

Evidence Based Public Health Practice

Teenage Pregnancy

Enfield

Enfield Governance and Performance Management Framework



Background

Teenage Pregnancy is a complex issue that requires a strong partnership approach by a number of services and agencies if the local rate is to be reduced. Effective Partnerships closely monitor the outcomes and activity in order to ensure the combined approach delivers results and holds partner agencies to account.

An effective governance structure and comprehensive performance management framework is required to achieve reduction. As the Government's health service reforms and drive to 'localism' develop on the ground, governance structures and performance management frameworks for local teenage pregnancy strategies need to keep pace and remain relevant.

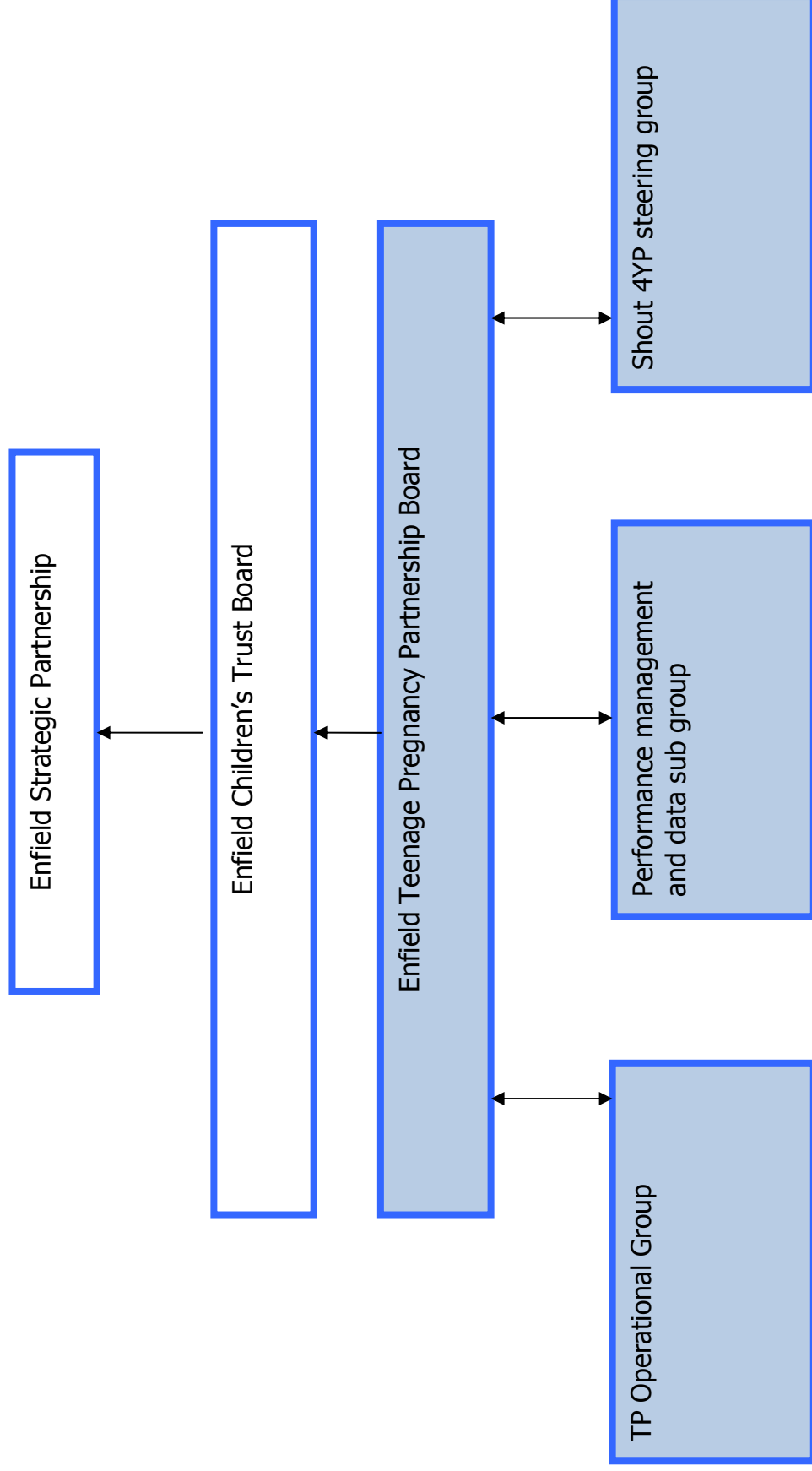
This example shows a strong model of governance and performance management in a London borough. Supported by the Enfield Teenage Pregnancy Unit, partners in the council, PCT/NHS, schools, colleges, police, faith and community groups helped to ensure that Enfield made a dramatic turnaround. Enfield made good progress from having the most challenging position in teenage pregnancy in 2006 to one of the most improved by the second quarter of 2009. In 2006 Enfield's teenage pregnancy rate (55.4 per thousand) was 19.4% above their 1998 baseline rate, the second highest increase in teenage pregnancy rate in England. The second quarter of 2009, saw a 33% reduction from that difficult peak in 2006 with a rate reduced to 37.1 conceptions per 1000 young women aged 15-17. This represented a milestone for Enfield in achieving a rate that was lower than both the England and London averages in the same period.

