

Children and Young Peoples Overview and Scrutiny

27 November 2019

Joint Update Report for Sexual Health and Under 18 Conceptions



Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Children and Young People's Overview and Scrutiny Committee an update on work co-ordinated by Public Health, aimed at promoting positive sexual health for young people and reducing the number of unplanned teenage pregnancies.

Executive summary

- 2 National teenage conception data collated for under 18 years and under 16 years show that the number of teenage conceptions in County Durham has shown a significant reduction from 1998 to 2019, despite this, rates remain higher than the England average.
- 3 The rate of young women aged 15 – 17 who become pregnant in County Durham has fallen consistently over the years from 54.4 per 1,000 females to 23.7 per 1,000, an overall reduction of 64% since 1998.
- 4 In addition, the 13 – 16 years conception rate continues to fall from 5.9 per 1,000 to 5.4 per 1,000 an overall reduction of 55%.
- 5 The latest data release has seen a shift from reporting teenage conceptions at ward level data to reporting against Middle Super Output Area (MSOA); due to low numbers data is collated over a 3-year pooled set. By using MSOA data, we can compare data to a range of different indicators including deprivation.
- 6 The Teenage Pregnancy Steering Group, a public health led multi agency group, co-ordinates work on this agenda and ensures that health inequalities are identified and considered. The group has used the Public Health England (PHE) Teenage Pregnancy Prevention Framework to inform the completion of a robust self-assessment,

completed in September 2019 and identify priority actions for the future Teenage Pregnancy Action Plan as set out in paragraph 20.

- 7 As set out in paragraph 33 to 38, as of September 2020 schools have a statutory responsibility to deliver age appropriate relationship and sex education (RSE). It is hoped that by high quality RSE being delivered in and through universal services that the downward trend of teenage conceptions continues and that services begin to narrow the gap between local, regional and national data; the impact of this work will be closely monitored by the Teenage Pregnancy Steering Group.
- 8 The psycho-social impacts on teenage parents are significant, with high levels of parental stress, higher risk of developing mental health problems, and poorer physical health outcomes when compared to non-teenage parents. Furthermore, teenage parenthood is also often associated with social exclusion and deprivation, with many teenage parents coming from disadvantaged backgrounds; often those effected by the introduction of Universal Credit and wider welfare reforms.
- 9 As set out in paragraph 39 to 48, the public health funded Young Parents Pathway is in place to provide additional support to vulnerable young parents.
- 10 The 20-week programme, delivered by the One Point Service, in partnership with Durhamworks, provides parents with the opportunity to participate in a range of activities and interventions aimed at improving outcomes for parents and ensuring that children have the best start in life.

Recommendations

- 11 Children and Young People's Overview and Scrutiny Committee are recommended to:
 - (a) Note the content of this report
 - (b) Acknowledge and endorse the work of the Teenage Pregnancy Steering Group

Background

- 12 Sexual ill health is not equally distributed amongst the population with certain groups being at greater risk. These include:
- Young people
 - Women
 - Men who have sex with men
 - People from African communities
 - People living with HIV
 - Victims of sexual and domestic violence
 - Other marginalized or vulnerable groups including prisoners.
- 13 A Framework for Sexual Health in England 2013, outlined the clear link between poor sexual health and deprivation and social exclusion. Groups (outside of those above) which are commonly identified as being at increased risk of sexual ill health include: young people not in education, training or employment (NEETs); asylum seekers and refugees; sex workers; drug users who inject; people with learning difficulties; homeless people.
- 14 Of all these at risk groups, young people (aged 16-24) are at the greatest risk - although making up approximately just 12% of the population, young people account for 65% of all chlamydia, 50% of all genital warts, and 50% of all gonorrhoea infections diagnosed in GUM clinics. (JSNA 2016)
- 15 STIs are one of the most important causes of poor sexual health due to infectious diseases among young people. However, good sexual health is equally important for people of all ages and reducing rates of STIs in the population is a key preventative public health measure. To monitor this, the Sexual Reproductive Health tool contains an indicator which reports the rate of all new STI diagnosis (excluding Chlamydia in under-25 year olds). A high diagnosis rate is indicative of a high burden of infection; however, a low diagnosis rate may be explained by other factors as well.

