



### **3.0 RECOMMENDATION**

3.1 The Integration Board is asked to note the contents of this report.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

- 4.1 Pregnancy in young people is often a cause and a consequence of social exclusion and should not be seen narrowly as a health challenge. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.

Universal services across all agencies have an important role to play in identifying and supporting the needs of young people. These responsibilities will be strengthened through the commencement of the provisions and duties in relation to the *Children and Young People (Scotland) Act 2014*.

In terms of local pregnancy data/rates, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 31 local authorities in Scotland. By 2013, this had fallen to 22nd out of 31.

Local actions that could be attributed to the reduction are as follows:

- A number of key research areas and learning from other strategic approaches have paved the way for the Inverclyde Sexual Health Implementation Group (SHLIG)'s direction of travel.
  - The local prevention and promotion activities that have formed part of the work through SHLIG, has seen targeted efforts that were initially attributed to a post that was specifically funded by CRF/Fairer Scotland Funding that now forms part of mainline budgets.
  - In parallel in this period, there has been a significant culture shift in attitudes and intense awareness-raising and support with and to both denominational and non-denominational schools.
  - In 2008, the Scottish Government Pharmacy Public Health contract was established, making Emergency Hormonal Contraception available free of charge in virtually every pharmacy in Scotland plus the numbers of Free Condoms sites from 6 in 2011, rising to 33 by the end of December 2016.
  - The Scottish Government (2007) released additional funds to enable local authorities and health Boards to collaborate on training teachers to deliver Relationships, Sexual Health and Parenthood Education in Schools (RSHP). For Inverclyde, this triggered work allowing for the training to be delivered locally.
  - In a further drive to continually improve our performance in this area, there is the local articulation of the Scottish Government's Pregnancy and Parenthood for Young People Strategy, with the developments under the leadership of the SHLIG.
- 4.2 To support the construction of its Strategic Plan, at the end of 2018, Inverclyde HSCP developed its Strategic Needs Assessment. This highlighted differences in the Inverclyde localities and the rate in Inverclyde Central is higher than in the other areas. In 2015/16 the rate was 37 per 1,000 women, the highest of the areas shown, but a decrease from the 54 per 1,000 in 2011-13.

There is specific work contained in the Improvement Plan, seeking to better understand and address these differences, augmented by the range of actions that are contained in this Improvement Plan have been carefully developed to ensure the overall aim is secured.

- 4.3 As stated above, the local implementation of both the strategy and the associated Improvement Plan is the responsibility of the SHLIG and the plan was developed by a writing group drawn from the SHLIG membership. A key document to inform the plan was the self-assessment process that was required by Scottish Government.

Throughout the writing of the plan, there were discussions with other key agencies,

such as the Family Nurse Partnership, and there was a robust consultation process undertaken with a young mum's group (Barnardo's) and several young peoples' groups. These were facilitated by Inverclyde Council's Community Learning & Development and the views have been pivotal in the approved plan, ensuring the voices of the young people are, quite rightly, at the centre of the plan. It also provides robust evidence that the plan has been co-produced.

4.4 A core element of the required plan is the aspect of tackling inequalities.

Inverclyde has high levels of deprivation and associated physical and mental ill-health. There are areas of high primary and secondary care service use and some areas have high populations of more affluent and older people. Evidence suggests that poor socio-economic circumstances affect opportunities for good health and access to services.

Similar to many areas of Scotland, Inverclyde exhibits disparity in the life circumstances and quality of life of residents, with some areas of Inverclyde ranking amongst the most deprived in Scotland, whilst other areas of Inverclyde fall at the opposite end of this scale.

While there is a welcome improvement in life expectancy for both males and females in Inverclyde, longer life expectancy does not always translate to healthy life expectancy. Stark inequalities in health continue to exist in life expectancy and other health outcomes across communities in Inverclyde.

Robust consideration has been given to each of the improvement actions to ensure there is the ongoing response to addressing inequalities.

**5.0 IMPLICATIONS**

**FINANCE**

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

**LEGAL**

5.2 There are no specific legal implications arising from this report.

**HUMAN RESOURCES**

5.3 There are no specific human resources implications arising from this report.

**EQUALITIES**

5.4 Has an Equality Impact Assessment been carried out?

X	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no clinical or care governance implications arising from this report.

