



Coventry City Council

Briefing note

SCRUTINY CO-ORDINATION COMMITTEE

To: Scrutiny Co-ordination Committee

Date: 8 July 2015

Subject: Under 18 conceptions, current situation in Coventry

1 Purpose of the Note

- 1.1 To update the Scrutiny Co-ordination Committee on the under 16 and under 18 conception rates.

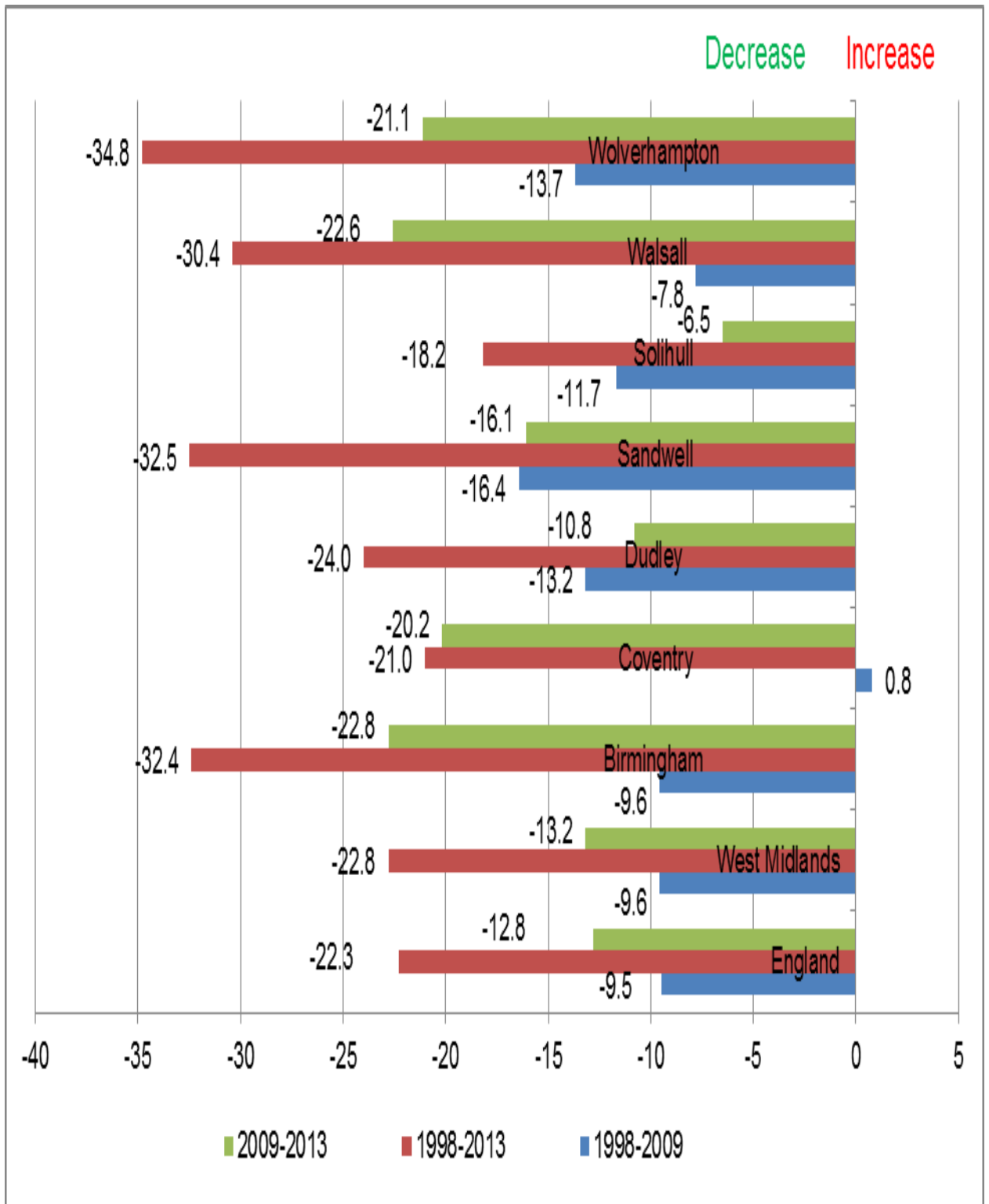
2 Recommendations

- 2.1 For the Scrutiny Co-ordination Committee 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

