

Oxfordshire Children's Trust Teenage Pregnancy strategy 2010-2011

Background

The national teenage pregnancy strategy was launched in 1999 and has two main aims. Firstly to reduce the number of teenage conceptions to young women aged under 18, and secondly to increase the number of young mothers in education, employment and training. As part of fulfilling this strategy Oxfordshire has aimed to improve sexual health services, education and information for young people and to improve the health and well being of young parents and their children. Over the last two years Oxfordshire's Children and Young People's Trust has made sure reducing teenage conceptions is a priority target and forms a core part of the support delivered to young people. The teenage pregnancy commissioning strategy was reviewed in 2007 and approved by the Children and Young People's Trust Board (CPYTB). This new strategy builds on the successes of the previous strategy and identifies gaps where further action is required.

As within the majority of local authority areas, high conception rates occur in the most deprived wards in Oxfordshire. There is a significant difference in rates between the most and least deprived wards. For example, some of Oxfordshire's Super Output Areas that are within the 20% most deprived in the country (IMD 2004), e.g. Blackbird Leys, Northfield Brook, Barton & Sandhills, and Banbury Ruscote are also where the highest teenage pregnancy rates exist.

In 2008 the Director for Children, Young People and Families and the Director of Public Health undertook a review of the Commissioning Strategy and the existing structures for implementation due to concerns about the 2007 increase in rates of under 18 conceptions. A leadership team was established to take forward delivery of a number of high priority actions. Progress against these actions has been reported to the CPYTB. In May 2009 a new Teenage Pregnancy Coordinator was appointed to cover the secondment of the current post holder. A key task for the new coordinator 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. The assessment identified strengths and gaps and lead to this revised action plan has been produced to improve delivery in line with national guidance and recommended best practice.

See Self Assessment Appendix 1

During the past two years the structure of the Children and Young People's Trust has changed to meet the needs of a more area based structure. This has subsequently led to a change in the original teenage pregnancy

partnership board. Four lead officers meet fortnightly to review progress on teenage pregnancy. Performance data is monitored through the performance sub group of the Children’s Trust and updates are fed into Area Trust board meetings.

Links to the Children and Young People’s Plan

Reducing teenage conceptions and supporting young parents are key elements of the Primary Care Trust’s ‘Breaking the cycle of deprivation’ strategy and of the Children and Young People’s Trust’s ‘Narrowing the gap for our most disadvantaged and vulnerable groups’ agenda. These in turn form a core part of the new 2010-2013 Children and Young People’s plan. It also links to reducing risk taking amongst young people, for example in the substance misuse strategies.

Current situation

Conceptions

Across Oxfordshire the latest (2007) teenage conceptions rate is 29.8 per 1,000 (or 350 conceptions), an increase from 27.5 per 1,000 (or 320 conceptions) in 2006. The national rate for England is 41.7. Oxfordshire’s rate has gone down since 1998 by -5.8%, but this is low compared to England, which has gone down by -10.7% and the South East which has gone down by -13.3%.

