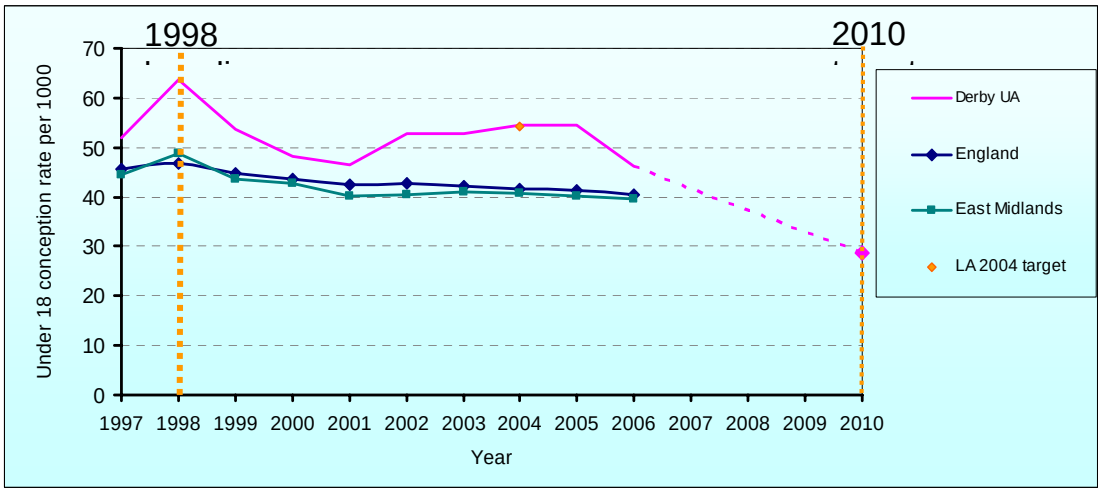
Appendix 1

Summary of evidence to support action plan
Part one Under 18 conception rates
Part two Education employment and training targets

Part one
Under 18 conception rates and trajectory 2006



DCSF target for Derby 55% reduction in U18 conception rates by 2010 from 1998 baseline. Minus is good *Source: ONS September 2008.*

Key points
Derby

- Latest evidence shows the rate of under-18 conceptions fell from 54.6 per 1000 (15-17 female population) in 2005 to 46.1 per 1000 in 2006 – when there was a total of 214 conceptions. This is a reduction of 27.1% from the 1998 baseline and puts Derby in 'amber green' status.
- Under 16 conception rates continued to fall in 2006.
- Although very positive progress, future targets remain very challenging

England

- The under 18 conception rate is at its lowest level for over 20 years.
- Percentage leading to legal abortion continues to rise to 49%.

Table 1 Derby compared to it's CSCI statistical neighbours Sept 2008

	1998 (n) baseline	**2006 Rate (n)**	**1998-2006 & change in rate ***	**% leading to abortion 2006**
England	46.6	40.6	-12.9	49
East midlands	48.8	39.7	-18.5	43
Derby	**63.8 (259)**	**46.5 (214)**	**-27.1**	**32**
Portsmouth	57.0 (174)	45.2 (155)	-20.7	47
Walsall	67.2 (326)	53.5 (273)	-20.3	40
Telford & Wrekin	64.2(183)	54.7 (187)	-14.9	37
Dudley	54.7 (291)	48.7 (282)	-11.1	51
Coventry	60.5 (352)	55.5 (322)	-8.2	58
Sheffield	50.5 (431)	49 (456)	-3.0	46
Bolton	50.3 (249)	49.0 (273)	-2.6	46
Peterborough	57.7 (185)	57.4 (190)	-0.5	43
Leeds	50.4 (641)	50.9 (718)	0.9	43
Tameside	35.2 (216)	54.4 (252)	1.4	46

*Rate/1000 15-17 female popn, n = number of conceptions in year

Rationale for targeted work
Geographical: under 18 conception rates by Ward

At ward level under 18 conception rates are released in 3 year bands and data is aggregated. Table 2 below summarises latest evidence for 2003-5 (ONS 2008). In Derby 7 out of 17 wards are among the highest 20% in England and cause the greatest concern. Sinfin ward* has more that double the rate for the city as whole so is the highest priority.