3 Information/background

- 3.1 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

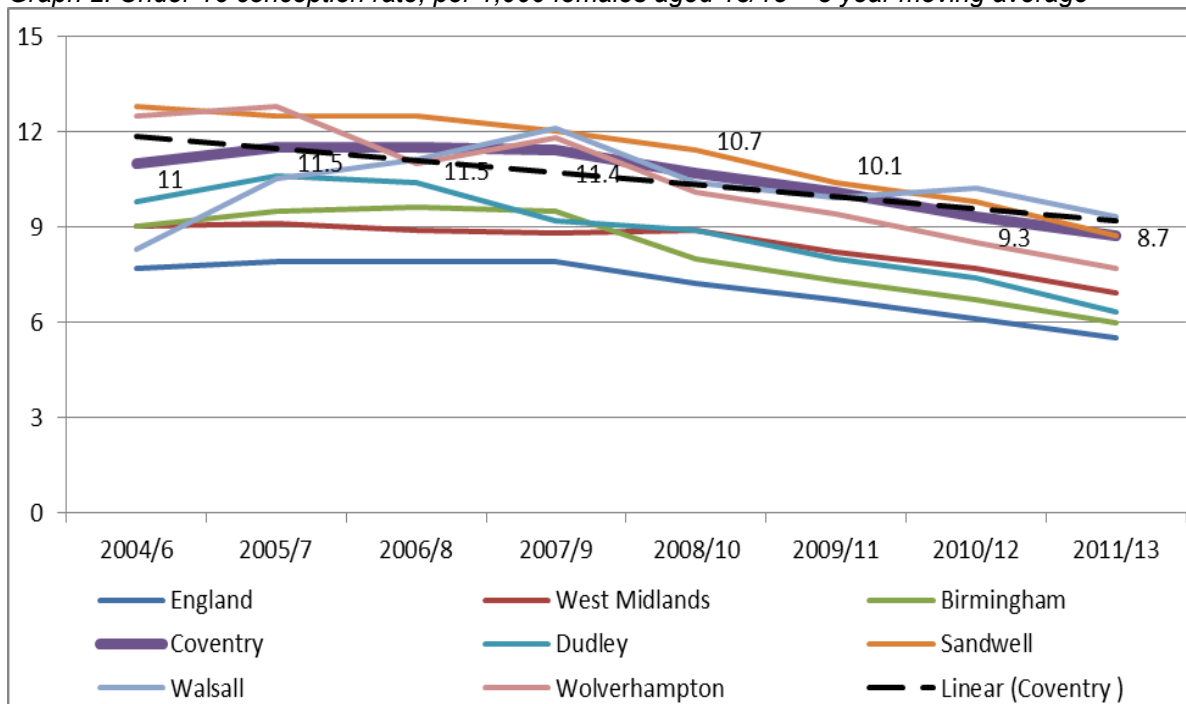


The current under 16 (joint 28th worst nationally) and under 18 (9th worst nationally) conception rates are higher than the National and West Midlands average. However, three year moving average data suggests that the city is sustaining a downward trend in the under 18 and under 16 conception rates.

3.2 Under 16 conception rate

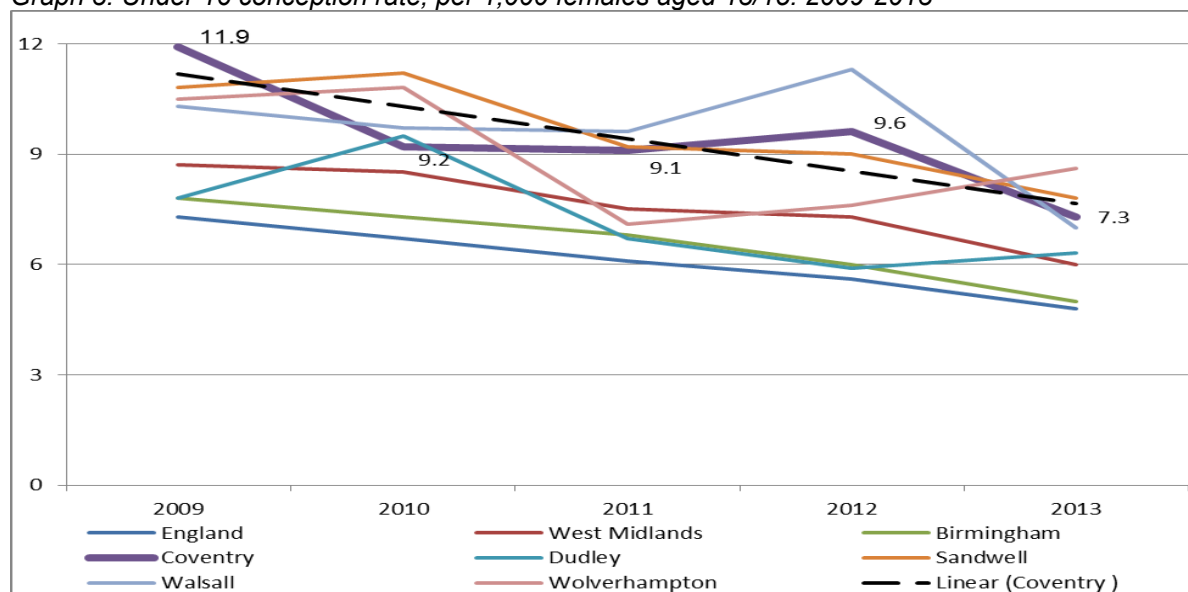
Graph 2 demonstrates that the three year moving average under 16 conception rate in Coventry is continuing to decrease from 11.5 in the years 2006/8 to 8.7 in 2011/13.

