

Evidence Based Public Health Practice

Teenage Pregnancy

Brighton and Hove

Governance and performance management of the Teenage Pregnancy Strategy

Introduction

Evidence from areas with the largest reductions has identified a range of factors that need to be in place to successfully reduce teenage pregnancy rates. These key factors include:

- active engagement of all key mainstream delivery partners who have a role in reducing teenage pregnancies: health, education, social services, youth support services, and the voluntary sector.
- a strong senior champion who is responsible for the local strategy and can take the lead in implementing it.

Brighton and Hove's approach is commended because it demonstrates both of these factors, as well as a clear strategy and action plan, and a strong performance management and governance framework which holds services and organisations to account.

Background

Brighton and Hove has a shared vision and a commitment to partnership working to reduce teenage conceptions. This has resulted in a series of SMART (specific, measurable, achievable, realistic and time bound) Action Plans over the last five years. These have been updated regularly in order to reflect the latest national guidance and developments in local priorities and knowledge. They have been matched with increased investment through a 'pooled budget' (Section 75 agreement), or specific functions being mainstreamed within existing children's services.

Progress against the plans has been regularly reported to and scrutinised by the Children & Young People's Trust (CYPT) Board, Primary Care Trust (PCT), the Local Strategic Partnership (LSP) and more recently the Joint Strategic Management Group for the Section 75 arrangements.

Feeding these top level structures have been:

- The Teenage Pregnancy and Substance Misuse Partnership Board, held quarterly and attended by senior heads of services across key partners: health, children's services, housing and third sector.
- Quarterly performance boards with leads responsible for all contracts and internal partnership agreements across social care, integrated youth support and Supporting People.
- The Quarterly Operation Delivery Group with frontline champions from all contracts.
- A series of action focussed specific groups.

Young people's involvement has been threaded throughout.

What has resulted from this approach?

- Single integrated action plan.
- Single set of information that feeds the performance of the CYPT and the PCT vital signs performance structures.
- Profiles of young people at risk of early conception.
- Case audits to look at effectiveness of practice.

A single brand across contraceptive and sexual health (CASH) services that is in line with the Council's brand to improve resident's knowledge of services provided by the City Council and the NHS.

Aims and Objectives

The Strategic Partnership aims to reduce the teenage pregnancy rate. The mechanisms to deliver this aim are:

1. The Teenage Pregnancy/ Substance Misuse Commissioner has been a joint post across Children and Young People's Trust and Public Health since inception.

Outcome: The intelligence and approach from Public Health has always driven the agenda. A designated teenage pregnancy analyst was appointed who is able to access, capture and analyse data across health, social care, Integrated Youth Support Services, Youth Offending Service and schools. Since 2007/08 the partnership has used data to understand local populations and focus early identification processes and behaviour change interventions towards these cohorts.

2. In 2008, Assistant Directors within the CYPT led a comprehensive challenge process to test a hypothesis regarding staff attitudes.

Outcome: Launch of a new action plan presented at a leaders' conference by the Lead Elected Member for Children, and a staff conference led by the Chief Executive of the PCT and Director of Children's Services. Key messages were 'teenage pregnancy is everybody's business', and 'early conception is not inevitable'.

3. The challenge process led to a revised Action Plan 2009/11 which set clear objectives under the headings of:

- Leadership
- Culture and Behaviour
- Integrated Planning and Review
- Effective Monitoring
- Workforce Development
- Service Provision

As a result, frontline staff report recognition of strong leadership of the teenage pregnancy agenda and welcomed policies and procedures that support a directive approach to young people's sexual health and substance misuse.

Appropriateness

Brighton and Hove's approach targets unmet community needs. Since 2007/08 the partnership has used data to understand local populations and focus early identification processes and behaviour change interventions towards these cohorts. Profiles of young people at risk of early conception have been developed and are used to target support and interventions.

Accessibility and Acceptability

A variety of involvement mechanisms are used to inform the development of the Strategy and to review delivery. Young people's involvement is threaded throughout the processes.

Partnership Working

There are strong working partnerships with providers who have been commissioned with specific targets and outcomes that are informed by a behaviour change approach, for example:

- CASH services are providing 20% of the U19's young women with Long Acting Reversible Contraception (LARC) and this is matched with outputs to achieve capacity.
- The Termination service ensures 90% of U19s access post termination support. Post termination support ensures 90% of young women access contraception.
- Teenage Pregnancy Prevention posts across the city target young women aged 15 - 17 with multiple risk factors and work with the young women who are sexually active to use contraception effectively – evidence is measured on self reporting.

Funding

There has been increased investment through increased financial allocation in the form of a 'pooled budget' (Section 75 agreement) and specific functions mainstreamed within existing children's services.

Effectiveness, Efficiency and Equity

The comprehensive performance management system for tracking progress and holding individuals to account for their performance is now embedded. The case management systems for Integrated Youth Support Service, Supporting People's U19s contracts and social care teams all include fields to record screening, intervention and referrals for sexual health against individual young people. Targets are set against all at-risk young people being screened for substance misuse twice a year and sexual health once a year. This performance reporting is then reported in the CYPT and PCT, holding service providers to account.

Data has been improved in terms of quantity and quality across all providers, which has enabled the performance analyst to get a better picture of the profile of young people with whom providers are working.

A single tool called 'You and Sex' has been developed for front -line workers to address sexual health, covering when/how to address sexual health, and teenage pregnancy risk.

There is a joined-up approach with schools to continually improve Personal Social and Health Education (PSHE), Sex and Relationship Education (SRE) and Drugs education. Seven out of nine schools have health-based drop-ins, and all schools provide targeted group work sessions for SRE and Substance use within years 9 /10.

5 Key Steps to Setting Up the Service

1. Consult with your colleagues, providers and young people so that you are clear what you want to change and how you are going to bring about the change.
2. Use local data sources and insight to develop knowledge of target groups of young people, vulnerable to teenage pregnancy.
3. Secure the backing of your senior management and key elected members to give public support to the approach.
4. Develop clear accountable and achievable Service Level Agreements/Contracts with providers of services.
5. Ensure that SLAs and contracts are systematically monitored through performance management structures with exception reports made to the highest strategic level.

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