Figure 1 Regional and England comparisons

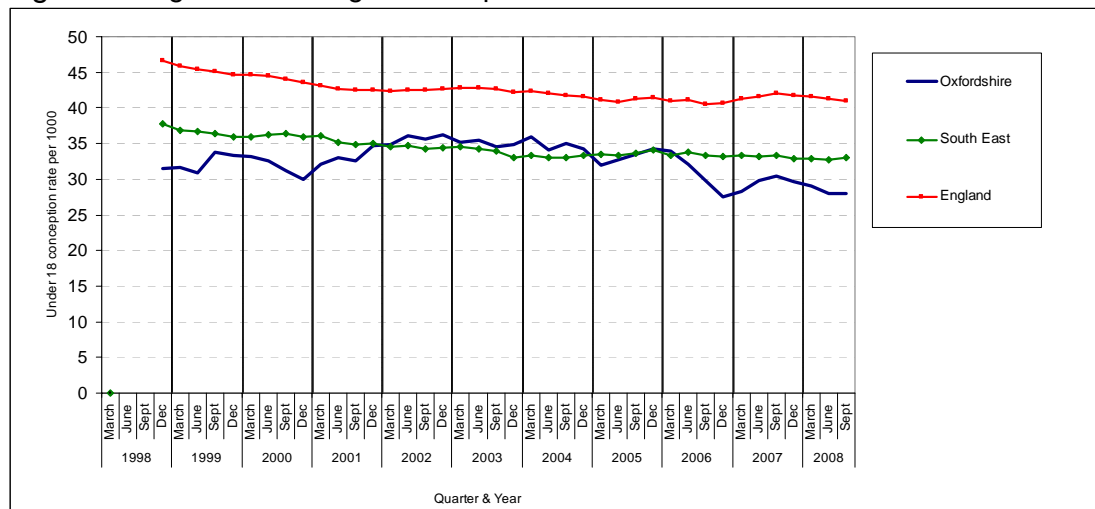


Figure 2 Oxfordshire quarterly rolling average