Teenage Pregnancy Prevention Strategy

- 16 Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and the population.

- 17 In order to ensure that the sexual health needs of residents in County Durham are understood and met, Public Health are developing a Sexual Health Strategy, due for completion in early 2020. A significant part of that strategy will be focused on young people and how systems and services are developed to meet their needs and address any identified inequalities.
- 18 The Teenage Pregnancy Steering Group, led by Public Health is supported by representatives from the following services;
- One Point Service
 - Education Durham
 - Commissioning
 - Harrogate and District Foundation Trust, 0 – 19 years' Service
 - Midwifery
 - Integrated Sexual Health Service
 - Voluntary and Community Sector
- 19 The group are responsible for robustly managing and co-ordinating activity that is taking place across County Durham and, in September 2019 used the Public Health England Teenage Pregnancy Prevention Framework to complete a rigorous, multi-agency self-assessment. The framework and assessment measured how effective local strategies are in relation to the following 10 factors are detailed in Figure 1 below.

Translating evidence into a 'whole systems' approach: 10 key factors of effective local strategies



20 The insight gained through completing the self-assessment has been used to update the local Teenage Pregnancy Action Plan and has identified priority actions in the following areas:

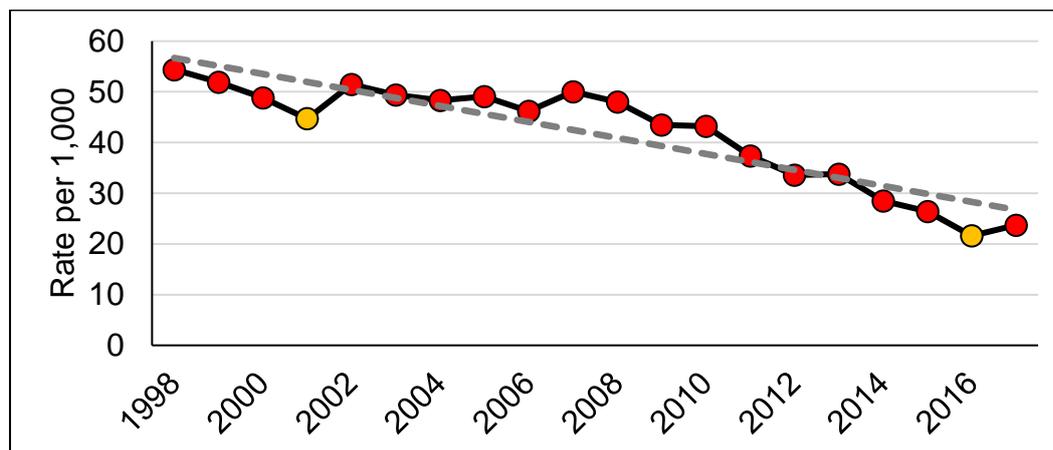
- RSE Early Adopters
- Improvements to data sharing processes
- Real time service level data; better use of local data and intelligence rather than a reliance on statistical releases that are on a 2-year time lag
- Understanding the needs of vulnerable groups
- The voice of the young person to inform service delivery
- Develop a digital offer

Teenage Conception Data

21 Annual conception data is released in the spring of each year; given the lag in data, the latest data available (released in April 2019) is for 2017. **Figure 2** below outlines under 18 conceptions over time, annual rate per 1,000 (1998 – 2017) County Durham and trend line.

