

Report to: Children, Young People and Families Scrutiny Committee

Date: 11 March 2010

Subject: Teenage Pregnancy Strategy

Report of: Nick Hudson. Executive Director Children and Young Peoples Services

Contact officer: Eleanor Mansell. Teenage Pregnancy Lead
Commissioner: 01942 828918

Purpose/summary: To update members on the progress of the Teenage Pregnancy Strategy

Alternative options considered and reason for selecting the one recommended: N/A

Recommendation/decision: This report does not require a key decision

Implications/Risks: N/A

Financial: N/A
Staffing:

Policy: N/A
Equal Opportunities - Has a Diversity Impact Assessment been conducted? N/A - not new policy

Wards affected: All wards
Special Interest Members – Which have been consulted N/A

For Cabinet reports only : Put a X in the box that fits your report and what you require from Cabinet.

Categorisation of the report:	x
Discussion leading to a decision	
Monitoring	x
Sharing for corporate understanding	x

Discussion	
Decision	
Information	x

Tracking/Process:

	Consultation	Ward Members	Partners
Panel	Overview & Scrutiny	Cabinet	Council
	11 March 2010		

There are no Background Papers to this Report within the meaning of Section 100D of the Local Government Act 1972.

Proper Officer Nick Hudson

Date 4 March 2010

1. Purpose of Report

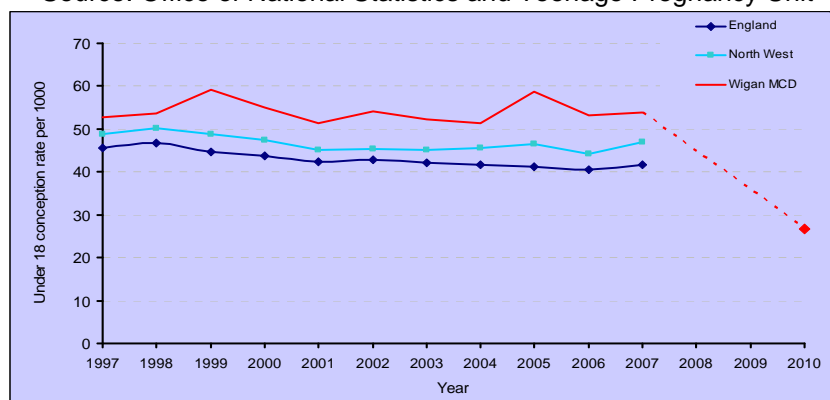
- 1.1 To respond to Members request for an update on progress of the delivery of the Teenage Pregnancy Strategy.

2. Background

- 2.1 Members will be very aware that teenage pregnancy is a complex issue. Rates are far higher among deprived communities, so the negative consequences of teenage pregnancy are concentrated among those that are already disadvantaged.
- 2.2 Reducing teenage pregnancy is central to preventing health inequalities, child poverty, social exclusion and disadvantage being passed from one generation to the next and it is a national priority.
- 2.3 Young Parents and their children are much more likely to suffer problems with their health, finances, education and social integration. The children of teenage mothers are also more likely to become young parents themselves.
- 2.4 The vast majority of teenage pregnancies are unplanned and in Wigan 44% end in abortion.
- 2.5 The rate of teenage pregnancy in Wigan (currently 53.9 per thousand) remains higher than the North West (currently 47.0 per thousand) and the national rate (currently 41.7 per thousand) (see figure1)

