



OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

CMT Lead:

Report Author and contact details:

Policy context:

Teenage Pregnancy & Substance Misuse in Havering; an overview and update on local strategies and action plans

Lorna Payne, Group Director, Adults & Health

Daren Mulley, Young People at Risk Commissioner (x4280)

Commission services that work with young people at risk of teenage pregnancy and substance misuse

SUMMARY

This report is intended to update the Overview and Scrutiny Committee on the progress of the strategies, action plans that are in place to contribute to reducing teenage pregnancy and substance misuse among young people in Havering. The report is therefore divided into two sections which highlight and summarise the work that is currently being commissioned in the policy areas of teenage pregnancy and substance misuse.

Given the detailed work that is being delivered, this report refers to and has a number of key documents attached to help support and elucidate understanding of these crucial areas of work in Havering. In addition, at the meeting the report author will also present and share examples of communications material used to promote the services mentioned in the report.

RECOMMENDATIONS

Members are asked to note the contents of the report.

REPORT DETAIL

1. Teenage Pregnancy

1.1 The Teenage Pregnancy Strategy (2010-13)

- 1.1.1 By 2008, Havering's teenage pregnancy rate was stubbornly high (above the England and London average) with over 60% of conceptions leading to a termination. That was why the Children's Trust approved the development and launch of a local Teenage Pregnancy Reduction Strategy in 2010 which has a strong emphasis on preventing teenage conceptions. In addition, the Children's Trust adopted teenage pregnancy reduction as one of its key priorities in the Children and Young People's Plan (2011-14).
- 1.1.2 In 2010, the Teenage Pregnancy (TP) Board agreed that its overall Strategic aim is to work towards achieving a 15% reduction in the under 18 teenage conception rate by 2013 from

the 2008 average conception rate of 42.6 per 1000 females aged under 18 to achieving 35.0 per 1,000 by 2013.

- 1.1.3 Based on evidence¹ gathered from across the UK, the TP Board agreed focusing its planning on the following four strategic objectives:

Commissioning: Commissioning will take place within an integrated framework of good practice and based on evidence, local services will be commissioned and publicised to meet the contraception and sexual health needs of local young women and men.

Prevention: The strategy adopts a strong emphasis and focus on targeted youth support services to strengthen early identification and support for young people at greatest risk of teenage pregnancy in Havering.

Education: So that young people can make informed choices regarding their lives, a high priority will be given to supporting the development of sex and relationships (SRE) within PSHE in schools.

Workforce: A strong focus has been given to the availability and consistent take-up of SRE training for professionals across children and young people’s services, linked to promoting local Contraception and Sexual Health services.

1.2 Data Analysis: Teenage Pregnancy & Sexual Health in Havering

- 1.2.1 Led by the Teenage Pregnancy Board, since 2010 there has been steady progress to the point where Havering has the lowest under 18 conception rate for over 12 years.

- 1.2.2 Looking at the table below, it is very pleasing to note that Havering continues to experience a reduction in the number of teenage conceptions that contributes to and strengthens a consistent downward trend in our numbers and rate in Havering (a trend that began early 2009).

