

Southend Health & Wellbeing Board

Report of the Director of Public Health
Southend City Council

To
Health & Wellbeing Board
on
September 2022

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Senior Principal Public Health

Agenda
Item No.

For information only		For discussion	x	Approval required	
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Teenage Pregnancy Implementation Plan -Annual Update

Part 1 (Public Agenda Item)

1. Background

In 2019, Public Health undertook a deep dive into teenage pregnancy rates and into the caseload of young parents in order to understand local inequalities. There had been a plateau in the local reduction of teenage conception rates in comparison to our neighbours and nationally, and the clinicians were highlighting increased complexity within the young parent's caseload. An evidence-based approach was taken using existing public health frameworks to assess the current approach to teenage pregnancy prevention and the support given to young parents in Southend.

The deep dive identified the need to strengthen all areas of prevention and to increase the relationships and pathways of Practitioners for young parents. The review also identified some key issues, young parents in Southend face, including poor levels of mental health, low aspirations with poor educational attainment and unhealthy relationships featuring domestic abuse.

2. Teenage Pregnancy Prevention Framework

The international evidence is clear. Building the knowledge, skills, resilience and aspirations of young people, and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. Central to success is translating the evidence into a multi-agency whole system approach.

The Public Health England Teenage Pregnancy Prevention Framework outlines the 10 key factors for an effective strategy, providing a structure for a collaborative whole system approach. In 2020, a multi-agency self-assessment was undertaken as part of the deep dive into plateaued teenage conception rates and identified areas to strengthen in all points of the 10-point framework.

PHE 10 point Framework for Teeange Pregnancy Prevention



3. Southend Data and insights

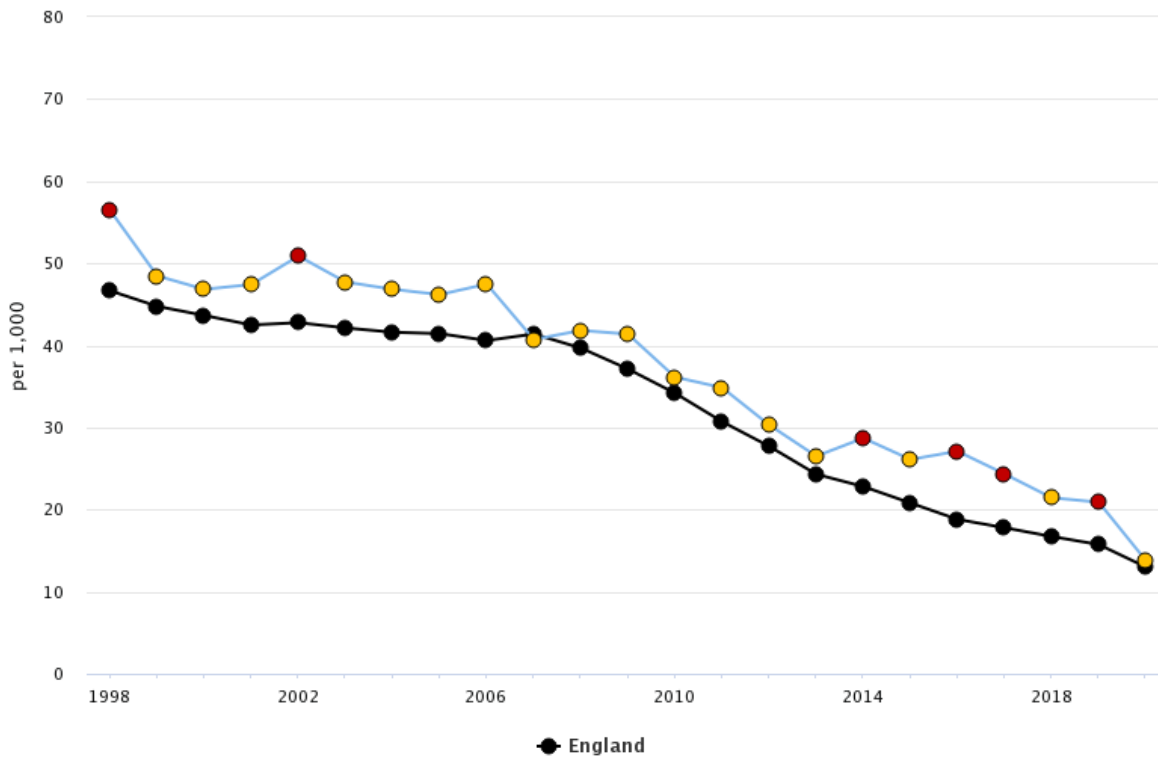
The teenage conception rate is calculated by dividing the number of conceptions to women aged under 18 years by the female population aged 15 to 17 years.

ONS published the 2020 [annual conception statistics](#) in April 2022. The downward trend in the under-18 conception rate continues with the England rate now 13/1000 15-17 year old females, a 17.2% drop from 2019. The national reduction from 1998 is now 72%. Under 16 rates are also declining.

It is worth noting that although all quarterly data for 2020 declined, the bigger than usual annual reduction is largely due to the 33% drop in Q2 which coincided with the first pandemic national lockdown. Ongoing monitoring will identify if this is a sustained reduction.

All regions have seen declines since 1998 but as the table below highlights, there remain variations in progress and rates.