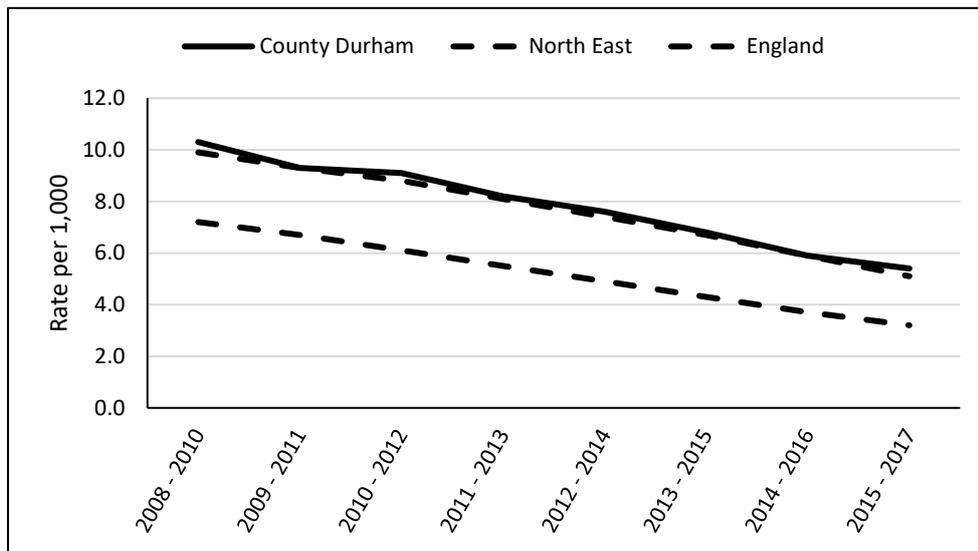
22 The 2019 data release shows that the 15 – 17 years rate has increased slightly from 21.6 per 1,000 to 23.7 per 1,000, this slight increase is not uncommon and equates to 8 conceptions; it does not indicate a change in trend.

Figure 2: Under 18 conceptions over time, annual rate per 1,000 (1998 – 2017) County Durham and trendline



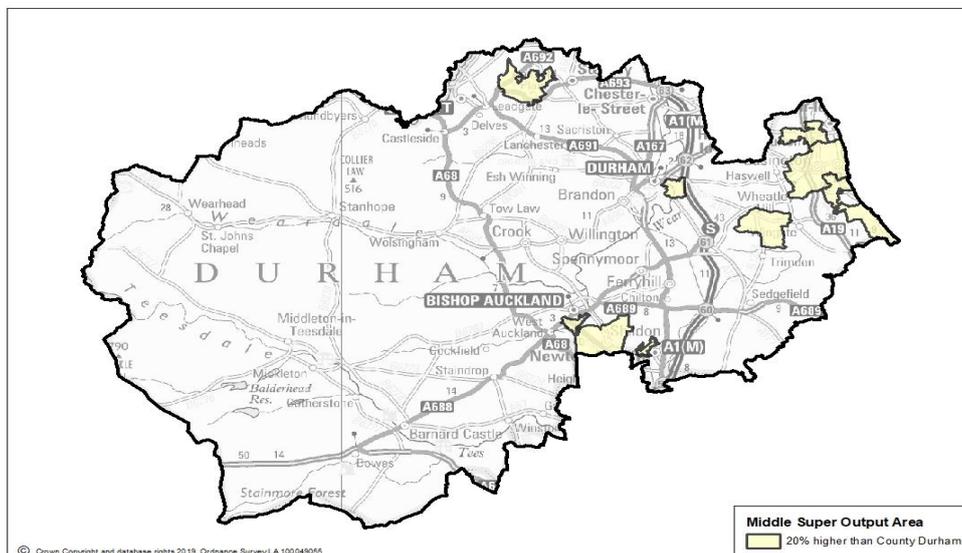
- Significantly worse than England
- Not significantly different to England

23 **Figure 3** below outlines the under 16 conceptions overtime, annual rate per 1,000 (2008-2017), County Durham, North East and England.



24 In addition to conception rates, **Figure 4** below identifies areas where teenage conceptions are consistently 20% higher than the County Durham average.

Figure 4: Areas where teenage conceptions are consistently 20% higher than the County Durham average



25 As described in paragraph 4, teenage conception data is now released at MSOA level. This allows us to consider teenage conceptions in line with areas of deprivation, table 1 shows the current areas where conceptions are consistently 20% higher than the County Durham average alongside deprivation information.

