SHEFFIELD’S TEENAGE PREGNANCY STRATEGY

1. Purpose of the Report

1.1. This report informs the Scrutiny Board of the:

- National and local context for the teenage pregnancy strategy
- Progress in implementing the local strategy to date
- Programme priorities for further implementation of the teenage pregnancy strategy in Sheffield
- Planned governance and accountability arrangements for the Teenage Pregnancy Strategy in order to mainstream the work within the Children and Young People’s 0-19+ Partnership

2 The National Strategy

2.1 The strategy was launched in 1999 with two key targets:

- To halve the under 18 conception rate by 2010 (with an interim target of a 15% reduction by 2004) and to establish a firm downward trend in the under 16 conception rate. This target is a joint Department of Health (DH) and Department for Education and Skills public Service Agreement as part of a broader strategy to improve sexual health.

- Increase participation of teenage mothers in education, training, employment to 60% by 2010 to reduce their long term risks of social exclusion.

2.2 Improving outcomes for teenage parents and their children contributes to:

- The DfES PSA to reduce the proportion of young parents not in education, employment or training by 2 percentage points by 2010
• The DfES PSA to reduce the proportion of children living in households where no one is working by 2008
• The DH PSA to reduce the rate of infant mortality by 10% by 2010

2.3 The PSA targets are included in the Every Child Matters (ECM) Outcomes Framework:

• Be Healthy: Under 18 conception rate and diagnosis of new episodes of Sexually Transmitted Infections (STIs) among under 16s and 16-19s
• Achieve Economic Well-being: Engage in further education, employment or training on leaving school: percentage of 16-18 year olds not in education, employment and training

2.4 Every top tier Local Authority has a teenage pregnancy strategy developed with health and other key partners to meet the 2010 local conception reduction targets and contribute to the ECM Five Outcomes. The national strategy requires local work to the following key areas:

• Development of contraceptive/sexual health services
• Better formal and informal Sex and Relationships Education (SRE) /Personal and Social Health Education (PSHE)
• Media campaign work
• Support for teenage parents

2.5 Recent national Office of National Statistics (ONS) data shows a reduction in the under 18 conception rate since 1998 of 9.8%. This is a reversal of the previous upwards trend and is against the increasing rates now being experienced by other European countries.

3 The Position in Sheffield

3.1 To achieve the national target of a 50% reduction in under 18 conceptions by 2010, Sheffield is required to achieve a reduction from 50.5 per thousand in 1998 to 25.3 per thousand under 18 conceptions in 2010. The baseline year for Sheffield was a relatively low rate for Sheffield. This means that to meet a 50% reduction on this rate will be particularly challenging. Recent data suggests that since 2002, there have been modest reductions in the rate which currently stands at 53.2 per thousand. This is still 4.5% higher than the 1998 baseline, however. Sheffield will not achieve the interim target of a 15% reduction from the rate in 1998. In order to get back on track to meet the 2010 target,
accelerated progress is required to reduce conceptions in line with the required trajectory as illustrated in the following charts:

### Sheffield Teenage Conception Rates, 1998 to 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Under 16 conceptions No.</th>
<th>Rate</th>
<th>% change since 1998</th>
<th>Under 18 conceptions No.</th>
<th>Rate</th>
<th>% change since 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>102</td>
<td>11.8</td>
<td></td>
<td>431</td>
<td>50.5</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>102</td>
<td>11.9</td>
<td>0.8</td>
<td>451</td>
<td>53.4</td>
<td>5.4</td>
</tr>
<tr>
<td>2000</td>
<td>98</td>
<td>11.2</td>
<td>-5.4</td>
<td>425</td>
<td>50.1</td>
<td>-0.8</td>
</tr>
<tr>
<td>2001</td>
<td>97</td>
<td>10.9</td>
<td>-8.3</td>
<td>448</td>
<td>52.6</td>
<td>4.0</td>
</tr>
<tr>
<td>2002</td>
<td>109</td>
<td>12.0</td>
<td>1.7</td>
<td>488</td>
<td>56.1</td>
<td>10.0</td>
</tr>
<tr>
<td>2003</td>
<td>n/av</td>
<td></td>
<td></td>
<td>472</td>
<td>53.3</td>
<td>5.4</td>
</tr>
<tr>
<td>2004 (interim target)</td>
<td>438</td>
<td>48.5</td>
<td>-4.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>408</td>
<td>44.8</td>
<td>-12.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>373</td>
<td>40.8</td>
<td>-23.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>340</td>
<td>37.0</td>
<td>-36.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>299</td>
<td>33.0</td>
<td>-63.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>262</td>
<td>29.0</td>
<td>-74.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010 (final target)</td>
<td>229</td>
<td>25.3</td>
<td>-99.6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2 Throughout England teenage pregnancy rates strongly correlate with deprivation and are highly concentrated geographically. It has been identified through the national strategy that half of all under 18 conceptions are in the 20% of wards with the highest rates. Sheffield contains 14 ‘hot spot’ wards identified by the Teenage Pregnancy Unit. This constitutes half of the number of pre 2004 electoral wards. As a result of this work, local areas are being strongly encouraged to target those vulnerable groups and neighbourhoods where risk factors are particularly prevalent.
3.3 ONS data does, however, demonstrate that Sheffield has an under 18 conception rate that is to be expected for its level of deprivation. Nevertheless, compared with its statistical neighbours – Newcastle upon Tyne, Derby, Leeds and North Tyneside - areas chosen for their similar social and economic characteristics, only one local authority, Newcastle upon Tyne, still has rates which are higher than Sheffield’s under 18 conception rate.