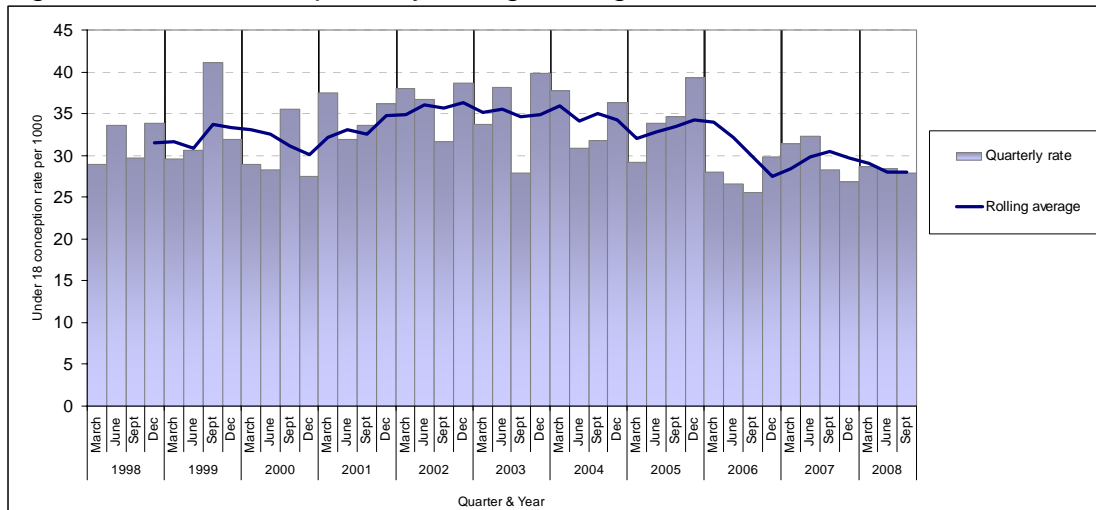


Figure 3. Statistical neighbour comparison

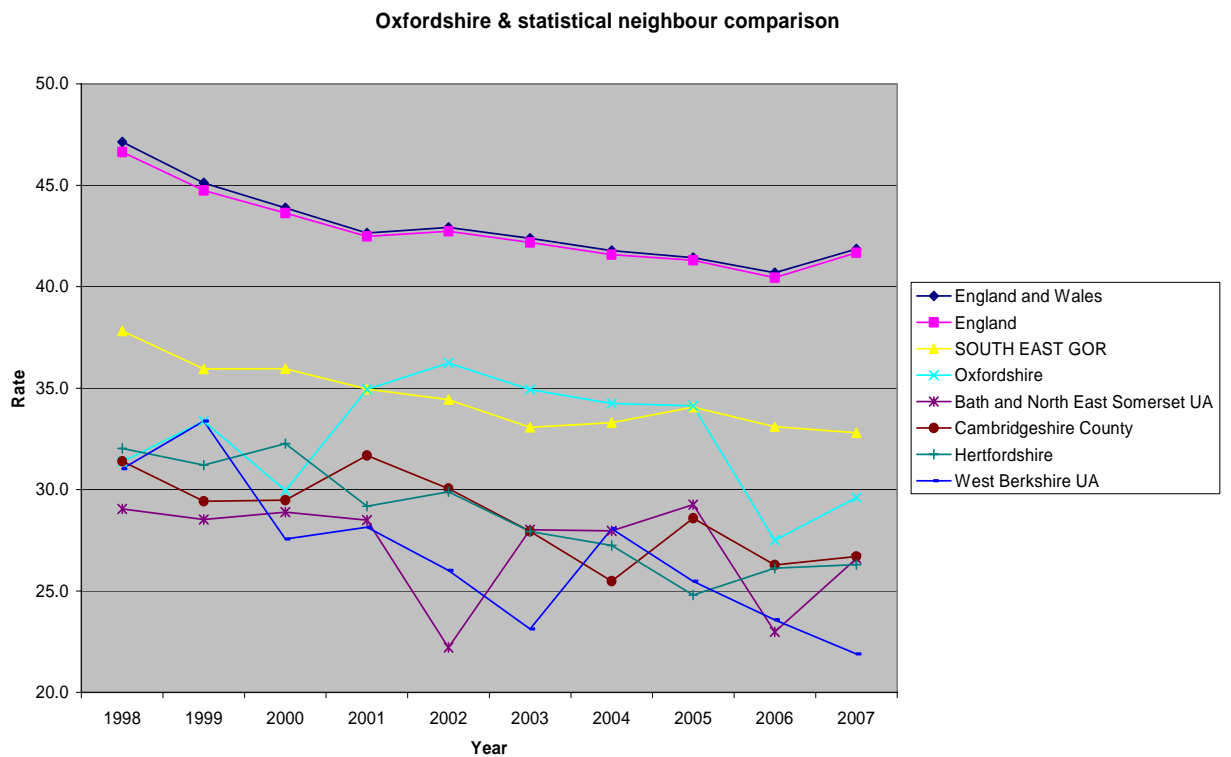
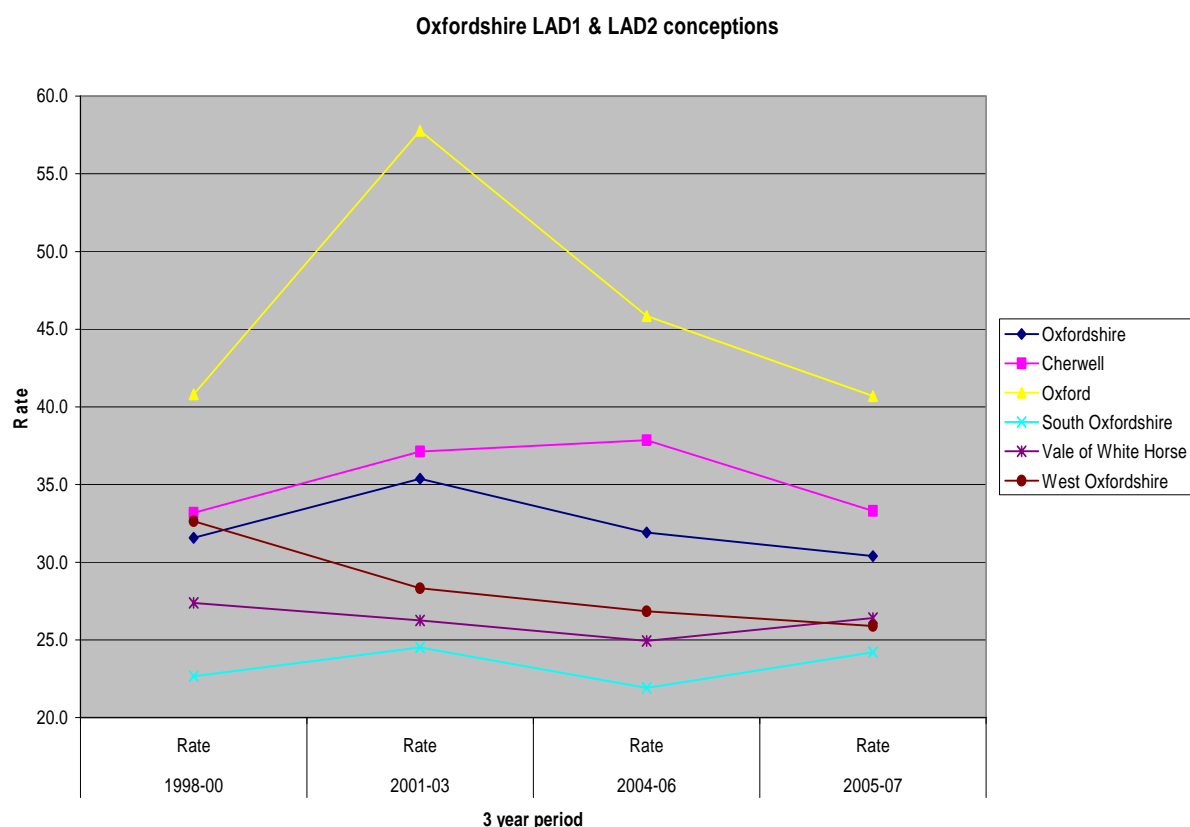


