



Report to Children, Young People and Family Support Scrutiny & Policy Development Committee 3rd October 2013

Report of: Jayne Ludlam, Executive Director, Children, Young People and Families

Subject: Teenage Pregnancy Update

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Summary:

The information presented in this report has been requested by the Chair of the Committee to enable it to scrutinise performance against the target to reduce the number of teenage pregnancies.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to consider the current position in relation to meeting the teenage pregnancy target and provide views on local action to address the issue.

Background Papers:

Please see the appendix for details of data sources

Category of Report: OPEN

Report of the Director of Jayne Ludlam, Executive Director, Children, Young People and Families

Teenage Pregnancy Update

1. Introduction

This report is being presented in response to a request by the committee for an update of teenage pregnancy rates in the city. It is a brief summary of the most readily available current key statistical indicators, along with an outline of current and future activity commissioned by Sheffield City Council to address the issue.

2. The Current Picture

In Sheffield in 2011 3.7% (321) of all conceptions were to girls aged under 18 years of age (out of a total of 8,571 conceptions), and 7.6% (130) of all terminations (out of a total of 1,714 terminations).

In Sheffield in 2011 there were 321 conceptions by teenage girls, which is a rate of 35.2 per 1,000 girls aged between 15-18 years of age. This was higher than the England average of 30.7. Of these conceptions in Sheffield 40.8% led to termination of pregnancy compared to a national average of 49.3%.

In 2011 there were 61 conceptions by girls aged under 16 years of age, which equates to a rate of 6.7 per thousand girls aged between 13-15 years, which is higher than the national rate of 6.1. Of these under 16 conceptions 49.2% led to termination of pregnancy, compared to an England average of 60.5%.

There are no nationally produced figures on repeat abortions at a local level for women aged under 18, but figures are available for women aged under 25 years of age. In 2011 in England, 26% of all abortions to women aged under 25 years were repeat abortions, this was lower in Sheffield at 21%, which is the equal lowest rate out of the Core Cities. Nationally (England & Wales) this can be broken down for Under 18 year olds with a rate of 7% repeat abortions, and 19% for girls aged 18-19 years.

The latest quarterly teenage conception figures highlight that conceptions in the under 18 age group fell from 36.7% in June 2011 to 29.4% in June 2012.

Sheffield is well on target to meet the 2020 teenage conception rate (29.1) target. The continued decline in the Sheffield rate is encouraging and provides a signal that current interventions to address the issue are being effective. This is important to note in light of changes to national policy, changes to sexual health commissioning and a requirement to reduce budgets due to cuts in Government funding.

Activity over recent years to improve young people's access to contraception and specifically Long Acting Reversible Contraception (LARC) needs to be continued and developed. The role of schools, colleges and youth settings have also had an important role to play in educating young people about contraception, providing outreach services and promoting positive relationships. The development and roll out of a Sheffield Sex and Relationship Toolkit for primary and secondary schools, alongside a Personal Social Health Education (PSHE) Lead professional model in schools has also been delivered over recent years.

3. Trends and Targets

The annual under 18 conception rate is included in the Public Health Outcomes Framework (indicator 2.4). Within the Council it is also included in the Future Shape

Children’s Health quarterly monitoring dashboard, and the Sheffield Infant Mortality Strategy quarterly monitoring dashboard, and Sheffield has a local target is to reduce the under 18 conception rate by 14% by 2018 (reporting in 2020) from the baseline in 2009 . This is from a rate of 43.1 per thousand girls aged 15-17 yrs (294 conceptions) to 29.1 in 2020. Figures 1-4 below shows that the current position is well on target.

