

Health and Wellbeing Board - Briefing Note

The Health and Wellbeing Board have asked to monitor progress on the following issues: **Subject: Teenage Pregnancy**. This briefing contains the latest position as of **November 2023**.

Background and context

The North East Lincolnshire Council Plan 2023-2026 includes children, families, and young people as a priority, with the vision being to put children at the heart and centre of our ambition for children and families, so they have the best possible experiences. All our children should be able to reach their full potential, with key areas being for young people to be healthy, resilient, safe, and supported to achieve. Two key national indicators regarding teenage pregnancy are included in the Office for Health Improvement & Disparities (OHID) public health outcomes framework (PHOF), these being:

- PHOF C02a - under 18 conception rate
- PHOF C02b - Under 16 conception rate

Teenage pregnancy is a significant public health issue because of the risk of poor outcomes for both the mother and the child. These outcomes are detailed in the Local Government Association (LGA) framework for supporting teenage mothers and young fathers and which include the following:

- **Child poverty** – babies of teenage parents have a 63% higher risk of poverty compared to babies of mothers in their twenties (Child Poverty Strategy: 2014-17. HM Government. 2014).
- **Smoking** – mothers under 20 are three times more likely to smoke throughout pregnancy compared with mothers of all ages (Secondary analysis of Infant Feeding Survey 2010 data tables (table 11.11)).
- **Breastfeeding** – mothers under 20 are half as likely to be breastfeeding at 6 to 8 weeks compared with mothers aged 20+ (Secondary analysis of Infant Feeding Survey 2010 data tables (tables 2.4 and 2.14)).
- **Mothers not in education, employment, or training (NEET)** – an estimated 21% of female NEETs aged 16 to 18 are teenage mothers (National Client Caseload Information System (NCCIS). Department for Education. 2015).
- **Maternal mental health** – mothers under 20 have higher rates of poor mental health for up to three years after birth (Ermisch J et al. teenage pregnancy research programme. Briefing 1. 2004).
- **Low birth weight** – there is a 21% higher risk of low birth weight of term babies for babies born to women under 20 compared with babies of mothers of all ages (Office for National Statistics. Childhood Mortality in England and Wales, 2014, Table 10. ONS, 2016).
- **Stillbirth** – babies of mothers under 20 have a 13% higher risk of stillbirth compared with babies of mothers of all ages (Office for National Statistics. Childhood Mortality in England and Wales, 2014, Table 10. ONS, 2016).
- **Infant mortality** – there is a 56% higher risk for babies born to women under 20 compared with babies of mothers of all ages (Office for National Statistics. Childhood Mortality in England and Wales: 2014. Table 10. ONS. 2016).
- **Sudden Unexplained Death in Infancy (SUDI)** – babies of teenage mothers are three times more likely to die from SUDI which includes sudden infant death syndrome (SIDS) (sometimes known as cot death) Office for National Statistics. (Child, Infant and Perinatal Mortality in England and Wales, 2012, Table 7. ONS, 2014).
- **Accidental injury** – babies of teenage mothers are twice as likely to be hospitalised for gastroenteritis or accidental injury (Peckham S. Preventing unplanned teenage pregnancies. Public Health 1993, 107: 125-33).

Key points from local data

- The most recent annual under 18 conception rate for North East Lincolnshire is for 2021 and is 27.3 conceptions per 1000 females aged 15 to 17 years. The rate remains higher than both the Yorkshire and the Humber (17.1) and England (13.1) rates.

- The rate of North East Lincolnshire under 18 conceptions has fallen considerably from 69.8 in 1998, to 27.3 in 2021, which is a reduction of 61%. This reduction, whilst considerable, is lower than the reductions achieved for the Yorkshire and the Humber (68%) and for England (72%).
- Within the Yorkshire and the Humber, North East Lincolnshire has the second highest annual rate of under 18 conceptions for 2021.
- Compared to all the local authorities in England, North East Lincolnshire has the joint fourth highest annual rate of under 18 conceptions for 2021.
- There were 73 North East Lincolnshire under 18 conceptions during 2021 which was an increase of 4 conceptions compared to 2020. Of these 73 conceptions, 26% (19) led to an abortion; this compares to 53% of conceptions in England leading to an abortion.
- There are considerable geographical variations in North East Lincolnshire under 18 conception rates at ward level. Compared to the England rate, eight wards have under 18 conception rates that are significantly higher, one ward has a rate that is significantly lower, and six wards have rates that are not significantly different.
- Within the Yorkshire and the Humber, North East Lincolnshire has the joint fifth highest rate of under 16 conceptions for the period 2019-21 (3.9 conceptions per 1000 females aged 13 to 15 years); the local rate being higher than both the Yorkshire and the Humber (3.2) and England (2.2) rates.
- There were 32 North East Lincolnshire under 16 conceptions during the period 2019-21, which was an increase of three conceptions compared to the previous 2018-20 period.
- Conception statistics should be interpreted in the context of the COVID-19 pandemic, with lockdowns along with school and service closures, all impacting conception rates.