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.

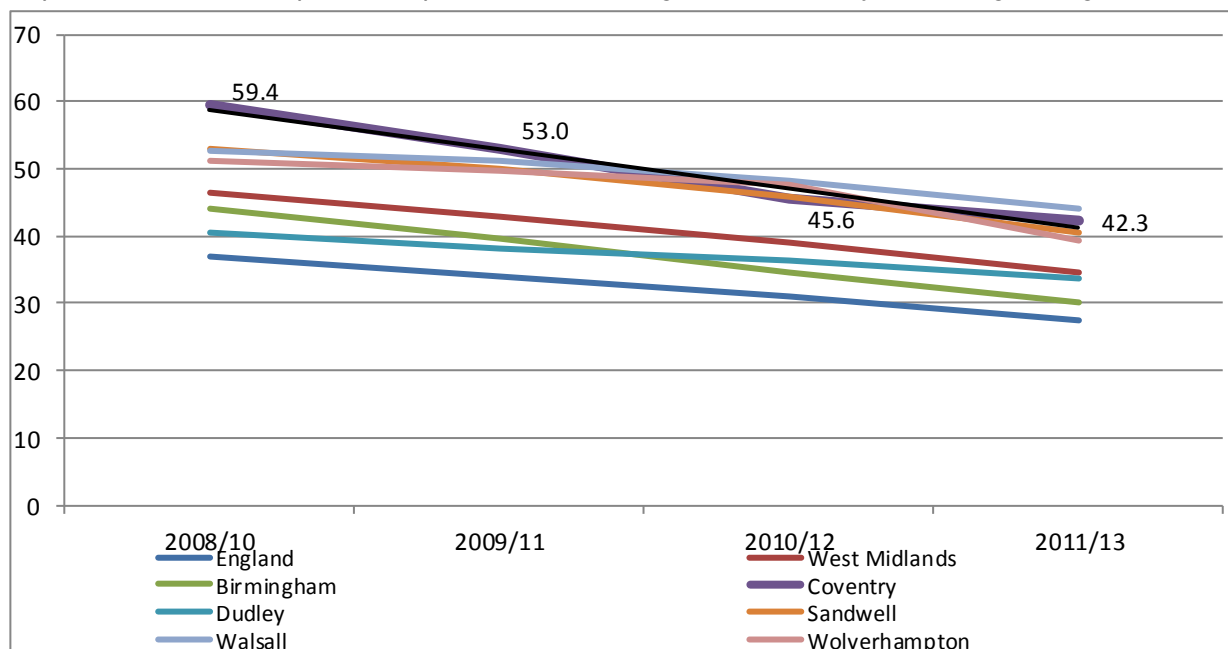
Graph 3: Under 16 conception rate, per 1,000 females aged 13/15: 2009-2013



