

# Teenage pregnancy and health scrutiny: a briefing paper

## Summary

This publication focuses on local government scrutiny of teenage pregnancy. It is intended both as a means to inform local teenage pregnancy coordinators about the health scrutiny process, and to assist local authority health overview and scrutiny committees to understand why teenage pregnancy is an issue they need to address. It forms part of the Health Development Agency (HDA)'s work on gathering and disseminating learning from practice.

First we outline the current national guidance for local government on health overview and scrutiny, and for local teenage pregnancy strategies. Other policies that have an impact on the health of children and young people are also highlighted. The importance of effective partnership working and joint planning to tackle local health concerns and health inequalities is underlined. A section is included on how local authority health overview scrutiny committees can contribute to mainstreaming effective work to tackle teenage pregnancy.

This publication includes a number of case studies of scrutiny of teenage pregnancy across different parts of the country, and from different types of local authority and teenage pregnancy partnerships. Each case study tells a different story and outlines a different approach to the scrutiny process. It is not suggested that these represent best practice in this

new and developing area – but they present a real picture of how different locations have approached the issue of health scrutiny and teenage pregnancy.

A number of clear messages emerge from the case studies, and these are listed in the penultimate section. They include some central issues involved in carrying out scrutiny. The key learning points highlight what best practice in scrutiny of teenage pregnancy could include for both scrutiny officers and teenage pregnancy coordinators.

The final section lists national contacts and the resources and references that local areas found particularly useful in their process of scrutinising teenage pregnancy.

## Background

### *Guidance on local government scrutiny*

The primary aim of scrutiny is to hold the executive of the local authority to account on behalf of local people. The executive can take several forms, the most common being that of the leader of the council and cabinet members, whom are either appointed by the leader or elected by the council. Local authority overview and scrutiny committees are independent of the council executive.

Government guidance (ODPM, 2002) suggests that two key elements of good practice for effective scrutiny are the

development of effective scrutiny processes, and a focus on tangible outcomes. This requires local authority overview and scrutiny committees to demonstrate that they have:

- Held the decision makers to account
- Supported the development of effective policies and initiatives that have a beneficial impact on the community
- Contributed significantly to continuous improvement in services through best value
- Had a positive impact on the work and outcomes of external agencies.

The scrutiny function of local authorities was extended to the health arena when those councils that have social services responsibilities were given the power to scrutinise health issues and services in the Health and Social Care Act of 2001. This new power came into force in January 2003. Health scrutiny is seen as 'both a challenge and an opportunity for local authorities and the NHS. Its primary aim is to act as a lever to improve the health of local people, ensuring that the needs of local people are considered as an integral part of the delivery and development of health services' (DH, 2003). NHS bodies in the area must consult health scrutiny committees on proposed significant variations in services, and must attend and provide information to health scrutiny committees within 28 days if requested. Health overview and scrutiny committees also have powers to refer substantial variations in NHS services in their area to the Secretary of State, either in relation to their content, or where the committee feels it has been inadequately consulted by the NHS bodies that are making the proposals. The health scrutiny focus should be on health improvement and the reduction of health inequalities through the responsibility of local government to promote wellbeing, together with its power to scrutinise NHS services.

Government guidance recognises that models of scrutiny will vary between local authorities. This diversity is reflected in the case studies of local government scrutiny of teenage pregnancy included here. Whatever approach is adopted, the scrutiny process should bring together clinical evidence of performance and delivery and health data, with local people's experience of services, in order to identify priority issues and drive forward improvement.

## Health inequalities and partnership working

Government guidance states that health scrutiny should address issues of health inequalities between different groups, and should develop a dialogue between partners to achieve health improvement. It also recommends that local authorities scrutinise health issues rather than just services provided – this makes the issue of teenage pregnancy, with its cross-cutting agenda, particularly suitable for scrutiny.

In this context it is important to scrutinise the effectiveness of partnership working as well as individual services or initiatives – and to note that the solutions to matters that are scrutinised will involve, and be the responsibility of, a number of stakeholders including the local authority, the NHS, the local strategic partnership and the community and voluntary sector.

It is likely that partnership working will be enhanced through a well planned scrutiny process. Guidance notes that, while scrutiny will be challenging and may be uncomfortable, it is important to build an understanding between partners to ensure effective scrutiny. Through the joint working required in the scrutiny process, creative ways to approach problems can be found.

