

# **Nottinghamshire Teenage Pregnancy Integrated Commissioning Strategy**

**2014 - 2016**

**October 2014**

**Developed by the Nottinghamshire Teenage  
Pregnancy Integrated Commissioning Group on  
behalf of the Nottinghamshire Children's Trust  
and Nottinghamshire's Health and Wellbeing  
Board**

## Why is Teenage Pregnancy an Integrated Commissioning Priority?

Evidence clearly shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects. Research shows that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves.

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers - both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.

Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next.

There is also a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on the NHS and wider public services. The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year. Teenage mothers will also be more likely than older mothers to require expensive support from a range of local services, for example to help them access supported housing and/or re-engage in education, employment and training.

The challenge for Nottinghamshire, therefore, is to provide young people with the *means* to avoid early pregnancy, but also to tackle the underlying circumstances that *motivate* young people to want to, or lead them passively to become pregnant or young parents at a young age.

Teenage Pregnancy cannot be tackled by one organisation alone and a strong partnership of key commissioning organisations is required to implement a successful integrated commissioning strategy.

## What outcomes are we trying to achieve?

The strategy aims to reduce levels of teenage conceptions amongst young people in Nottinghamshire as well as support pregnant teenagers and teenage parents effectively to improve their outcomes.

Following the previous 10 year Nottinghamshire Teenage Pregnancy Strategy, the integrated commissioning group is familiar with local needs identified through analysis of local data, needs assessments, as well as consultations with children, young people and parents. They are also aware of the evidence of what works in tackling teenage pregnancy.

International evidence, as well as the lessons from areas where teenage pregnancy rates have fallen fastest, show that all young people need effective sex and relationships education (SRE) – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections – alongside easy access to young people centred contraceptive and sexual health services, when they need them.

But it is also clear that as well as giving all young people the means to avoid early pregnancy, sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy, such as poverty, educational underachievement, low aspirations and lack of engagement in learning post-16. The Nottinghamshire Teenage Pregnancy Integrated Commissioning Strategy is closely interdependent with local strategies for Early Intervention, Child Poverty, Health and Well Being, 14-19 and Closing the Gap.

The strategy is working towards improving outcomes for children, young people and their families, however the Integrated Commissioning group is aware of constraints due to budget restrictions and greater autonomy through schools (Education Act 2011) so is aware that they cannot ensure provision for all children and young people. In addition the Teenage Pregnancy Integrated Commissioning Strategy is unable to report on some elements of work so has not incorporated them in the strategy, this includes contraception and education/support through primary care as well as services such as GUM. Work to tackle teenage pregnancy issues in Nottinghamshire is therefore wider than the information provided in this strategy. The Strategy is working towards achieving the following priority outcomes:

### **Prevention of unintended teenage conceptions:**

- All children and young people have access to good quality Sex and Relationships Education (SRE).
- All young people have access to information to help signposting to Contraception and Sexual Health (CaSH) services.
- Children and young people have access to information, advice and guidance to help enable them to have healthy relationships.
- Young people have access to a range of young people friendly contraception and sexual health services including specialist services and primary care.

- Young people at risk of teenage pregnancy are actively targeted through a range of early intervention approaches.
- Professionals working with children and young people are skilled and knowledgeable in the delivery of young people friendly interventions and safeguarding.
- Young people who are sexually active are supported effectively to reduce incidents of sexual exploitation.

**Pregnant teenagers and teenage parents have improved outcomes:**

- Pregnant young women have support to understand their pregnancy options and can make informed decisions.
- Pregnant teenagers and teenage parents have access to good quality ante natal and post natal care that is responsive to their needs, including contraception support.
- School aged pregnant young women and school aged parents have equitable access to education.
- Teenage parents aged 16-17 years are supported to access or maintain education, training or employment.
- Pregnant teenagers and teenage parents are supported to help ensure their accommodation needs are met.
- Pregnant teenagers and teenage parents have access to childcare to enable them to access education, training or employment.
- Pregnant teenagers and teenage parents are supported with their parenting needs.
- Professionals working with pregnant teenagers and teenage parents are skilled and knowledgeable in the delivering of young people friendly inclusive interventions and safeguarding.
- Pregnant teenagers, teenage parents and their children are actively safeguarded from harm.

Nottinghamshire's Teenage Pregnancy Integrated Commissioning Strategy aims to ensure that partner agencies work together, align resources and to deliver their services effectively, provide good value for money and to improve the experience and outcomes for people who use these services.

## What is our vision?

Our vision for tackling teenage pregnancy in Nottinghamshire is set within the overall vision for all children and young people in the county, as contained in the Nottinghamshire Children, Young People and Families Plan 2014-16.

