Teenage pregnancy conference LGA April 2013 Notes

Speaker 1 Dr Ann Hoskins Director of Public health England Nationally TP levels have fallen by 34% still looking for 50% reduction TP Linked to deprivation, look at Tackling inequalities And Educational attainment Looked after children 3x more likely to become teenage parents.

Teenagers with previous pregnancy 20% more likely to have a 2nd child Drinking. Smoking. Drug use disengagement from school. Crime and antisocial behaviour. All lead to risky sexual behaviour

15% of Neets are teenage mothers or pregnant

She talked about Public health outcomes framework and about only being 3 weeks into Public health England. she talked about Using social media for getting messages out and about Life course perspective, measuring the costs of children born to teenage mums against costs on preventative measures.

New guidance on information sharing coming out shortly Speaker 2 Dr deGruchy DoPH Haringey Their JSNA. Is published in Mini chapters giving bite sized chunks of information.

TP is a signal marker for other issues

Reproductive health is also Part of Sexual health joining up services across health and LA.

Posters promoting Emergency hormonal contraception Also promoting a Young people phone app called young +healthy

Use of school nursing and link to commissioning of Health visitors, gives advice Link to regeneration to support funding

Haringey council. Source for posters.

3. Morag Stewart D o PH Luton

Promotes the use of commissioning cycle. Starts with strategic planning and is not just about procurement.

Young people surveyed. "being young in Luton" giving a comprehensive view of YP needs and wants, included some surveys of parents.

Following survey commissioned a Sexual health service for YP which is YP friendly, Integrated and Accessible

Procured from Brook. Outcomes based block contract, monitored and evaluated against KPIs Achieved reduction in TP rate, increased new diagnosis of HIV and chlamydia. Increase in use of contraception and routine chlamydia screening. There were some Challenges. Eg Local resistance to specific YP services from established services.

4 Anne Colquhoun. YP public health manager. Bristol

When asked YP want to have SRE and so do parents Change round to relationships and sex ed. RSE!!!! Relationships come before sex. Achieved reduction in TP rates by good Grounding for teachers in PHSE High level commitments rom partner organisations. And from elected members through scrutiny day including YP

Multiagency training essential so all delivering same messages and have understanding of other functions of services.

Dedicated PHSE /RSE posts to deliver training

5 Minister for public health Anna Soubry

Praises local authorities on reducing TP rates Sexual health framework just published Questions for minister on how schools tackle SRE when it is not mandatory from government.

Q on Science education where reference to sex education is removed a plea to her to lobby education minister School based clinics are brilliant Acknowledged education reforms don't support PHSE in school and is in conversation with Education department.

(Also praised Rotherhams can do attitude on Obesity services)

Alison Hadley Director Teenage Pregnancy Knowledge Exchange. University of Bedfordshire Training for all practioners in youth service, teachers etc all who are involved with YP in order to take a pathway approach inc pregnancy testing, children's centres 2nd pregnancy. Not just targeted approach but integrated across all YP Recommends reading Ofsted report on serious case review. Recommends Looking after Young parents supporting them in accord with Marmot principles.

Key themes emerging

It is worth continuing to invest in TP services to continue to achieve downward trend.

Services should be integrated, accessible, young people friendly, with access to good PHSE in all schools, age appropriate. We should adopt a holistic approach to promoting young people sexual health and Wellbeing health and Wellbeing boards are well placed to show leadership.

Elected members could demonstrate commitment and leadership via scrutiny, ? Health and lives joint review.

Need to adopt a partnership approach especially in the current economic climate.

Judy Dalton Sent from my iPad