

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Wellbeing Policy Development and Scrutiny Panel
MEETING/ DECISION DATE:	28th November 2014
TITLE:	Teenage Pregnancy update
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: No attachments	

1 THE ISSUE

- 1.1 To update the Wellbeing Policy Development and Scrutiny Panel on teenage pregnancy in Bath and North East Somerset.

2 RECOMMENDATION

- 2.1 Proposal 1: that the Wellbeing Policy Development and Scrutiny Panel discuss and consider the contents of this report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 There are no additional resource implications identified by the actions detailed.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 The public health department is responsible for detailing progress against a range of public health indicators as defined in the *Public Health Outcomes Framework*. The actions detailed in this report support progress towards the

under 18 conception rate indicator defined in the *Public Health Outcomes Framework*.

5 THE REPORT

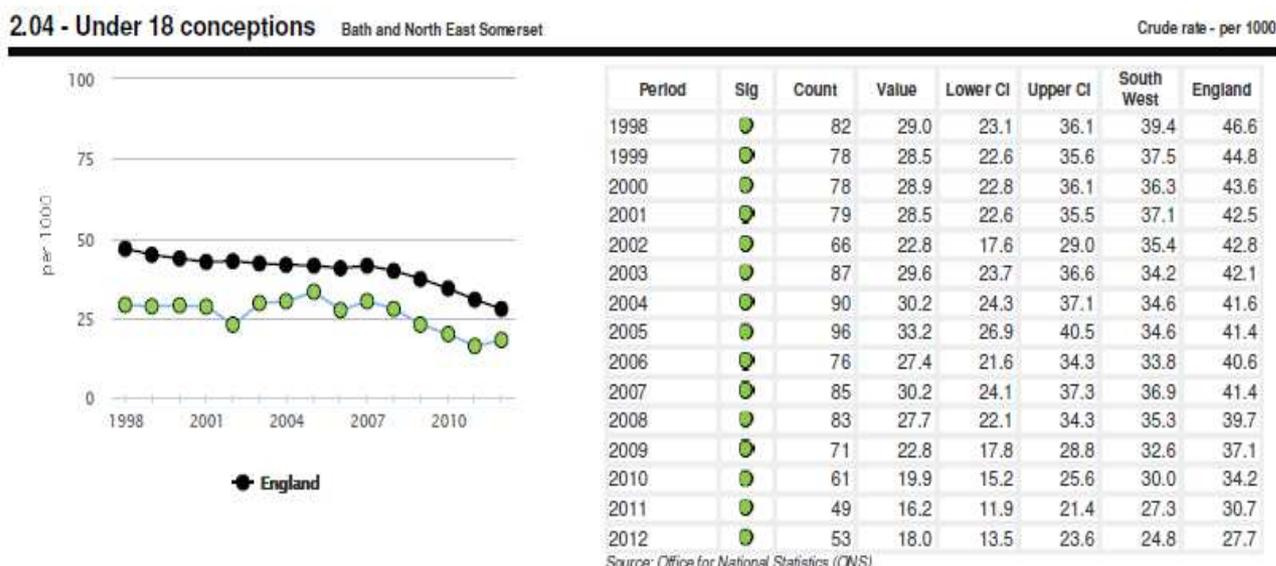
- 5.1 Reducing the level of teenage conceptions in Bath and North East Somerset (B&NES) has long been a strategic objective, with the adoption of the National Teenage Pregnancy Strategy in 1999.
- 5.2 It's important to understand how we define "conception". For the purposes of this paper and the information included, a conception includes pregnancies that include one or more live or still births, or a termination of pregnancy (abortion)
- 5.3 Although the former national strategy came to an end in 2010, the *Public Health Outcomes Framework* established in 2013 recognises that impact that teenage conception has on wider health and wellbeing, attainment and life chances. As a result, the *Public Health Outcomes Framework* includes an indicator on under 18 conceptions with an ambition that Councils continue to reduce the rate
- 5.4 The development of and actions to support the former National Teenage Pregnancy Strategy has produced a significant evidence base. Of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers; teenage parents are 20% more likely to have no qualifications at age 30; teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner; and teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth
- 5.5 Outcomes are also worse for children of teenage mothers. National data suggests that children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems; the infant mortality rate for babies born to teenage mothers is 60% higher; and teenage mothers are three times more likely to smoke throughout their pregnancy and 50% less likely to breastfeed, with negative health consequences for the child
- 5.6 Whilst teenage conception may result from number of causes or factors, the strongest empirical evidence for ways to prevent teenage conceptions is through high-quality education about relationships and sex, and access to and correct use of effective contraception. There is no evidence to suggest that alternative approaches such as abstinence programmes or welfare benefits sanctions have any impact on reducing teenage pregnancy rates
- 5.7 Across England there has been a 41% reduction in the under 18 conception rate, from 46.6 per 1,000 women aged 15-17 years olds in 1998, to 27.7 per 1,000 women aged 15-17 in 2012. The current rate is the lowest rate since conception data collection began in 1969
- 5.8 Despite this progress, national levels of teenage conception are still higher than levels experienced by young people in comparable Western European countries
- 5.9 Reducing teenage conception remains a continuing priority across a range of national policy contexts including the *Framework for Sexual Health Improvement*