Figure 1

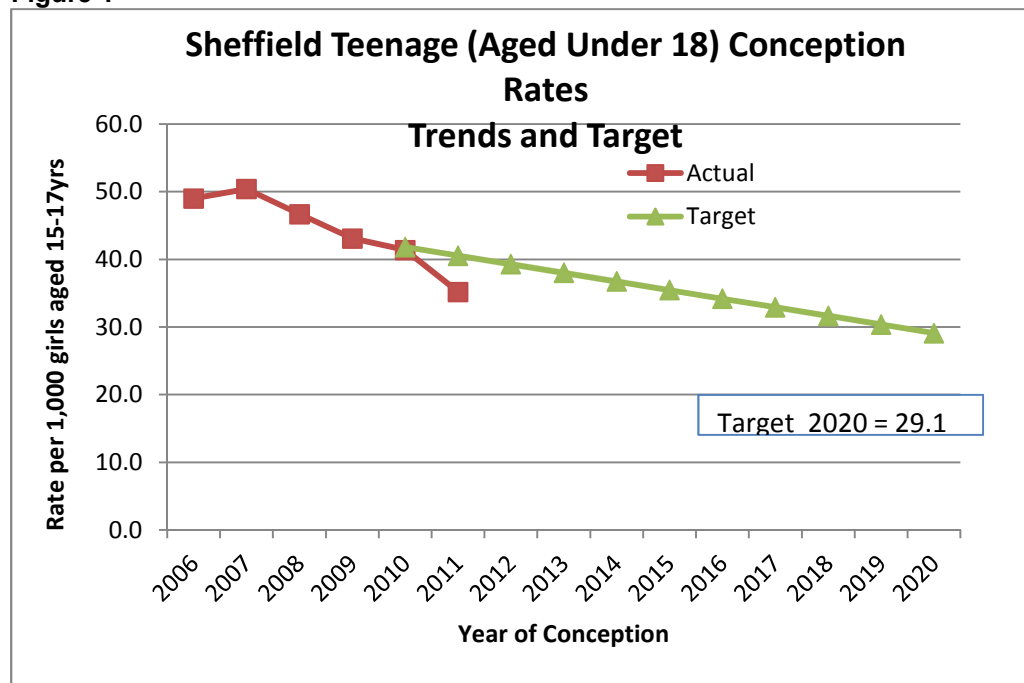


Figure 2

Sheffield Teenage (Under 18 yrs old) pregnancy rate (per 1000 females aged 15-17)

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Sheffield No.	471	432	394	368	321				
Rate	50.4	46.7	43.1	41.4	35.2				
Target				41.8	40.6	39.3	38.0	36.7	35.5
England No.	40366	38783	35966	32552	29166				
Rate	41.8	40.5	38.2	35.4	30.7				
Core Cities Ranking	2	1	1	1	3				