3.3 Under 18 conception rate

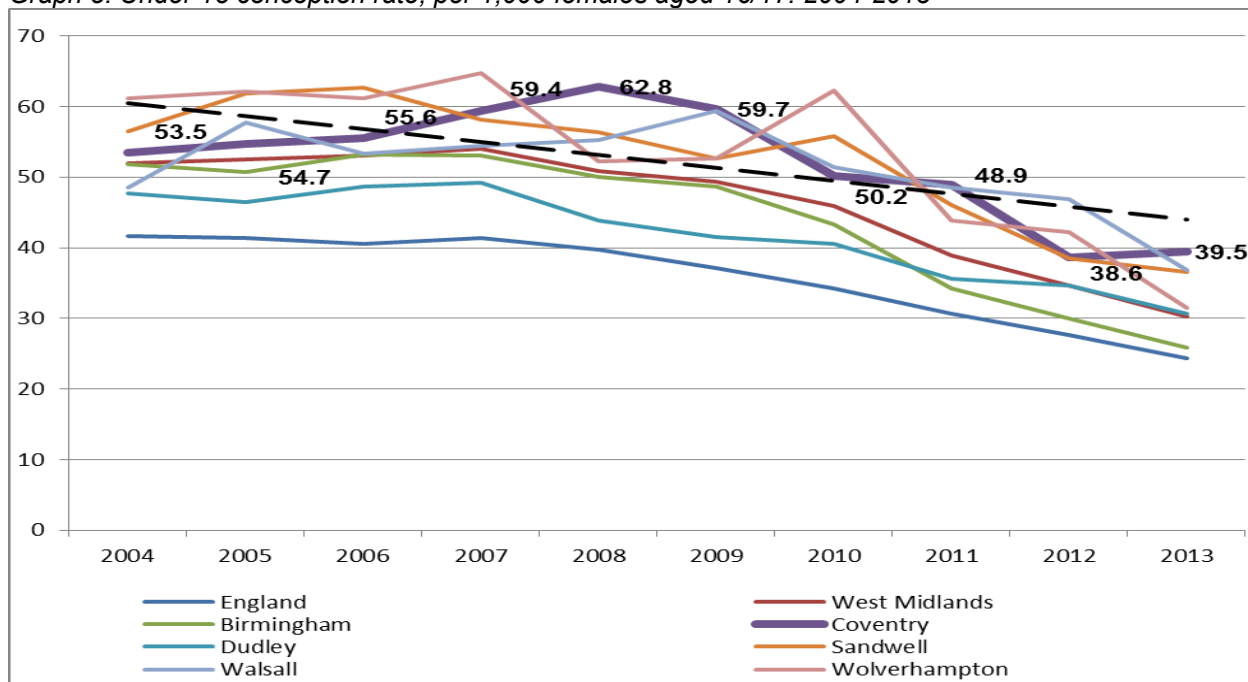
Graph 4 demonstrates that the under 18 three year moving average conception rate in Coventry is continuing to decrease, from 59.4 in the years 2008/10 to 42.3 in the 2011/13.

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.

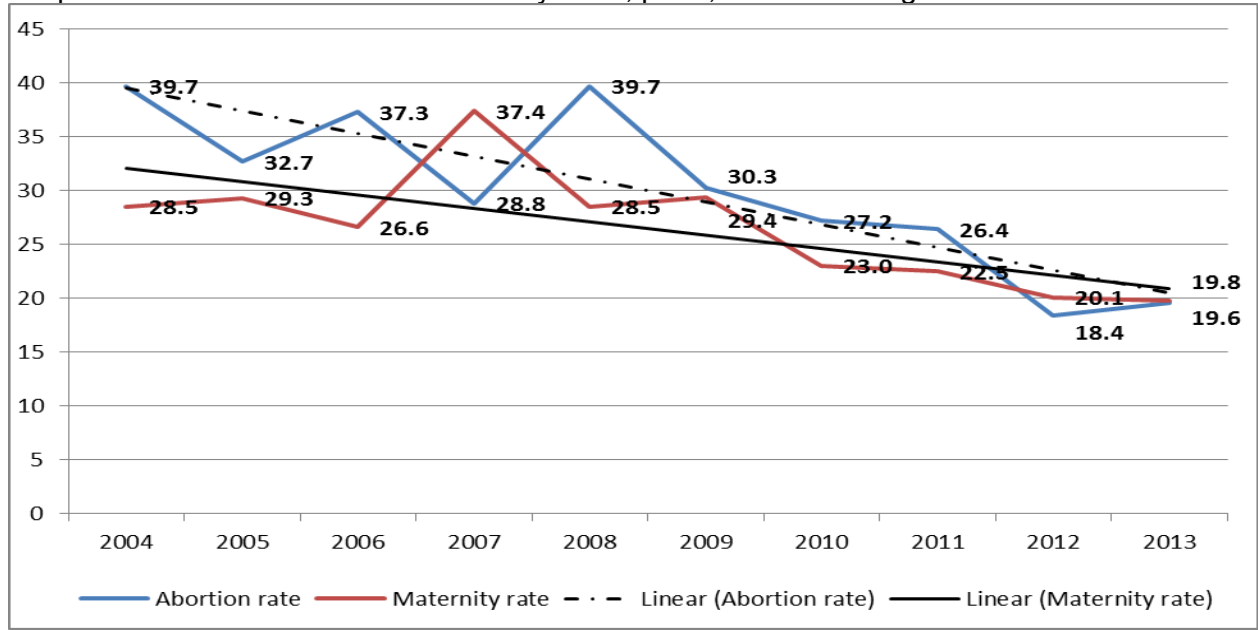
Graph 5: Under 18 conception rate, per 1,000 females aged 16/17: 2004-2013