6 RATIONALE

6.1 B&NES has experienced significant success in reducing, and then maintaining that lower level of teenage conceptions. Interventions in Bath and North East Somerset, have been, and continue to be developed and delivered according to national guidance and good practice, and importantly by translating local evidence into local delivery, using local data to inform commissioning and interventions

6.2 B&NES has reduced its level of teenage conceptions from 29 per 1,000 women aged 15-17 in 1998 to 18 per 1,000 women in 2012 as detailed in the table below:

Figure 1

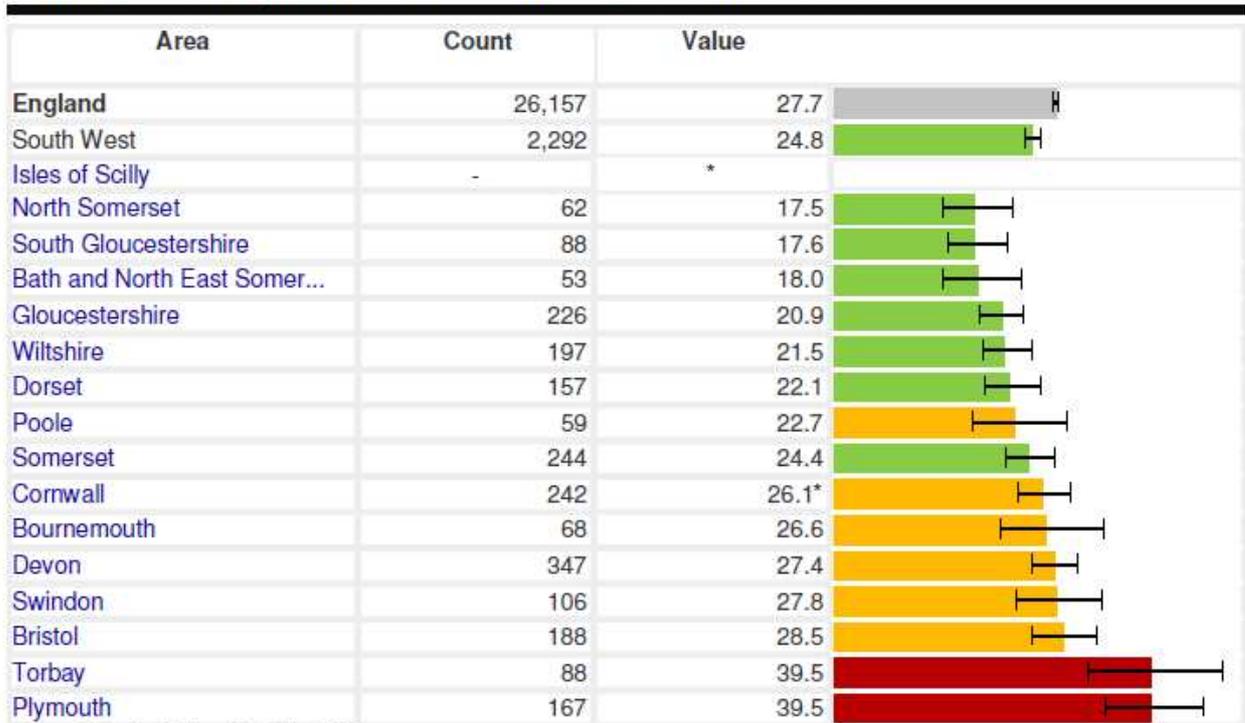


Because of the low numbers of teenage conceptions, we need to be cautious in analysing trends in rates. As you can see from the table above a slight increase in the number of teenage conceptions in one year can mean the rate jumps significantly. For example, the difference between the 2012 rate of 18, and the 2008 rate of 27.7 is accounted for by just 30 individual conceptions.