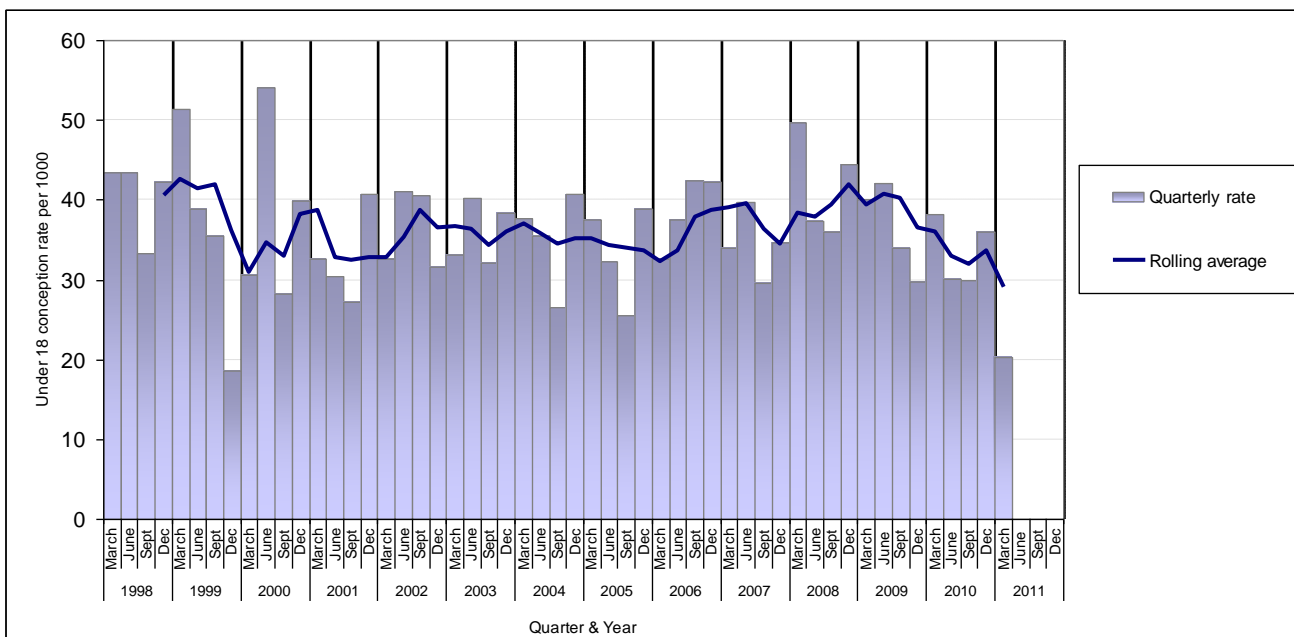


Figure 1: Under 18 Teenage Conception Figures

¹ Department for Education (2006) Teenage Pregnancy Next Steps: Guidance for Local Authorities & Primary Care Trusts on Effective Delivery of Local Strategies

1.2.3 Our most recent local data shows that since the Strategy started in 2010 the under 18 conception rate has fallen by 45 per cent. As a result, our current rate of 29.3 (per 1,000) means that Havering;

- a) has the lowest recorded quarterly number this since 1999
- b) has recorded its lowest ever rolling average rate
- c) has recorded its lowest ever average rate since 1999
- d) has had the greatest reduction in teenage conceptions over a 1yr period in London, of 46.9% (between Q1 in 2010 and 2011).
- e) Havering's downward trend is also shared and reflected across London where, for the first time, London's rate of under-18 conceptions was not higher than the national average.

1.2.4 In 2010, the Havering TP Board committed the YP Lead to undertake a consultation project with young people aged 13 – 19 years old. The TP Board was eager to conduct a research project so that young people's views can develop our local understanding of young people's sexual health needs. The survey had two main aims:

- o To seek the views of young people aged 13-19 years about their experience of the delivery of sexual health information and contraceptive services in Havering.
- o To learn from young people living in Havering what would help to improve access to sexual health information and contraceptive services.

The survey takes the form of a questionnaire and has been designed to elicit both quantitative and qualitative information on young people's views and experiences. The questions developed for the survey cover a number of themes, including:

- o Basic demographic information
- o Accessing sexual health information
- o Accessing sexual health services
- o Contraception
- o Sexual activity

In its second year, the Sexual Health Survey was completed between November 2011 and March 2012 and 123 local young people responded to the survey during this period. Some of the findings include;

- a) **Sources of Information:** Friends and websites are the two most popular sources of sexual health information followed by sexual partner, books/magazines and parents.
- b) **Access Confidence:** Respondents said that that they felt most confident approaching friends. Friends were followed (in order) by the internet, GPs, parents, health clinics, youth workers and teachers.
- c) **First Time Sex:** 4 out of 10 young people reported having sex for the first time under the age of 16. Almost 9 out of 10 respondents said that the legal age had **not** affected their decision to have sex.
- d) **Condom Use:** 1 in 2 young people report using condoms either, 'always' or, 'usually'. Using other contraception was cited as the main reason for not using condoms. This reason was followed by, "too drunk", "unplanned sexual encounter" and, "don't like using them".
- e) **Sex & Substance Use:** 7 out of 10 young people reported having sex under the influence of alcohol and/or drugs
- f) **Accessing Advice:** Respondents reported websites as most used for accessing sexual health advice. Websites were followed by schools, GPs, Romford Youth Zone and the GUM Clinic (based at Queens Hospital)
- g) **Ideal Location:** Respondents said (in order of preference) that GPs, clinics, youth centres, Romford Youth Zone, college, hospital and the internet would be their ideal locations for sexual health services and information.

- h) **Sex Education:** 6 out of 10 young people did not rate their sex education as either 'good' or 'excellent'

1.3 Teenage Pregnancy Action Plan (2012-13)

1.3.1 This is the third annual delivery plan that sets out a coherent framework of actions to contribute to achieving our local strategic objective to reduce under 18 conceptions by 15% by 2013. It is important that we continue to build upon the recent downward trend and ensure that teenage pregnancy remains a high priority for Havering to make further and sustained progress in driving down unintended teenage pregnancies.