3.4 Sheffield now benefits from arrangements made through the city’s Health Informatics Service for local conception data to be collected from Sheffield Teaching Hospitals Trust. The advantages of this data are that it allows an up to date analysis of teenage conceptions in the city and also analysis by PCTs, practices, electoral wards and neighbourhoods. This provides an excellent resource for service planning and evaluation and is far more current than the ONS data, which is received 14 months after the year to which relates.

3.5 Some key findings which have emerged from this work in 2005 include the following:

- Teenage conception rates are highest in the north and central parts of Sheffield, mirroring patterns of high deprivation

- A much higher proportion of under 18 conceptions end in abortion in more affluent wards than in more deprived wards

- ONS data shows that the under 16s conception rate has remained steady between 1998-00 and 2000-02 at around 11.2 per thousand. Local data suggests that the 2002 to 2004 rate has dropped to 10.7 per thousand

- Poor school attendance and low educational attainment are strongly linked to high teenage pregnancy rates. National data for girls under 19 delivering between 1999 and 2001 show that in Sheffield, 44.5% of girls had no qualifications compared to 37.7% for England

- For 25.5% of under 18 year olds delivering in Sheffield between 2002 and 2004, it was not their first pregnancy. This is higher than the national estimated percentage of 20%. For under 16 year olds, the Sheffield rate was lower, at 10.4%, but is still a cause for concern

- During 2002 – 2004, 10.5% of under 18 conceptions were to mothers of Black or Minority Ethnic Groups
- In the under 18 age group the proportion of low birth weight babies is higher for every gestational age than for older mothers

- Mothers under 18 years of age are less likely to breast feed than older mothers, and the percentage breast feeding has decreased from 51.0% in 2002 to 43.0% in 2004

- In Sheffield mothers under 18 years old are more likely to be smokers (45.6% in 2004), than mothers aged 18 and over (16.3% in 2004), and the percentage of under 18 year old mothers who are smokers has increased from between 2002 to 2004 from 38.7% to 45.6%.

4. Progress in Implementing the Strategy in Sheffield to Date

4.1 Yorkshire and Humberside Government Office feedback on Sheffield’s 2004 Annual Report and 05/06 Programme gave a ‘traffic light’ assessment of ‘red’. However, overall progress of the strategy and its associated delivery action plans were regarded as showing promising prospects, but these are dependent on the financial security of the programmes of work. The Government Office review noted that there was excellent data and needs analysis resulting in a broad spread of universal provision and in targeted work in the city’s extensive hotspot areas. It also confirmed that the range of effective quality interventions was good, especially contributing to the reduction in the impact of inequalities.

4.2 Given the slow rate of progress in reducing under 18 conceptions, however, it was remarked that all partners involved in Sheffield’s strategy must maintain attention, resources and co-ordination of the programme as a priority in the 2010 target is to be achieved. This activity must be maintained and developed, particularly under the auspices of the Local Area Agreement. The expected outcomes and deployment of resources for teenage pregnancy will be closely monitored as part of the performance monitoring arrangements for the LAA.