***We want Nottinghamshire to be a place where children are safe, healthy and happy, where everyone enjoys a good quality of life, and where everyone can achieve their potential.***

Nottinghamshire Children's Trust (Governance & Terms of Reference 2014-15)

In delivering this vision for Nottinghamshire we will provide services which will enable children and young people to achieve their full potential to ensure they have positive life chances over a number of areas of their lives including education, health and relationships.

## Who are we working with?

The Teenage Pregnancy Integrated Commissioning group will target interventions to all children, young people and families through a range of universal services; children and young people who are most at risk of teenage pregnancy through early intervention and targeted services, and pregnant teenagers and teenage parents. Interventions will also use a whole family approach also engaging parents and carers in both prevention of teenage pregnancy and support of teenage parents.

In addition interventions will actively target localities of Nottinghamshire with the highest rates of teenage conception. 'Hotspot' Wards are those with a rate among the highest 20% in England. A map showing teenage conception data by ward is available in Appendix One.

Services and interventions will need to evidence engagement of children, young people and families from at risk groups or localities within their service evaluation and reports to the integrated commissioning group.

## What are our Integrated Commissioning Principles?

The partnership agencies will commission and/or deliver services in a way which is consistent with the following principles:

- Commissioning decisions will be guided by available evidence based practice of what works.
- Early intervention and prevention approaches will be consistently considered alongside all integrated commissioning and decommissioning decisions.
- Service development and provision should be sensitive to the child's race, religion, culture, language, gender, disability, sexual orientation and mode of

communication. (An Equality Impact Assessment has been completed alongside this strategy).

- Services provided should reflect the level of assessed need within available resources.
- Children, young people and their families should have opportunity to express their views, be consulted about service development and be involved in decisions which affect them, and see evidence that their views are taken into account.
- Services should be provided in safe environments by trained and competent staff and volunteers.
- The safeguarding of children and young people will always be considered.
- Services should be provided in a fair, open and transparent way, and be performance managed to demonstrate impact.
- Resources will be focused on providing quality and value for money.
- Resources will actively be targeted at groups and localities at greatest risk.

## **What will we do and how will we do it?**

By examining local data, local needs assessments, national guidance and evidence the Integrated Commissioning Group has agreed a list of priorities for integrated commissioning. This is supported by an action plan included in Appendix Two and a performance framework.

### **Integrated Commissioning Priorities:**

#### **1. Prevention of teenage conception and poor sexual health through contraception and sexual health service provision**

- Targeting of services and awareness of services in target districts and hot spot wards as well as influencing the development of local delivery plans.
- Successful delivery of the C-Card condom Scheme with increased number of new registrations and return users in particular from hot spot wards and amongst at risk groups.
- Enforcement of the Information Schedule in order to obtain appropriate and useful data from Contraceptive and Sexual Health Services (CaSH)
- Key Health Services across Nottinghamshire are assessed as being Young People Friendly by young people.
- There are accessible contraception and sexual health services across Nottinghamshire which target and successfully engage young people.
- Ensure Contraception services are aware of national guidance to tackle Child Sexual Exploitation and use appropriate assessments and referral.
- We will raise awareness of contraception and sexual health services to young people through a number of routes including a sexual health website and promotional work.

## **2. Children and Young People have access to information and education about sexual health and relationships**

- Targeting of SRE interventions in target districts and hot spot wards as well as influencing the development of local delivery plans.
- Increased number of schools achieving the Healthy Schools Enhancement model as measured (with a particular focus on the SRE and TP elements).
- Mainstream Youth Service provision of informal SRE and signposting through the core offer of the C-Card Scheme across 28 YP's Centres and 10 Mobile Units (reducing to 4 mobile units from 1/10/14).
- Data requirements for Sexions service specification to be included into the information schedule for Sherwood Forest Hospital Trust.
- Explore the expansion of Sexions into Newark and Sherwood, with further plans to roll out the service to target localities.

## **3. Workforce Development**

- We will improve the knowledge, skills and competencies of all staff working with children and young people by offering more integrated opportunities for training and workforce development.
- Successful delivery of the Teenage Pregnancy Training programme measured through annual evaluation.
- We will raise the awareness of the local workforce of work to tackle teenage pregnancy and young people's health outcomes.