Table 1

MSOA	Deprivation
Annfield Plain and Dipton South	Top 10-20%
Gilesgate Moor	Top 10-20%
Dalton-le-Dale and Deneside	Top 10%
Easington Colliery North	Top 10 – 20%
Easington Colliery South and Eden Hill	Top 10%
Blackhalls	Top 10%
Thornley Deaf Hill and Wheatley Hill	Top 10-20%
Shildon	Top 10%
Newton Aycliffe Central	Top 10%
Henknowle and Woodhouse Close	Top 10%

The Wellbeing Approach

- 26 The wellbeing approach brings a shift in emphasis and resources from the delivery of wellbeing services to an approach that introduces greater devolution of decision making to communities and stronger community engagement. This can lead to better health and wellbeing outcomes for local people.
- 27 Adopting the approach to wellbeing will challenge us to deliver services and programmes in a different way. It will also challenge us to measure our performance in a different way. It will mean services and assets that are developed with people rather than consulting with them during or after the event. Doing so, is not easy, and in some cases may not feel comfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.
- 28 Moving forward, services and structures in place to support young people make informed choices regarding their relationships and sexual health will be informed by the wellbeing approach and place co-production at the heart of future service design and decision making.

The Role of the Integrated Sexual Health Service

- 29 The Integrated Sexual Health Service (ISHS), currently delivered by County Durham and Darlington Foundation Trust (CDDFT) target a broad range of groups and services that support young people, providing key universal and targeted prevention messages, C Card registrations and Chlamydia screening. These sessions also inform participants about what wider services are available to them, and how to access them. Groups have included:
- (i) Durham University
 - (ii) Further Education Colleges
 - (iii) Investing in Children
 - (iv) Extreme Group (Young People with SEND)
 - (v) LGBTQ+ Health and Wellbeing Service
- 30 In addition, training has also been delivered to professionals who support County Durham's most vulnerable young people, this includes:
- Children Looked After Teams
 - Young People's Service
 - Foster Carers
 - Residential
- 31 There are 203 active C-Card outlets, where young people aged under 25 years can access free condoms, after they have had a 'condom teach'. Teenage pregnancy hotspots, areas of deprivation are considered alongside the ability to meet the needs of vulnerable groups.
- 32 In 2019 (January – September), 1192 young people were registered for the scheme, making 3223 visits. Of these 60% were young men. Staff in the C Card outlets are given training regarding basic contraception, supporting young people and local service provision in order to sign post effectively. Between January 2019 and October 2019, 140 staff from a range of services attended c card training, this included youth workers, Voluntary and Community Sector (VCS) representatives, School Nurses and Children's and Young People's Services staff.

Statutory Relationship and Sex Education

- 33 In February 2019 the Department of Education (DofE) published the Statutory Guidance for the delivery of Relationship and Sex Education (RSE) within primary and secondary schools from September 2020.
- 34 Alongside this the DofE began looking for schools to act as 'Early Adopters' with the aim of delivering the new curriculum from September 2019. The DofE were looking for a strong reference group of schools to

work directly with over the 2019/2020 term as a support to further develop training tools in preparation for compulsory training.

Early Adopters in County Durham

- 35 DofE have identified 22 schools as early adopters in County Durham, the cohort is geographically spread across the county and includes:
- 7 secondary schools
 - 13 primary schools
 - 1 special school
 - 1 private school
- 36 All schools have on going access to support, advice and CPD from Education Durham. It should also be noted that most of these schools have a good RSE programme in place prior to expressing an interest in becoming an early adopter. Education Durham actively supported 19 of the 22 schools to express an interest in becoming an early adopter.
- 37 Moving forward Education Durham and specifically the RSE commission are key partners within the Teenage Pregnancy Steering Group and subsequent action plan and whilst the DofE communicates directly with early adopter schools without involvement of the local authority, Education Durham have excellent relationships with schools and will be communicating regularly with those involved.
- 38 Learning from the early adopter schools will also inform and support the continued development of the Health and Wellbeing Framework for Schools.

Young Parents Pathway

- 39 Despite the significant reduction in under 18 conception rates, inequalities still exist. Like all parents, teenage mothers and young fathers want to do their best for their children and some manage very well; but for many their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and the next generation of children.
- 40 In County Durham the 20-week Young Parents Pathway (YPP), funded by Public Health and delivered by The One Point Service (OPS) in partnership with Durhamworks, has been developed.
- 41 The YPP supports young parents who require additional support by giving them access to a range of practical interventions that improves outcomes for parents and ensures their children have the best start in life.