4.3 Particular areas for attention identified by Government Office included:

- The need to raise the profile and priority for teenage pregnancy work within key partner agencies

- The need to prioritise teenage pregnancy within the city’s broader sexual health strategy, the Children’s and Young People’s Directorate and co-ordinating this in the context of the LAA
• Greater clarity on pooled budget management arrangements and specifically plans in relation to the mainstreaming of Sure Start Plus pilot funded work post March 2006

• Continued emphasis on the importance in schools of SRE and PSHE with performance management arrangements being developed to this effect

A letter providing an update to Government Office on progress in these areas was jointly forwarded by Helen Fentimen, Chief Executive, SE Sheffield PCT and Jonathan Crossley-Holland, Executive Director Children and Young People, Sheffield City Council in December. A copy of this is attached at Annex 1.

5. Strengthening Implementation of the Local Strategy

5.1 In order to try and understand better the significant variation in performance in reducing conception rates between similar local authority areas, the DfES carried out in depth reviews in 3 high performing areas and 3 ‘statistical neighbours’ with static or increasing rates. The aim was to identify strategy related initiatives that were evident in successful areas but absent in the comparison areas, and were judged by local stakeholders as the initiatives which had contributed the most to the areas declining rates. Sheffield was chosen as one of the areas to be involved in this ‘Deep Dive’ review, and colleagues contributed their views on the structural and strategic factors which were judged to have had most impact on the success or otherwise of Sheffield’s work since 1998.

The findings report that structural factors (such as seniority of key individuals involved in steering local strategies and a range of local contextual factors (such as young people’s aspirations, educational attainment and cultural factors), were judged to be influencing local rates. Certain strategy related measures being delivered intensively in high performing areas but not being delivered, or being delivered ineffectively, in poor performing areas were also identified.

5.3 There was further evidence that progress was greatest in areas where all aspects of the strategy were being delivered effectively. In particular there needed to be the full engagement of the 4 key agencies – PCT, education, social services and Youth Services.

5.4 The following table provides a summary of the headline findings from the Deep Dive interviews compared with a baseline assessment of Sheffield’s position:
<table>
<thead>
<tr>
<th>Summary Findings from of Deep Dive Visits</th>
<th>Position in Sheffield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good quality sexual health services/contraceptive advice services with a focus on health promotion. These should be highly visible, young people friendly and perceived by young people as being confidential. The services should also be trusted by local professionals who signpost young people eg Connexions PAs, youth workers etc</td>
<td>Good range of schools based and outreach provision of sexual health and contraceptive services targeted at areas with high rates and for vulnerable young people. Nearly all pharmacies provide emergency contraception to 15-19 year olds in the city. Issues now are: mainstreaming the services, further targeted support for vulnerable groups (including BME), and improving signposting by professionals in contact with young people</td>
</tr>
<tr>
<td><strong>Strong delivery of SRE and PSHE in schools.</strong> A key feature of this was identified as there being a strong focus on achieving healthy schools status driven by the LA. In high performing areas this was backed up with comprehensive training for teaching and non-teaching professionals (including crucially Learning Mentors), and in some cases training for Governors.</td>
<td>Main vehicle of delivery is Healthy Schools programme, with specialist input from staff funded through teenage pregnancy programme working in secondary and primary schools. However, there are low levels of SRE policies in place in schools. Teenage pregnancy frequently seen as NHS/health responsibility. Performance management of schools in this area needs to be strengthened. The above staff need to have a higher profile and be more fully integrated within school improvement activity.</td>
</tr>
<tr>
<td>Targeted work with at risk groups of young people, also including programmes of work with young men.</td>
<td>Good programmes of outreach and detached work in deprived areas in 1990s, with particular focus on self-esteem and aspirations. Much of this has been lost since closure of several youth centres, however. Sense that this lack of input particularly with 15-17 year olds may contribute to high rates of second under 18 conception rates.</td>
</tr>
<tr>
<td>Training on sex and relationships education with mainstream partner agencies. Even where the primary contact with a young person is not related to sexual health, a trusted relationship between yg person and professional provides opportunities for sign-posting to services, reinforcing SRE messages on delay and promoting safer sex and identifying early signs of risk taking behaviour</td>
<td>Wide range of training available through Centre for HIV and Sexual Health for key professional groups to support skills and knowledge development. Take-up has been patchy, however, with criticism in the past that the Centre’s activity has been focused on national programmes not local delivery needs. Workforce development will be fully reviewed as part of a planned ‘strategy refresh’ and further training packages developed where required</td>
</tr>
<tr>
<td>A well resourced Youth Service with a clear remit to tackle social issues including young people’s sexual health, and providing positive activities for young people.</td>
<td>See above comments re : targeted work with at risk groups. Sheffield Futures and Connexions have shown low levels of engagement with main emphasis being on support for teen parents. Teenage pregnancy prevention work must be included as a priority for newly negotiated Connexions/Sheffield Futures contracts with the CYPD</td>
</tr>
<tr>
<td>Effective local partnership arrangements with active engagement of 4 key agencies in delivering – health, education, social services and Youth Services</td>
<td>Teenage Pregnancy Commissioning Group too operational. Sign up to high level concordat by key stakeholders did not translate into policy or planning priorities within the relevant organisations. New plans for integration of teenage pregnancy into CYPD structures are in place to address this at a high strategic level. A re-fresh of the teenage pregnancy strategy including review of stakeholder accountability due to be completed by Spring 06.</td>
</tr>
</tbody>
</table>