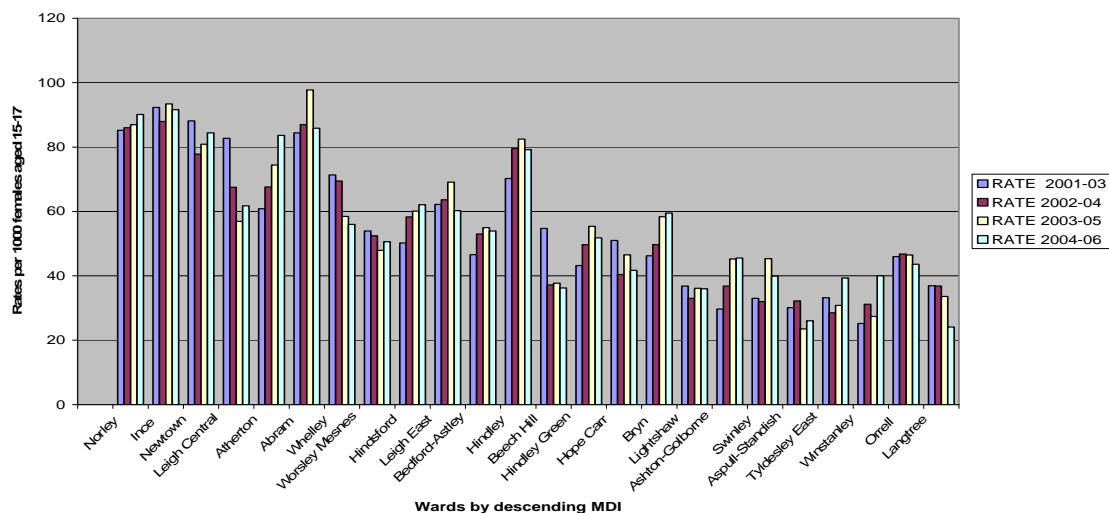
Figure1: Under 18 Teenage Conception Rates per 1,000 Females 15-17

Source: Office of National Statistics and Teenage Pregnancy Unit



- 2.6 As with all local areas there are marked differences between Wigan's communities; with considerably higher numbers of conceptions in the most deprived wards (see figure2).

ONS Wigan Under-18 Ward Conception Rates by Multiple Deprivation (IMD Score 2007)



(Figure 2 : Note: ONS pre-2004 ward boundaries)

2.7 Ince, Norley, Abram, Newtown, Atherton and Hindley all have under 18 conception rates above 70.0 per thousand (latest ONS ward data 2004-2006).

3. Comparison with Neighbouring Authorities

3.1 The increase in Wigan’s under-18 conception rates in 2007 (latest ONS data), reflected a national rate increase which was also experienced by 15 of the 22 North West areas.

3.2 There is some encouragement, however, that in relation to many other areas, including 3 of our 4 statistical neighbours, (Doncaster, Dudley, Rotherham and St Helens) it was a very small rise and the Wigan under-19 repeat abortion rate at 7.5% (ONS 2007) is lower than England’s 10.4% with repeat births to teenage mothers in Wigan is less than half the national rate.

3.3 Whilst Wigan’s teenage pregnancy statistical neighbours (Doncaster, Dudley, Rotherham and St Helens) have all achieved an overall decrease in rates, while Wigan has had a small increase (see figure 3) we have seen small consecutive decreases in the last three quarterly figures for 2008, which none of our statistical neighbours have achieved. Doncaster and St Helens having significant 2nd quarter increases.

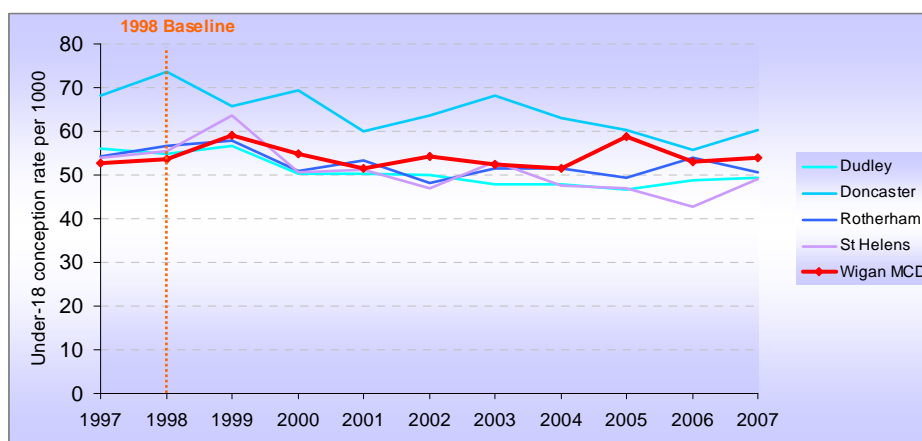


Figure 3: Under-18 conception trends by DCSF statistical neighbours

3.4 In an effort to improve our performance we have compared ourselves with a

nationally high achieving area for reducing teenage pregnancy.