Note: core cities ranking 1 = best i.e. lowest
Source: ONS

Public Health Intelligence Team, SCC

Figure 3

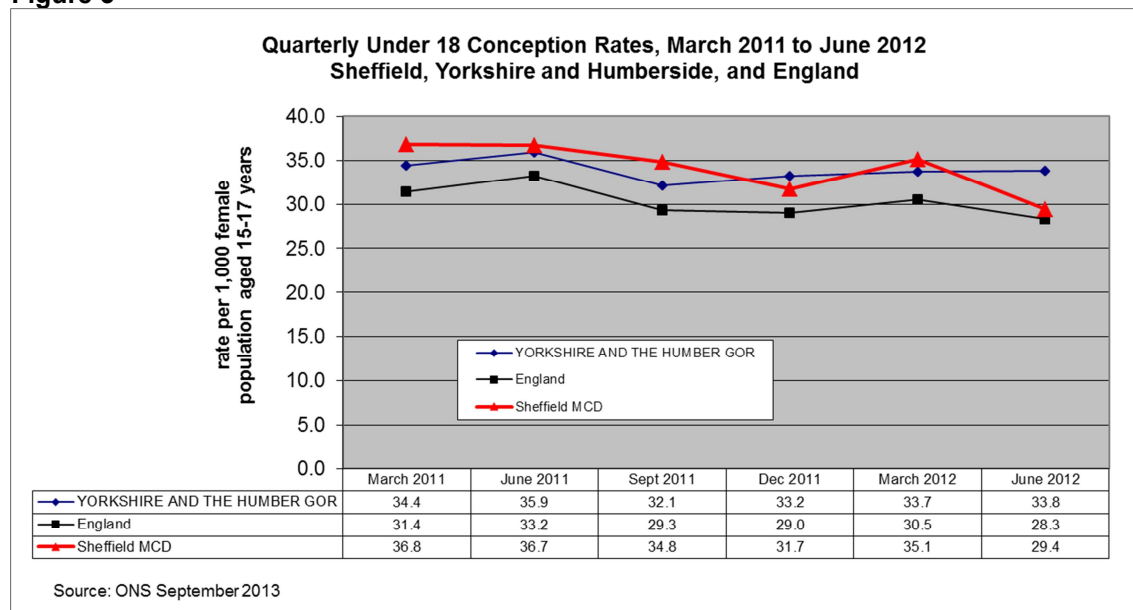


Figure 4

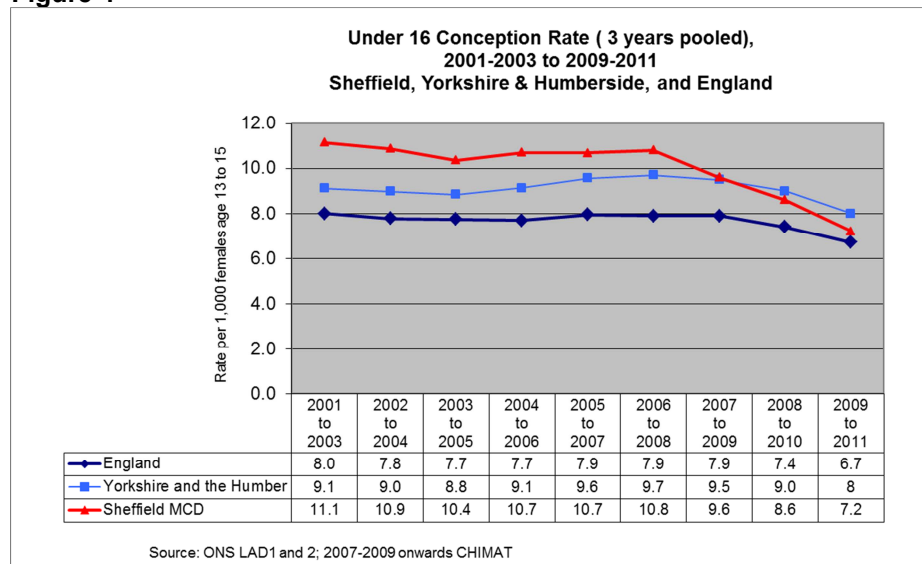


Figure 5 shows the most recent trends in the under 18 conception rate alongside the abortion rate and the maternity rate.