Under 18s conception rate / 1,000 for Southend-on-Sea



	Conception rate per 1,000 women in age group 2020	Conception rate per 1,000 women in age group % change 2019 to 2020	Conception rate per 1,000 women in age group % change 1998 to 2020
England	13	-17.2	-72.1
North East	18.6	-14.7	-67.1
North West	16.7	-13.9	-66.8
Yorkshire And The Humber	16.5	-14.5	-68.9
East Midlands	12.5	-18.8	-74.4
West Midlands	15.1	-17.5	-70.8
East	11.8	-15.1	-68.9
London	9.8	-27.4	-80.8
South East	10.6	-16.5	-72.0
South West	10.5	-18.0	-73.4

4. Progress on the 10 areas of prevention

- Strategic leadership & accountability

The Teenage Pregnancy Prevention and Young Parents Implementation Group meets bimonthly and has regularly met to monitor progress and actions. The group is chaired by Cllr Boyd and co-chaired by Erin Brennan-Douglas.

- Relationship and Sex Education (RSE) in schools and colleges

RSE delivery post covid was an immediate concern for the group, as schools reported this was not a key priority during the peak of the crisis. The Health Improvement Practitioner Speciality (HIPS) for School Age Children led this work through the Healthy Schools Programme. This work coincided with the DfE requirement for schools to publish the schools plans and school policy for RSE. Strong relationships are in place with the HIPS and schools, and this led to quickly reinstating RSE programmes. DfE compliance was monitored with a good outcome for schools publishing their curriculums and policies and progressing the visibility of RSE in the school.

Public Health continues to support the Healthy Schools Programme and investment into ensuring staff have the right skills and competency to delivery RSE education.

- Youth friendly contraception & sexual health services + a condom scheme

Brook Southend is an all-age provider; however Brook has a long-standing strength in providing young people friendly services and a leading expert in this level of provision in the UK. A condom scheme is in place.

- Targeted prevention of young people at risk

The two priority groups the Implementation Group has been working on are children and young people we care for (Looked after Children) and those children and young people not accessing RSE in mainstream education settings.

For children we care for (Looked After Children)

- Benchmarking the opportunities for RSE discussions and approaches
- Review of the School Nursing yearly Review Health Assessment (RHA) for opportunity, updated approach and good practice
- Inclusion for RSE offer on the Personal Education Plan (PEP) both by the school and the child or young person
- Multi-teams training offer for RSE update and condom training across Leaving Care, School Nursing, Adolescent Intervention team and Little Steps Health Visiting
- Developing key leads and an approach on engaging boys and young men for RHA
- Discussions and ideas with Children in Care Council

For children and young people out of mainstream education

- Raising the profile with education colleagues on indicators and risks for a common profile of young parents (poor education attainment by age 12, multiple home and school moves, history of domestic abuse in the family and poor school attendance)
- Access to the peer relationship play for foster carers, young people in alternative education settings and those children and young people home schooled
- School Nurse specialist nurse for children and young people home schooled or out of mainstream education
- Links to Brook Southend promoted in the newsletter and offer to those out of mainstream education
- Brook visibility at training days for foster carers or event for those not in mainstream educational settings

- Support for parents to discuss relationships and sexual health

RSE curriculum and policy for schools and access to Brook Southend

- Training on relationships and sexual health for health and non-health professionals
 - Brook Southend offer a range of education days for non-health care and health care staff. This is circulated on the Southend Learning platform for school and through the partnership
 - Brook multi-team training planned for September 22 to support LAC planning
 - Healthy Schools Programme offer to schools
- Active access to contraception in non-health education and youth settings
 - Brook Southend has implemented a condom distributions scheme, making condoms accessible online and through a range of community venues

[Free condoms - Brook Southend \(sexualhealthsouthend.co.uk\)](http://sexualhealthsouthend.co.uk)

- Consistent messages & service publicity to young people, parents & practitioners

Work is ongoing with Brook Southend to maintain a consistently strong public offer and visibility is being led through commissioning leads.

- Support for pregnant teenagers and young parents – prevention of subsequent pregnancies

The Little Steps enhanced health visiting offer has been rolled to young parents under 20, to compliment the Family Nurse Partnership programme run by Essex Partnership University Trust (EPUT). This is to ensure all young parents are given additional support to reduce health inequalities, reduce subsequent pregnancies and ensure their children have the best start to life. Both programmes have rapid access to clinics and Brook Southend for emergency contraception with both short and long-acting reversible contraception.

- Strong use of data for commissioning and monitoring progress

The Joint Strategic Needs Assessment (JSNA) for teenage pregnancy prevention and young parents is currently being collated and is in draft format. The JSNA will allow commissioners and leaders to identify gaps and assess where future needs may arise.

5. Teenage Parents

A young parent professional's group is meeting regularly to improve the collaboration of care and improve pathway work when working with young parents. The deep dive highlighted the frustrations that parents had on the disconnected care provided by multiple professionals they come in contact with.

The pathways have been mapped and the group is exploring the opportunity to start case level discussions to ensure that there is an opportunity to plan care and services in a more cohesive way.

The Family Nurse Partnership collects and shares case stories quarterly as part of their national framework. These stories are used to ensure the journey and experience and voice of the young parent shared.

6. Next steps 2022/23 and forward planning

The implementation group will be working on the following priorities for the year in addition to inequalities highlighted by the JSNA:

- Finalise an improved offer for better access to Emergency Hormonal Contraception;
- Repeating the School Health Education Unit survey post-covid, testing the knowledge of Young People about local services;
- Assessing the multi- team training impact LAC review health assessment, AIPT and leaving care team.

7. Recommendations

8. For the HWB Board to note the content of this report, with the next annual update due in September 2023.
9. For the HWB Board to provide any suggestion or recommendations that could enhance the delivery of the plan in 2022-23.