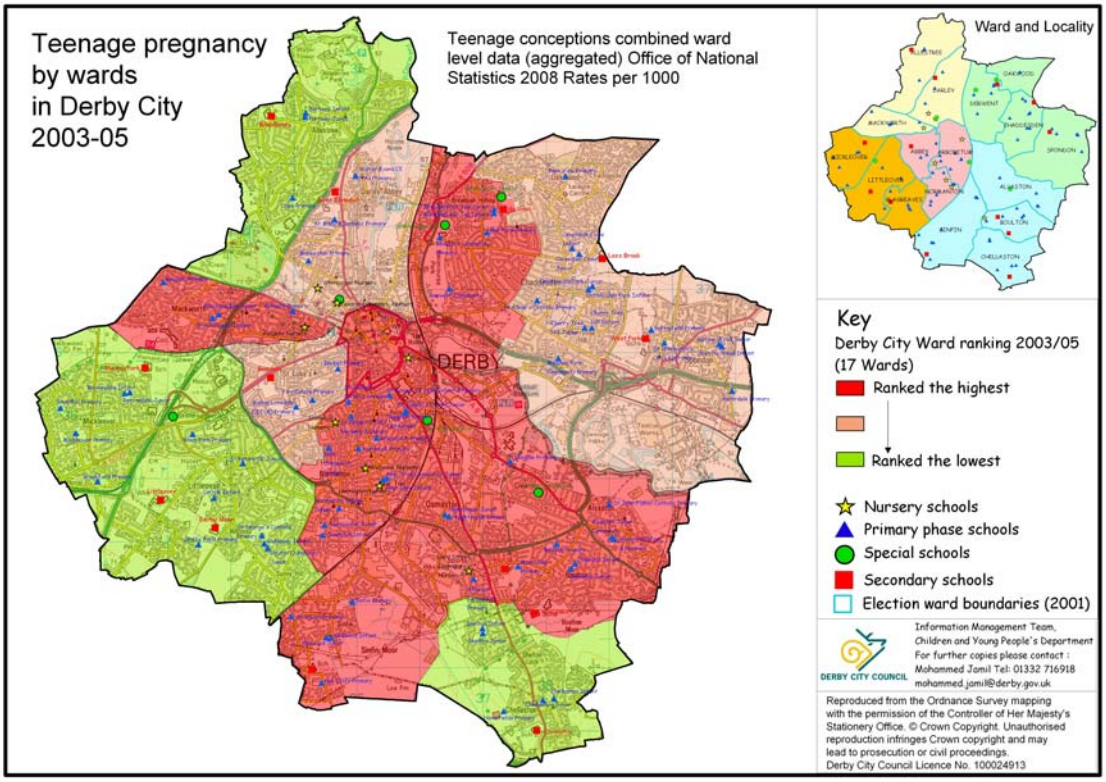


Table 2 Priority wards for Derby in order of need starting with the greatest

Ward	Locality	Status of rate
1. Sinfin*	Area 2	Static
2. Alvaston	Area 2	Static
3. Normanton	Area 3	Rising
4. Derwent	Area 1	Falling
5. Areboretum	Area 3	Rising
6. Mackworth	Area 5	Falling
7. Boulton	Area 2	Static

