

## **Evidence Based Public Health Practice**

**Teenage Pregnancy**

**Norfolk 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 hold partner agencies to account.

A comprehensive governance structure and performance management framework is vital. County Councils can have particular challenges in implementing an effective governance structure and performance management framework that incorporate their own locality working structures, one or more PCT boundaries which are not coterminous with the Council's structures/boundaries. Effective performance management is needed at both a locality level and at the county level. As the Government's health service reforms and drive to 'localism' develop on the ground, governance structures and performance management frameworks for teenage pregnancy need to keep pace and remain relevant.

This example shows a strong model of governance and performance management in a County structure. Norfolk developed a very well-established, robust performance management approach monitoring six county-wide key areas for action.

Senior leaders in Children's Services, across both LA and PCT, ensured that the governance structure for teenage pregnancy did not develop as a separate entity, but fitted into the governance and partnership structures across children and young people's services. The teenage pregnancy partnership continues to develop the governance model, ensuring it will remain relevant in evolving local structures.

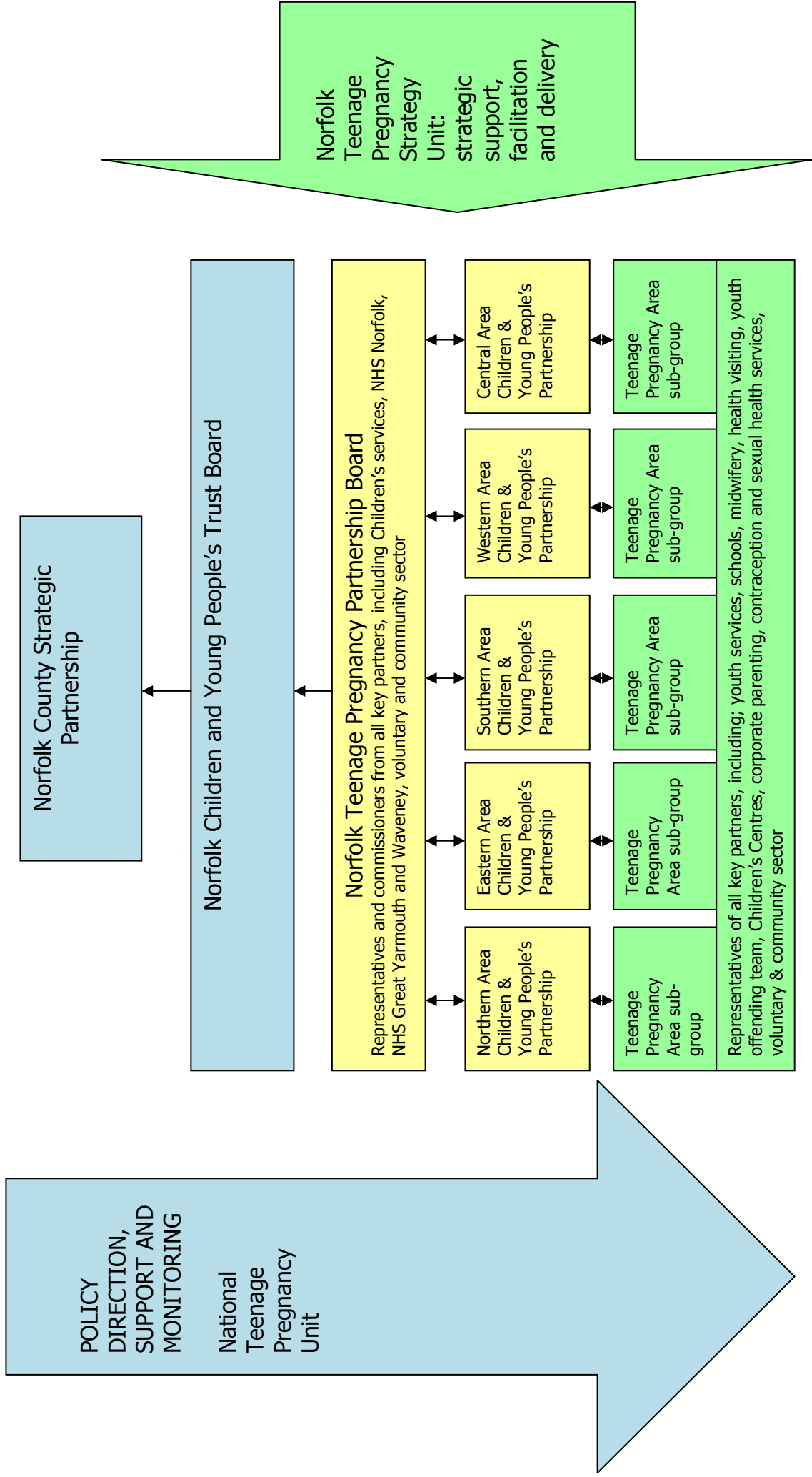
Norfolk has achieved a 7% reduction in their teenage conception rate (from a rate of 37.0 per thousand in 1998 to 34.3 per thousand in 2008).