Figure 4 Teenage Conception rates LAD 1 & 2



Although the rate in Oxfordshire has declined it is not falling as quickly as we would like and we have not been as successful as our statistical neighbours.

Area breakdown – conception data

Teenage conception data is broken down by the five Oxfordshire districts so boundaries do not always match those used by the three areas, North, South and Central.

N.B. Rates are per 1000 female population aged 15-17.

Sources: Office for National Statistics and Teenage Pregnancy Unit

Area of usual residence	Number	2004-06		2005-07		
		Rate	% leading to abortion	Rate	% leading to abortion	
Oxfordshire	1,087	31.9	48%	1,061	30.4	48
Cherwell	298	37.8	49%	273	33.3	48
Oxford	321	45.8	45%	292	40.7	43
South Oxfordshire	150	21.9	53%	170	24.2	54
Vale of White Horse	171	24.9	44%	179	26.4	49

West Oxfordshire	147	26.8	54%	147	25.9	50
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Oxford city (central)

Oxford city has by far the highest teenage conception rate of all Oxfordshire districts and it remains persistently high. In 1998 -2000 the teenage pregnancy conception rate for Oxford city was 40.8 per 1000; the current rate for 2005 -07 is 40.7 per 1000. Oxford city wards with the highest conception rates are Lye Valley (28)¹, Littlemore (27), Northfield Brook (34), St Mary's (17) Iffley Fields (24), Cowley (22), Cowley Marsh (15), Rose Hill and Iffley (23), Blackbird Leys (27).

North Oxfordshire

Cherwell district has the second highest teenage conception rate of all Oxfordshire districts after central Oxfordshire, although figures are now showing a downward trend. In 1998 -2000 the teenage pregnancy conception rate for Cherwell was 34 per 1000; the current rate for 2005 -07 is about the same but it went up to 38 in 2004-6. In the West the rate has gone from 33 in 1998-2000 to 26 in 2005-7. North Oxfordshire wards with the highest conception rates are Banbury Grimsbury and Castle (51), Banbury Neithrop (26), Banbury Ruscote (42), Witney Central (15) and Banbury Hardwick (23).

South Oxfordshire

South Oxfordshire has the lowest teenage conception rate of all Oxfordshire districts and the Vale of White Horse rates have been going down. South Oxfordshire went from 23 in 1998-2000 down 22 in 2004-6, but has gone up again to 24 per 1000 young women in 2005-7. The Vale of White Horse has gone from 27 in 1998-2000 down to 25 in 2004-6 but has increased again in 2005-7. However the data should be interpreted with caution as the underlying number of conceptions is small. The teenage pregnancy hot spot area is Abingdon Caldecott (16) with a high rate of 53.5 per 1000 young women.²

Young parents in education, employment and training (EET)

Oxfordshire's rate for young mothers aged 16-19 in education, employment or training (EET) is 21% and this is lower than the national average of 31.5%³ for England. Numbers increased in 2005-7 but the number has now decreased from an original 25% in 2004/5, this is well below the Connexions targets of 30 - 40%. In June 2009 93.3% of all 16-19 years olds in Oxfordshire were in education, employment or training.

¹ Figures in brackets denote actual number of conceptions 2004-6

² All figures have been rounded to nearest whole number

³ Department for Work and Pensions, Teenage pregnancy national indicators (England) <http://www.dwp.gov.uk/ofa/indicators/indicator-3.asp> (accessed 11.05.09)

Engagement in EET also contributes to a reduction in second pregnancies and is essential for long term economic wellbeing and reduction in social exclusion of mother, child and often contributes to wellbeing of the wider family.

