

HEALTH SCRUTINY COMMITTEE
12 SEPTEMBER 2019
REDUCING UNPLANNED TEENAGE PREGNANCIES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review work to reduce unplanned teenage pregnancy levels in wards with the consistently highest levels of unplanned teenage pregnancy.

2 Action required

- 2.1 To consider the information provided on the progress being made in reducing unplanned teenage pregnancies in the city.

3 Background information

- 3.1 In line with the national Teenage Pregnancy Strategy, published in 1999, reducing unplanned teenage pregnancies has been a priority in Nottingham for a number of years, with focused activity to reduce teenage pregnancy rates. Over that time there has been a reduction in the teenage pregnancy rate nationally and locally. In Nottingham the target to halve teenage pregnancy by 2020 was met by 2014, but the England under-18 conception rate remains higher than other Western European countries and the rate in Nottingham is still above the national average.
- 3.2 In 2017 the Committee decided to review whether the focus and investment in reducing unplanned teenage pregnancies in Nottingham over the previous 16 years had resulted in a sustainable reduction in teenage pregnancy rates. In March 2017, the Committee reviewed the latest data on teenage conceptions; evidence about risk factors associated with teenage pregnancy; the impact of teenage pregnancy and what works to reduce teenage pregnancy; services available in the Nottingham for prevention and early intervention and support; and current challenges, including the findings of the Joint Strategic Needs Assessment Chapter on teenage pregnancy. The Committee spoke to the Teenage Pregnancy Specialist and the Consultant in Public Health. At that time, the Committee was informed that if numbers continued to fall at the same rate then the City was on track to reduce teenage pregnancy in line with the ambition of the Council Plan. There had been a sustained reduction in levels of unplanned teenage pregnancy but there was still more work to do particularly to address variations across the city, for example, the Committee noted that the Aspley, Arboretum and Bulwell wards consistently had the highest rates of teenage pregnancy in the City.

3.3 The issue was also considered in 2018, when the Committee were informed:

- that it was difficult to know if pregnancies were planned or unplanned, particularly once mothers started to develop a bond as their perception of wanted and unwanted changed, so all teenage conceptions were included in the statistics;
- most data available related to 2013/14-2014/15 with some more recent information up to 2016;
- research showed that the majority of teenage mothers had, and would experience higher levels of deprivation and that they and their children would often experience poorer health and have lower aspirations;
- 2016 data showed that 127 teenage conceptions (13-18 years of age) were recorded in Nottingham which equated to 26.9 conceptions per 1,000 population in that age group. This was a 14% decrease on the 2015 figures;
- nationally there had been a downward trend in conceptions over the last 10 years and this had been mirrored in Nottingham. However, local data showed that conceptions varied during the course of any given year and therefore it was difficult to know if this was a consistent downward trend;
- with regard to teenage conceptions by ward, whilst in 2013-15 Bulwell was ranked as significantly higher than the city average for teenage conceptions, by 2016-17 it was no longer significantly different from the city average and Aspley, Bilborough, Berridge and Arboretum had the highest rates of teenage conceptions and were significantly higher than the city median. This may have been partly due to the focused preventative work taking place in Bulwell or the changing demographics, but careful consideration was on-going to identify and understand the contributing factors;
- it was acknowledged that the demographics of the four wards with significantly higher conception rates have very different populations, deprivation levels and Black, Asian, Minority Ethnic (BAME) and cultural mixes. Unfortunately it was not possible to identify ethnicity and cultural background of the cohort as, due to the small numbers involved, it could enable individuals to be identified. As a result, the information provided could only be anecdotal;
- some cultures encouraged marriage and childbirth at an earlier age and this fed through to the aspirations of young women. However, targeted work to engage with these communities was proving successful and with that comes a focus on raising the aspirations of young women. Where young women in these cultures were identified, sensitive enquiries were made to ensure they had the information and support they needed. The issues and challenges in these cultures were wide ranging and often included a lack of information or understanding of the services available for health, housing, etc and the need for young people to attend educational settings;
- in many instances, if it was considered normal within a family to have children young, then this tended to be a pattern which subsequent generations followed;

- a sexual health survey had been compiled by a sexual health consultant and Marie Cann-Livingstone aimed at young women aged 15-18 years of age, asking them about their experiences of sexual health services. The survey was undertaken face-to-face to ensure that there were no literacy barriers;
- deprivation was the most significant common element of areas with high conception rates and this was usually concentrated in urban environments. Blackpool had the highest rate of teenage conceptions in the country;
- the Council commissioned outreach services to support the most vulnerable young people, including:
 - support for teenage parents to help prevent further pregnancies;
 - ensuring that young mothers had an understanding of the employment training available;
 - access to relationship and sexual health advice and services;
 - GP focused information;
 - the 'C-Card scheme';
- as published statistics were always at least a year to 18 months old, it would be some time before the impact of initiatives became apparent;
- a better understanding was needed as to why young people did and didn't choose to access services which were available to them. The delay in available statistics was hindering progress in ensuring that successful approaches were identified and rolled out faster. Different service providers needed to ensure that the information they held could be used in conjunction with information held by other providers to inform decision making.

3.4 The purpose of this meeting is to review the latest data on levels of teenage pregnancy in the city and how this compares with national comparators, and the work which has taken place over the last year to further reduce unplanned teenage pregnancies in the city.

4 List of attached information

4.1 Briefing note from Marie Cann-Livingstone, Teenage Pregnancy Specialist, and Helene Denness, Public Health Consultant

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None.

6 Published documents referred to in compiling this report

6.1 Health Scrutiny Committee minutes and reports, March 2017 and June 2018.

7 Wards affected

7.1 All.

8 Contact information

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