3.4 Under 18 abortion and maternity data

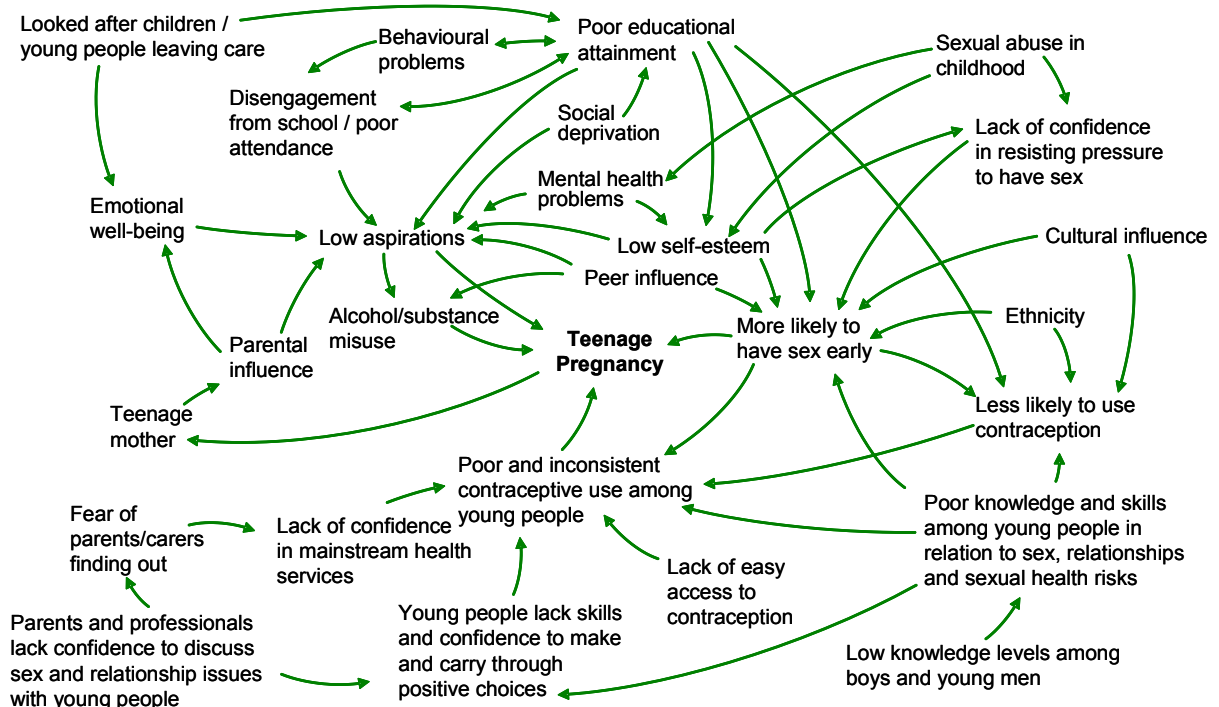
Graph 6 demonstrates that the increase in the 2013 under 18 conception rate was due to an 1.2/1000 increase in abortions and not live births which decreased by 0.3/1000. The peaks and troughs apparent in the first half of the decade smooth out over the latter half and the linear lines demonstrate a sustained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



3.5 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). Primary care provision is currently being reviewed to strengthen the model going forwards. 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 enabling increased access to services through provision of a new online booking system..

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.