## Local teenage pregnancy strategies

In 1999 the government's Social Exclusion Unit produced a report on teenage pregnancy (DFES/SEU, 1999). The report, which forms the national Teenage Pregnancy Strategy, states that teenage pregnancy is often both a major cause and a consequence of social exclusion. The strategy was the first joined-up approach to tackling teenage pregnancy.

The Teenage Pregnancy Unit was set up as a cross-departmental unit to drive the implementation of the strategy. The main aims of the national strategy are to:

- Reduce the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under-18s by 2010, with an interim reduction target of 15% by 2004
- Set a firmly established downward trend in the under-16 conception rate by 2010
- Increase the participation of teenage mothers in education and work to 60%, to reduce their risk of long-term social exclusion.

The target to reduce the under-18 conception rate by 50% by 2010 is a joint Department of Health and Department for Education and Skills public service agreement, part of a broader strategy to improve sexual health. The first target is also one of two cross-cutting indicators included as part of the Comprehensive Performance Assessment which determines the performance rating of local government, giving a score of excellent, good, fair, weak or poor. There is also a national health inequalities ward-level target to narrow the gap between those wards with the highest teenage pregnancy rates and the average by 2010.

Following the launch of the Teenage Pregnancy Strategy, each local area was required to establish a local partnership between local authorities, the NHS and other key sectors to develop and implement a local 10 year Teenage Pregnancy Strategy and to identify a coordinator to facilitate the work.

Support to local partnerships is provided by both a local and a regional coordinator, and through the provision of a local implementation grant. This funding is intended for coordination of the local strategy and for pump-priming or accelerating new initiatives, not for the delivery of mainstream services within the strategy.

As part of the performance management process of local teenage pregnancy partnerships and strategies, each partnership is required to provide a written annual report and action plan to the Teenage Pregnancy Unit. This is assessed regionally through a panel comprising the regional teenage pregnancy coordinator supported by colleagues from other relevant programmes of work such as Connexions, Sure Start and National Healthy School Standard. Detailed feedback for improvement in the coming year is provided by the regional teenage pregnancy coordinator and through performance management structures for health and social care.

The annual report and action plan with the feedback for improvement, along with the original 10 year Teenage Pregnancy Strategy and the national strategy, will provide important information for consideration by teenage pregnancy scrutiny committees. It is therefore essential that close liaison with the local teenage pregnancy coordinator is developed at the beginning of the scrutiny process.

Until 1 April 2003, the local implementation grant was ring-fenced to support the roll out of the strategy. Since then, those councils rated 'excellent' under the Comprehensive Performance Assessment or three star on Social Services performance ratings have the freedom to spend the grant on any aspect of local government, and do not have to submit an annual plan. However the teenage pregnancy local implementation grant will no longer continue to be ring-fenced after 2006, so it is important that health overview and scrutiny committees look at how support for this work can be continued.

The national and local teenage pregnancy strategies address four themes:

- Joined-up action at local level (complemented by action at regional and national levels)
- Development of a media and communications strategy
- Better prevention of teenage conceptions
- Better support for pregnant teenagers and teenage parents.

Scrutiny may focus on different aspects of these themes, and ask detailed questions about any or all of them. In order to make scrutiny of this broad and complex policy area manageable, health overview and scrutiny committees may need to focus on only one or two of the action points outlined in the government's strategy.

Individual aspects they could focus on are:

- Better education about sex and relationships, and the link to confidential advice in schools and for those over 16
- Supporting parents in talking to their children about sex and relationship issues
- Effective provision of contraception and sexual health advice services
- Meeting the needs of boys and young men
- Prevention for vulnerable groups – looked-after children and care leavers; black and minority ethnic young people; young people not in education; asylum seekers
- Antenatal and postnatal support for teenage parents
- Education, training and childcare for teenage parents
- Supported housing for lone under-18 parents
- Involving young people
- Information and media strategy to inform young people about local sources of advice.

## Scrutiny and mainstreaming

The term 'mainstreaming' may cover a number of processes concerned with ensuring that effective projects, programmes or approaches become part of core services. Mainstreaming in the context of teenage pregnancy suggests the need for key organisations [such as local authorities, primary care trusts (PCTs) and children's trusts] to focus on the following activities in order to mainstream the Teenage Pregnancy Strategy and its initiatives:

- Considering resources and budgets
- Focusing on and targeting areas with a high conception rate and vulnerable groups of young people
- Reshaping services, eg by ensuring they are perceived by young people as friendly
- Co-locating multi-agency support
- Learning from good practice
- Effective training and organisational development.