Based on Under 18 conception ward rates 2003-5 ONS 2008

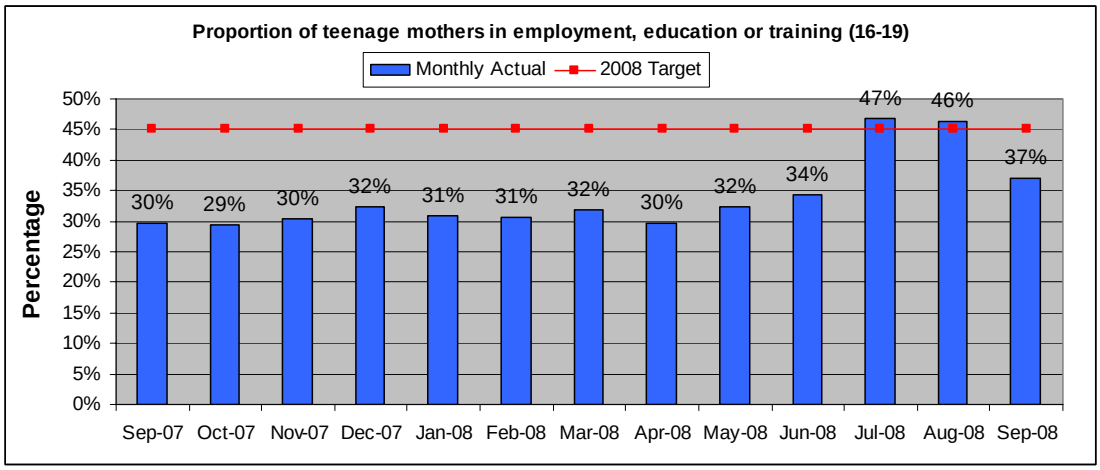
Other vulnerable young people who may need additional support

- Young people with low educational attainment or disengaged from school
- Children in Care (Looked after Children)
- Young people involved in substance /alcohol misuse
- Young offenders
- Young people with learning difficulties
- Young people from black and minority ethnic groups (BME)
- Teenage parents

Part two
Teenage mothers Education Employment and Training (EET)

The DCSF target for Derby jointly shared by the Teenage Pregnancy partnership and Connexions Derbyshire is that 60% of teenage mothers are in education, employment, or training by 2010.

The evidence below shows that the numbers of teenage mothers in EET continues to slowly improve. The interim target set in the Children and Young People's Plan of 45% teenage mothers in EET by November 2008 remains challenging despite early progress.



Source Connexions Derbyshire 2008

Appendix 2

Risk factors of teenage pregnancy to consider for early identification and intervention

Risky behaviour

- Early onset of sexual activity
- Poor contraceptive use
- Mental health /conduct disorder/ involvement in crime
- Alcohol and substance misuse
- Teenage motherhood
- Repeat abortions

Education-related factors

- Low educational attainment
- Disengagement from or dislike of school
- Leaving school at 16 with no qualifications

Family/Background factors

- Living in Care
- Daughter of a teenage mother
- Ethnicity - higher risk – 'mixed white and black Caribbean',
- Low parental aspirations

Source DCSF 2006

Characteristics of young mothers

Teenagers who become parents are disproportionately likely to have a history of disadvantage and social exclusion. Teenage mothers are more likely than older mothers:

- to be from a deprived background: young women in the lowest social class are around ten times more likely to become teenage mothers than young women in the highest social class
- to be or have been in care: young women in care are three times more likely than other teenagers to become mothers, and 40 per cent of care leavers are mothers by the age of 20
- to have educational problems including low achievement, truancy and exclusion
- to have mental health problems
- to have learning difficulties
- to have a mother who was herself a teenage mother
- to have been physically or sexually abused in childhood
- to have been involved in crime
- to live in deprived areas and in poor housing
- to have experienced domestic abuse: 14 per cent of teenagers interviewed by the Sure Start Plus national evaluation disclosed that they had experienced domestic abuse during their current pregnancy

Source Teenage parents: who cares? A guide to Commissioning Maternity services for teenage parents DCSF/DH 2008

East Midlands Contraception programme – Derby City & Derbyshire County PCTs **Appendix three**

Allocation:
Derby City: £80,676.03
Derbyshire County: £104,871.46

NB the plans set out herein are outline plans only and depending on the initial findings of the data gathering/intelligence work and social marketing carried out in year 1 may be subject to change. Ongoing evaluation of initiatives once they begin may also require further changes in years 2 & 3 depending on the impact and confirmed outcomes. Year 3 plans identify new proposed developments in addition to the ongoing initiatives that will begin sooner.

