
Cabinet Member for Children and Young People

07 April 2015

Name of Cabinet Member:

Children and Young People – Councillor Ruane

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Under 18 conceptions, current situation in Coventry

Is this a key decision?

No

Executive Summary:

Coventry has worked hard to embed a downward trend in the under 16 and 18 conception rates since the implementation of the national Teenage Pregnancy Strategy in 1998 which stated that Coventry should reduce its rate by 55% as it was much higher than other areas whose target was 50%.

The Coventry under 16 and under 18 conception rates continue to be higher than the National and West Midlands average. However, three year moving average data suggests that the city is sustaining a downward trend in the under 16 and 18 conception rates. Three year moving average data is used to smooth out short-term fluctuations and highlight longer-term trends, particularly where small numbers are involved (as is the case with teenage conceptions).

Coventry had a much higher rate of teenage conceptions than many other local authorities in the West Midlands by 2008, but since then has shown a decrease in rates, which has been faster than the decrease in national rates. Coventry City Council and wider partners continue to maintain a focus on reducing the rate of teenage conceptions through provision and ongoing review of services, but importantly also through looking at how all children and young people, including those most vulnerable, can be supported to lead healthy and fulfilling lives.

Recommendations

For the Cabinet Member for Children and Young People to note the review of the current data available regarding teenage pregnancy in Coventry, and to endorse the actions outlined in the summary of this paper, aimed at continuing to reduce the teenage conception rate in Coventry.

List of Appendices included:

None

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

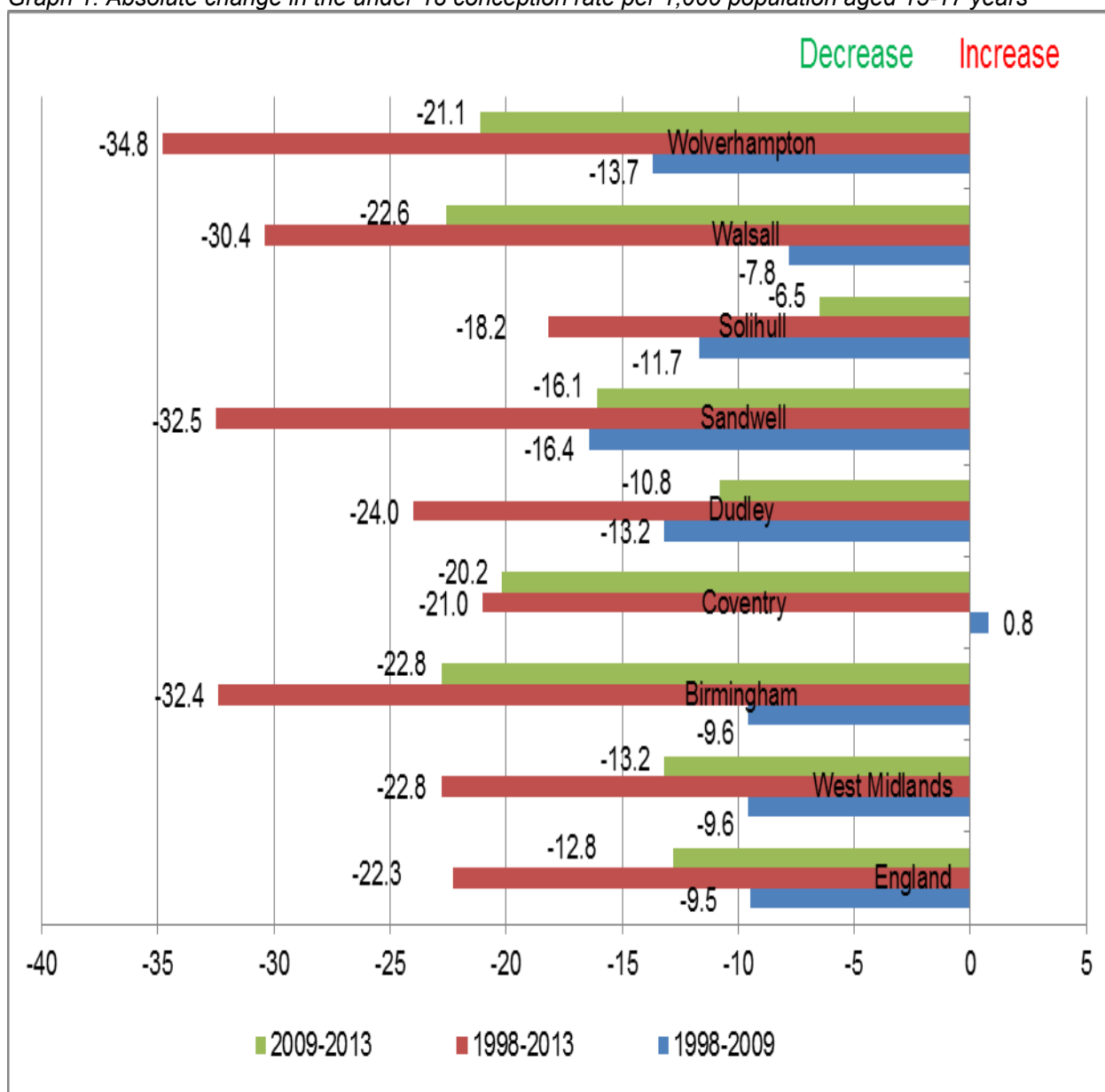
No

Report title: Teenage Pregnancy current situation in Coventry March 2015

1. Context (or background)

1.1 Coventry has worked hard to embed a downward trend in the under 16 and 18 conception rates since the implementation of the national Teenage Pregnancy Strategy in 1998. In 2009 Coventry was demonstrating a 0.8/1000 increase in its under 18 conception rate whilst all other West Midlands areas were demonstrating decreases. The chart below demonstrates that Coventry has made good progress in reducing its under 18 conception rate since 2009.

Graph 1: Absolute change in the under 18 conception rate per 1,000 population aged 15-17 years

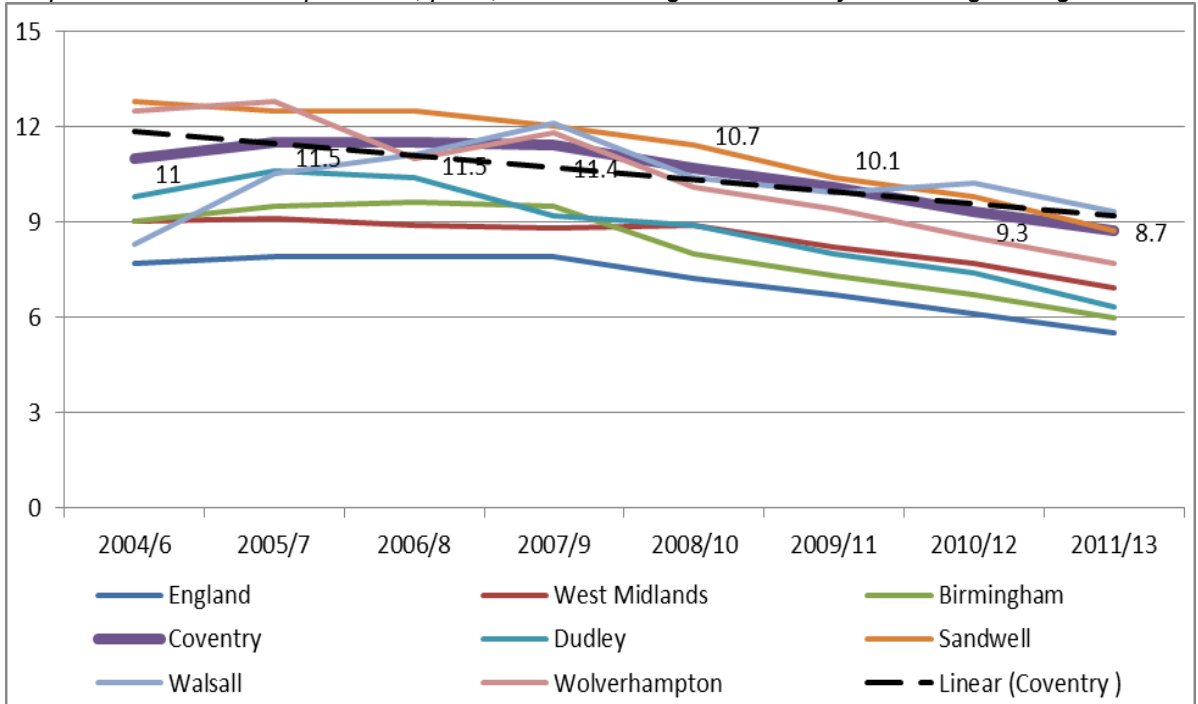


The current under 16 (joint 28th worst nationally) and under 18 (9th worst nationally) conception rates are higher than the National and West Midlands average. However, three year moving average data suggests that the city is sustaining a downward trend in the under 18 and under 16 conception rates.