Local authority scrutiny can facilitate mainstreaming of effective teenage pregnancy policies, services and initiatives by asking key questions about any of the mainstreaming activities described above. This process can facilitate the embedding of teenage pregnancy in local plans for children's trusts, children's centres and extended schools, and in PCTs' local delivery plans. Teenage pregnancy will need to be a key part of the local single children and young people's plan required from 2006.

Health scrutiny of teenage pregnancy provides an excellent opportunity for local coordinators to inform local authority members about teenage pregnancy issues and evidence-based interventions for the prevention of teenage conceptions and support for teenage parents. The more good quality information members are given, the more

able they are to use this information in debates about organisational priorities, service delivery and development, and budget allocations. This process can be very effective in raising the awareness of elected members and organisations of the importance and role of the Teenage Pregnancy Strategy in tackling local issues. They can ask appropriate questions of all partner agencies regarding their plans to support and mainstream teenage pregnancy work. In these ways, the process of scrutiny can greatly facilitate the mainstreaming of teenage pregnancy work.

Given that current arrangements for ring-fencing local implementation grants for teenage pregnancy work in all local authorities will end in 2006, it is crucial that health overview and scrutiny committees look at how this work can be mainstreamed.

## Other policy drivers

Outlined below are a number of other policies that have an impact on the work of local authorities and PCTs in relation to children and young people, and will therefore inform the health scrutiny process.

- The Children Act (2004) places a duty to cooperate on local authorities and their partners, to deliver to the five outcomes for children and young people set out in *Every Child Matters* (DfES, 2004a,b).

- Reducing under-18 conception rates and sexually transmitted infections are included as aims under the 'being healthy' outcome. The Change for Children Programme will be closely linked to the implementation of the *National service framework for children, young people and maternity services* (DH, 2004a).
- This new 'childrens trust approach' has to be demonstrated in children and young people plans by April 2006. (Excellent and three-star councils do not have to submit a plan, but are nevertheless expected to plan towards the five outcomes.)
- The Children Act also confers a duty on councils to identify a lead member for children and young people.
- The publication of the public health white paper *Choosing health* (DH, 2004b) prioritises teenage pregnancy and young people's sexual health as a key public health and inequalities issue.
- The Teenage Pregnancy Strategy is in its fourth year. Data from 2002 have been published which indicate early trends in each authority since the 1998 baseline. All strategies are being asked to pay particular attention to their under-18 conception hotspots, to focus on inequalities and the most vulnerable young people. (Nationally, 50% of conceptions are in 20% of wards with the highest rates.)

## Case studies

These six case studies were developed from a questionnaire completed by teenage pregnancy coordinators and/or scrutiny officers working in areas that have undertaken scrutiny of teenage pregnancy. Between them they show the different approaches that areas have taken to the scrutiny process for teenage pregnancy. Other areas have just begun this process, and they are listed in the Resources section.

### *Cornwall County Council*

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#### *Boundary*

Cornwall County Council's newly formed Health and Social Care Overview and Scrutiny Committee undertook scrutiny of the county's Teenage Pregnancy Strategy in autumn 2002. The area is covered by three PCTs and six district councils.

#### *Why scrutinise teenage pregnancy?*

The Executive of the County Council wanted to examine issues around local authority guidance on sex and relationship education along with teenage pregnancy, so it requested the new Health and Social Care Overview and Scrutiny Committee to set up a Single Issue Panel to do so. As an independent body, the Scrutiny Committee agreed to this.

#### *The scrutiny process*

The entire process took less than 3 months in autumn 2002. This included four meetings of the Teenage Pregnancy Panel and a number of visits. Significant resources were made available for scrutiny because of the high importance given to this topic by elected members. Membership comprised the full membership of the Health and Social Care Overview and Scrutiny Committee.

The scrutiny focused on the two linked issues of concern: sex and relationship education and teenage pregnancy. The Panel also gave special consideration to the local authority's role in connection with schools' governing bodies, the youth service, and looked-after children and young people.