## **4. Improve outcomes for teenage parents and their children**

- Pregnant teenagers and teenage parents have early access to Antenatal care and good quality Antenatal care throughout their pregnancy that it is in a variety of settings and young people friendly.
- Decrease the number of pregnant teenagers that smoke during pregnancy.
- Increase the number of pregnant teenagers and teenage families that enrol in the Healthy Start Programme to improve nutrition and Vitamin D uptake.
- Increase the number of pregnant teenagers that initiate breast feeding and sustain breast feeding at 6-8 weeks post-delivery.
- Teenage parents have good quality postnatal care and have adequate support in the postnatal period to meet their needs and their baby's needs.
- School aged pregnant young women and parents are supported to access inclusive education support packages.
- Increased uptake of Children Centre services by teenage parents with a particular focus on under 19's.
- Successful implementation of the Family Nurse Partnership ensuring all targets are achieved.
- Successful move on for Teenage Parents who have accessed supported accommodation supported by Payment by Results for providers.

## **How will we know we have made a difference?**

The Integrated Commissioning Group for Teenage Pregnancy is responsible for implementing this strategy and supporting plan. All commissioning partners will be asked to provide performance information to this group on a 6 monthly basis. Partners will be asked to provide information to measure progress regarding implementation and more critically information regarding the impact of services and interventions. Performance reports will also be shared with the Children's Trust and Nottinghamshire's Executive Integrated Commissioning Group through their performance management systems.

In addition the Integrated Commissioning Group will review teenage conception rates, and data on the numbers of the numbers of teenage mothers in education, training or employment each financial quarter.

Performance management will be used to inform future integrated planning, commissioning and decommissioning.

**For more information contact the Nottinghamshire Children and Health  
Integrated Commissioning Hub**

**Telephone: 0115 97 74431**

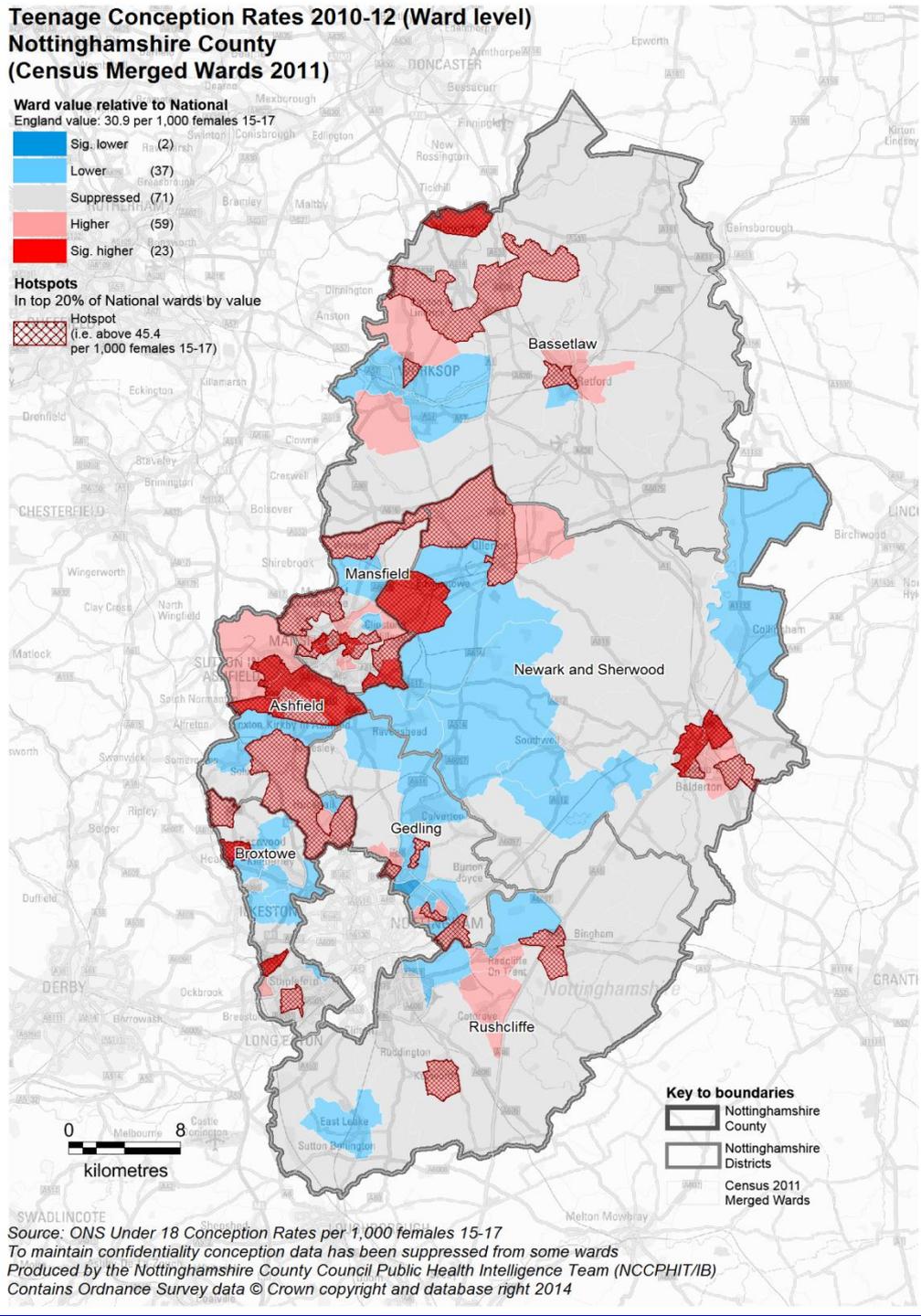
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**[www.nottinghamshire.gov.uk/teenagepregnancy](http://www.nottinghamshire.gov.uk/teenagepregnancy)**