1.2 Under 16 conception rate

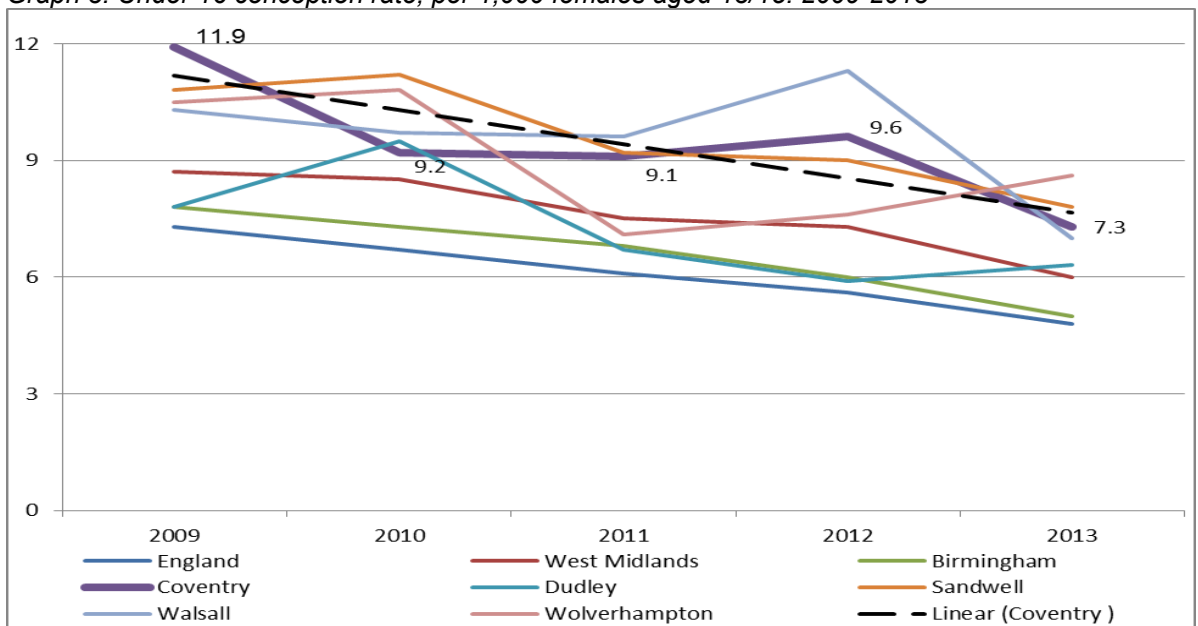
Graph 2 demonstrates that the three year moving average under 16 conception rate in Coventry is continuing to decrease from 11.5 in the years 2006/8 to 8.7 in 2011/13.

Graph 2: Under 16 conception rate, per 1,000 females aged 13/15 – 3 year moving average



In recent years individual year under 16 conception data has been available. Graph 3 demonstrates that a small increase in 2012 was superceded by a 2013 decrease to demonstrate a significant reduction in the under 16 conception rate. The number of under 16 conceptions in 2012 was 52, in 2013 it was 38. The linear line demonstrates a sustained decrease in the rates and is suggestive of a change in the peer and social norm, where young parenthood was viewed as normal behaviour in particular groups and areas of the city.