1.3.2 The Plan is structured and its content organised into the following five action areas with progress in its implementation monitored by the TP Board on a regular basis:

- 1) Commissioning & Partnerships
- 2) Data & Information Sharing & Analysis
- 3) Marketing & Publicising Access to Services
- 4) Targeted SRE with vulnerable at risk groups
- 5) Workforce Training & Development

1.3.3 In order to deliver reductions that form the strategic objectives, the proposed 2012-13 action plan emphasizes four priority themes for the year ahead:

- 1) **Funding:** Building consensus and agreement for the need to identify and secure funding beyond 2013 for teenage pregnancy support services and programmes for young people.
- 2) **Consultation:** Consulting widely on the strategic direction and priorities for a new local TP strategy for 2014-17.
- 3) **Communications:** Using social media (e.g. Safer Sex Facebook campaign) to connect and engage with young people so that their views are listened to and their needs understood in the planning, commissioning and accountability of services.
- 4) **Technology:** Maximise the potential of technology (e.g. TXTM8 service, Application Software) to provide information, advice and support young people whilst promoting reliable on-line sources of accurate information for young people, parents and professionals.

1.3.4 In summary, the key priorities for 2012-13 are;

- 1) Commission the Integrated Youth Service to deliver the Phoenix Teenage Pregnancy Counselling Service and coordinate the delivery of the free Condom Card Scheme.
- 2) Commission Youngaddaction, the young people's substance misuse service provider, to deliver the targeted Sexual Health Support Service
- 3) Provide a SRE Grant Scheme targeting and inviting 6 schools in Havering that are located in TP hotspots (Harold Hill, Rainham & North Romford) to apply for a grant to support and enrich their Sex and Relationships Education.
- 4) Commission Living Well to provide the "TXTM8" service, the free 24hr sexual health information and advice text service for young people.
- 5) Commission a new Z Card information mini booklet ensuring that is available and accessible to young people through a range of young people services borough-wide.
- 6) Commission a sexual health training programme for staff who works across a range of children and young people services addressing subjects including skills to speak with young people about sex, supporting young people within the law, contraception & sexually transmitted infection courses.
- 7) Conduct the annual Condom Card Scheme's User Satisfaction Survey with registered users to evaluate the service and measure its impact and outcomes on scheme users.

- 8) Review and update the “Only Way is Safer Sex” Facebook campaign and Teenage Pregnancy & Contraception pages on the LBH website.

2. Young People & Substance Misuse

2.1 The National (2010) & Local Drugs Strategy (2012-13)

2.1.1 The Government recognises that substance misuse can prevent children and young people from achieving positive outcomes - of living in a safe society and leading healthy, enjoyable and rewarding lives. The National Drugs Strategy *Reducing Demand, Restricting Supply, Building Recovery* (HO, 2010) includes commitments to reducing alcohol and drug consumption that puts young people at risk of harm. The government is also clear that it expects local authorities to maintain its investment in specialist substance misuse services and targeted early interventions for young people who are experimenting or experiencing harm from misusing substances;

‘For those young people whose drug or alcohol misuse has already started to cause harm, or who are at risk of becoming dependent, they will have rapid access to specialist support [...] The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age’.
(Home Office, 2010, 11/12)

2.1.2 There should be no surprise that the new government has continued a strategic drugs policy that maintains its interest and commitment to investing in young people’s services. There is clear and compelling evidence that young people’s substance use is associated with a wide range of other serious problems experienced by teenagers, such as failing or falling behind at school, involvement in crime and anti-social behaviour, becoming a victim of crime, teenage pregnancy, mental health problems as well as risks of overdose and future drug dependency (National Treatment Agency, 2008).

2.1.3 Within this context of continued support for services, the London Borough of Havering’s strategic priorities for 2012-13 focus on four key areas:

1. Commissioning: We are committed to exploring additional commissioning to grow and widen young people’s substance misuse services, investing monies in innovative services with a proven track record that address needs that are identified in the needs assessment. In addition, the CUIT is committed to investing in substance misuse awareness training for professionals from all sectors that are working with young people in Havering.

2. Improving Services: The local partnership will develop and improve upon its current evaluation practices, introducing on-line professional, parent and user satisfaction surveys so that all customers have an opportunity to assess the effectiveness of the service. This data is also expected to feed into the annual needs assessment process which will inform and shape the development of the priorities for the next action plan.