- 3.5 The London Borough of Hackney is an area of very high deprivation. They have the 5th highest teenage pregnancy rate nationally and are still in the top 30 worst performing local authorities in this area, **but** a reduction of -26.0% means Hackney has achieved one of the top 14 overall reductions nationally.
- 3.6 Comparisons with Hackney show that they are almost unique in that every ward in the borough is sufficiently deprived that they qualify for Neighbourhood Renewal Funding (NRF).
- 3.7 Hackney's Teenage Pregnancy Strategy is traditionally a well funded programme which with additional NRF, was in excess of a million pounds per year for 2004/05 and 2005/06.
- 3.8 There is clear correlation between the level of investment and the rate of progress that has been achieved which is demonstrated in the chart below, which shows the significant decrease in under-18 conception rates coinciding with increased NRF funding 04-06, indicating the level of financial investment significantly impacts on the levels of achievement.

Teenage Pregnancy Trends in Hackney LB & City of London

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Hackney & City of London	79.6	77.1	79.8	79.5	77.2	76.1	71.1	71.1	57.7	55.5	57.1
<i>Change in rate from baseline (%)</i>		0%	3%	3%	0%	-1%	-8%	-8%	-25%	-28%	-26%

- 3.9 The interventions delivered in Hackney are not appreciably different to Wigan's. The difference lies in the industrial scale levels to which they are able to deliver.
- 3.10 The challenge that Hackney Teenage Pregnancy Partnership have identified is how to mainstream a programme of this size in the current financial climate, to ensure effective local services are not lost and momentum maintained.

4. Financial Implications

- 4.1 There are strong economic arguments for investing in measures to reduce teenage pregnancy including reducing the significant burden it places upon the NHS and wider public services.
- 4.2 The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year.
- 4.3 Benefit payments to a teenage mother who does not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.
- 4.4 Broad estimates suggest that every pound spent on the Strategy saves approximately £4 to the public purse, when assessed over a 5 year period.
- 4.5 The National Support Team (NST) highlighted the cost to Wigan of teenage pregnancy maternity and termination care.

Cost	Wigan Data	Wigan Minimum Cost
Approx Abortion Cost £500	Repeat Under19 Abortions 11	£5,500
	All Under 19 Abortions 142	£71,000
Approx Delivery (birth) Cost £1,500	All Teenage Deliveries (births) 181	£271,00
Approx Average Teenage Conception Cost £1,000	Teenage Conceptions 323	£323,000

(Costs are approximated based on ONS and NICE data. Underestimates of totals)

- 4.6 To achieve the 50% reduction target, the number of teenage pregnancies in Wigan needs to reduce from 323 in 2007 to 161 in 2010 – a difference of 162 conceptions.
- 4.7 If Wigan reduced conceptions by 162 they would save an estimated £162,000 annually in maternity and termination care alone.
- 4.8 The Wigan Teenage Pregnancy Strategy is funded by the Governments Teenage Pregnancy Grant which is not ring-fenced and paid through the Areas Based Grant.
- 4.9 The strategy had a funding allocation of £211,000 for 2009/10 and the same amount is anticipated for 2010/11.

