

**HERTFORDSHIRE COUNTY COUNCIL
CABINET
MONDAY 18 DECEMBER 2000 AT 9.30 A.M.**

Agenda Item No:

TACKLING SCHOOL AGE PREGNANCY

Report of the Director of Social Services

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Executive Member: Derrick Ashley

1. Purpose of Report

To advise Cabinet of the requirement for a Tackling Teenage Pregnancy Strategy and to agree a process for its drafting and implementation; and to agree a process for joint working with the Health Authority to achieve this.

2. Summary

The Department of Health has requested that a Tackling Teenage Pregnancy Strategy be drawn up, which will set out the vision for Hertfordshire for the next ten years.

This report sets out the process to produce that Strategy:

- Detailed proposals and an action plan for three years in order to meet the 30 March 2001 Department of Health deadline for its submission.
- Once the process is agreed, a draft Strategy document will be drawn up and submitted to the Children, Schools and Families Select Committee, and to the Health Authority Executive Group, on 24 January 2001.
- The final proposal will then be brought to Cabinet and Executive Committee for approval on 19 March 2001. Once approved, it will be signed by the Chief Executives of the Health Authority and the County Council for submission to the Department of Health by 30 March 2001.

1. Background

- 1.1 The National Strategy sets out four broad themes. The Local Strategy will produce an action plan for these themes
- Joined up action
 - The national campaign (in particular the media campaign)
 - Improved prevention (includes better Sex and Relationship Education and better contraceptive and advice services)
 - Improved support for teenage parents (includes housing, childcare etc)
- 1.2 The indicative target for both Health Authorities and HCC for 2010 is a reduction in under 18 conception rate of at least 45%. The current national rate is 46.5 per 1000 girls. The current Herts rate is 32 per 1000 girls
- 1.3 The National Strategy from the Teenage Pregnancy Unit (TPU) has two targets for HCC:-
- a) To reduce the rate of conception in under 18s by 45% by the year 2010 and to firmly set a downward trend in conception rates for under 16s
 - b) To support more teenage parents into education, training or employment to reduce the risk of long term social exclusion
- 1.4 The Secretary of State's 13 priorities for health and social care have an expectation that current resources will be used to fund the implementation of the local strategy
- 1.5 The Action Plan will identify resource implications for the constituent agencies. Health and Local Authorities have joint responsibilities for the local teenage pregnancy strategy defined by Social Services boundaries which equate with HCC boundaries
- 1.6 The Strategy will be drafted by three named officers who have been working together – Dr Jenny Deeny, N and E Herts Health, Sue Beck, WH Health and Brenda Loveday, Home and Hospital Education (see Summary of Guidance on Developing a Local Teenage Pregnancy Strategy Appendix B attached).

2. The process

- 2.1 The two lead agencies that are responsible for taking the strategy forward are Health and the Local Authority (the latter is defined by Social Services boundaries). In Hertfordshire, both West Hertfordshire Health Authority and East and North Hertfordshire Health Authority with Hertfordshire County Council are working together to develop one local strategy for the whole county for the next ten years (2001 - 2010). A county wide strategy group (including both statutory and voluntary sector representation) will develop and implement the Hertfordshire strategy. (See Draft Terms of Reference Appendix A attached).

- 2.2 The strategy group has been set up and has met twice in 2000. It is a multi-disciplinary group drawn from all sectors and consists of staff who have a direct responsibility for managing the provision of resources within their departments.
- 2.3 Focus groups are being established to address particular issues and the information gathered at these group meetings will inform the final strategy. These groups will involve a wide range of stakeholders and there will be full and appropriate involvement of young people throughout the process.
- 2.4 The draft strategy will be written alongside the three year action plan and submitted to Cabinet on the dates indicated in the timetable below.

3. Timetable

| Milestone | Date |
|--|-----------------|
| Draft Strategy document to be submitted to the Select Committee and the Health Authority Executive Group. | 24 January 2001 |
| Final Strategy to be submitted to Cabinet | 19 March 2001 |
| Final Strategy to be signed by the Chief Executives of the Health Authority and County Council to meet the Teenage Pregnancy Unit deadline of 30 March 2001. | 30 March 2001 |

4. Implications

- 4.1 The Tackling Teenage Pregnancy Strategy is a key Government priority area and therefore needs to be included in all strategic planning documents for children and young people.
- 4.2 There is only a very limited amount of new money from the Department of Health for Health Authorities to implement the Tackling Teenage Pregnancy Strategy and no new money for the Local Authority. It is therefore important if we are to meet the targets for the reduction of teenage conceptions over the next ten years to review current practice and look to redirect some resources. This has implications for policies and working practice in Youth Service, Corporate Parenting, Family Planning Units, Primary Care Groups and the school Sex and Relationship Education curriculum.
- 4.3 There may be political sensitivities regarding the strategy over the ten year period. Resources will need to be realigned to meet the targets set by the thirty action points outlined within the National Strategy. (See Government Action Points Appendix C attached).
- 4.4 The strategy group will be responsible for monitoring the implementation of the strategy and this could be particularly sensitive with regard to ethnic minority and religious groups.