A reduction in under 18 conceptions will be supported through the delivery of a “city-wide” Sexual Health Action Plan (Appendix 1), developed through two stakeholder meetings in February 2015. The meetings were attended by 71 individuals, including GPs, pharmacists, school nursing services, youth services, Councillors and a range of service users including young people.

Key priorities related to reducing under 18 conceptions include:

- To develop and deliver a Health Promotion Plan
- To train workers working with young people to feel confident to relay key messages to young people and signpost them to the relevant sexual health service.
- To commission parent training to have difficult conversations about sex and relationships
- To enable schools to deliver Relationship and Sex Education
- To improve access to sexual health services
- To identify and intervene with at risk young people
- To target delivery of the C-card (free condom provision) to under 18s
- To support teenage parents to access contraception

A Sexual Health Programme Board (SHPB) has been convened to monitor delivery of the Sexual Health Action Plan, this will be supported by a Service User Board (to be convened) which will include young people. Membership of the SHPB includes:

- Integrated Sexual Health Service
- British Pregnancy Advisory Service
- Compass Aspires
- Integrated Youth Support Service
- Public Health
- Coventry and Rugby Clinical Commissioning Group
- Public Health England

Relationship and Sex Education (RSE) in and outside of school settings – Whilst it is compulsory for all maintained schools to teach the statutory parts of the National Science curriculum the broader topic of sex and relationship education is not compulsory. There is non-statutory PSHE education within the National Curriculum and is strongly recommended in Government SRE Guidance (2000). School governors are in law expected to give 'due regard' to this guidance. There is a separate requirement for secondary schools to teach about HIV, AIDS and sexually transmitted infections. Maintained schools are required to have an up-to-date policy on SRE, whilst there is no requirement for academies.

Standard lesson plans have been provided to all primary, secondary and special educational needs schools by Education and Inclusion Service. The use of the lessons was audited between 2010 and 2012 and demonstrated a significant increase in the delivery of RSE. However, the significant reduction in advisors and consultants 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. This has now been integrated into the new Sexual Health contract.

Scheduled

A survey monkey questionnaire is under development to elicit views on the level and range of RSE delivery in Primary and Secondary Schools, how this is delivered, and the support schools feel they need to improve delivery. This will be followed by an RSE planning event for all schools which will be based on the findings of the questionnaire. The suggestions will be scoped with Children's Service colleagues to determine what support schools/teachers need, how this will be delivered and when, to ensure teachers in schools are adequately prepared to deliver RSE. In addition, a secondary school pilot aimed at looking at what an integrated approach to empowering children and young people should be, to include sexual health, will be developed and implemented.

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 the summer of 2015 will be delivered by the new Sexual health contractor to encourage the city to talk about relationships and sex, this will be supported by the-relaunch of the knowledge based www.besavvy.org.uk website which is currently being upgraded. Depending on available resource, in November 2015 parental Having Difficult Conversations e-training will be launched to encourage effective conversations about relationships and sex with their children.

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.. This will now be delivered by the new sexual health provider.

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

Under the new contract the sexual health provider 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 and reduce teenage pregnancies. 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 and LAC residential units.. External evaluation undertaken by Coventry University has demonstrated that the service makes a statistically significant difference to at risk behaviours and attitudes.

A training package has been developed to enable supported accommodation providers to identify young people at risk of poor sexual health and encourage them to engage with the Aspires service, which will support the Supported Accommodation and Aspires pathway that has already been developed.

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 0-18 early intervention service incorporating support for sexual health, substance misuse, poor coercive relationships and emotional well being and mental health. A new Aspires project will shortly commence to work with under 11s as the data demonstrated that over 50% of service users (aged over 11 years) had 6 or more vulnerabilities associated with poor sexual health and relationships and substance misuse, thus demonstrating the need to commence work earlier in the life course.

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 must develop a Health Promotion Plan by June 2015, delivery 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 be supported to effectively monitor the Sexual Health Action Plan through an output and outcome framework (Appendix 2) In addition, an ambitious data dashboard has been created through which to monitor Sexual Health Service provision and outcomes in the City.

RSE and contraception support for young parents - The two full-time Teenage Parent Midwives working with Public Health (funded through the CCG) have initiated a care pathway with the Sexual Health provider to offer outreach appointments to teenage mothers to adopt a contraception plan with an emphasis on Long Acting Reversible Contraception.

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.