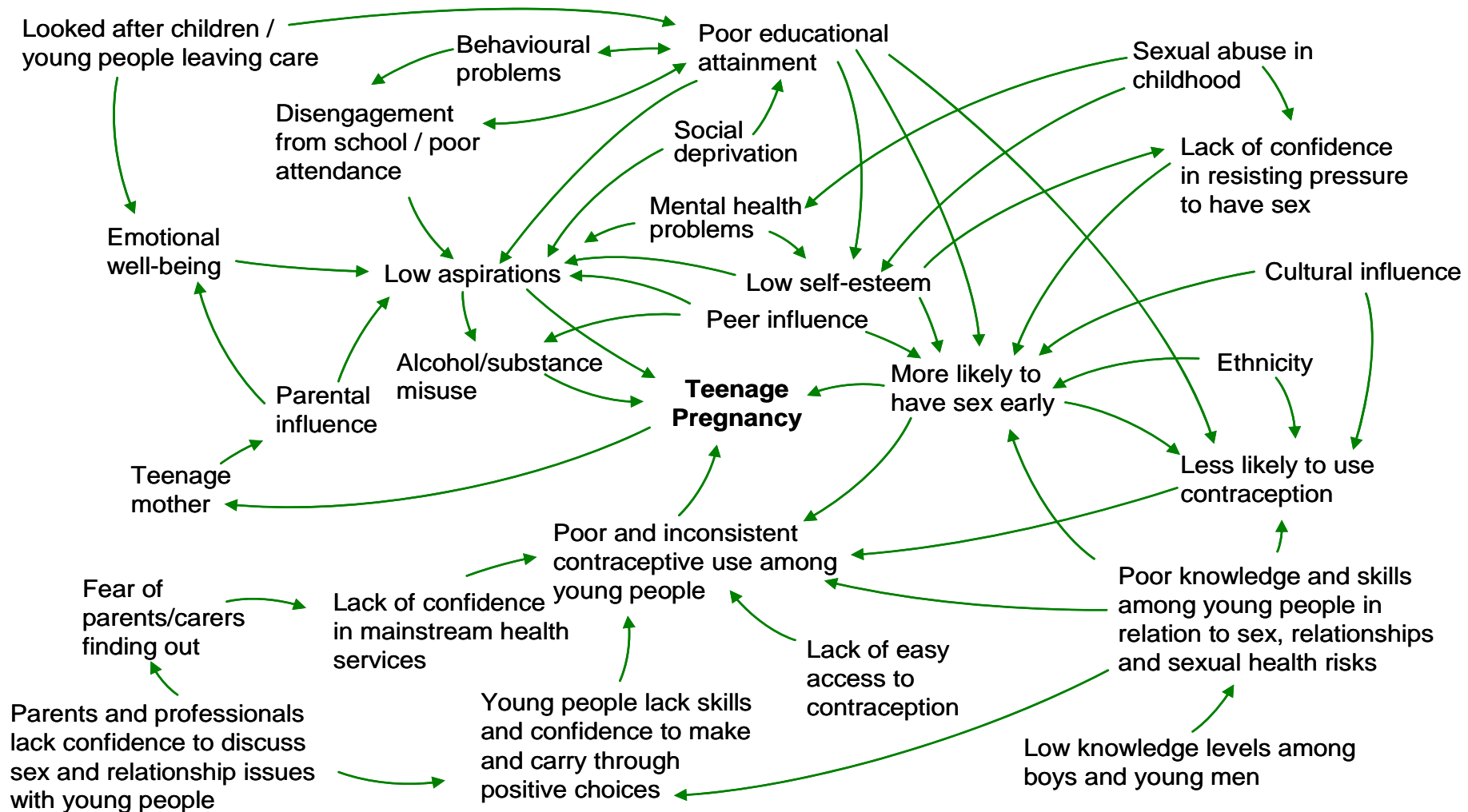
5. Progress and Future Plans

- 5.1 The 2010/211 planning and commissioning decisions have focused on actions and recommendations which have been highlighted by Government Office North West, Ministerial scrutiny visits and the NST visit. A summary of currently funded and proposed services is attached as appendix 2 for Members information.
- 5.2 The NST highlighted the importance of understanding the complexity of this issue due to the wide range of factors in becoming a teenage parent (see appendix 1) and that evidence shows it is not one individual intervention that makes the difference, but rather a combination of interventions, across many services and agencies.
- 5.3 Comparison with other areas Teenage Pregnancy Strategies has shown that they have been stronger in the “prevention element” than the support to teenage parents which for them now needs further development.
- 5.4 In contrast Wigan’s initial focus was on supporting teenage parents, which we as a borough do extremely well.
- 5.5 Health, social and economic outcomes for young parents are excellent in the borough, with high Education, Employment Training (EET) rates and being consistently in the top 3 areas nationally for uptake of ‘Care to Learn’ childcare and being a nationally recognised area of ‘best practice’.