APPENDIX A - DRAFT TERMS OF REFERENCE TEENAGE PREGNANCY STRATEGY GROUP

Introduction

The two key goals of the national ten year teenage pregnancy strategy are:

- To halve the rate of teenage conceptions among under 18s by 2010 in England, and set a firmly established downward trend in the conception rates for under 16s by 2010.
- To achieve a reduction in the risk of long term social exclusion for teenage parents and their children

The two lead agencies that are responsible for taking the strategy forward are Health and the Local Authority (the latter is defined by Social Services boundaries). In Hertfordshire, both West Hertfordshire Health Authority and East and North Hertfordshire Health Authority with Hertfordshire County Council are working together to develop one local strategy for the whole county for the next ten years (2001 - 2010). A county wide strategy group (including both statutory and voluntary sector representation) will develop and implement the Hertfordshire strategy.

Responsibilities

- To ensure the planning, development and initial implementation of a Hertfordshire wide teenage pregnancy strategy according to the national guidelines.
- To ensure the involvement of all stakeholders through sub groups and focus groups.
- To ensure the full and appropriate involvement of young people in the planning, development and implementation of the strategy.
- To raise and maintain the profile of teenage pregnancy and associated issues.
- To support cross agency working in developing effective services which affect teenage pregnancy and teenage parents.
- To influence the allocation and co-ordination of resources.
- To assist in the achievement of nationally set and locally relevant indicators.
- To influence the implementation of other key strategies and policies (such as Quality Protects, Connexions, Health Improvement Programme) which affect teenage pregnancy.
- To facilitate the access to education of all pregnant teenagers and young mothers (under 18s).
- To annually update the strategy.

APPENDIX B - SUMMARY OF GUIDANCE ON DEVELOPING A LOCAL TEENAGE PREGNANCY STRATEGY

Background

The development of local strategies is a key mechanism for delivering the objectives of the national teenage pregnancy strategy. Every Health Authority and Local (social services/education) Authority is required to develop a joint ten-year teenage pregnancy strategy and report on progress on an annual basis. The local strategy is to be produced by 30th March 2001.

The Teenage Pregnancy Unit (Department of Health) has produced guidance on what the strategy should include and is summarised below.

Principles and Values

The local teenage pregnancy strategy is a long-term plan based on analysis of the current situation. It should contain strategic vision and an action plan providing information about planned activity and resource implications.

Strategic Vision

A strategic vision or mission statement should provide information about the guiding principles, values and beliefs which inform the teenage pregnancy strategy. It should also state how things will be different and improved in ten years time.

Strategic analysis will involve the collection, interpretation and interrogation of information and data in order to provide an analysis of the local context.

The strategic values will inform the prioritisation and selection of options to deliver the strategic aims. These priorities will impact on decisions about resource allocation. The Social Exclusion Unit report includes a number of principles and values which will inform the local strategy.

Strategic Direction

The national strategy has four broad themes. The local strategy will include action on these broad themes:

- Joined up action
- National campaign
- Better prevention
- Better support for Teenage Parents

Young People Centred

Consultation and involvement of young people is crucial and central to the successful implementation of national and local strategy. This should be ongoing.

Partnership Working

Local strategies need to be inclusive and develop specific mechanisms which cross traditional organisational boundaries, planning and consultation arrangements. The involvement of a wide range of stakeholders is essential.

Three Year Action Plan 2001- 2003

The Action Plan needs to identify the key tasks for each aspect of the strategy for the next three years.

Resource Planning and Allocation

The source of finances for the teenage pregnancy strategy and the action plans needs to be identified and included in the report.

APPENDIX C - TACKLING TEENAGE PREGNANCY STRATEGY GOVERNMENT ACTION POINTS

The government action plan includes the following thirty action points which need to be reflected in the local Tackling Teenage Pregnancy Strategy.

National Campaign

1. Establish clear goals
2. National co-ordination
3. Independent advisory group on teenage pregnancy
4. Local implementation
5. Support co-ordinators
6. Monitor progress
7. Promotion and communication
8. New guidance on sex education in schools
9. Link sex education to a broader framework of personal education
10. Teacher training and accreditation in SRE
11. Inspection
12. Help parents to talk to their children and sex and relationships
13. Clearer guidance for all health professionals on contraception for under 16s
14. New NHS criteria for effective and responsible youth contraception and advice services
15. National helpline
16. Get young people to seek advice
17. Publicity
18. Child support
19. Age of consent
20. Children in care, care leavers and other children in need
21. Young offenders
22. Ethnic minority groups
23. Getting back into education: under 16s
24. Getting back into education: 16 and 17 year olds
25. Advice for the over 16s claiming benefit
26. Help with child care for 16 and 17 year olds to return to education
27. Advice and support for pregnant under 18s
28. Sure-Start plus - personal support for pregnant teenagers and teenage parents under 18
29. Social housing: supervised semi-independent housing with support for under 18 lone parents
30. Extending same principle to private rented sector through housing benefit