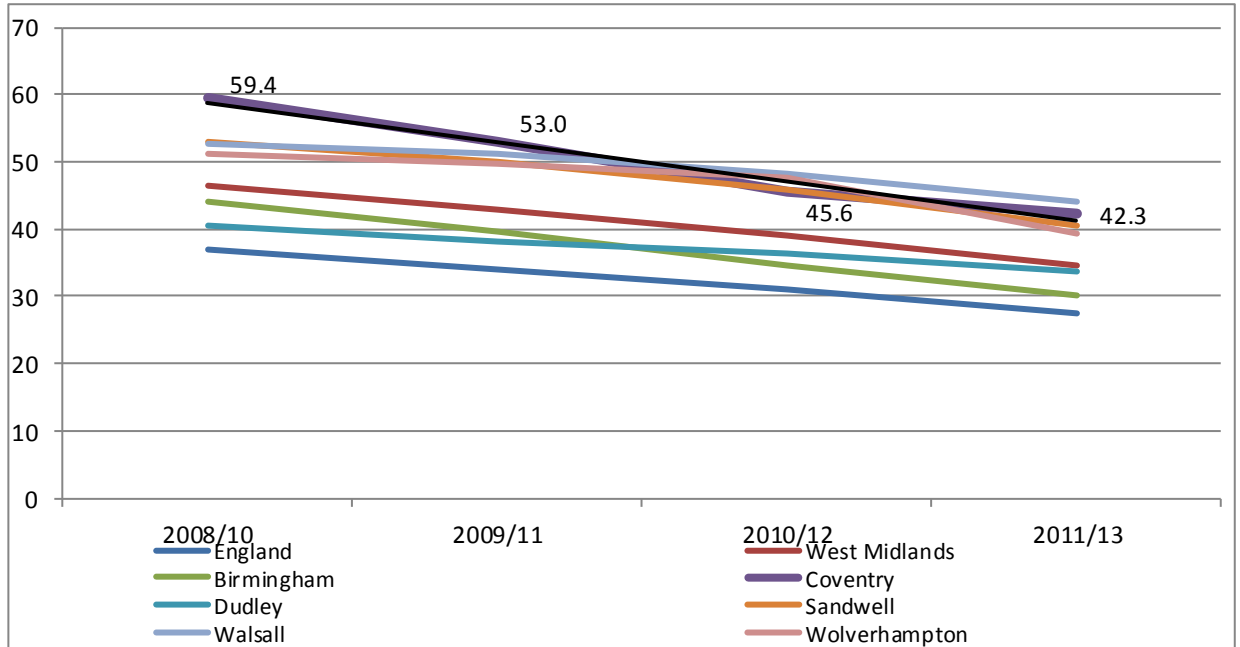
Graph 3: Under 16 conception rate, per 1,000 females aged 13/15: 2009-2013



1.3 Under 18 conception rate

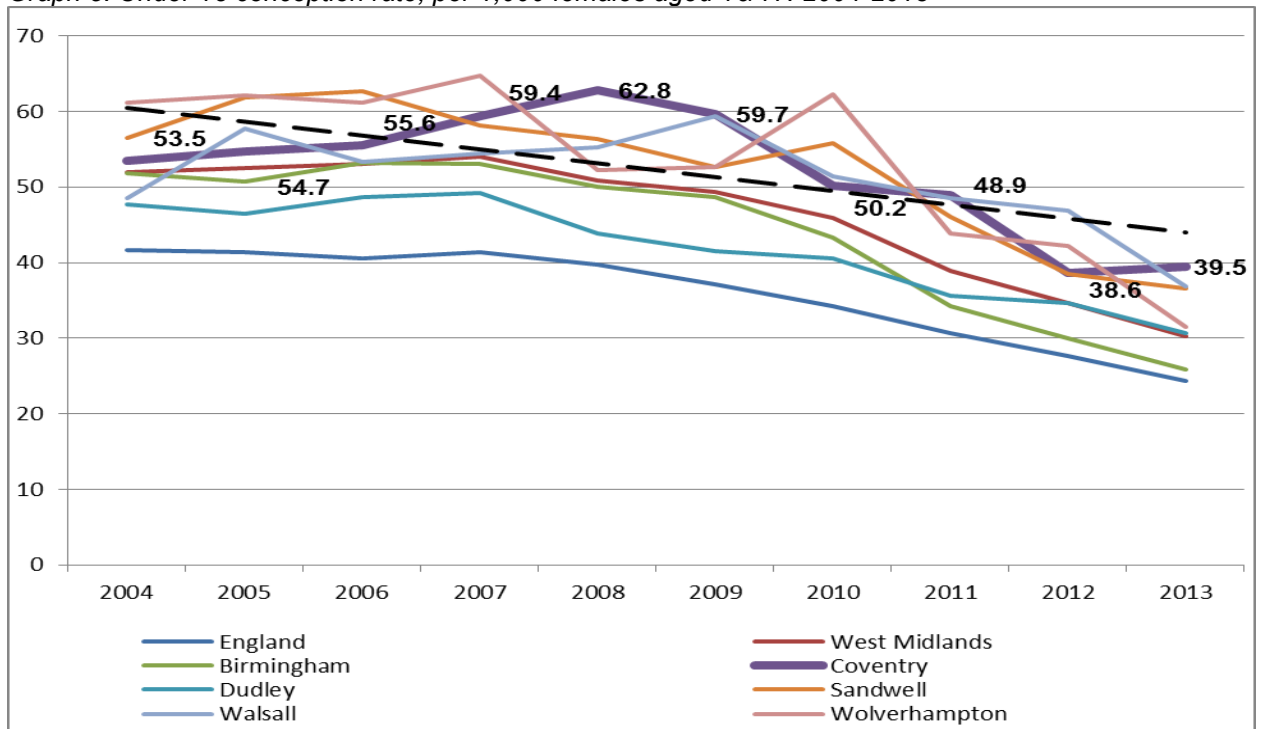
Graph 4 demonstrates that the under 18 three year moving average conception rate in Coventry is continuing to decrease, from 59.4 in the years 2008/10 to 42.3 in the 2011/13.

