

DECISION-MAKER:	HEALTH AND WELLBEING BOARD			
SUBJECT:	TACKLING TEENAGE PREGNANCY			
DATE OF DECISION:	26 MARCH 2014			
REPORT OF:	DIRECTOR OF PUBLIC HEALTH			
<u>CONTACT DETAILS</u>				
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STATEMENT OF CONFIDENTIALITY				
Not applicable				

BRIEF SUMMARY

Teenage conceptions have been declining steadily in England over the last decade. Whilst the teenage pregnancy rate has also fallen in Southampton, the rate of decline has been lower. The City remains a hotspot for having significantly higher rates than the England average and the South East region. Many teenage conceptions are both unplanned and unwanted. Becoming a teenage parent has a high correlation with a range of poor outcomes for both children and their mothers.

In previous years, strong leadership, nationally and locally, on teenage pregnancy facilitated City-wide activity to tackle this important public health issue. The end of the national Teenage Pregnancy Strategy in 2010, and the subsequent loss of dedicated leadership capacity in Southampton, have affected the coordination and drive for improvement on this agenda. In March 2014, a new strategic group was convened in the City to provide a renewed focus on sexual health and this group has identified teenage pregnancy as a priority area.

RECOMMENDATIONS:

- (i) That the Health and Wellbeing Board supports the development of a new sexual health plan for Southampton, incorporating teenage pregnancy as a priority.
- (ii) The Health and Wellbeing Board notes the Cabinet Member for Children's Safeguarding, Cllr Chaloner, has been appointed the champion for tackling teenage pregnancy and will be supported by the Cabinet Member for Communities, Cllr Kaur.
- (iii) The Health and Wellbeing Board are asked to agree that the Southampton sexual health strategic group will work closely with the Cabinet Member champions on teenage pregnancy issues.

REASONS FOR REPORT RECOMMENDATIONS

1. Southampton has poor sexual health and high teenage pregnancy rates compared to the South East and England. Without a sustained focus on teenage pregnancy, there is a high risk that the decline in under 18 conceptions seen in recent years may falter. This would risk significant social and financial costs for the individuals, their families and the City as a whole in the longer term.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. National context

In 1999, a national Teenage Pregnancy Strategy was launched which was in operation until 2010. This provided national leadership and guidance through the Teenage Pregnancy Unit, driving the development of local strategies and effective partnership action. During this period, the under 18 conception rate in England reduced by 13%, with births to under 18s down by almost 25%. Since 2010, whilst there has been no national strategy in place for teenage pregnancy, it remains a public health priority, and is included in the national Public Health Outcomes Framework. Preventing teenage pregnancy is also one of the four priority areas identified in the 2013 coalition document 'A Framework for Sexual Health Improvement in England'. This framework sets out two ambitions:

- That all young people should receive appropriate information and education to enable them to make informed decisions.
- That all young people have access to the full range of contraceptive methods and where to access them.

Although teenage conceptions have been declining, the UK still has one of the highest birth rates among teenage mothers in Europe with only Romania, Bulgaria, Slovakia, Hungary and Malta having higher rates.

4. Importance of teenage pregnancy

Around 75% of teenage pregnancies are unplanned and half end in abortion. Teenage pregnancy is strongly associated with poor outcomes for both the mother and the child, including:

- a higher risk of post natal depression and future mental health problems, unfinished education and economic difficulties for teenage mothers compared to older mothers; and
- a higher risk of infant mortality, poor health, low educational attainment and growing up in poverty for the child.

The reasons that teenage conceptions remain higher in some communities than others are complex and can involve a combination of behavioural, familial and social influences, together with some cultural differences. We know that certain groups experience higher levels of teenage pregnancy, and this can provide a basis for targeted prevention work, for example:

young women from deprived areas; children of teenage mothers; young offenders; young women with low self esteem; and young women with low educational achievement.

5. **Teenage pregnancy in Southampton**

In 2012 (the most recent data available from the Office of National Statistics), there were 129 under 18 conceptions, 24 of which were under the age of 16 years, in Southampton. This equates to 34.3 conceptions per 1,000 females aged 15–17 years. This rate has declined steadily over the last decade, but remains significantly higher than the rate in the South East (23.2 per 1,000) and England (27.7 per 1,000) (figure 1). The rate of decline has been slower in Southampton than England, the South East, and most of its statistical neighbours. The under 16 conception rate in Southampton (2010-12) of 8.5 per 1,000 females aged 13-15 years is higher compared to the South East (5.0 per 1,000) and England (6.1 per 1,000).