COVENTRY SEXUAL HEALTH ACTION PLAN (SHAP) – 2015 – 2017 – June 2015

ACTION	RESPONSIBLE	BY WHEN	PROGRESS
Use data to improve sexual health in Coventry			
To develop performance indicators and outcome indicators to measure progress of SHAP	Nadia Inglis/ Jane Craig	June 15	Complete
To develop a reporting system	Nadia Inglis/ Jane Craig	June 15	Quarterly data will be collated against the performance and outcome indicators and the actions within the plan. This will be provided to the SHPB one week prior to the meetings.
To review progress of the SHAP	SHPB	Qrtly	
To develop a Service User Board (SUB) to support users input into decision making			
To scope membership of the SUB	Jane Craig	Aug 15	
To invite prospective members to discuss the aims of the SUB and SHPB	Jane Craig	Aug 15	
To develop and deliver sexual health key messages			
To develop and deliver a Health Promotion Plan with key actions, dates and persons responsible taking into account the points included in Appendix 1	ISHS	June 15	
To present the Health Promotion Plan to SHPB and SUB	ISHS	Aug 15	
Workforce Development			
To continue to deliver RSE 0a to professionals working with children and young people	ISHS	Ongoing	
To continue to deliver RSE 0b to professionals to support new C-card venues	ISHS		
To commission an e-training version of the parent/carer training course 'Having Difficult Conversations'.	Jane Craig	On hold	
To review the development of motivational interviewing training for professionals: to include school immunisation team and the GP alliance	Nadia Inglis/ISHS	July 15	
To disseminate learning from the 3 C's projects	Paul Sanderson	Aug 15	

ACTION	RESPONSIBLE	BY WHEN	PROGRESS
Enable Relationship and Sex Education to be delivered			
Review the delivery of the RSE core packages	Jane Craig/Judith Simmonds	June 15	
Review RSE training provision for teachers	Jane Craig/Judith Simmonds	June 15	
Improve Access to Sexual Health Services			
Develop an ISHS internet based appointment system	ISHS	May 15	Completed
Promote the IT based appointment system to relevant professionals and the public	ISHS	June 15	
Increase number of practices delivering LARC with a focus on at risk areas	ISHS	April 2016	
Investigate the possibility of implementing LARC outreach in GP surgeries to improve access in at risk areas	ISHS/Nadia Inglis	April 2016	
Deliver regular contraception and STI services in community venues including schools, colleges and training providers	ISHS	June 2015	
Review expansion of STI and contraception provision in pharmacies	ISHS	April 2016	
Reduce waiting times at ISHS and offer flexible access i.e. Sunday	ISHS	Ongoing	Sunday clinics have started
Contraception and STI advice to be provided at all appointments with ISHS	ISHS	Ongoing	Monitored through contract management
Current termination contract to continue to provide post termination contraception	Sunny Mattu	Ongoing	
Reduce prevalence and late diagnoses of HIV			
To review free condom provision to at risk groups: <ul style="list-style-type: none"> • Sex workers • Eastern European ethnic origin >1% prevalence • Black African ethnic origin >1% prevalence • Injecting substance misusers • MSM 	ISHS	Oct 15	

ACTION	RESPONSIBLE	BY WHEN	PROGRESS
Improve access to Pharmacy and Secondary Care based HIV testing	Nadia Inglis/Jane Craig	June 2015	Coventry has bid Elton John Foundation funding to decrease late diagnosis. Award to be announced in June 2015
Reduce prevalence and late diagnoses of HIV			
In Primary Care	Nadia Inglis/Jane Craig	May 2015- April 2016	Primary Care HIV Point of Care Testing pilot commenced May 1st 2015.
In Termination services	Nadia Inglis/ Elaine Russell	April 2016	HIV and STI testing inserted into CCG termination contract specification
Improve outreach testing with at risk groups including: <ul style="list-style-type: none"> • Substance misusers • Sex workers • MSM • Black African ethnic origin communities 	ISHS/Jane Craig	April 2015	One year community HIV testing project commenced 1st April 2015
To commission a community engagement programme to support Men who have Sex with Men and people of black African ethnic origin to access HIV testing	Jane Craig	Aug 15	
Deliver and promote an HIV self sampling service (with online requesting)	Nadia Inglis	Nov 15	HIV self sampling service to start November 2015
Deliver a HIV support service to support a reduction in the transmission of HIV	ISHS/Jane Craig	Ongoing	Service commenced in Apr 2015
Reduce under 18 conceptions			
Identify and intervene early with at risk young people aged 11-16 years, up to 22 for looked after children Target services working with at risk groups	Sharon Bolesworth/ Jane Craig	Ongoing	Service extended for 12 months whilst early intervention commissioning is reviewed. Service continues to demonstrate statistically significant improvement to attitudes and behaviours.
One year pilot to support under 11s demonstrating risky attitudes/behaviours towards sexual health, substance misuse and poor/coercive relationships	Sharon Bolesworth/ Jane Craig	June 2015	Funding allocated to pilot younger age work to increase early intervention learning