The Panel heard evidence from a wide range of witnesses. These included the Cornwall Local Education Authority (LEA) education adviser responsible for sex and relationship education policies in schools; health specialists; youth service personnel; young people and spokespersons from the abstinence movement. Members of the Panel also made visits to schools and community facilities, where they were able to talk with young people and workers who deal

with teenagers as part of their normal duties. Members also received a number of pieces of written evidence and background reports. These included government advice and directives, resolutions of Cornwall County Council, and background data on teenage pregnancy. Statistical data were obtained from a wide range of sources by the County Council's Research and Information Team.

Key topics for questioning and investigation included: the case for abstinence; the success of the current strategy; advice given by the LEA to schools; support and advice given to looked-after children; support given to young people through the County Council's Youth Service; the role of officers and members; and legal considerations.

#### *Changes and outcomes from scrutiny*

The Panel endorsed the approach developed by the Teenage Pregnancy Strategy and the LEA advisory service. Key issues of concern included insufficient consideration given to the involvement of County Council members in these issues and partnerships, and the lack or stretch of resources to tackle these issues. All the Panel's recommendations have been taken forward by the Council and by the Children's and Young Persons Strategic Partnership. The main change is that a new panel has been set up which brings together members of both Lifelong Learning and Health and Social Care Scrutiny Committees, so they can jointly receive clear, robust and reliable evidence to consider progress on the Teenage Pregnancy Strategy. In particular there is emphasis on the guidance on personal, social and health education given in schools before presenting it to the Executive.

#### *Learning and development issues*

- Undertaking scrutiny of a potentially controversial subject helped to cement relationships with partners and to show that the Scrutiny Committee would have 'teeth'.
- The work reinforced the need to base evidence on input from expert witnesses rather than just anecdotal evidence.
- Expert witnesses may provide conflicting evidence, so the Scrutiny Committee needs to consider carefully how it deals with such conflict so as to maintain credibility while keeping stakeholders on board.

#### *Key messages*

- Teenage pregnancy is a very emotive issue, and needs to be approached with empathy and objectivity.
- Guidance and evidence presented to members needs to be robust and in an understandable format.
- This piece of scrutiny was as concerned with the internal processes of the County Council in relation to council member involvement in partnerships as with teenage pregnancy.

## *Doncaster Metropolitan Borough Council*

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### *Boundary*

The scrutiny was carried out by the Doncaster Overview and Scrutiny NHS Steering Group, and covered the geographical area bound by Doncaster Metropolitan Borough Council and Doncaster PCTs.

### *Why scrutinise teenage pregnancy?*

Teenage pregnancy is a cross-cutting area of concern for the health and social care community in Doncaster, which has a high rate of teenage pregnancy. It was felt that teenage pregnancy was a useful topic for enquiry in the process of supporting partnership working in the developing arrangements for health scrutiny in Doncaster.

### *The scrutiny process*

The scrutiny process was spread over five months from October 2002 to February 2003. The scrutiny panel comprised a number of elected members as well as chairs and director-/executive-level officers from Social Services, the three Doncaster PCTs, Doncaster and South Humber Healthcare NHS Trust, and Doncaster and Bassetlaw Hospital NHS Trust.

The scrutiny focused on two key questions:

- Why does Doncaster have such a high rate of teenage pregnancy?
- Is the Teenage Pregnancy Strategy working effectively to address the issues identified?

A number of sub-questions were developed about the impact of particular services – sexual health services, Sure Start Plus and housing services. Key areas considered included: analysis of hotspots, impact of low self-esteem and expectations, spread of funding to secondary schools, collaborative initiatives, support programmes, links with alcohol consumption, and funding mechanisms.

Evidence was given by a number of professionals from the Teenage Pregnancy Partnership Board, sexual health services, housing services, Sure Start Plus, education services, healthy schools programme, the youth service, the young parents' centre, and the regional teenage pregnancy coordinator. Young people were not directly involved in the scrutiny. In addition a number of written reports were used in evidence, including local research and other reports, national reports

from the Teenage Pregnancy Unit and information from related geographical areas.

### *Changes and outcomes from scrutiny*

The full recommendations from the scrutiny process have been integrated into the work plan of the Teenage Pregnancy Partnership Board, and have been implemented. As a result there has been an increased and positive profile for the work of the Teenage Pregnancy Strategy and increased awareness of its work among elected members. Mainstreaming of the work has been facilitated through linkage with the Council's budget-setting processes.