Figure 5

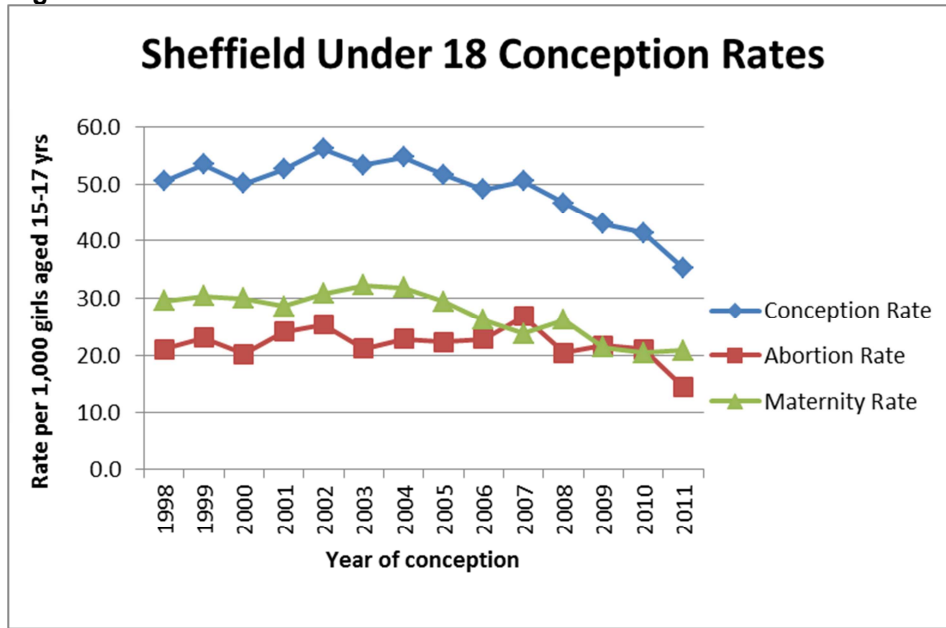
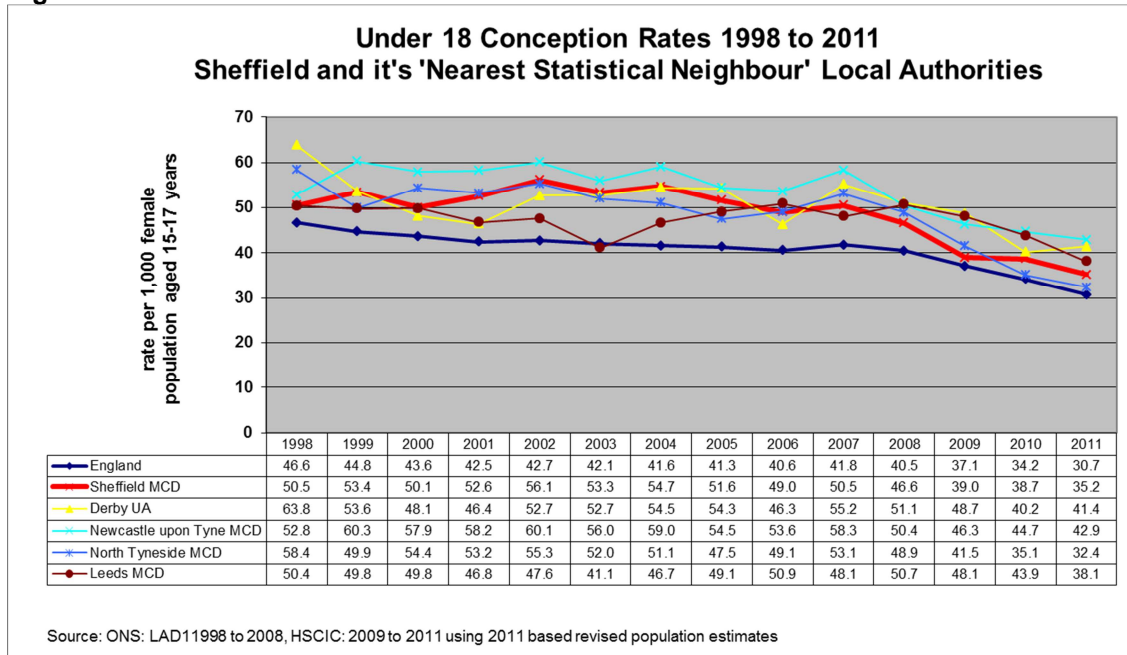


Figure 6 below shows the Sheffield under 18 conception rates between 1998 – 2011 compared to our statistical neighbours.

Figure 6



4. Geographical Patterns

Electoral Wards

The latest ward data is for 2009-2011 (3 year pooled; note data is aggregated for several years due to small numbers and statistical robustness). The under 18 conception rate varies between 9.3 per thousand in Ecclesall ward to 60.8 in Manor/Castle ward.

Neighbourhood Level

The latest data at neighbourhood level is for 2007-2011 (5 year pooled), (note data is aggregated for several years due to small numbers and statistical robustness). The

under 18 conception rate varies between 7.3 per thousand in Crosspool to 108.8 in Lowedges (note that data for 9 neighbourhoods is suppressed due to small numbers).

5. Under 16 Conception Rate

Single year figures for under 16 year old conceptions are subject to wide fluctuations due to the relatively small numbers involved (figure 7), however there was a notable reduction in the percentage of pregnancies ending in terminations in 2011, which means that there are more under 16 year old teenage mothers in Sheffield than previous years. Three year rates are more robust and are 7.2 per 1,000 for 2009-2011 and 8.6 per thousand for 2008-2010.

In 2011 there were 61 conceptions by girls aged under 16 years of age, which equates to a rate of 6.7 per thousand girls aged between 13-15 years, which is higher than the national rate of 6.1. Of these under 16 conceptions 49.2% led to termination of pregnancy, compared to an England average of 60.5%. This is a large reduction from 2010 when 68.8% of under 16 year old conceptions in Sheffield ended in termination.