**5.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None

People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 8.0 BACKGROUND PAPERS

8.1 Appendix 1 – Pregnancy & Parenthood in Young People Improvement Plan.

## Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
1.	There are a range of engagement and needs assessment processes already in place for young people including Clyde Conversations	Improve the understanding of the needs of young people	The outputs of engagement with young people need to be reflected in planning with feedback provided to young people on progress. Where issues raised by young people cannot be progressed this should also be communicated back to young people	Reviewed at SHLIG	SHLIG CLD-Lead Responsibility	
2.	Develop and implement processes that address the outcomes of the needs assessment and pathways in place that take account of data collecting protocols and data sharing practices		Clyde Conversations 3 – feedback to young people happens every year on progress			
3.	There is a requirement for a senior leader to be designated to take responsibility for multi-agency coordination of PPYP action, data sharing and intelligence gathering		Inverclyde Alliance to agree senior lead officer for local PPYP implementation	Lead Officer in Place	Inverclyde Alliance	
4.	Relationships, Sexual Health and Parenthood Education (RSHP) is provided in most		Young people have a better understanding of what healthy, safe, consensual and equal	Implement the Early Protective Messages approach in all pre-5 establishments	Evaluation Reports from training	

## Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
	<p>establishments. In Pre-5 establishment the Early Protective Messages has been piloted.</p> <p>In primary, secondary and ASL schools there are RSHP programmes and programmes of CPD for teachers.</p>	<p>relationships are.</p> <p>Young people have increased knowledge of nurture, attachment, preconception and parenthood</p>	<p>Implement an improvement plan to ensure teaching staff are confident at delivering RSHP and are supported by school management and parents and carers in delivery</p> <p>Ensure there is consistency synergy between delivery of RSHP and school-based programmes aimed at addressing Child Sexual Exploitation and Gender Based Violence in schools</p>	<p>Training Plan in place</p> <p>Annual report of teacher training numbers</p> <p>Outcome of School HWB Survey</p> <p>Evidence of joint planning plus review of individual school plans</p>	<p>Education/CLD Child Protection Committee</p>	
5.	<p>Young people can access contraception from primary care providers and from Sandyford sexual health service but face barriers in relation to accessibility.</p>	<p>Young people have increased knowledge and skills around contraception and sexual negotiation</p> <p>All young people have equal access to information about contraception</p>	<p>Sandyford will expand the availability of young people's drop-in clinics as part of the service review. This will include expanding digital provision of information and signposting.</p> <p>Sandyford will consult with young people about the potential for shifting the location of the drop-in to increase accessibility, including scoping provision within existing youth services.</p> <p>Staff working with young</p>	<p>Increased provision of services</p> <p>Report of consultation with young people</p> <p>Attendance data from services including uptake of contraception.</p> <p>Report of staff briefing sessions?</p>	<p>SHLIG (Education/CLD)/Sandyford</p>	



## Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
			people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.			
6.	<p>Young people who are or may be pregnant require easy and fast access to information about pregnancy and services which can support them.</p> <p>Staff that work with young people have a pivotal role in signposting or where required ensuring the Named Person is involved.</p> <p>Particularly vulnerable young people are able to access appropriate services</p> <p>Aligned services, focusing on the needs of vulnerable young people are supportive of their needs.</p>	Young people make early and informed choices following conception	<p>Ensure information about pregnancy and associated choices and services is available to young people in easy to access formats.</p> <p>Staff working with young people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.</p>	<p>Information available on Young Scot and Sandyford websites</p> <p>Report of staff briefing sessions</p> <p>Numbers attending Termination of Pregnancy and Referral (TOPAR) (assessment and referral) before nine weeks of pregnancy</p> <p>Number of women under 20-years booking early with a midwife</p> <p>Numbers engaging with Family Nurse Partnership (FNP) early in pregnancy</p>	CLD Sandyford FNP Midwifery	

## Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
7.	There are a range of support services in place for young parents. More work is required to provide a more joined up approach to supporting young parents. This includes ensuring young parents have access to appropriate and secure housing and financial inclusion support.	Young parents have increased knowledge about local services and are confident using them	<p>Use data produced as part of Action 3 to inform multi-agency service planning</p> <p>Develop an engagement process with young parents to highlight areas for improved partnership working</p> <p>Agreeing a Housing Charter, reviewed through the Corporate Parenting strategy</p> <p>Develop and implement a robust communications strategy, ensuring everyone working with young parents communicate effectively, across multiple services, putting the young parent(s) and their needs at the centre.</p>	<p>Report of engagement with young parents produced</p> <p>Housing Charter Developed</p> <p>Communication with partners issued</p>	CLD/Environmental Services Inverclyde Alliance (Outcome 6)	

## Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
8.	Young parents require support to ensure they can remain in education, training or access employment while ensuring their child has the best start in life.	Young parents are supported to stay in education, training or employment	<p>Review current support for young parents to remain in school during pregnancy and post birth.</p> <p>Use the outcome of the engagement process with young parents to guide Inverclyde Alliance to assess and if required frame improvements in vocational training and employability services.</p>	<p>Annual report of young parents remaining in Education</p> <p>FNP Data on young parents engaging with school, training or employment</p>	Education Inverclyde Alliance	