### *Learning and development issues*

- The scrutiny of teenage pregnancy has provided a springboard for the development of Doncaster's health scrutiny process
- The scope of the scrutiny could have been more clearly defined, and its timescale shorter
- These learning points have been incorporated into subsequent scrutiny studies.

### *Key messages*

- Ensure the scope of the study is clearly identified.
- Ensure the voices of young people are included in any study.
- Ensure the inclusion of all key aspects relevant to teenage pregnancy are included in a scrutiny – health, education, etc.

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### *Boundary*

The scrutiny was carried out by the Health Scrutiny Committee of Dorset County Council. It covered the county of Dorset (excluding Bournemouth and Poole), and takes in the area covered by the three Dorset PCTs.

### *Why scrutinise teenage pregnancy?*

The annual Teenage Pregnancy Report for 2002/03 was presented to the Health Scrutiny Committee in June 2003. It was resolved that the committee would monitor the progress of the Teenage Pregnancy Strategy as part of its wider investigation of the health of children and young people. It was also resolved that the teenage pregnancy coordinator (taking up post the following month) would be invited to give a presentation to a future meeting. The scrutiny process allowed for this.

### *The scrutiny process*

The scrutiny took place throughout 2004. The Health Scrutiny Committee comprised a number of County Council members, and district and borough councillors.

The annual report was used as the evidence base for the scrutiny process, with the coordinator preparing an abstract for verbal presentation which summarised the key issues and support required. Additional evidence was given to the Health Scrutiny Committee by the teenage pregnancy coordinator and the Head Of Lifelong Learning/Chair of the Teenage Pregnancy Partnership Board. The PCT partners were involved in gathering evidence and attended the Health Scrutiny Committee meetings. Young people were not directly involved in the scrutiny meetings, but helped gather the evidence through their involvement in local groups and initiatives. In addition, information and data were considered from a variety of written sources including the data from the Office for National Statistics, local midwifery data, genito-urinary medicine (GUM) data, feedback from committees, and group meetings from a variety of project and partnership groups.

### *Changes and outcomes from scrutiny*

Sharing the preparation for scrutiny flagged up the importance of partnership working and contributed to the development of the media strategy. (The Health Scrutiny Committee met at the time of a sensational tabloid headline relating to teenage pregnancy. It was clear that

local protocols would be questioned at the Health Scrutiny Committee. The issue of considered joint responses was significant, and has led to an improvement in timely shared information.) Media coverage of the event raised the profile of teenage pregnancy and led to the Teenage Pregnancy Strategy coordinator receiving enquiries about the service and requests for presentations to other organisations.

Formally, recommendations from the Health Scrutiny Committee have been taken forward to cabinet for approval, and through them to the local strategic partnership. Other key organisations such as the PCTs and Connexions have ensured that shared targets and results inform their own planning processes. The Health Scrutiny Committee noted the effectiveness of youth-focused clinics. It also considered the need for support for young people, particularly from their parents, in relation to abortion.

### *Learning and development issues*

- The Teenage Pregnancy Strategy coordinator is based within the local authority. Sources of help and information were thus readily accessible, and the committee structure and protocol was familiar to both the Teenage Pregnancy Strategy coordinator and the chair of the Teenage Pregnancy Partnership Board.
- Existing contacts with elected members were particularly useful. As in any project, informing and developing good working relationships with 'champions' of the cause is very important.
- Up-to-date ward-level data would have been helpful.
- The value of developing and maintaining good relationships with elected members, keeping them informed and enabling them to champion causes with which they have become involved, cannot be overestimated. This is an important aspect of teenage pregnancy planning and provision.

### *Key messages*

- Prepare well before attending the Health Scrutiny Committee.
- Watch the headlines – keep contact with partners to enable an appropriate joint response to significant events.
- Involve service users, in this case young people. This provides powerful evidence of effective planning (of course, this does mean accepting evidence that emerges from this consultation), and contributes towards equitable planning processes.

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### Boundary

The scrutiny was carried out by the Community Scrutiny Committee of Ealing Council. Since then, health scrutiny responsibilities have transferred to the Health Panel. The area covered was coterminous between Ealing Council and Ealing PCT.

### Why scrutinise teenage pregnancy?

The Community Scrutiny Committee and the Health Scrutiny Task Group felt that teenage pregnancy was an important issue, faced with challenging targets set by the government. Members felt there were some gaps in local information and data, and wished to probe this further. They recognised the wider social context of teenage pregnancy, and its importance. They were also keen to develop links with work being initiated by schools.