The most recent ward level data is from 2011, where Redbridge, Millbrook, Freemantle, Woolston and Bitterne had under 18 conception rates that were significantly higher than the England average (figure 2).

6. **Action on reducing teenage pregnancy in Southampton**

The two areas that have been identified as having the largest impact on reducing teenage pregnancy rates are:

1. High quality sex and relationships education (SRE) for all young people
2. Good access to effective contraception for young people who are sexually active.

Alongside SRE and access to contraception there are a number of other activities and interventions, identified through the work of the former national Teenage Pregnancy Strategy, which have proved critical to the effectiveness of local efforts to reduce teenage conceptions, including:

- targeted work to identify and then work with young people at risk of teenage pregnancy through holistic assessment of their risk factors.
- local champions and senior engagement in the local authority and NHS
- investment in training for the wider children's workforce so they have skills and confidence to talk to young people about sex and relationships.
- the collection, sharing and effective use of local data to inform targeted work and provide a timely assessment of progress
- effective targeted support for teenagers who do have children.

7. The last sexual health strategy for Southampton was produced in 2008 and the City's Teenage Pregnancy Action Plan was last reviewed in 2012. Since that time, there has been a significant reduction in overall capacity in relation to leadership around teenage conception. Unaddressed it can only be anticipated that this will potentially result in a deterioration of the progress that was achieved in Southampton on teenage pregnancy.

8. **Current activity**

Southampton's Public Health team and Integrated Commissioning Unit are jointly leading the development of a revised sexual health plan, to be launched in 2014, which will incorporate an updated plan for addressing the City's ongoing teenage pregnancy issues.

As part of the sexual health plan development, a workshop was held in December 2013 to secure the contribution of key stakeholders from a range of organisations across the City. This includes schools, GPs, Solent NHS Trust and a range of voluntary sector partners. A key message from the workshop was the need for a coordinated, evidence-based approach to SRE across Southampton.

The new sexual health plan will provide a framework for activity to improve sexual health outcomes in the City. Teenage pregnancy has been identified as one of the priorities for the sexual health plan and it is proposed that a new teenage pregnancy task group is established to:

- develop a clear plan to encourage City-wide delivery of evidence-based SRE as part of a wider approach to PSHE that supports children and young people in taking greater control over their long term health and wellbeing.
- ensure availability of effective contraception to all sexually active young people.
- deliver targeted work with young people at particular risk, such as children in need, children looked after, children at risk of sexual exploitation and those putting themselves at risk through recreational use of drugs and/or alcohol.
- provide training in age-appropriate SRE for staff working with children and young people.
- support teenage parents, for example through the services commissioned through the Family Nurse Partnership, and those organisations they work with in supporting teenage parents.
- deliver partnership actions, networking and sharing good practice.
- work with services to develop resources linked to self esteem, personal choice and resilience in relation to mental and emotional health and wellbeing through links with the HeadStart Southampton programme.

RESOURCE IMPLICATIONS

9. Most of the financial impact of teenage pregnancy, and parenthood is manifested in increased demand for spending on benefits, supported housing, family nurse partnership and other health services, together with increased risk of families requiring other targeted and specialist services. Rough estimates of the cost of benefit, housing and other additional costs equate to approximately £15k per teenage parent, per year. Spending on acute outcomes, such as services in relation to teenage conceptions, terminations and/or treatment of sexually transmitted infections (STIs) can be reduced through effective upstream approaches including sex and relationship education and accessible contraception for target audiences.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. Not applicable

Other Legal Implications:

11. Not applicabale

POLICY FRAMEWORK IMPLICATIONS

12. Health and Well Being Strategy

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:	City-wide issue
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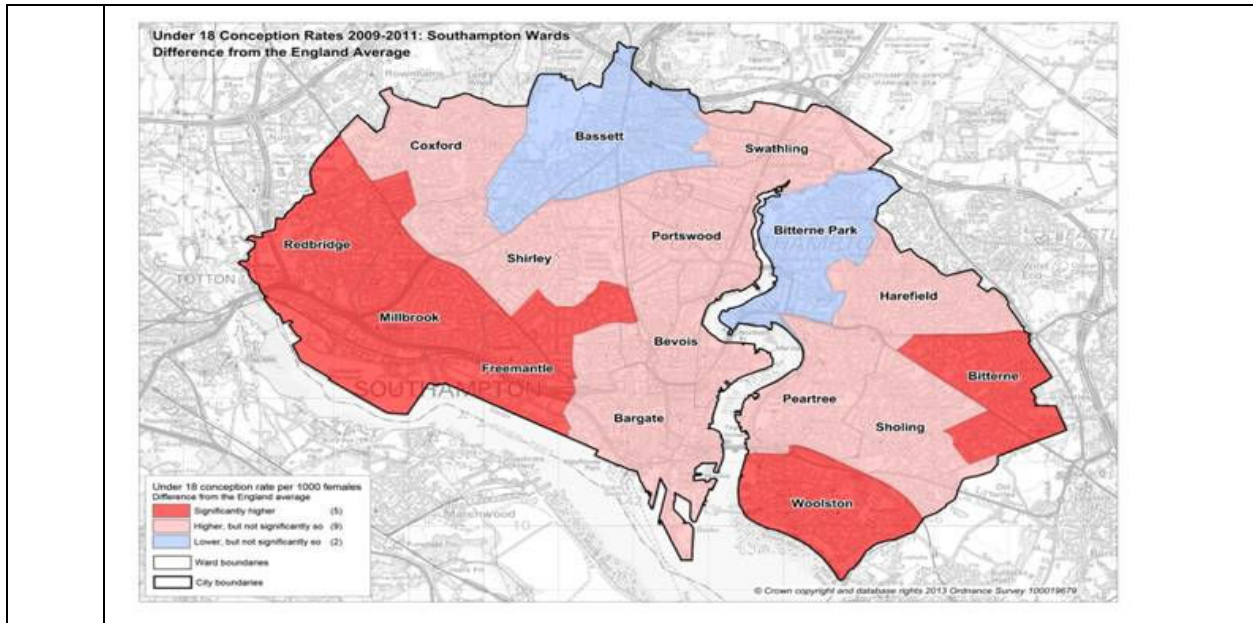
SUPPORTING DOCUMENTATION

Appendix 1 – trend in under 18 conception rate (attached)

Appendix 2 – conception rates in Southampton compared to England (attached)

Appendix 3 – draft TOR – sexual health strategic group

1.	<p>Figure 1: trend in under 18 conception rate for Southampton, South East and England</p> <p style="text-align: center;">Under 18 conception rate for Southampton, South East and England trend: 1998-00 to 2010-12</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Southampton</th> <th>South East</th> <th>England</th> </tr> </thead> <tbody> <tr><td>1998-00</td><td>58</td><td>36</td><td>44</td></tr> <tr><td>1999-01</td><td>60</td><td>35</td><td>43</td></tr> <tr><td>2000-02</td><td>64</td><td>35</td><td>42</td></tr> <tr><td>2001-03</td><td>65</td><td>34</td><td>42</td></tr> <tr><td>2002-04</td><td>62</td><td>33</td><td>41</td></tr> <tr><td>2003-05</td><td>60</td><td>33</td><td>41</td></tr> <tr><td>2004-06</td><td>64</td><td>33</td><td>41</td></tr> <tr><td>2005-07</td><td>63</td><td>33</td><td>40</td></tr> <tr><td>2006-08</td><td>61</td><td>32</td><td>40</td></tr> <tr><td>2007-09</td><td>56</td><td>31</td><td>39</td></tr> <tr><td>2008-10</td><td>54</td><td>30</td><td>37</td></tr> <tr><td>2009-11</td><td>51</td><td>28</td><td>34</td></tr> <tr><td>2010-12</td><td>43</td><td>26</td><td>31</td></tr> </tbody> </table> <p>Source: Office for National Statistics and Teenage Pregnancy Unit, Crown Copyright.</p>	Year	Southampton	South East	England	1998-00	58	36	44	1999-01	60	35	43	2000-02	64	35	42	2001-03	65	34	42	2002-04	62	33	41	2003-05	60	33	41	2004-06	64	33	41	2005-07	63	33	40	2006-08	61	32	40	2007-09	56	31	39	2008-10	54	30	37	2009-11	51	28	34	2010-12	43	26	31
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2.	<p>Figure 2: conception rates in Southampton wards compared to England average</p>																																																								



Documents In Members' Rooms

N/A

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/ <u>No</u>
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)