ACTION	RESPONSIBLE	BY WHEN	PROGRESS
Target C –card to under 18s Continue to recruit and support C-card venues Target c-card venue recruitment to at risk groups	ISHS	Ongoing	
To support teenage parents to access contraception post natively	ISHS/Teenage parent midwives	Started June 2015	
Improve Sexual Health Support for at Risk Groups			
To improve access to STI testing and contraception provision for : <ul style="list-style-type: none"> • LAC • Supported Accommodation users • Substance misusers • Troubled families • Drug and alcohol court • Probation • Individuals with Learning Difficulties 	ISHS	Ongoing	Outreach timetable to be provided to CCC by ISH by end of June 2015.
Improve links between pharmacies, Aspires, ISHS and safeguarding	ISHS	April 2016	
Sexual Health services support with Child Sexual Exploitation Identification and Intervention			
To discuss use of screening tool to identify young people at risk of CSE:	ISHS/BPAS	July 2015	
To develop clear CSE protocols in sexual health services	ISHS/BPAS	July 2015	
Police Child Protection Unit and Aspires to develop a joint working agreement and monitor use	Sharon Bolesworth	July 2015	
Support Sexual Health of Sex Workers and Exit from Industry			
Commission a one year contract to deliver support and inform future contracting	Jane Craig/THT	April 2015	A one year contract commenced 1/4/15. Needs assessment to be undertaken in 2015

PERFORMANCE MONITORING – SEXUAL HEALTH ACTION PLAN 2015/16

Description of Indicator	Rationale	Baseline		Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Frequency
		Coventry	W Mids						
Under 16 conception rate 1,000 females aged 13/15 (No)	Monitors progress against the target of reducing under 16 conceptions.	7.3 (38)	6						Annually
Under 18 conceptions - number (rate per 1,000 under 18s)	Monitors progress against the target of reducing under 18 conceptions.	39.5 (227)	30.3						Quarterly
% of repeat TOPs in under 25s	Monitors progress against the target of reducing under 18 conceptions.	33.50%	30%						Quarterly
Rate of Syphilis diagnosis per 100,000 population	Monitors progress against the target of reducing STI's	4.30	3.00						Annually
Rate of gonorrhoea diagnosis per 100,000 population	Monitors progress against the target of reducing STI's	67.50	43.20						Annually
Rate of chlamydia detection per 100,000 young people aged 15 to 24	Monitors progress against the target of reducing STI's	2291	1971						Annually
All new STI diagnoses (exc'g Chlamydia in under 25's) per 100,000 population	Monitors progress against the target of reducing STI's	1050	726						Annually
Prevalence of diagnosed HIV infection per 1,000 aged 15 to 59 years	Monitors progress against the target of reducing STI's	3.12	1.54						Annually
% of late HIV (2011/3)	Monitors progress against the target of reducing late diagnosis	56.3	53.5						Annually
Proportion of ISHS service users prescribed contraception < 18	Monitors progress towards improving service delivery	New data							Quarterly
Proportion of ISHS service users prescribed contraception >18	Monitors progress towards improving service delivery	New data							Quarterly

Description of Indicator	Rationale	Baseline		Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Frequency
		Coventry	W Mids						
Number of LARC prescribed <18 ISHS	Monitors progress towards improving service delivery	New data							Quarterly
Number of LARC prescribed <18 ISHS	Monitors progress towards improving service delivery	New data							Quarterly
GP LARC prescribing <18	Monitors progress towards improving service delivery	227							Quarterly
GP LARC prescribing >18	Monitors progress towards improving service delivery	New data							Quarterly
Number of HIV tests community testing service	Monitors progress towards improving service delivery	560							Quarterly
Termination service % under 18s prescribed contraception	Monitors progress towards improving service delivery	Req/d from CCG							Quarterly
Termination service % over 18s prescribed contraception	Monitors progress towards improving service delivery	Req/d from CCG							Quarterly