3. Partnerships: We will maintain and widen our key local relationships with stakeholders in 2012-13, in particular the YPSMG and Champions groups. In addition, the local commissioned service will join the YPSMG to support the review of performance and progress on the implementation of this action plan. Against the backdrop of continuing national and

local reforms and budgetary pressures², it is crucial that we demonstrate service effectiveness and value for money in order to draw on local support to invest in the future delivery of services.

4. Digital Worlds: We will respond to and explore new digital opportunities and maximise current technology to provide information, advice and support young people, parents and professionals whilst recognising the need for reliable on-line sources of accurate information which young people can trust.

2.2 Data Analysis: Young People's Substance Misuse in Havering

2.2.1 The data presented in this section are from the annual needs assessment. This exercise involves investigating the existing sources of information available at local, regional and national level and about drug and alcohol use and deciding the key questions that are to be asked to meet needs and improve services. The findings presented in each report contribute to the development of the young people's specialist substance misuse action plans which are approved by the YPSMG before its submission to the National Treatment Agency.

2.2.2 Based on the data from the annual survey *Drugs, Smoking and Drinking in England in 2010 (NHS, 2010)*, the estimated numbers of secondary school aged pupils (ages 11 to 15) in Havering experimenting and using substances are below:

- a) In Havering, it is estimated that 1,068 young people aged 15 years old would have ever used a drug with 815 young people using a drug in the last year.
- b) It is estimated that 450 young people would have used a drug in the last month with an estimated 197 young people aged 15 using drugs at least once a month. For young people aged 15, it is estimated that 140 are using every day.
- c) The general trend across all the reported categories for frequency of use below show that use increases as young people get older, for example from 11yrs of age (4%) to 15 yrs of age (29%).
- d) For pupils reporting using drugs in the last year and pupils reporting cannabis use in the last year, it is estimated that this rises from 0.9% (Year 7) to 21.8% (Year 10).
- e) However, as the frequency of reported use increases, the difference between age groups becomes less, for example from 11yrs of age (3%) to 15 years of age (7%) for pupils reporting using drugs in the last week.
- f) Cannabis (9%), solvents (5%) and amphetamines (0.9%), are estimated as the three most used drugs.
- g) The age of 13 marks the beginning of a steep increase in the use of alcohol across all frequencies of use with a significant percentage of young people aged 15 reporting drinking during the last week (38% or circa 900 pupils) and month (24% or circa 600 pupils).

2.2.3 Replacing the Tell Us Survey in 2011, the new local schools survey asks pupils their views about their health, education, leisure and personal safety. The survey was carried out in the autumn 2011 and a total of 4 local secondary schools in Havering participated in the survey. Overall, 411 pupils completed the survey. Some of the key findings include:

- a) In the past 12 months, 24% of pupils reported that people drinking or being drunk had made them feel unsafe "all of the time" or "most of the time". Also, 24% of pupils reported that they "sometimes" felt unsafe as a result of other drinking or being drunk. 29% reported that they had never felt unsafe.

² Though there has been an increase in Havering's young people's treatment monies for 2011-12, this has been off set by reductions in previous ABG substance misuse monies leaving the young people's substance misuse system's level of delivery very vulnerable to any further reductions in the future.

- b) In the past 12 months, 34% of pupils reported that people dealing or using drugs had made them feel unsafe “all of the time” or “most of the time”. 31% of pupils reported that they had never felt unsafe.
- c) 76% of pupils reported that they were satisfied with the information about drugs and alcohol at school.
- d) 48% of pupils reported drinking alcohol within the last 12 months while 52% reported that they had never drunk alcohol.
- e) 14% of pupils reported to have been drunk at least once or more in the last 4 weeks; this equates to circa 2,100 secondary school aged pupils.
- f) 7% of pupils reported drinking alcohol “1 or 2 times a week”; this equates to circa 1,050 pupils. 3% reporting drinking “most days” which equates to 450 pupils.
- g) 10% of pupils reported using drugs within the last 12 months which equates to 1,500 pupils.
- h) 4% of pupils reported using drugs “every day” which equates to 600 pupils.