- 42 The YPP is aimed at improving the wider determinants of health by:
- Supporting children and families living in poverty
 - Supporting young people into education, employment and training (EET)
- 43 Alongside supporting families to make health choices and reduce health inequalities and give children the best start in life by the inclusion of sessions that were aimed at improving:
- Under 18 conceptions
 - Self-reported wellbeing
 - School readiness
 - Unintentional injuries
 - Healthy weight
 - Speech and language
- 44 The YPP is delivered across 7 sites which are geographically aligned to the OPS Family Centre Boundaries. The programme has been enhanced this year by the improved partnership working. This has ensured that for all young people eligible for Durhamworks support have been registered giving them access to a range of additional benefits particularly to free transport and creche.
- 45 The most recent participants completed their programmes in July 2019 and initial cohort level data shows that:
- 72 young people were registered on the YPP
 - 56 young people completed the YPP
 - 8 fathers completed the programme
 - 13 children were on a Child Protection Plan
 - 7 children were looked after
 - 7 young people had experienced care
 - 13 young people were subject to Child in Need Arrangements
- 46 Of the 56 young people who completed the YPP, **85% have progressed into a positive destination**, outcomes were as follows:
- 10 young people supported into employment
 - 8 young people enrolled into college
 - 1 accepted into University
 - 25 young people into other education settings/training
 - 1 volunteering

- 4 continue to be supported by services, this includes 2 families who were de-escalated from a child protection plan
 - 2 young people remain not in education, employment or training (NEET)
 - 5 young people pregnant/recently given birth
- 47 The 2019 YPP was the first cohort to benefit from the inclusion of support from the Durham Savers initiative including welfare rights support and the VCS Alliance. Data as of August 2019 demonstrates that the following has been achieved, contributing to reducing the impact of poverty on children:
- 62 parents opened an account with the credit union
 - 41 parents saved throughout the 20 weeks and continue to save
 - A total of £4,122 has been saved
 - Loans totalling £1,000 have been approved
 - 2 parents supported to make Universal Credit applications
- 48 A full evaluation of the 2019 programme is underway and will be used to inform planning for future schemes of work.

The Taylors

- 49 The Taylor family are a fictional County Durham family used to help illustrate some of the key challenges that a lot of our local communities' face.
- 50 Dan Taylor is the teenage son of John and Sarah and has recently started a new relationship. Dan is not currently in education and is looking for information, advice and guidance so he can make informed healthy choices.
- 51 Despite not being in education, Dan was made aware of local sexual health services and after looking online, he and his partner attended a clinic in their local community.
- 52 At the clinic Dan and his partner were able to access a range of information and were able to register for a C Card. Having the opportunity to access support in their local community ensured that Dan can make informed decisions about his sexual health needs and now knows where to go for help and support should he need it.

Conclusion

- 53 The Teenage Pregnancy Steering Group provide the governance arrangements to ensure that work is strategically co-ordinated and supporting young people to make informed choices.
- 54 By applying the wellbeing approach principles, future strategies, services and activity will be asset based with a focus on the most vulnerable and disadvantaged ensuring that health inequalities are appropriately addressed.

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Appendix 1: Implications

Legal Implications

Sexual Health services are a mandated function of Public Health under the Health and Social Care Act 2012.

Finance

The Teenage Pregnancy Prevention Framework and Self-Assessment will ensure that commissioning arrangements meet the needs of the population and consider vulnerable groups

Consultation

Partners carry out regular consultation activities to ensure the views of all key stakeholders are captured and used to inform service and system improvements

Equality and Diversity / Public Sector Equality Duty

The TPSG pay particular regard to the needs of vulnerable groups, including groups protected under equalities legislation.

Human Rights

In placing an emphasis on engaging with children and young people and their families in shaping support services, the strategy promotes and protects the human rights of those in receipt of services and support.

Climate Change – n/a

Crime and Disorder – n/a

Staffing – n/a

Accommodation – n/a

Risk – n/a

Procurement – n/a