Graph 4: Under 18 conception rate, per 1,000 females aged 16/17: three year moving average



Graph 5 demonstrates a small increase in the under 18 conception rate in 2013, in actual numbers this was an increase of one conception. However, the graph demonstrates peaks and troughs across the region over time with only Birmingham demonstrating a sustained decrease. The linear line and graph 3 suggest Coventry is sustaining its decrease in the rates over time.

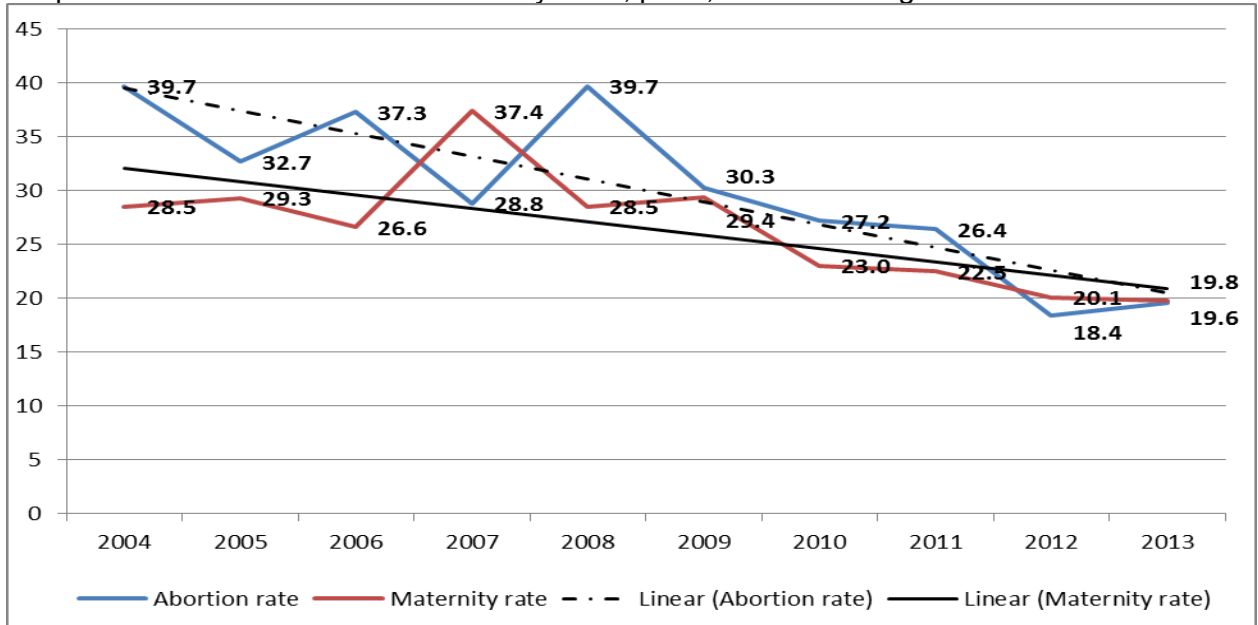
Graph 5: Under 18 conception rate, per 1,000 females aged 16/17: 2004-2013



