- Robust commissioning practices around antenatal and postnatal services

The assessment has also identified some gaps in planning and service delivery and from this a number of actions have been drawn up. These are summarised below:

- Establish Task and Finish group including champions in Area Trust Boards
- Improve data on performance of some of our key services
- Create a communications strategy across OCC and PCT
- Train more staff in PSHE Continuing Professional Development
- Improve uptake of health services in and around schools in teenage pregnancy target areas
- Conduct a thorough training needs assessment of staff working with young people and revise training programme
- Further develop IYSS, including strengthening the role of the Sexual Health Champions
- Improve the use of IYSS information systems to identify and monitor young women at high risk of teenage pregnancy
- Deliver targeted support including sexual health support to high risk young people such as those in Pupil Referral Units (PRUs), young people with Learning difficulties and disabilities (LDD), Looked After young people, care leavers and persistent absentees
- Increase uptake of Chlamydia screening across Oxfordshire
- Develop new outlets for access to condoms
- Further increase uptake of Long Acting Reversible Contraception (LARCs) and reduce the number of second pregnancies

- Improve links between parenting strategy and TP strategy including information sharing on courses and qualifications
- Improve maternity services for pregnant teenagers
- Deliver action to improve support for young parents returning to education and training including improved childcare and access to financial support
- Ensure that plans for raising the education participation age meet the needs of young parents
- Improve education and training opportunities for young parents including increasing information on support, integrating across services and more flexible course starts

A Task and Finish group, Chaired by the Assistant Director of Public Health, will be established to address these actions and monitor progress. Membership of the group to include strategic leads and senior managers with a mandate to ensure actions are delivered. The first meeting to be held in February 2010.

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