2.2.4 In 2007, a quarterly monitoring data set was developed in advance of the newly commissioned young people’s substance misuse service. Since 2008, this service has been operated by Addaction, the national drugs charity. In Havering, it is known as “Youngaddaction Havering”. The data set is an important means by which the substance misuse services can evidence and demonstrate to the DAAT and local stakeholders how they meet their targets and how their interventions contribute to supporting and improving young people’s lives in Havering. Findings for this needs assessment period (2010-11) showed that:

- a) **Referrals:** Young Addaction received 128 referrals (in 2010, the figure was 122), assessing 128 young people and retaining 93 young people on caseloads.
- b) **Ages:** Highest proportion of young people referred to the service were between the ages of 13-16 (64%), though there was a significant minority of 17-18 year olds (36%; in 2010 this figure was 16%).
- c) **Referral Sources:** Highest proportion of referrals into the service came from Schools (27%; in 2009-10 the figure was 24%) followed by the YOS (17%; in 2009-10, the figure was 8%), Children’s Services (16%; in 2009-10, the figure was 26%) and Self-referrals (11%; in 2009-10, the figure was 10%). Service received lower referrals from parents (9%) and local agencies such as CAMHS, Sexual Health Service, YISP, Tuiton Centre, CAF and Connexions in Havering.
- d) **Postcode Data:** reveals that referrals are continuing to come from the key local areas of social deprivation and child poverty, namely in order Harold Hill (22%), Romford (18%), South Hornchurch (16%) and Rainham (12%). Together, these four postcode areas account for 66% of young people referred into the service. Combined, Collier Row, Hornchurch and Upminster accounted for 22% of referrals.
- e) **Types of substances used:** types of drugs used are closely aligned with national data set trends, namely that clients are using alcohol and cannabis/skunk with stimulants such as solvents, powder cocaine and crack forming a smaller proportion of usage.
- f) **Outcomes:** a significant proportion of clients (83%) reported reducing (55%) or stopping (45%) their use on leaving the service, with better outcomes for the targeted early intervention clients. A small proportion of young people were either declining or dropping out of the service but this proportion increased for the clients in the specialist service.
- g) **Partnerships:** the service undertook onward referrals and joint casework with 14 other children and young people services across Havering during 2010-11.
- h) **ETE Status:** a significant proportion (57%) of young people were in full-time education followed by young people not in education, employment or training (17%) and young people in further education (13%).

2.3 Substance Misuse Action Plan 2012-13

2.3.1 Now in its sixth planning cycle, the annual action plan outlines the key priorities for improving the local young people's services with progress monitored by the Young People's Substance Misuse Group (chaired by the Head of Children's Services). The key and over-riding purpose of the annual action plan is to ensure that both the commissioned and youth offending services are accountable to working towards developing consistently high quality standards and arrangements for professionals, young people and their families.

2.3.2 Over the last six years there have been a number of enduring themes that have shaped the action plans including;

- an emphasis in maintaining and strengthening local referral and care pathways with services and professionals across universal, targeted and specialist services.
- developing and maintaining the quality of care and treatment in line with both local and national policies, plans, guidance and targets
- improving the detection of young people's substance misuse needs by all professionals working across universal, targeted and specialist young people's services.

Combined, these composite themes that focus on access, integration and quality ensure that Havering's services will continue to grow and develop in order to improve young people's outcomes and meet their substance-related needs effectively.

2.3.3 In summary, the key priorities for the 2012-13 action plan are;

- 1) Commission a service to identify and build resilience with schools pupils with substance misusing parents.
- 2) Commission a workforce training programme in 2012-13 for professionals working with children and young people in Havering, ensuring that all sectors are invited to attend the training programme.
- 3) Establish a volunteering scheme to ensure that young people engaged with the commissioned substance misuse service have their wider health and social needs identified and supported to access local services.
- 4) To strengthen the annual needs assessment, design and launch a young people's drugs and alcohol survey encouraging schools and youth support services to support young people complete the survey.
- 5) Design, consult on and implement on-line user satisfaction surveys that invites professionals, young people and parents to comment on their experience of using the commissioned substance misuse service.
- 6) Consult on and design a Quality Assurance Charter outlining a set of standards that professionals can expect from the commissioned service, promoting this Charter through the on-line and paper referral pathways.
- 7) Consult on the development of the local authority website pages for substance misuse related to young people, promoting new pages to the community through the website, professional groups and social media pathways.
- 8) Consult on the development, design and implementation of social media products, in particular developing Facebook and Application software (known as "Apps") in order to maximise new technology to signpost young people and parents to the local commissioned services.

IMPLICATIONS AND RISKS

Financial implications and risks: None for Members to consider

Legal implications and risks: None for Members to consider

Human Resources implications and risks: None for Members to consider

Equalities implications and risks: None for Members to consider

BACKGROUND PAPERS

There are a number of background papers:

- a) Teenage Pregnancy Strategy (2010-13)
- b) Teenage Pregnancy Action Plan (2012-13)
- c) Annual Sexual Health Survey (2012)
- d) Condom Card Scheme Briefing Paper (2012)
- e) Substance Misuse Action Plan (2012-13)
- f) Needs Assessment Report (2011)