6.3 B&NES has performed well in comparison to both our local neighbours and the England average. B&NES had the third lowest rate of teenage conception across the South West in 2012 and was significantly lower than the England rate as detailed in the table below:

Figure 2

Under 18s conception rate / 1,000 (PHOF indicator 2.04) 2012

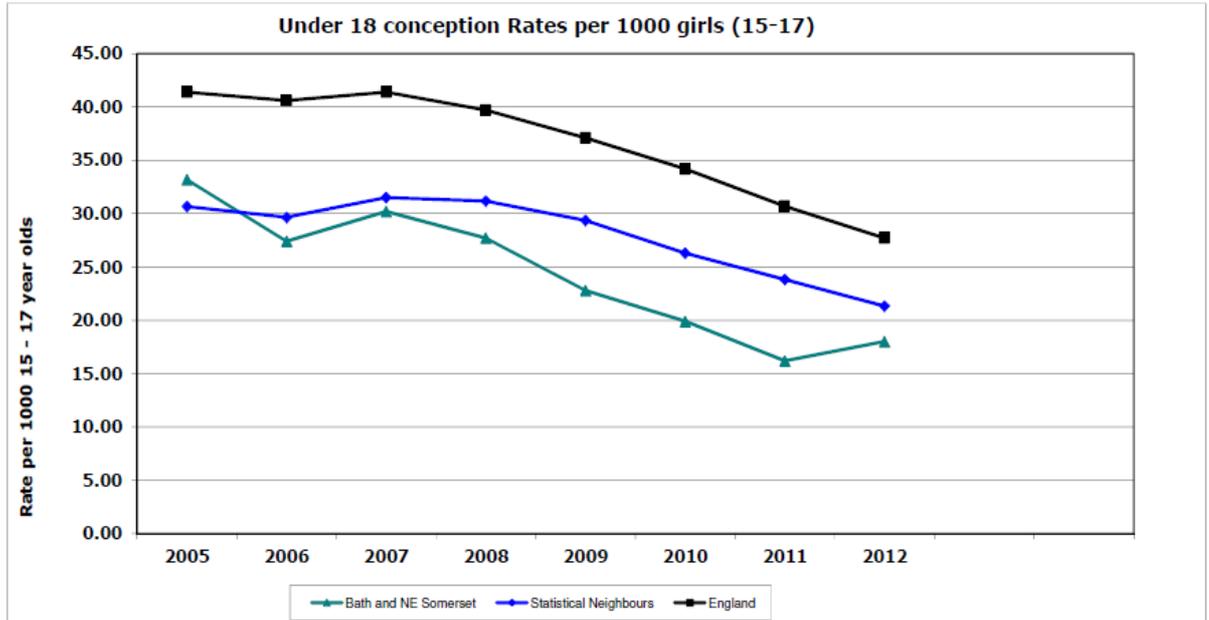


Source: Office for National Statistics (ONS)

Over the past three years B&NES had the lowest number of teenage conceptions across the South West region.

6.4 B&NES also compares well to our statistical neighbours across England when looking at teenage conceptions. There are ten local authorities that are utilised for statistical comparison with B&NES, including Wiltshire, North Somerset, Devon and Hampshire. The table below shows that B&NES compares very well in this regard:

Figure 3



Source: Office for National Statistics, 2014

6.5 The number of teenage conceptions varies across the different wards of B&NES. The table below identifies the spread of teenage conceptions during 2009 – 2011. In some areas the rate is so low it has been suppressed to protect the identities of individual women. The five wards with the higher rates of teenage conceptions across this two-year period are Kingsmead, Twerton, Walcot, Southdown and Midsomer Norton North. Although these wards are the highest for teenage conceptions, its important to note that actual numbers remain low ranging from 18 conceptions in Twerton and less than 10 in Kingsmead during this period:

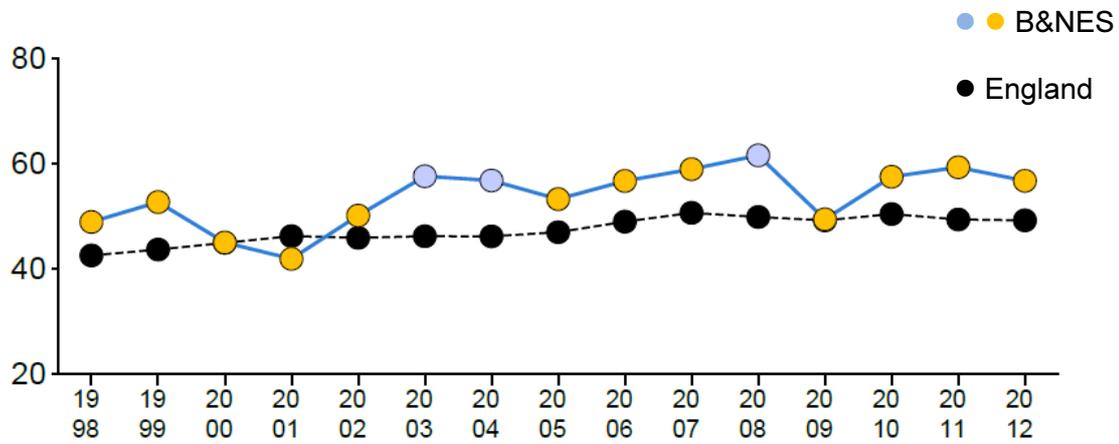
Figure 4: Rates of Under 18 conceptions per 1,000 women aged 15-17, by ward, 2009 – 2011

Ward	Rate of under 18 conceptions per 1,000 women aged 15-17	Ward	Rate of under 18 conceptions per 1,000 women aged 15-17
Kingsmead	56	Combe Down	*
Twerton	52	Bathavon West	*
Walcot	47	Chew Valley South	*
Southdown	40	Bathwick	*
Midsomer Norton North	35	Chew Valley North	*
Paulton	34	High Littleton	*
Radstock	28	Lansdown	*
Westfield	23	Clutton	*
Keynsham North	23	Lyncombe	*
Oldfield	22	Farmborough	*
Odd Down	22	Midsomer Norton Redfield	*
Keynsham South	22	Publow and Whitchurch	*
Mendip	21	Timsbury	*
Peasedown	19	Lambridge	*
Keynsham East	19	Newbridge	*
Bathavon North	17	Saltford	*
Abbey	*	Westmoreland	*
Bathavon South	*	Weston	*
		Widcombe	*

Source: Office for National Statistics, 2014

6.6 As detailed previously, not all teenage conceptions result in a live birth. The majority lead to a termination of pregnancy (abortion). In 2012, the proportion of under 18 conceptions that lead to a termination of pregnancy was 56.6%. This figure is higher than the England average of 48.7%, and the South West average of 48.9%. The higher rate in B&NES is not statistically significant due to the very low numbers of women accessing a termination of pregnancy. The table below shows the changes since 1998:

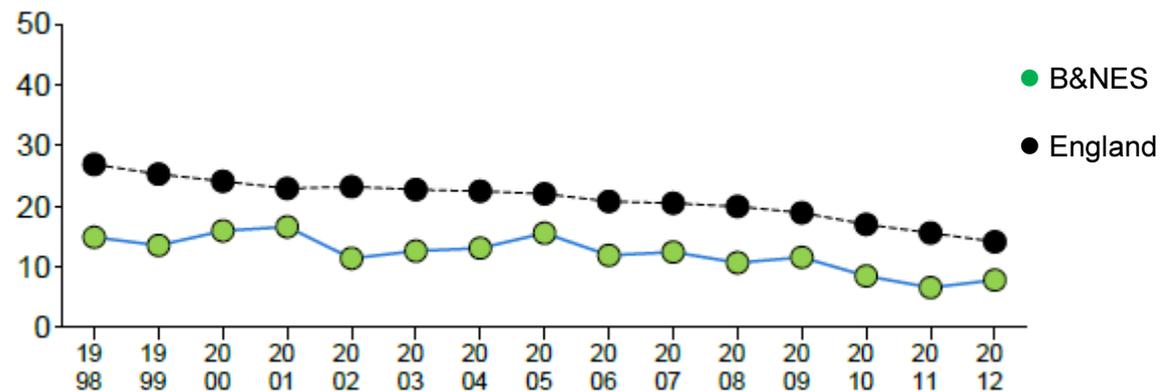
Figure 5: Percentage of under 18 conceptions leading to abortion, B&NES and England, 1998 – 2012