Oxfordshire's data based self assessment

Our strengths in Oxfordshire

The data self assessment identified that Oxfordshire is doing a great deal of very good work, often to a high standard, and this should be noted and celebrated. For the strategy to be a success work must continue at the current high standard and where we have identified gaps new pieces of work must be put in place.

Strategic

- We have accountable leads in both OCC and the PCT and teenage pregnancy is featured in the Children and Young People's Plan and the Joint Strategic Needs Assessment. It is part of the PCT operational plan and the Local Area Agreement. We have fortnightly strategic meetings to monitor progress.

Data

- The 2009 self assessment (see Appendix 1) has moved us forward significantly. We have a senior accountable lead for teenage pregnancy data and information is monitored well in most PCT and OCC contracts.

Strong delivery of PSHE/SRE

- We have invested in SRE delivery appointing a specialist advisor within the Healthy Oxfordshire Schools Team (HOST). This post targets the schools whose catchment areas have high teenage pregnancy rates and offers teaching, lesson planning, advice and small group work. The placement within HOST means links to wider PSHE are excellent. For example, our delivery of the Last Orders play and workshops, which makes the links between alcohol and sexual health, is very good. In addition we have good links with school health nurses.

Provision of contraception and sexual health services (c&sh) for young people

- Our c&sh provision is very good, we have a thorough needs assessment and all services are commissioned following government guidelines. All schools have school health nurses and many have Bodyzones which combines staff from c&sh, School health nurses and the Youth Service and is an innovative project begun in Oxfordshire. We offer a wide range of condom distribution centres for young people and have invested in the wide availability of emergency hormonal contraception (EHC).
- We have invested in the promotion of Long Acting Reversible Contraceptives (LARCs) and are about to launch a new health nurse service in the further education colleges in areas with high teenage pregnancy rates. We have also invested more in school health nursing and provided a year round service, including a weekday support and

advice phone line. We have invested in a c&sh outreach nurse whose target groups are young mothers and vulnerable young women. This post is already securing high quality, and sometimes long acting, contraception for some for the most vulnerable young women in the county. We have also invested in three area based nurses for young offenders, the take-up of which has been very good.

Integrated Youth Support Services (IYSS)

- Teenage pregnancy is one of the vulnerability factors identified by the new IYSS strategy and needs assessment. Sexual health is now part of the required skills training for all IYSS professionals. Publications for young people, for example Spired.com and 'The Survival Guide' have comprehensive information on sexual health and signposting to information. We have sexual health champions within IYSS and many staff are trained to deliver the Safety (C) Card scheme (a safe condom use and distribution programme). Many youth centres are well equipped with trained staff and a wide range of information available.

Maternal and Child Health

- We have commissioned our antenatal and postnatal services in line with Department for Children, Schools and Families and Department of Health guidelines and so we have a good maternity care pathway with specific guidelines on teenage parents. We have invested in more information about working with fathers and we have teenage pregnancy link midwives in place.
- We provide young parents with a wide range of information during pregnancy and post birth and we have invested in delivering the Choosing Health smoking cessation priorities, targeting young mothers. We have good referral pathways for young mothers including to Health visitors.

Reducing child poverty

- We have a robust housing commissioning process that includes meeting the needs of young parents. Lone parents under 18 who need it can have some form of support and this support is well linked to other care pathways.

Gaps and actions September 2009 – March 2011

Oxfordshire's teenage pregnancy self assessment also highlighted a number of places where work could be improved as they were RAG rated Amber or Red in the assessment. The table below lists the gaps and identified actions, outcomes and milestones.