** Teenage Pregnancy Next Steps: Guidance for local authorities and primary care trusts on effective deliver of local strategies (DfES 2006)*

Key Features

- Regular Teenage Pregnancy Partnership Board and sub-group meetings were held and work plans, policies and guidance were developed across all 10 themes identified in the evidence base provided by the national Teenage Pregnancy Unit.
- Intelligence from across the Partnership was used in order to target work to where it was most needed.
- A local Performance Monitoring Dataset was created, based on the Teenage Pregnancy Unit's national dataset and local suggestions. The data was monitored quarterly with the information used to focus the work and to provide support, encouragement and funding to the areas that needed them most
- The Teenage Pregnancy Unit's Self-Assessment proforma* was used annually to inform commissioning.
- A robust communication approach provided meaningful performance information to a range of stakeholders (see www.4ypenfield.co.uk)

GOVERNANCE STRUCTURE – Enfield Teenage Pregnancy Partnership



PI code	TPPB - measurable indicator
SA 1	Estimate of under-18 conceptions derived from Termination of Pregnancy service data and calculated as a 55% rate of overall conception (to contribute to a more timely and detailed picture of local teenage pregnancy rates and numbers).
SA 13a	Number of under-19 year olds living in the Local Authority (LA) who were new contacts for contraceptive and sexual health services provided by the LA's Youth Support Services.
SA 13b	Number of under-19 year olds living in the LA who were new contacts for contraceptive and sexual health services provided by the Borough's Integrated Sexual Health Clinics.
SA 13c	Number of under-19 year olds living in the LA who were new contacts for contraceptive and sexual health services provided by the Borough's School Nurse provision.
SA 14	Number and proportion of young people's contraceptive and sexual health services in LA accredited with the 'You're Welcome' standard.
local PI	Number of targeted schools with Sexual Health Outreach Services (SHOUT 4YP) on site.
SA 15a	Number and proportion of secondary schools with Sexual Health Outreach Services (SHOUT 4YP) on site.
SA 15b	Number and proportion of PRUs with Sexual Health Outreach Services (SHOUT 4YP) on site or linked to school.
SA 15c	Number and proportion of colleges with Sexual Health Outreach Services (SHOUT 4YP) on or linked to colleges and work based learning providers for 16-19 year olds.
SA 19	<p>Number of young women under 18 in LA having LARC fitted. Proportion of under-18s choosing LARC as primary method of contraception.</p> <p>i) Proportion of under-18s in abortion services receiving LARC. ii) Proportion of under-19 mothers receiving LARC.</p>
SA 25	Reduction in percentage of repeat U19 repeat abortions.
SA 26b	Percentage of foster carers working with at-risk young people who have received SRE/Speakeasy/Delay training.
SA 26c	Percentage of PRU teachers and support staff working with at-risk young people who have received SRE/Delay training.
SA 26d	Percentage of professionals working with young offenders who have received SRE/Delay training.
SA 38	Proportion of under-19 mothers who have seen a midwife or maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy.
local PI	Percentage of LAC accessing information and guidance on contraception and sexual health through the LAC nurse and /or through their health review.