# APPENDIX ONE

## Nottinghamshire Ward level teenage conception rates for 2010-12

Local census ward rates relative to National rate indicated with a 95% statistical significance test. Hotspots (in the top 20% of national highest ward rates) denoted by hatched areas



## APPENDIX TWO

### District level teenage conception rates and numbers 2012<sup>1</sup>

	2012	2012	2011	1998
	Teenage conception rate per 1,000 females aged 15-17	Number of teenage conceptions amongst 15-17 year olds	% change in conception rate 2011 to 2012	% change in conception rate 1998 to 2012
Nottinghamshire	29.4	414	-7.8%	-36.6%
Ashfield	37.1	81	-15.9%	-49.2%
Bassetlaw	25.8	55	-13.4%	-42.7%
Broxtowe	19.3	36	-24.9%	-50.0%
Gedling	27.8	57	1.8%	-45.6%
Mansfield	41.3	79	-7.2%	-26.9%
Newark and Sherwood	34.5	70	12.0%	-19.0%
Rushcliffe	18.8	36	-3.6%	13.9%

When looking at district teenage conception data it is clear than Ashfield and Mansfield continue to have the highest teenage conception rates amongst all seven districts in the county. This is in line with levels of child poverty and the Indices of Multiple Deprivation. Despite substantial reductions in the teenage conception rate since the 1998 baseline year for most districts, two districts have seen an increase in teenage conception rates from 2011 to 2012 (Gedling and Newark & Sherwood).

Interestingly when looking at the **numbers** of teenage conceptions the picture is slightly different, this is because when rates are calculated they use the number of 15-17 year old females in the area, and this population may have increased or decreased. Six districts have seen an increase in the numbers of conceptions between 2011-2012, and Rushcliffe district is the only area to have seen an increase in teenage conception numbers since the 1998 baseline year.

	2012	2011	1998
	Number of teenage conceptions amongst 15-17 year olds	change in conception numbers 2011 to 2012	change in conception numbers 1998 to 2012
Nottinghamshire	414	-36	-199
Ashfield	81	+15	-55
Bassetlaw	55	+10	-25
Broxtowe	36	+12	-32
Gedling	57	-1	-42
Mansfield	76	+10	-44
Newark and Sherwood	70	+8	-18
Rushcliffe	36	+1	+6

<sup>1</sup> Source: ONS 2014

## APPENDIX THREE

### Teenage Pregnancy Integrated Commissioning Plan 2014-16

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
Prevention of teenage conception and poor sexual health through contraception and sexual health service provision.	Targeting of services and increased awareness of services in target districts and hot spot wards as well as influencing the development of local delivery plans.	Core work of NCC	Irene Kakoullis	District Locality Plans		
	Successful delivery of the C-Card condom Scheme with increased number of new registrations and return users in particular from hot spot wards and amongst at risk groups.	£80,000 PH grant 31.3.15  This includes £6,000 for C-Card training provided to the workforce development unit at NCC)	Irene Kakoullis	Public Health Outcomes Framework  Nottinghamshire Sexual Health Strategy 2013-16  Young People's Service Business Plan 2014/15		
	Enforcement of the Information Schedule in order to obtain appropriate data from Contraceptive and Sexual Health Services (CaSH)	LA (Public Health budget) 2013-14	Lynne Robinson	Public Health Outcomes Frameworks		