Source: Office for National Statistics, 2014

6.7 The actual number of teenage conceptions that end in a live birth remains consistently low across B&NES as detailed in the table below:

Figure 6: Number of live births to women under 18, by year, B&NES and England



Source: Office for National Statistics, 2014

6.8 The overall picture regarding teenage conception in B&NES is therefore very good. However we do not want to be complacent and are undertaking measures to ensure that our rates remain low. We can translate the evidence of what works into nine factors for a whole systems approach to reduce teenage conceptions. The table below highlights these factors and shows what we are doing B&NES to address these factors:

Factor	B&NES work
Sex and relationships education in schools and colleges	<p>All secondary schools provide Sex and Relationships Education (SRE) in consultation with the Personal Social and Health Education (PSHE) Lead and school nurses and as part of their PSHE Programme. An emphasis is always on healthy relationships (for example, recent resources provided on Child Sexual Exploitation and pornography)</p> <p>To date, 200 teachers, nurses and other professionals have completed the accredited PSHE programme (with a focus on SRE) and all but two secondary schools have <i>at least</i> one accredited PSHE trained teacher</p>
Young people friendly Contraceptive and Sexual health services, and condom schemes	<p>All commissioned services are expected to comply with our Sexual health Advice for Everyone (SAFE) accreditation. SAFE is a long established local brand well evaluated by young people which represents services which are confidential, have friendly staff, provide up to date information and resources, and which are accessible to young people</p> <p>Our condom scheme (the C-Card) has been in place for several years and we are currently re-commissioning our contraceptive and sexual health service, which will also be SAFE accredited</p>
Targeted prevention for young people at risk	<p>There are a range of services and interventions that are commissioned to target prevention for those most at risk, including provision through Youth services, school nursing and specialist outreach sexual health services.</p> <p>The C-card programme specifically targets venues and services where young people at risk access.</p>
Support for parents to discuss relationships and sexual health	<p>Sessions are provided as part of the Sexual Health Training programme, based on the principles of the nationally evaluated Speakeasy programme. Referral for support is also available to professionals working with parents such as teachers, children's centre and social care staff.</p> <p>All Children's Centres and Compass (who offer parenting courses with parents whose children are at risk of offending) are provided with the Speakeasy resource to work through with vulnerable parents.</p>
Training on relationships and sexual health for health and non-health professionals	<p>We have a long established sexual health training programme which is available for both health and non-health professionals. Courses cover issues such as the law and confidentiality, STIs, supporting the needs of people with learning disabilities, brief alcohol interventions, working with LGBT young people and contraceptive choices amongst many other courses.</p> <p>Requests for bespoke training are also considered</p>
Advice and access to contraception in non-health youth settings	<p>We have a range of services in place that provide advice and access across Youth Services, schools and colleges including direct support, C-card access and MediVend machines</p>
Consistent messages to young people, parents and practitioners	<p>Over time B&NES has reiterated the same messages to key audiences: these that sexual health services and interventions are free and confidential; that SAFE accredited services can be trusted; and that a range of different professionals can be approached to discuss sexual health issues including teenage conception</p>
Dedicated support for teenage parents, including SRE and contraception	<p>A range of measures are in place. The Family Information Service provide all midwives in B&NES with a young parents pack which is provided at the booking appointment to all young parents aged 19 or under. The sexual health team provides the information that is included in the pack around local services and contraceptive choices.</p> <p>We also work closely with the Family Nurse Partnership who work with all young parents/parents to be to ensure they are aware of who to refer to regarding sexual health and contraception</p>
Strong use of data for commissioning and monitoring of progress	<p>The B&NES Sexual Health Board is overseeing the development of a sexual health needs assessment which will include teenage conception data. The needs assessment will enable us to evaluate, plan and commission services and interventions across B&NES to better meet needs</p>

7 OTHER OPTIONS CONSIDERED

7.1 Not applicable in this report

8 CONSULTATION

8.1 As this paper is an update no consultation is required. The actions we are taking to reduce teenage conceptions are based in accordance with national guidance, good practice and local evidence. As part of the development of our local sexual health needs assessment we will further review these elements to examine what further or additional actions we can undertake. Our recently reformed Sexual Health Board features all key clinicians and commissioners, and will be a key driver to reduce the level of teenage conceptions in B&NES.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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Background papers	<p>DH (2013), <i>Public Health Outcomes Framework</i>, Department of Health, London; available at:</p>

	https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
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