- 5.6 Our focus now is to replicate this success in the prevention of teenage pregnancies, whilst continuing to provide excellent services to young parents.
- 5.7 Our first action has been to fully review the local Teenage Pregnancy Strategy.
- 5.8 All services are being commissioned against clearly identified areas of need and re-commissioning of services is dependent upon robust performance management and evidence of impact.
- 5.9 Ministerial feedback on Wigan's progress report (Nov 2009) was overall very positive, stating, "we are pleased that your report demonstrates commitment and progress... with improved structures better suited to accelerating delivery and maintaining the profile of the strategy."
- 5.10 In October we received a visit from the National Support Team (NST) as part of the ministerial support and challenge process.
- 5.11 Some areas were identified for further development including data collection and analysis, commissioning and performance management, access to Contraceptive and Sexual Health Services and the production of a Teenage Pregnancy Communication Strategy.
- 5.12 In response an action plan has been developed to address the recommendations.
- 5.13 These include:-
- Needs analysis is now led by the TP Data and Evidence Group, supported by increased capacity in the Public Health Analysis Team and the newly established Health Outcomes Improvement Support Team.
 - Impact is now measured against robust performance management indicators.
 - A targeted early intervention prevention service, is currently out to tender in Wigan and a contract is due to be in place by February 2010 (a feature in many successful areas).
 - A phased expansion of Clinic in a Box to all secondary schools was initiated in mid 2009, now currently in 5 secondary school, 3 pupil support centres and 2 clinics.
 - The Teenage Pregnancy Media and Communication Group is currently developing a Communication Strategy.
- 5.14 Overall initial NST feedback was very encouraging, recognising that although Wigan has not yet succeeded in reaching stretching reduction targets, we have many overall strengths and are making positive steps to accelerate our progress.
- 5.15 This includes:-
- The high prioritisation of teenage pregnancy
 - Council and PCT partnership working
 - Low repeat teenage pregnancies
 - Use of non-traditional settings to deliver services to young people.
- A key message from the NST was the need to celebrate our successes.

- 5.16 The NST will return to review our progress when we hope to be able to demonstrate that we will have made significant strides towards achieving and implementing the highlighted priorities.
- 5.17 We are optimistic that this will enable us to turn the corner in achieving and sustaining a reduction in teenage pregnancy.

The issue of teenage pregnancy is complex as there are a range of factors that are associated with whether a teenager becomes pregnant



Interventions Funded from Teenage Pregnancy Grant

Teenage Pregnancy Lead Commissioner and associated running costs
C-Card Scheme
Sexual Exploitation Team Police Officer
Targeted Intervention Service – currently under tender
Clinic in a Box resource materials
PSHE&C – SRE – support for schools to access CPD training
Speak Easy Training
Brook Multi-Agency Training
Media and Communication Campaign with WishFM
College Sexual Health Centre.

Additional Key Supporting Services / Initiatives include:

Prevention:

Brook - Young Peoples Contraception and Sexual Health Services
Generic Contraception and Sexual Health Clinics
Leigh Walk In Centre -Young Peoples SH/Cont clinics
College Nursing / College SH Centre
Looked After Children's Nursing
Chlamydia Screening Programme
Pharmacy free emergency hormonal contraception scheme
Termination Services
Maternity Services - including TP Specialist midwife
Healthy Schools PSHE & C - SRE element & Kooth on-line counselling service
Youth Service - Integrated & Targeted Youth Support
CYP Drug and Alcohol services/interventions
Parenting Support Advisors / Children's Centres

Support for teenage parents:

Reintegration Services
Connexions: Teenage Pregnancy Personal Advisor
Maternity Services - including Teenage Pregnancy Specialist midwife
Bamber Court Mother & Baby Unit
ACE Centre - Teenage Parent Education Unit