1.4 Under 18 abortion and maternity data

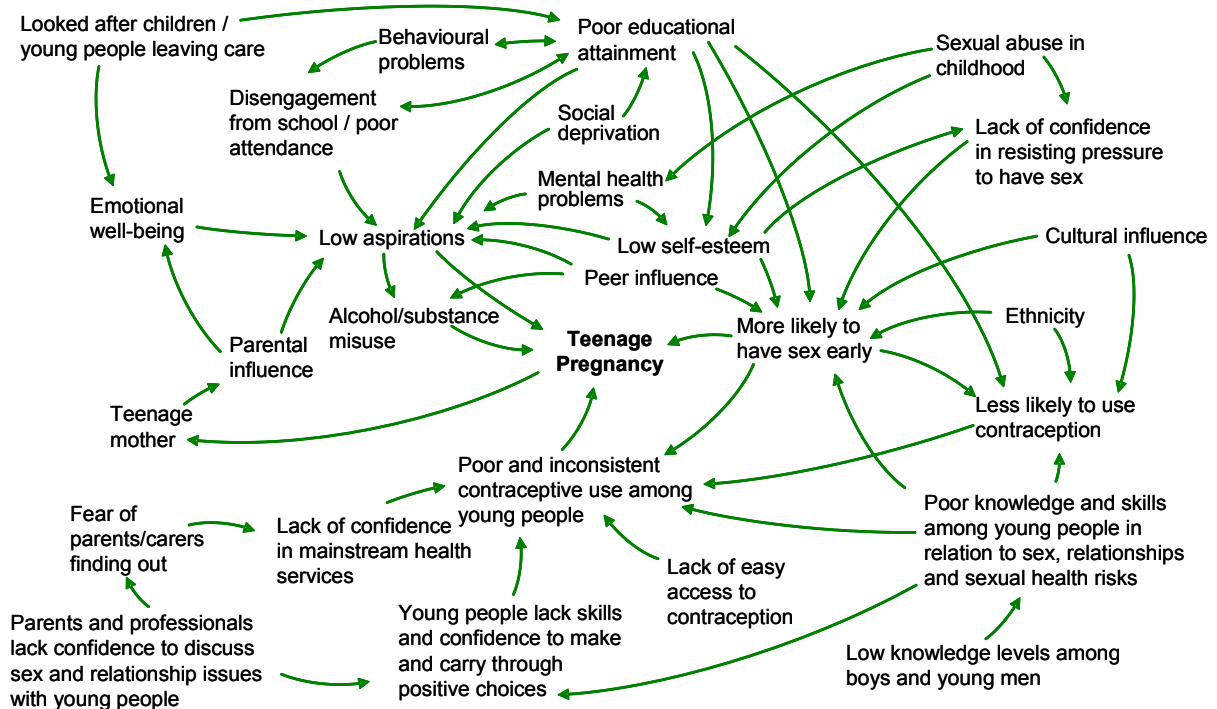
Graph 6 demonstrates that the increase in the 2013 under 18 conception rate was due to an 1.2/1000 increase in abortions and not live births which decreased by 0.3/1000. The peaks and troughs apparent in the first half of the decade smooth out over the latter half and the linear lines demonstrate a sustained decrease in both the abortion and maternity rates.

Graph 6: Under 18 abortion and maternity rates, per 1,000 females aged 16/17: 2004-2013-



1.5 Progress towards embedding the national under 18 conception good practice model

Research has demonstrated that under 18 conceptions are associated with a wide range of complex factors as demonstrated in the diagram below:



A 2009 review of practice in Coventry by the National Support Team stated that the city should implement the following evidence based model in order to decrease the number of under 18 conceptions:



Understanding the ongoing need, the actions being taken in Coventry under each of the above headings is set out below:

Strategic leadership and accountability – The recent retender of sexual health services in Coventry includes, as part of a “prime contractor model” the strategic management of a range of sexual health services: the main integrated sexual health service, the C-card (free condoms and Chlamydia screens), the 49 GP Long Acting Reversible Contraception (LARC) contracts and the 31 contracts with pharmacies as part of the ASC (Advice on Sexual Health in Coventry) scheme (provision of emergency hormonal contraception, pregnancy tests and Chlamydia screens). The design of the service was driven by public/service user and professional consultation, as well as a desire to reduce fragmentation and improve co-ordinated delivery. Further, the redesign of the service includes a new approach to the use of information technology in communicating with young people and allowing increased access to services through provision of a new online booking system.

The service will be supported by a “city-wide” Sexual Health Action Plan which is currently in development after two February consultation meetings attended by 71 individuals, including GPs, pharmacists, school nursing services, youth services, Councillors and young people. The Sexual Health Action Plan will be monitored by a programme board (to be established) and a key priority will relate to contraception and under 18 conceptions. An examination of the West Midlands under 18 conception data demonstrates that Birmingham has had a sustained decrease. It is understood that Birmingham attribute this to a strong contraception action plan, thus we will undertake a fact finding visit to Birmingham, as well as engaging with other comparable local authorities who have seen such decreases. We know that provision of long acting reversible contraception to young people in primary care in Coventry is decreasing, on the background of increases nationally.

Relationship and Sex Education (RSE) in and outside of school settings – Standard lesson plans have been provided to all primary, secondary and special educational needs schools. The

use of the lessons was audited between 2010 and 2012 and demonstrated a significant increase in the delivery of RSE. However, the reduction in manpower in the Local Authority means that the support for schools has reduced significantly, although schools may fund RSE support through their increased budgets. In 2014 all secondary schools were offered three safe sex assemblies/year group sessions and C-card registrations by the Respect Yourself programme.