New approach

In July 2023 a new operational group was formed with various stakeholders across North East Lincolnshire. Strategic context has been researched and it was agreed as a system lead public health approach to develop a new action plan would be used as platform to scope out and formulate an action plan. The Translating Evidence into Whole Systems Approach: ten factors for an effective local strategy was agreed as a system lead public health approach to develop a new action plan.

Our ambition in North East Lincolnshire Council is to reduce teen pregnancy by increasing resilience and allow children and young people to develop safe relationships by:

1. All children and young people receive high-quality, evidenced-based relationship and sex education at home, at school and in the community.
2. All children and young people knowing how to ask for help and can access it.
3. All children and young people understand consent, sexual consent, and issues around abusive relationships.
4. Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.
5. Working together to safeguard young people.
6. All young people receive appropriate information and education to enable them to make informed decision.
7. All young people have access to the full range of contraceptive methods and know where to access them.

This will be developed through a public health life course approach and have significant governance arrangements including, strategic group overseeing the operational group. This group will report into Starting and Developing Well groups, which will link to the Children and Young Peoples Strategic Board as well as the Safeguarding Partnership Board.

Over arching properties

1. For all young people to have access to high quality evidence-based lessons/sessions regarding relationships and sex health in a variety of settings.

2. For all young people in NEL to know where to go to access free youth friendly confidential contraception and sexual health advice.
3. To ensure good access to relationships and sexual health training that is high quality and evidence based for health and non-health professionals. That gives the appropriate workforce increased knowledge and confidence to deliver positive effective messages.
4. To have dedicated support available for teenage parents, parents, carers, and guidance including SRE and contraception.

Key actions

Strategic:

- 1.1. To adopt a strategic whole system approach to a teenage pregnancy prevention.
- 1.2. To support the development of local planning policies to promote the creation of inclusion within targeted key vulnerable groups.
- 1.3. To ensure consistent messages and branding are in place, using national and local insight for young people, parents, and carers to access support in a variety of IAG appropriate information methods.

Children and young people:

- 2.1. To ensure a range of opportunities are in place to support children and families to access free confidential support regarding sexual health and contraception and know where to access it.
- 2.2. To encourage all schools and young people settings to drive forward the whole school/settings approach to health and wellbeing.
- 2.3. To explore young people's settings to have sexual health drop ins.

Education and training:

- 3.1. To develop an effective training plan that promotes consistent CPD that is high quality specialist training on sexual health, healthy relationships and up to date signposting to practitioners who work with young people, that is regularly monitored and reviewed.
- 3.2. To have quality assurance measures in place to have a consistent level of delivery across the system that promotes statutory requirements and clinical governance procedures that promotes confidence and increases knowledge of facilitators as well as participants receiving the training and IAG.

Parents and Carers:

- 4.1. To ensure that parents/carers have access to information and advice about relationships and sexual health.
- 4.2 To have confidence to equip parents/carers to be comfortable having conversations regarding relationships and sexual health in a positive, consistent, and informative way and able to signpost appropriately.
- 4.3. To have dedicated support for teen parents, which includes a comprehensive wide-ranging package of support through the hub.

Long-term objectives

- To achieve a reduction in teenage pregnancy
- To have the voice of the young people help shape policy and practice and influence agenda from a needs lead, evidence-based approach.
- For all children and young people to receive high-quality evidence-based sex and relationship education at home, at school and in the community.
- To have a successful youth sexual health delivery model, that is well used in prevention and early identification of STIs.
- To build capacity within the system with a fully trained workforce.
- To achieve a reduction in teenage pregnancy rates, STIs and repeat abortions up to age 25.
- To reduce costs associated with teen parents.

An action plan, page on page and data briefing are all available upon request.

Paul Caswell MBE

Head of Young and Safe (including statutory Youth Justice Service Manager), Safer.



North East Lincolnshire Council.

Telephone: (01472) 324950 Mobile: 07725330079

**If you require any further information, or a full data report please contact the named officer or alternatively,
Laura Peggs**

Wellbeing Programme Lead for Schools - Public Health Team

North East Lincolnshire Council

Laura.peggs@nelincs.gov.uk

If you would like to find out more about scrutiny you can contact us:

by email democracy@nelincs.gov.uk

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or by post NELC Scrutiny Team,
Municipal Offices,
Town Hall Square,
GRIMSBY
DN31 1HU.

