

Report to: **Children's Services Scrutiny Committee**
Date: **8 March 2010**
By: **Director of Children's Services**
Title of report: **Update and progress report on Teenage conceptions**
Purpose of report: **To report on recent teenage pregnancy data and progress work being undertaken for the prevention of teenage pregnancy.**

RECOMMENDATION

The Committee is invited to comment on the priorities for the new refreshed strategy for Teenage Pregnancy.

1. Financial Appraisal

1.1 A critical element of the county wide strategic plan is to continue to target and pool resources in order to make a positive impact on the U18 conception target. This is the final year of additional external funding into the service which has been awarded from the Department of Health to improve access to contraceptive services across the county.

2. Supporting Information

2.1 All local authorities have in place 10 year strategies in line with national policy and LAA targets to prevent teenage pregnancy and support teenage parents. This includes Council Plan targets to reduce U18 conceptions. These targets underpin national PSA targets shared jointly by the Department for Health (DH) and the Department for Children, Schools and Families (DCSF): to halve U18 conceptions by 2010

3 Performance data

3.1 The 2007 data showed a reduction in conception rates and East Sussex County Council rates were 38.6 per 1000 females aged 15 -17 years old. Provisional data for 2008 is due to be released on the 24 February 2010. Based on local data we are unfortunately predicting an increase in conception rates for 2008, despite the England rate being likely to see a downward trend. The impact on health inequalities, child poverty and social exclusion continues to be influencing factors in this area of work and it is therefore imperative for a continued concerted effort to target resources in areas of most need. The review of the Teenage Pregnancy Strategy for East Sussex will set out further measures to improve our performance with a target to achieve a downward trend in U18's conceptions.

3.2 The conception data in East Sussex on all ages is attached in **Appendix 1**.

4 Teenage Pregnancy Strategy

4.1 In December 2009, responding to the Teenage Pregnancy Independent Advisory Group's sixth annual report, the Children's Minister and the Public Health Minister called on Local authorities and PCT's to continue prioritising the Teenage Pregnancy Strategy beyond 2010 (the end date of the original strategy). They put a particular focus on improving sex and relationships education (SRE) both within and outside of schools and supporting effective contraceptive use by U18s.

4.2 The Prime Minister's Delivery Unit (PMDU) is currently undertaking a rapid review of teenage pregnancy delivery. The review has again focused on improving effective delivery of SRE and effective uptake of contraception to accelerate progress towards the 2010 target, as these are the actions with the strongest evidence of impact.

4.3 The NHS Operating Framework for 2010/11 highlights that levels of teenage pregnancy remain a key area of challenge and that delivery of well-publicised, accessible and high quality contraception and sexual health services for young people is key to reducing the number of unintended pregnancies.

4.4 In response to this East Sussex are ensuring such measures are in place to inform and empower young people and enable them to look after their sexual health whilst providing a range of programmes and initiatives required for sexual health improvement across the County, focusing on 5 key areas, as outlined below:

- **Prevention and wellbeing**
To recognise that the promotion of sexual health and well-being are equally important and achieve good quality PSHE education for all children and young people in schools and other settings through social marketing for different populations groups and targeted behavioural interventions for those at the highest risk.
- **Commissioning and service re-design**
To improve productivity and service user experience, a more integrated young people friendly delivery chain is needed. Work is underway to redesign young people's sexual health services in line with Your Welcome criteria, with the recognition that contraception is highly cost effective.
- **Workforce**
To be efficient and streamlined while providing quality care with services relying on appropriately qualified staff and appropriate clinical leadership. The aim is to continue to identify training and development needs of staff and volunteers working with young people to identify those who might be at risk, and are able to support them or refer on if necessary.
- **Leadership**
Strong leadership is crucial, at national, regional and local level. The new strategy and implementation plans will require visible high level ownership in addressing the broader social determinants of poor sexual health and Teenage Pregnancy.
- **Communication**
Good communication about teenage pregnancy and sexual health plays a key contribution to effective delivery of our local strategy. We continue to plan to deliver local campaigns with proactive publicity of local young people's services, including young people most at risk.

5 Conclusion and Recommendations

5.1 The 2008 provisional data is likely to show an increase in our conception rates against a national downward trend. Significant investment has been made in 2009 in contraceptive services which is likely to result in the start of a downward trend in the latter part of 2010. I would like to recommend to the Children's scrutiny committee to review the key issues and priorities for our new strategy acknowledging the new direction and activities planned for 2010 – 2012.

5.2 The Committee is asked to continue to support of the ongoing strategic directions for sexual health and teenage pregnancy together, to ensure the shared priorities, synergy and maximum value for investment.

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Local Members: All

Background Documents: None

Appendix 1

**Conception rate by age at conception (rate per 1,000 women)
South East Coast SHA, 2007**