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
	Contraception and sexual health services are Young People specific across Nottinghamshire	LA (Public Health budget) 2013-14	Sally Handley	Public Health Outcomes Frameworks		
	A minimum of 180 Health Services across Nottinghamshire will be reviewed by mystery shoppers.  At least 20% of these are assessed as being Young People Friendly by young people.	£13,000 in total (LA - ICH Budget) 2013-15	Irene Kakoullis	Public Health Outcomes Framework  Children, Young People and Families Plan 2014-16		
	Ensure Contraception services are aware of national guidance to tackle Child Sexual Exploitation and use appropriate assessments and referral.	LA (Public Health)	Irene Kakoullis / Sally Handley	Children, Young People and Families Plan 2014-16		
	We will raise awareness of contraception and sexual health services to young people through a number of routes including a sexual health website and promotional work.	LA (Public Health) including C-Card contributions	Irene Kakoullis	Public Health Outcomes Framework		
Children and Young People have access to information and education about	Targeting of SRE interventions in target districts and hot spot wards as well as influencing the development of local delivery plans.	Core work of NCC	Irene Kakoullis	District Locality Plans		

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
sexual health and relationships	Increased number of schools achieving the Healthy Schools Enhancement model as measured through Public Health performance systems (with a particular focus on the SRE and TP elements). A minimum of 15 schools will achieve the SRE enhancement by April 2015.	£222,000 LA (Public Health budget) 2014-15	Irene Kakoullis	Public Health Outcomes Framework		
	Mainstream Youth Service provision of informal SRE and signposting through the core offer of the C-Card Scheme across 28 YP's Centres and 10 Mobile Units (reducing to 4 mobile units from 1/10/14).	Mainstream delivery through LA Budget	Chris Warren	YP's Service Business Plan 2014/15		
	Data requirements for Sexions service specification to be included into the information schedule for SFHT.	LA (Public Health budget) 2014-15 £155,655 pa	Sally Handley	Public Health Outcomes Framework		
	Explore the prioritisation of SEXions in relation to target wards and districts	LA (Public Health budget) 2013-14 £155,655 pa	Sally Handley	Public Health Outcomes Frameworks		
The workforce has the skills, knowledge and confidence to	Successful delivery of the Teenage Pregnancy Training programme measured through annual evaluation	£40,000 pa Early Intervention	Irene Kakoullis	Public Health Outcomes Framework		

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
help prevent teenage pregnancies and support young parents.	and targets being achieved.	Grant 2014-15				
	We will raise the awareness of the local workforce of work to tackle teenage pregnancy and young people's health outcomes.	Core work	Irene Kakoullis	Public Health Outcomes Framework		
Improve outcomes for teenage parents and their children.	Pregnant teenagers and teenage parents have early access to Antenatal care and good quality Antenatal care throughout their pregnancy that it is in a variety of settings and including those assessed as young people friendly.	Maternity Tariff April 2013	Jenny Brown	Public Health Outcomes Frameworks. Health Visitor Implementation Plan.		
	Decrease the number of pregnant teenagers that smoke during pregnancy.	Mainstream delivery, Maternity Tariff	Jenny Brown	Public Health Outcomes Framework		
	Increase the number of pregnant teenagers and teenage families that enrol in the Healthy Start Programme to improve nutrition and Vitamin D uptake.	Mainstream delivery, Maternity, Health Visiting and Children Centres	Jenny Brown	Public Health Outcomes Framework		
	Increase the number of pregnant teenagers that initiate breast feeding	Maternity Tariff, 14-15	Jenny Brown	Public Health Outcomes		

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
	and sustain breast feeding at 6-8 weeks post-delivery.	(part of block contracts)		Framework, Health Visitor Implementation Plan.		
	Teenage parents have good quality Postnatal care and have adequate support in the postnatal period to meet their needs and their baby's needs.	Maternity Tariff, 14-15 (part of block contracts)	Jenny Brown	Public Health Outcomes Frameworks, Health Visitor Implementation Plan.		
	School aged pregnant young women and parents are supported to access inclusive education support packages.	LA budget - CFCS 2014/15 £81,000	Charles Savage (Maureen Sully and Jill Priddle)	SEND Business Plan and 2013-14		
	Increased uptake of Children Centre services by teenage parents with a particular focus on under 19's.	Early Intervention Grant (LA – CFCS) 2014/16	Justine Gibling	Early Help Strategy 2013		
	Successful implementation of the Family Nurse Partnership ensuring all targets are achieved	£100,000 NCC (CFCS) £400,000 pa NHS England 2013-16	Jenny Brown	Public Health Outcomes Frameworks		

Actions/Outcomes	Milestones	Resource Implications	Commissioning Leads / Link	Related Strategies and Local Plans	RAG rating	Performance
	Successful move on for Teenage Parents who have accessed supported accommodation supported by Payment by Results for providers.	Early Intervention Grant 2014-16 part of core service provision	Laurence Jones/ Beth Cundy	TYS and Youth Justice Business Plan 2014/15		