5.5 The above findings were taken in December to the Children and Young People’s Service Delivery workstream meeting for further consideration and action. The group endorsed further detailed
work being taken forward to make progress on improving action in each of these areas of Sheffield’s strategy. A copy of the proposed action plan is attached at Annex 2.

6. Transition into the Children and Young People’s Directorate and the Local Area Agreement

6.1 As teenage pregnancy is a high priority within the Children and Young People’s Plan (CYPP), the new 0-19 + Children and Young People’s Partnership structures create an excellent opportunity to broaden and develop the influence and impact of the strategy with key partners. It is essential that the programme becomes fully embedded within the overall city-wide approach to children’s health and wellbeing.

6.2 Future governance and accountability reporting arrangements for the programme are planned through the Policy and Practice sub-group of the Children and Young People’s Partnership Board via its newly proposed Health Strategy Group. In addition, it is recommended that there will be a reporting line into the 11-19+ Advisory Group to address non-health related aspects of the strategy, in particular developing the SRE curriculum and support for teenage parents in accessing housing, education, training and employment.

6.3 In preparing for full integration into the Local Area Agreement, work planned to review Sheffield’s current teenage pregnancy programme and establish newly endorsed strategic priorities will be vital. Although the funding is no longer ringfenced, Sheffield will continue to receive an allocation of £344,000 until at least 2008 for its teenage pregnancy strategy. It is clearly expected by Government Office that resources will be sustained and enhanced where possible to strengthen local implementation. The commitment of future funding will be focused on those priorities identified through the action plan review. In the interim it is recommended that until the strategy review is completed, commitments remain unchanged for at least the first 6 months of 2006/07.

6.4 Whilst the above plans are starting to create a more robust framework for delivering prevention priorities in the future, support for teenage parents remains a vulnerable area of the programme. The Sure Start Plus pilot has provided a full range of health and social services to pregnant teenagers and teenage parents in Sheffield, however, funding ceases at the end of March 2006. A comprehensive plan for mainstreaming the work based on evidence of effectiveness is currently being finalised.
Once the full review of Sheffield’s teenage pregnancy strategy is completed, a high level ‘Summit’ event is planned (Spring 2006) for key stakeholders. It’s purpose will be: to highlight programme priorities, reinforce organisational responsibility for contributing to progress on the under 18s conception target, and to secure long-term commitment to these plans.

7. Summary

7.1 Sheffield has a well established teenage pregnancy strategy, supported by excellent data analysis, a good range of high quality interventions delivered by highly committed operational managers and specialist staff. Further concentrated and targeted work is now required to achieve accelerated progress towards the 2010 target.

7.2 Recent work undertaken by the DfES highlighted some key strategic and contextual factors which impact on the success or otherwise areas have had to date in reducing under 18 conceptions. Sheffield is developing a detailed action plan to improve its performance in relation to these measures. In particular further work is required to strengthen SRE/PSHE provision in schools, make youth service involvement in the strategy more comprehensive and review the training/workforce development needs of all professionals.

7.3 Greater integration of the strategy, its governance and accountability within the 0-19+ Children and Young People’s Partnership creates an excellent opportunity to broaden stakeholder involvement and increase understanding and ownership of the 2010 target for reducing under 18 conceptions.

7.4 Following a full review of the teenage pregnancy programme’s priorities and commitments currently taking place, a stakeholder summit is planned for in Spring 2006 to reinforce the strategy and clarify all partners’ roles and responsibilities in the work.

7.5 Through the Local Area Agreement, Sheffield will continue to receive an allocation from central Government of £344,000 for this activity until at least 2008. This resource must be sustained and built on where possible in order to strengthen the programme’s implementation in line with the newly agreed priorities.
8. Recommendations

8.1 The Scrutiny Board is asked to:

- Note the report
- Continue to receive reports on progress towards reducing under 18 conceptions in Sheffield