Scheduled

Scope out with Children's Service colleagues what support schools/teachers would find helpful to ensure teachers are adequately prepared to deliver RSE.

Work alongside other public health and Children's Service colleagues as part of a secondary school pilot aimed at looking at what an integrated approach to empowering children and young people should be, to include sexual health.

Support for parents to discuss relationships and sex - The "Having Difficult Conversations" course was delivered to 135 individuals in 2014/5. An adapted course to support parents with children under 5 which includes the NSPCC PANTS campaign (early identification of child abuse) is being piloted in the North West of the city, with roll out scheduled for 2015, if effective.

Scheduled

A "Let's Talk About Sex" campaign in August 2015 is proposed, to encourage the city to talk about relationships and sex, supported by the launch of parental e-training to encourage effective conversations about relationships and sex and the re-launch of the knowledge based www.besavvy.org.uk website which is currently being upgraded to make it more accessible to young people.

Young people friendly contraceptive services and condom schemes - The You're Welcome standards are principles to support service delivery suitable for young people. Mystery shopping was undertaken in 2012/13 which demonstrated that the majority of sexual health services including the Integrated Sexual Health Services were suitable. As outlined above, the redesign of sexual health services also looked at a number of ways in which sexual health services and advice could be made more accessible to young people, particularly through the use of IT.

Training on relationships and sexual health for health and non-health professionals - The Relationship and Sex Education training continues to be mandatory for Coventry City Council staff working with children and young people. Approximately 290 professionals from the voluntary and statutory sectors were trained in 2014/5 to be able to identify and support young peoples' sexual health issues in 2014/15.

Advice and access to contraception in non-health youth settings - The C-card provides free condoms to under 25s in Coventry. The scheme is delivered in 190 venues many of which are non-health youth settings. However, pharmacists are the most accessed venues. In 2014/5 over 3,500 young people registered to use the scheme.

Scheduled

Integrated Sexual Health Service – Under the new contract the service will provide accessible outreach clinics which enable access to both contraception and sexually transmitted infection testing/treatment services. The location of these outreach clinics/services is currently being scoped, but they are expected to be flexible, and based on changing need, and have already started in supported accommodation.

Targeted prevention for young people at risk - Compass Aspires provides behavioural change support to young people identified as at risk of substance misuse, poor sexual health and poor/coercive relationships to avoid escalation requiring greater levels of intervention. At a targeted level a scoping exercise was undertaken to identify agencies likely to be working with young people at risk of teenage pregnancy and regular co-location sessions were established in

services such as Child and Family First. External evaluation undertaken by Coventry University has demonstrated that the service makes a statistically significant difference to at risk behaviours and attitudes. In addition, the British Pregnancy Advisory Service supports under 18s to access Long Acting Reversible Contraception and other forms of contraception following termination of pregnancy. Public Health are currently supporting the three CCGs in Coventry and Warwickshire in the proposed retendering of these services, which will include a number of new sexual health good practice requirements going forwards.

Scheduled

The funding for the Aspires service has been extended for one year whilst commissioners examine the need for a holistic service which incorporates the Aspires with early intervention for mental health.

Communicating strong messages to young people – We recognise the importance of increasing use of the C-card Facebook page and the BeSavvy website in order to promote messages to our key audiences. A recent approach to this has been the launch of a competition for young people to develop a safe sex song. The winning song was chosen by young people using the C-card Facebook page and was produced by the Northbrook Boys from Coundon Court School. The song was produced into a video and screened at the Transport Museum and posted on Youtube. The C-card Facebook page went from 64 followers to 786 followers as a direct result of this. The lead singer of the band was nominated for a national sexual health award and the video is now embedded in the NHS Choices website. Facebook is also used to promote services to young people for example, an ASC advert (free pregnancy testing and the morning after pill to young people) was viewed by 27,504 young people in two weeks and 675 people clicked on or shared the post and there was an increase in the Facebook followers of c-card.

Scheduled

The Integrated Sexual Health Service and the Respect Yourself programme must develop a Health Promotion Plan to be monitored via the Sexual Health programme board. The redesign of sexual health services built health promotion in as an important element of delivery, and specified that services need to work with a range of partners to deliver the important outcomes we want from good sexual (and wider) health promotion activities.

Strong use of local data - The Sexual Health Programme Board will agree the output and outcome data necessary to monitor the delivery of the Sexual Health Action Plan including the newly tendered service. In addition, an ambitious data dashboard has been created through which to monitor Sexual Health Service provision and outcomes in the City. This is available on request.