Figure 7

Sheffield Under 16 year old Conception Rates 2009 to 2011

Year of conception	Sheffield				England		
	Number	Conception rate per 1,000 girls aged 13-15yrs	Core Cities rank (1 = best i.e.)	Percentage of conceptions leading to	Number	Conception rate per 1,000 girls aged 13-15yrs	Percentage of conceptions leading to
2011	61	6.7	2	49.2	5,661	6.1	60.5
2010	64	7.5	1	68.8	6,256	6.7	62.8
2009	65	7.5	1	69.2	6,766	7.3	60.2

Source: ONS conceptions statistics 2011

6. Teenage Conceptions and Terminations

Preventing first time and repeat terminations in young people is a priority area of work. Figures 8-10 below demonstrate that termination rates have declined recently in both the under 16 and under 18 age groups. It should be noted however that the maternity rate for the under 16s has increased meaning that a higher proportion of teenage mothers under 18 are in the under 16 age group. Younger teenagers under the age of 16 requesting a termination should have early access to services and may require additional support to enable them to have the confidence to present to sexual health/termination services. The delivery of comprehensive high quality PHSE has a clear role to play in addressing this.

Figure 8

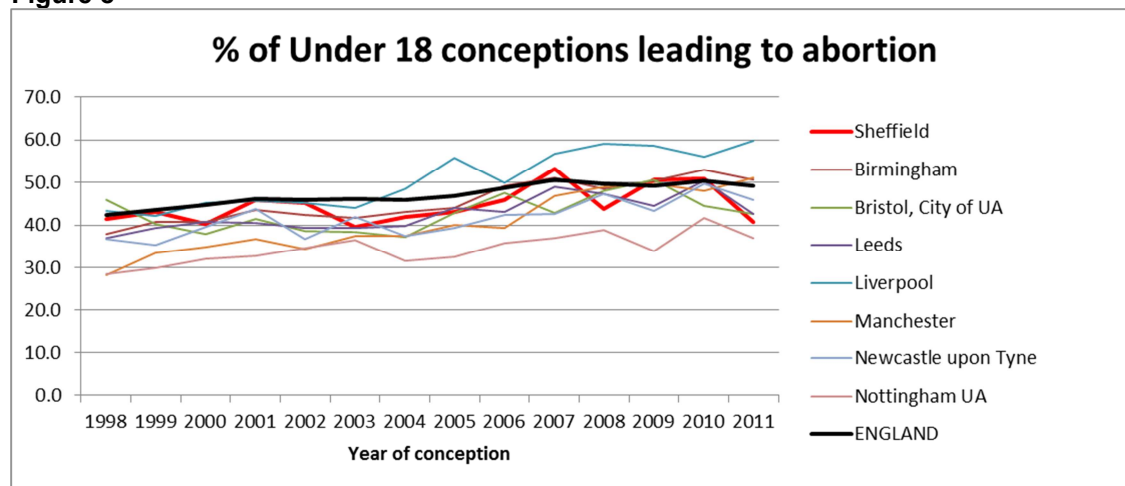


Figure 9

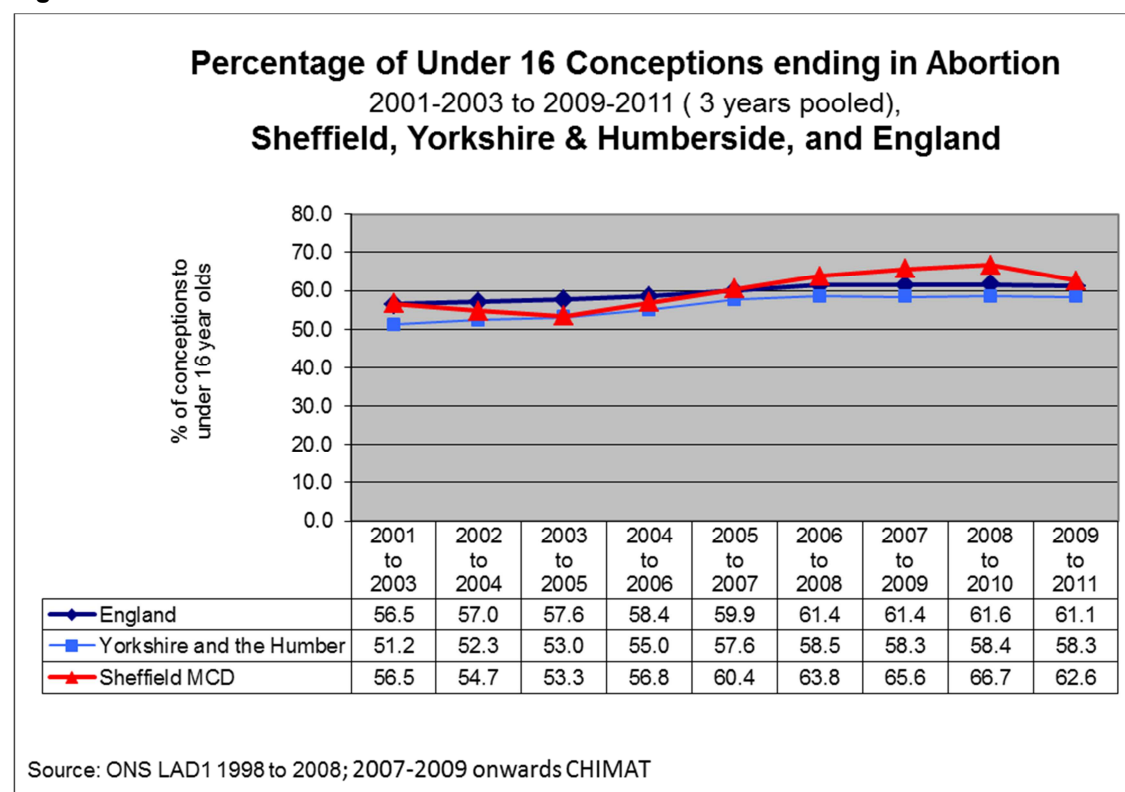
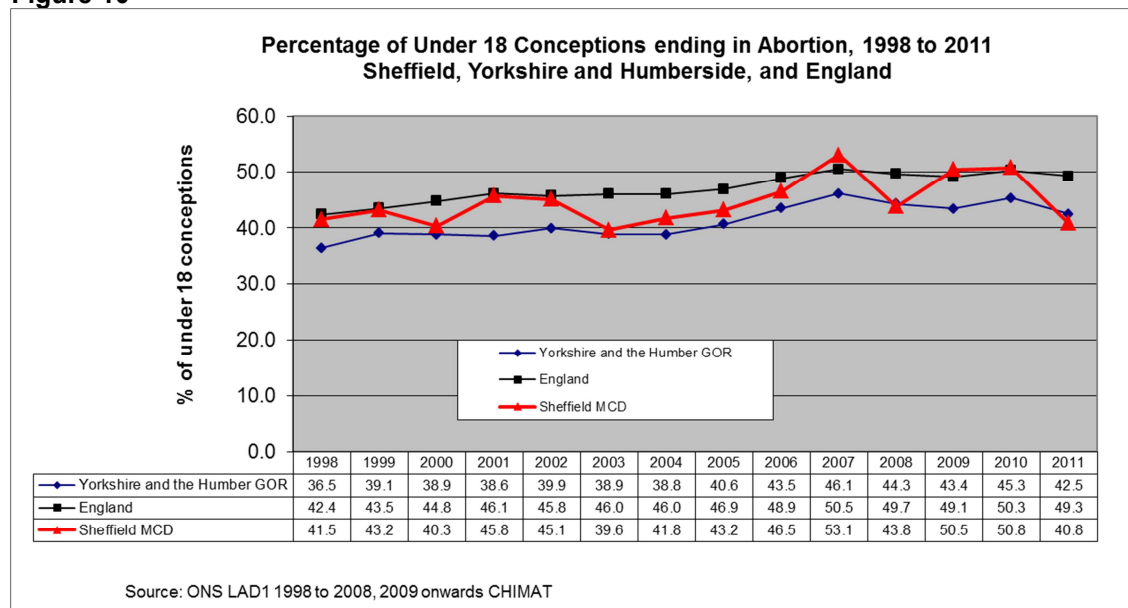


Figure 10



7. Local Action

From 1 April 2013 local authorities are mandated to provide comprehensive, open access sexual health services. These services also form part of the statutory duty to protect the health of the public. This is underpinned by the responsibility to deliver specifically on three public health outcomes:

- Under 18 conception rate
- Chlamydia diagnoses (15-24 year olds)
- People presenting with HIV at a late stage of infection

A wide range of action is required to deliver on the above indicators and improve sexual health outcomes. As lead commissioners of sexual health services SCC has a clear role to play in improving population health through needs led, evidenced based commissioning and effective partnership working.