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

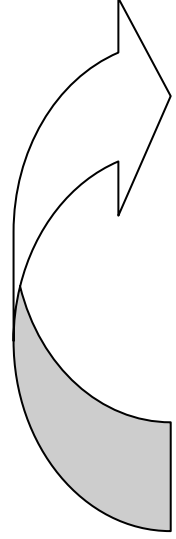
### **Key Features**

- Strong leadership ensuring governance and performance management of work on Teenage Pregnancy embedded in wider structures.
- Clear lines of accountability, responsibility and ownership, shared across the wider Children & Young People's Partnership.
- Locality structures below county level arranged in ways that make sense on the ground. These were not always be exactly coterminous with ward or town boundaries.
- County priorities translated into local targets and monitored on a regular performance management cycle.
- Local Teenage Pregnancy sub groups monitored the work in their area , provide vital development work and needs analysis to help inform the county level Teenage Pregnancy Board.

# GOVERNANCE STRUCTURE – COUNTY AND LOCALITY LEVELS



# TIMETABLE FOR ANNUAL TEENAGE PREGNANCY PERFORMANCE MANAGEMENT CYCLE

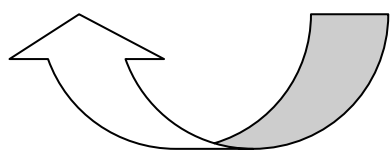


## **December**

Action plan quarterly review by Teenage Pregnancy Board, including Area work.

## **March/April**

Annual review of performance and action plan signed off by Teenage Pregnancy Board and Children & Young People's Trust Board.



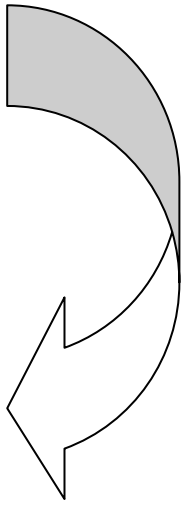
## **September**

Six-monthly review by Children & Young People's Trust Board, including self-assessment toolkit, to inform commissioning.

Action plan quarterly review by Teenage Pregnancy Board, including Area work.

## **June**

Action plan quarterly review by Teenage Pregnancy Board, including Area work.



## Priority actions, Success Criteria, Performance Indicators

Local area partnerships developed very local action plans, based on the 6 priority actions for the County and reported on linked indicators e.g. 'Number of schools offering School Based Health Services', 'Number of contraception access points established' etc., as well as localised outputs e.g. a training event for all social care staff etc.

### **The six priority actions**

1. School based health services in all priority schools.
2. Norfolk's 'Your C-Card' scheme provided and well marketed in all 13 localities, with pregnancy testing and Emergency Hormonal Contraception (EHC) clearly and actively signposted.
3. Targeted work with looked after children (LAC) & young people leaving care (L/C) established - i.e. replicable model incorporating training, high quality sex and relationships education (SRE) and easy access to C-Card, Chlamydia testing and contraception including long acting reversible contraception (LARC).
4. Effective SRE programme delivered in all Pupil Referral Units (PRUs).
5. Identify at risk groups of young people. Plan, deliver and evaluate self esteem programmes for these young people. Ensure that these are delivered on a regular basis to meet local need.
6. Contribute to the development of the Norfolk pathway for teenage pregnancy. Children's centres to take the lead for ensuring clear directories of services are available and that young mothers and fathers are being effectively supported in line with the pathway.

These were used to build quarterly performance reports into the Norfolk Teenage Pregnancy Strategy Unit, as detailed in the performance management framework **DN – *this would be useful to see and is the missing piece from the article***.

Each action was led by the most relevant individual member of the area group (each area group having strong multi agency membership); for example the area school nursing manager led on school based health services action.

Below is an excerpt from the County action plan driving forward developments around contraception services.

Intended outcomes	Actions	By who	By when	Success measures
Young person centred approach and You're Welcome criteria fundamental to the service.	<ol style="list-style-type: none"> <li>1. Find out who has led so far/actions to date for You're Welcome criteria.</li> <li>2. Gain information on what it is.</li> <li>3. Agree as a sub group how criteria/self assessment will be used</li> <li>4. Audit of provision using criteria currently</li> </ol>	xcxx and Steering group reps.	July 10	.All agencies using You're Welcome criteria effectively
Choice of organisations in localities which offer YP access to contraception	<ol style="list-style-type: none"> <li>1. Mapping of existing provision</li> <li>2. Discuss with young people relevance and accessibility of provision</li> <li>3. Priorities for filling gaps identified and acted on</li> </ol>	xcxx and Steering groups reps	July 10	Mapping completed with gaps identified.
C Card: Registration and issuing points identified with involvement from young people. Staff from key agencies (Connexions, youth workers, voluntary sector, school nurses etc) trained to facilitate the scheme through personnel undertaking appropriate training from the Sexual Health Training programme	<ol style="list-style-type: none"> <li>1. Identify a C Card lead in each locality</li> <li>2. Involve Key Players - locality based group training, putting c card on the agenda of multi agency meetings, consultation with YP</li> <li>3. Localised promotion of C Card including YP user involvement in promotion materials</li> <li>4. Identification of new C Card points</li> <li>5. Galvanise the brand – ongoing profile raising of the scheme (For more info see the 'C Card 5 step Programme' guide to C Card roll out) The scheme to be launched in Locality 5 first, then Locality 3, then Locality 4.</li> </ol>	xcxx and Steering Groups reps	Locality 5 Dec 09  Locality 3 March 10  Locality 4 June 10	C-Card training delivered within each locality. 30 staff from stat. and vol. Agencies in the area trained to deliver C- Card. 50% increase on the numbers of c-cards issued.