RSE and contraception support for young parents - The two full-time Teenage Parent Midwives working with Public Health (funded through the CCG) are currently working to map out a pathway of care (within existing services) which enables teenage parents to make positive choices about their health. This includes discussion of and promotion of the importance of contraception.

Scheduled

The Sexual Health Action Plan to include sustainable contraception provision for teenage parents, to include working with the Family Nurse Partnership (voluntary programme for young mothers under the age of pregnancy – supporting them during pregnancy and until their children are aged 2).

Everybody's Business - The DCSF and DoH (2013) Teenage Pregnancy Strategy: Beyond 2010 cites a range of research demonstrating the importance of education and aspiration to the reduction of teenage pregnancy. We recognise the multifactorial nature of this problem, and thus continue to work with partners both within the council and outside of the council (examples are

highlighted in this report) with the aim of improving the lives of children and young people as a whole, through thinking of our services not through the lens of organisational or professional boundaries, but through thinking about the “offer” we need to make to children and young people to support and empower them to make the right choices and fulfil their potential.

To summarise, the key areas of ongoing action required to maintain a sustained decrease in teenage conceptions are as follows:

- 1) Understanding the work of other local authorities who have shown sustained decreases in order to influence our action
- 2) Ensuring ongoing access (including on an outreach basis) to contraceptive services and promotion of those services
- 3) Establishing a focus on contraception (particularly long-acting methods) and teenage pregnancy as a priority for the Sexual Health Programme Board (to be set up) to monitor
- 4) Looking at potential improvements to RSE delivery and development (as part of a wider system offer for children and young people) and delivery of a sexual health promotion plan for the City.
- 5) Working to support the implementation of the new Integrated Sexual Health Service contract in Coventry, with its ambitious expectations regarding management of the whole “sexual health system” through use of a prime contractor model, including the innovative use of IT, and provision of outreach services to improve access to services and communication with young people.

2. Options considered and recommended proposal

- 2.1 The proposal put forward is for the current paper to be noted by the Cabinet Member for Children and Young People and for the key areas of ongoing action outlined above to be endorsed.

3. Results of consultation undertaken

- 3.1 *Not applicable*

4. Timetable for implementing this decision

- 4.1 A number of the actions are ongoing, but the focused actions will be completed within the financial year 2015/16

5. Comments from Executive Director, Resources

5.1 Financial implications

In 2015/16 Public Health is budgeted to spend £3,630,000 for integrated sexual health services, and £190,000 for the Aspires Early Intervention Service (reducing lifestyle vulnerabilities in young people), both of which support the teenage pregnancy agenda. This is funded from the Public Health grant. In addition, the local CCG funds termination of pregnancy services and the teenage parent midwife programme. NHS England fund the Family Nurse Partnership. All of these programmes support the teenage pregnancy agenda. The actions set out in this report will be funded from existing resource.

5.2 Legal implications

Since the transfer of Public Health functions to Local Authorities in April 2013 the City Council has had a public health responsibility for the commissioning of sexual health services, as well as a wider responsibility for advising on and delivering programmes aimed at reducing teenage pregnancy

6. Other implications

Not applicable

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

Not applicable

6.2 How is risk being managed?

Not applicable

6.3 What is the impact on the organisation?

Not applicable

6.4 Equalities / EIA

Not applicable

6.5 Implications for (or impact on) the environment

Not applicable

6.6 Implications for partner organisations?

Not applicable

Report author(s):

Name and job title:

Jane Craig, Respect Yourself Programme Manager
Nadia Inglis, Consultant in Public Health

Directorate:

Chief Executives

Tel and email contact:

024 7683 4996

Jane.craig@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Suzanne Bennett	Governance Services Officer		25/03/15	
Jane Craig	Respect Yourself Programme Manager	Chief Executive's	Author	
Nadia Inglis	Consultant in Public Health	Chief Executive's	Author	
John Forde	Consultant in Public Health	Chief Executive's	17/03/15	17/03/15
Jane Moore	Director of Public Health	Chief Executive's	17/03/15	19/03/15
Names of approvers for submission: (officers and members)				
Finance: Rachael Sugars		Resources	19/03/15	26/03/15
Legal: Julie Newman		Resources	19/03/15	23/03/15
Director: Jane Moore		Chief Executive's	17/03/15	17/03/15
Members: Name				

This report is published on the council's website:

www.coventry.gov.uk/councilmeetings