8. The Integrated Sexual Health Service (ISHS)

The SCC commissioned ISHS is a new re-designed service provided by Sheffield Teaching Hospitals Foundation Trust. This brings together Genito-Urinary Medicine and the Contraception Service to offer a 'one stop shop' for people to access a wide range of contraception, screening and treatment for sexually transmitted diseases and sexual health and relationship advice. The service is operating from two 'hubs', one at the Royal Hallamshire Hospital and the other at Central Clinic in the city centre.

Providing services specifically for young people is a key priority for the ISHS. In response to meet the needs of young people and contribute towards reducing teenage pregnancy the ISHS and Public Health, SCC are:

- Reviewing current sexual health outreach provision targeted at young people
- Mapping existing services against geographical areas of high teenage pregnancy need to inform further service planning
- Working together with the Community Youth Teams to increase sexual health capacity and access to services for young people, including offering long acting reversible contraception in more community non-clinical settings
- Working with the Termination of Pregnancy Service to ensure rapid access to contraception for young people post termination
- Working with maternity services to ensure rapid access to contraception for young people post delivery
- Reviewing current provision of Long Acting Reversible Contraception (LARC) available for young people via GP Practices to develop a new model to better meet the needs of young people
- Further developing the condom distribution scheme to ensure that more young people have access to free condoms at a variety of venues across the city
- Reviewing the current provision of emergency hormonal contraception provided free of charge via pharmacy for young people aged 14-17

9. Teenage Pregnancy, Schools and Colleges

The delivery of comprehensive Personal, Social and Health Education (PSHE) is key to providing accurate and consistent messages to young people about sex and relationships. The CYPF Public Health Team is jointly undertaking a peer led review of PSHE with the Youth Parliament, endorsed by the City Wide Learning Body, which aims to establish how our schools are delivering PSHE, to what extent this is being effective and to propose co-produced recommendations on how this can be improved.

The ISHS will play a key role in supporting schools to implement the findings of the review either by offering training or specialist advice to school staff. In addition to this the ISHS is developing their sexual health peer education programme in targeted schools, and is working with Public Health to review the current School Nurse led school health drop ins. Existing sexual health provision in colleges is also been included in the review of young people's sexual health outreach services. A programme of engagement and consultation with young people to inform service planning is currently being planned which will include consultation via schools, colleges and in community settings.

10. Summary

The most recent data on teenage pregnancy shows a continued and encouraging decline in teenage pregnancy rates. Sheffield is well on target to reduce teenage conceptions by 14% by 2018 (reporting in 2020) from a baseline in 2009. Rates in Sheffield still remain higher than the national average and an increased rate of under 16s going on to deliver is of concern. These figures demonstrate a clear need to continue prioritising partnership and commissioning action to address the issue.

11. Recommendation

The Committee is asked to consider the current picture of teenage pregnancy in the city and provide views and comments on how it could continue to be addressed.

APPENDIX 1: Data Sources

ONS data ONS produces quarterly data at city level and periodic aggregate data over several years for wards. ONS data relates to girls who were aged under 18 at the time of conception, and who conceived during the calendar year to which the statistics relate. It is because of this that ONS generally publish conception statistics fourteen months after the end of the period to which they relate. There are three main factors contributing to this delay. Firstly, maternities occur about 38 weeks after conception. Secondly maternities can legally be registered up to six weeks after birth and thirdly, it takes about three months to collate, input, validate and compile the data.

- The flow of this data into the council (i.e. who received it) is being clarified and will be simplified in the future

Local NHS data This is held within Sheffield Clinical Commissioning Group is obtained monthly from the Sheffield Teaching Hospitals Foundation Trust (STHFT), and hospitals situated outside Sheffield. This data has the advantage of allowing an up-to-date analysis of the number of teenage conceptions in the city overall, as well as by practice, ward, neighbourhood and Children's Centre. It is also possible to analyse other factors relating to teenage births taking place in Sheffield, for example the breastfeeding and smoking status of mothers.

- The rules for future access by Public Health Analysts within SCC to this person level data to enable aggregation to Sheffield specific small areas is currently unclear due to the NHS reorganisation but clarification should emerge over the next few weeks.

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