	SMART actions	Lead	Milestones	Outcomes
Strategic Engagement				
Current strategy and plan does not address needs through the assessment	Revise current Teenage Pregnancy (TP) strategy and create new action plan based on self assessment	Teenage Pregnancy Co-ord. (TPC)	Revised action plan presented to Children's Trust Jan 2010	SMART actions lead to prevention and support targeted at the young people most in need.
Accountability management to take the action plan	Establish teenage pregnancy Task and Finish group membership to include representation from the Area Trust Boards	Health Improvement Principal	Task and Finish Group formed February 2010 TP to be a standing agenda item for the Area Trust Boards April 2010	Senior managers are accountable to the board for delivery of action plan Teenage pregnancy championed in Area Children's Trust Boards Actions are followed up at a local level to ensure effectiveness
Performance Monitoring				
Need for timely and performance monitor delivery actions	The TP Task and Finish Group to agree a reporting cycle	Health Improvement Principal	KPIs agreed February 2010 Quarterly performance reports Feb 2010	The Task and finish group are accountable for collecting data according to the reporting cycle Responsibility for timely collection and reporting of relevant KPIs is delegated to senior managers Performance is monitored and good and poor performance identified at the earliest opportunity Robust local data is used to inform action

	SMART actions	Lead	Milestones	Outcomes
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Communication

<p>Communications to promote consistent messages to internal and external audiences</p>	<p>Create a communications strategy across OCC and PCT as part of a wider SH strategy</p> <p>Establish a communications group as part of the Sexual health Network</p> <p>Run broad reaching networking and information sharing events/meeting/conferences</p>	<p>TPC, Communications Manager NHS Oxfordshire, OCC Communications lead</p>	<p>Teenage Pregnancy communication strategy task and finish group established with YP representation March 2010</p> <p>Final strategy presented to CYPT Board September 2010</p> <p>SH Communications group established Date tbc</p>	<p>Young people will be clear joined up messages about sexual health services.</p> <p>Young people's health outcomes improved increased service knowledge and use</p> <p>The children's work understands the importance of reducing teenage conceptions</p> <p>Clear dialogue with media.</p> <p>Key staff are identified spokespeople and handle media enquiries</p> <p>Health promotion campaigns are evidenced based effective and communicated via a range of YP friendly media</p> <p>Young people are actively involved in delivery of health promotion</p>
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Contraception and Sexual Health Services

<p>of YP Chlamydia</p>	<p>TP coordinator establish robust link with CSC</p>	<p>TPC</p> <p>Chlamydia screening coordinator</p>	<p>Cross ref. Chlamydia action plan</p>	<p>More YP <18 accessing Chlamydia screening</p>
<p>of second cases</p>	<p>Maternity care pathway to include referral to c&sh outreach nurse</p> <p>Establish referral process between c&sh</p>	<p>Service Manager c&sh</p> <p>Health Improvement Principal</p>	<p>Care pathway reviewed and updated April 2010</p> <p>Referral process fully implemented</p>	<p>Reduction in teenage conceptions</p> <p>Young women who become pregnant receive tailored c&sh advice and support</p>

	SMART actions	Lead	Milestones	Outcomes
	outreach and abortion providers		March 2011	
the number of men using	Commission a social marketing campaign targeting young women <18	Service Manager c&sh Health Improvement Principal	Business case developed July 2010 Campaign delivered Date tbc	Increased uptake of free condoms by women aged <18
outlets for distribution and free condom C or Safety	Extend the C Card scheme to at least 1 pilot community pharmacy and evaluate	Health Improvement Principal TP project Development Worker	Pilot commenced September 2010 Evaluation of pilot April 2011	More young people can get free condoms Young people can get free condoms in at least 1 community pharmacy
access to services in further	Commission an onsite nurse led service to be delivered in Oxford and Banbury	Service Manager c&sh Health Improvement Principal	Service specification developed October 2009 Contract agreed December 2009 Serviced commenced January 2010	Young people in FR areas will get improved sexual health services Teenage conception amongst this group will reduce.
Support in schools				
the number of and community who are trained to deliver SRE	Increase the number of nurses undertaking PSHE CPD Programme Increase the number of staff from TP target schools and PRUs undertaking the PSHE CPD Programme	Healthy Schools Team Service Manager Universal children's services NHS Oxfordshire	Academic yr 2009/10 2 staff from PRUs will be trained 3 more staff from target schools will be trained 50% of secondary schools will have a staff member trained 15% Primary Schools will have a member of staff trained 20% of special schools will have a member of staff trained Academic Yr 2010/11 2 SHNs trained	Pupils in teenage pregnancy target schools will have improved sex and relationships education (SRE). Schools are prepared to deliver a high quality curriculum when PSHE becomes statutory Professionals will have confidence and feel equipped to deliver
people in the parent and of PSHE/SRE	Engage young people and parents in SRE delivery	Healthy Schools team and Oxfordshire Association for Young People (OAYP)	Young people in 3 schools trained as peer educators for SRE July 2010	Evidence from pupil evaluation is used to develop the SRE/PSHE curriculum