Programme area	Priority	Proposal / Action	Baseline	Process measure (outputs)	Outcome indicator	Timescale / Deadline	Lead
Publicity/ media	Year 1 & 2	Social Marketing campaign	N/A	• Social Marketing agency commissioned to provide understanding of where/how best to raise awareness • Research findings to inform publicity materials required and where people are most likely to access information/services	• Evidence to support publicity developments • Tailored/ innovative approaches developed for service delivery with particular populations/ groups/ geographical areas	January 09	Sukhi Mahil/ Jane O'Brien
	Year 1	Local contraception information booklet, for distribution in a variety of health and non-health (e.g. hairdressers) settings	N/A	• Information booklet produced with input from local services to maintain local focus • Distribution informed through general social marketing campaign	• Raised awareness of the variety of contraception methods available • Evaluated through further social marketing at a later date	February 09 - ongoing thereafter (dependant on impact in year 1)	Sukhi Mahil/ Jane O'Brien

Training & Workforce Development	Year 1	Training Needs Analysis	N/A	• Dedicated piece of work to map out current capacity/ skills available and identify gaps	• Evidence to support training programme required to deliver increased contraception provision	December 08	Sukhi Mahil
		Increased training	N/A	• Dedicated sessions commissioned to deliver multi-agency training in TP hot spot areas/ high abortion rates • Training for Health Visitors and Midwives to ensure they provide contraception advice as standard practice • Update training for primary care professionals	• Increased capacity and update, so both medical and non-medical staff are able to work more effectively with young people • Ensured application of 'Your Welcome' criteria • Quality standards and competencies ensured. Refresher training to enhance current capacity	March 09 – ongoing	Sukhi Mahil/ Sheila McFarlane / Sam Munting Jackie Abrahams
Pathway Development and Mapping	Year 1	Map current activity to confirm baseline LARC provision	GP Prescribing data C&SH data Pharmacy EHC data	• Confirm how much LARC provision will increase as a result of the funding, data collection/ intelligence required to establish the baseline • Systems established to improve data reporting to support ongoing evaluation of impact	• Clear evidence to demonstrate impact • LARC provision in primary care and C&SH services. • Contact data • Access to EHC (where people go and when) to ensure in areas of greatest need.	October 08	Jane O'Brien

				• Improved knowledge of the number of first contacts in target groups and outcomes, to inform further gaps/changes required • Understanding of pharmacy activity to improve opportunities for support/ signposting			
	Year 1/2	Develop out-reach pathways and service provision	Current provision	• Examine potential for additional out-reach services • Pathways defined to ensure seamless access • Capacity constraints considered and developed where necessary	• Clear pathways developed for the provision of outreach services in areas of greatest need • Capacity issues addressed (e.g. training/ workforce development) ready to rollout in year 3	December 09	Sukhi Mahil/ Stephen Searle/ Jackie Abrahams
Service Provision	Year 1	North C&SH – increased clinic capacity on evenings & weekends. Freed up capacity to provide additional training	Current number of clinics/ capacity plan	• Additional clinics established during evenings and weekends • Existing capacity to be utilised for additional LARC training	• More accessible clinics and increased number of contacts • Skilled staff from primary care able to provide LARC, so increasing activity	December 08 - ongoing	Stephen Searle
	Year 1/2	C&SH input into TOP services	N/A	• Pathway developed for C&SH input within TOP services (pre and post TOP) • Service established	• Increased LARC provision to prevent repeat abortions • Improved support and counselling to	March 09 - ongoing	Sukhi Mahil/ Christina Fey

				with further development in year 2	reduce likelihood of discontinued use		
	Year 1	Pharmacy provision	EHC data	• Pathways in place to increase LARC provision through improved information/ signposted during EHC provision • Improved publicity/ promotional material available through pharmacies	• Patients requesting EHC sent to appropriate services to receive LARC and therefore reduce further unplanned pregnancies	December 08 - ongoing	Sukhi Mahil/ Pauline Eastwood
	Year 2	Increased LARC provision	Baseline position from year 1 analysis	• Rollout increased provision supported by training delivered in year 1	• Increased primary care prescribing of LARC • Increased C&SH provision • Reduced repeat abortions through increased provision and ongoing use	March 10 - ongoing	Sukhi Mahil/ Stephen Searle/ Jackie Abrahams
	Year 3	Increased out-reach (including work in schools)	Current activity	• Implement pathways developed in year 2 to deliver increased out-reach sessions in areas of greatest need	• Improved access and number of contacts • Reduced conception rates through more accessible services	August 10 - ongoing	Sukhi Mahil/ Stephen Searle/ Jackie Abrahams