	SMART actions	Lead	Milestones	Outcomes
access to health Nursing services in and schools in TP as	Develop robust performance monitoring of SHN services Deliver high profile advertising campaign for SHN service out of term time service in Oxford and Banbury	Head of Joint Commissioning NHS Oxfordshire Head of Universal Children's Services Community Health Oxfordshire	End of year report September 2010 Marketing Campaign April 2010 – July 2010	Number of YP acco SHN out of term tim increased by 100%

Workforce development

ned workforce confident and t to deal with alth.	Conduct a thorough training needs assessment of staff working with young people and revise training programme	Teenage Pregnancy Project Development Officer (PDO)	A thorough needs assessment of the training needs of professionals working with young people is written and circulated by March 2010 A revised training programme responding to needs assessment is produced by May 2010	Professionals work young people will h increased knowled confidence around health Young people will r improved informati advice and signpos
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Targeted intervention and prevention

vention and support to enage ns amongst and vulnerable men	Pilot a risk assessment tool to identify young women at risk of teenage pregnancy Implement use of new and existing IT systems to ensure the high risk young people are identified at the earliest opportunity Improve the use of the CAF to deliver and monitor multi agency support packages for high risk teenagers Establish holistic support packages and care pathways for high	Teenage Pregnancy PDO Service managers IYSS, CHO Strategic Lead – Locality and workforce development	Data reports on contact with most likely to conceive produced December 2010 CAF Guidance agreed and disseminated by end June 2010 Care Pathways for high risk groups in place March 2011 A strategy for developing IYSS SH Champions is written by end of Jan 09	All services will hav accurate picture of many young people likely to conceive U where they are and support they are ge IYSS support will b targeted at those m need and become effective. High risk young wo receive high quality and contraception leading to a direct r in teenage concept Professionals carry CAF will have spec guidance on asses young person's sex
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	SMART actions	Lead	Milestones	Outcomes
	<p>risk young people including Children Looked After Care Leavers YP with LDD Persistent absentees and YP attending PRUs Young people with associated high risk behaviour such as drug and alcohol use</p> <p>Develop IYSS Sexual Health Champions</p> <p>Ensure strong links between existing good practice to identify vulnerable young people and the TP strategy (Success Project)</p>	<p>TP coordinator Strategic Leads OCC Service Managers OCC, CHO</p> <p>Service Manager IYSS</p> <p>Lead – Narrowing the Gap Health Improvement Principal NHS Oxfordshire</p>		<p>health needs and addressing them effectively</p> <p>Vulnerable young people receive good quality physical and sexual health services following a CAF to reduce pregnancies among the most vulnerable</p> <p>The IYSS will have a Champion in each school who is fully informed and has access to up to date information and can train other staff on training</p> <p>School partnerships will have an active role in identifying and supporting girls at risk of teenage pregnancy</p>

Support for young parents

Implementation of the Nurse Partnership Programme	Delivery commencing from January 2010	Head of Joint Commissioning OCC/NHS Oxfordshire	100 families recruited September 2010	100 families in Oxfordshire and Abingdon receive in-home visiting packs The FNP model is successfully implemented in Oxfordshire
Maternity Care Pathway to include new and FNP	Revise and update Maternity Care Pathway and ensure adherence across service	Midwifery Lead	Maternity Care Pathway revised by end April 2010	All pregnant teenagers receive multi-agency and holistic packages which includes <ul style="list-style-type: none"> - Access to Healthy Living - c&sh - Support for parents - Access to targeted services through the Healthy Living Programme - Support for EET - Strong partnerships

	SMART actions	Lead	Milestones	Outcomes
				<p>between services in</p> <ul style="list-style-type: none"> - Maternity Services Universal child health services, child centres, Connexions
<p>on of young parents planning and of Maternity</p>	<p>Establish a teenage parents maternity services consultation group as part of the Maternity Services Liaison Committee (MSLC)</p>	<p>Midwifery Lead</p>	<p>Plan for young parents consultation in place by end March 2010</p> <p>First consultation by end April 2010</p> <p>MSLC group established September 2010</p>	<p>Views of young parents inform the delivery of maternity services</p> <p>Young people friendly maternity services choice for young mothers</p> <p>100% of young mothers access antenatal care before 13 weeks gestation</p> <p>Young mothers experience level of satisfaction with maternity care</p>
<p>babies born to young mothers have a high risk of</p>	<p>Decrease the % of teenage mothers who smoke during and after pregnancy</p> <p>Increase the % of young mothers who choose to breast feed their baby</p> <p>Ensure good uptake of "Healthy Start"</p> <p>Ensure access to the healthy child programme</p> <p>Ensure good uptake of childhood immunisations</p>	<p>Health Improvement Principal</p>	<p>Cross ref. Children and Young People delivery plans</p>	<p>A reduction in young mothers smoking at delivery</p> <p>Fewer babies are exposed to the harmful effects of tobacco smoke</p> <p>An increase in the percentage of young mothers breastfeeding</p>
<p>links between strategy and practice</p>	<p>Improve the recording and integration of parenting skills courses for young parents onto the Connexions database</p>	<p>TPC/ Parenting Commissioner/ 14-19 lead/ Connexions</p>	<p>Parenting courses and outcomes registered on profile database June 2010</p> <p>Two Speakeasy training courses filled by staff by</p>	<p>Connexions identify support each young parent receives and ensure support is tailored to their needs</p> <p>Increase in number</p>

	SMART actions	Lead	Milestones	Outcomes
	<p>Support parents to discuss sexual health with their child/teenager</p> <p>Ensure sexual health and teenage pregnancy is incorporated into existing parenting programmes</p>		<p>December 2010</p> <p>Family Intervention Programme and Parenting Early Intervention Programme incorporate sexual health and link to TP strategy. September 2010</p>	<p>mothers EET</p> <p>Parenting practitioners trained to support parents address sex and relationships with their child/teenager</p> <p>More young people are able to talk to their parent/carer about relationships</p> <p>Vulnerable families to support their teenage sexual health</p>
<p>Teenage mothers in EET is poor and raising awareness (REPA) to link with the strategy</p>	<p>Build teenage parents into existing Childcare strategy including preparing for REPA</p>	<p>TPC/Childcare Strategy Lead</p>	<p>Teenage parents needs build into childcare strategy by June 2010</p>	<p>10% increase in participation of teenage mothers in EET</p>
<p>Care to Learn poor</p>	<p>Establish a C2L lead and create a C2L promotion strategy</p>	<p>Care 2 Learn Strategic lead</p>	<p>Establish Care 2 Learn strategic lead, first Task and Finish Group Feb 2010</p> <p>Devise a promotions strategy for C2L May 2010</p> <p>Roll out promotions June – Dec 2010</p>	<p>Professionals will have increased knowledge and will promote it to young parents</p> <p>Young parents will be able to have their childcare costs paid whilst they work or try out childcare. Increase the number of teenage mothers in</p>
<p>Awareness of professionals providing services for young parents</p>	<p>Undertake mapping exercise of available provision and identify gaps</p>	<p>TPC/Midwifery lead/Parenting Lead/Children's Centre lead/Connexions lead</p>	<p>Mapping exercise completed December 2010</p> <p>Online directory available March 2011</p>	<p>Information easily accessible to all professionals and young parents</p> <p>Increased access to services will improve maternal and child health, parenting skills and EET.</p>
<p>Provision lacks to meet the needs of young parents</p>	<p>Include flexible provision for teenage parents in all services</p>	<p>14-19 Strategic Lead</p>	<p>See action plan for REPA</p> <p>Built into 14-19</p>	<p>More young mothers and fathers are able to access courses at various</p>

	SMART actions	Lead	Milestones	Outcomes
	specifications with further education providers		implementation plan	the academic year Increase in number of teenage mothers in

Next steps

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.