Existing task groups in teenage pregnancy consisted of professionals specifically looking at putting together the annual report and progressing identified actions. Scrutiny's role was seen as challenging this work and picking up specific issues, eg school-based services, while encouraging the interest and support of members.

### The scrutiny process

The Community Scrutiny Committee began the process with a first meeting in November 2002, finishing with a sixth meeting in February 2003. Membership comprised nine Ealing Borough councillors and two representatives from Ealing Community Health Council. It was advised by officers from Ealing PCT (family planning), West London Health Promotion Agency (sexual health and young people), and Ealing Council (scrutiny and teenage pregnancy).

The scrutiny process focused on five main areas: how to make teenage pregnancy a local priority issue; school-based health information and advice services; suggestions for each of the four strategy areas identified in the *Teenage Pregnancy Strategy Annual Report*; the impact of cultural influences on teenage pregnancy; and an assessment of the success of the strategy against targets.

Evidence was heard from relevant officers from key agencies and those working in schools, eg the council's teenage pregnancy and parenthood coordinator, Ealing Community

Health Council, the health promotion team, family planning nurses, school health advisers, teachers and young people (through a video production). Members visited a local teenage pregnancy project to gauge first hand the views of service users and professionals in the field. The task group also used local and national data to inform its discussions, as well as information from other boroughs about their actions.

### Changes and outcomes from scrutiny

By undertaking this task group work increased members' understanding and appreciation of the issues on a local level, helping raise the profile of teenage pregnancy work for members. It was also the first real piece of work between scrutiny members and the PCT, a relationship that has since been solidly built upon for a number of local health issues.

The impact on services should become clearer when the teenage pregnancy and parenthood strategy coordinator reports back to the Health Panel with an update on progress. Recommendations of the Community Scrutiny Committee can be summarised under the following areas:

- Examples of good practice should be rolled out across the borough to ensure experiences/practices are shared and to help inform future work
- Consideration should be given to the provision of school health adviser drop-in facilities in all high schools in the borough
- All school governing bodies should have a governor with responsibility for the implementation of sex and relationship education; training should be provided to governors
- Local agencies should look closely at the options for providing condoms and emergency contraception across the borough
- Health promotion and advice should be extended to non-school and health settings
- Obstacles identified by the Task Group as impeding delivery of teenage pregnancy services should be addressed, eg language barriers, lack of affordable/accessible childcare, etc, and joint working between agencies encouraged
- The report should be referred to cabinet for a response at the earliest opportunity.

Both the Council and the PCT have taken account of the findings of the Community Scrutiny Committee in their action plans, and teenage pregnancy now features annually in scrutiny work programmes.

### Learning and development issues

- The scrutiny process worked because of members' interest in the topic area, as reflected by the large membership of the task group.

- The process expanded members' knowledge of the issues and local services.
- It helped inform and offer members' inputs into the Teenage Pregnancy Strategy – as the task group's recommendations were based on the strategic areas.
- The teenage pregnancy coordinator who served as an adviser to the task group was fully supportive of the group and its work; progress would not have been possible without her engagement and help.
- Active support from the PCT was vital.
- The exercise highlighted the importance of following up recommendations through the scrutiny system and beyond, especially when there are multi-agency responsibilities assigned within the recommendations, and changes to key personnel.

### *Key messages*

- Seek to engage all partners (eg relevant PCT and Council colleagues) throughout the process, and as early as possible – involvement in drawing up terms of reference and setting out clear expectations from the start is important.
- Get members out of the Town Hall to see the work of local services at first hand. This helps set the work in context, and broadens members' practical as well as theoretical appreciation of teenage pregnancy services, eg by talking to professionals in the field and service users.
- Ensure recommendations are followed through properly, and ongoing monitoring takes place.

## *Nottinghamshire County Council*

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### *Boundary*

The scrutiny was carried out by a Scrutiny Panel set up by the Health Select Committee of the County Council. The area covered included the boundaries of four district councils, three borough councils and seven PCTs.

### *Why scrutinise teenage pregnancy?*

In the first instance, members wanted to look at the Committee's commitment to reducing health inequalities for young people. Members also had some concerns about the varying levels of commitment from the individual departments of the County Council to the Teenage Pregnancy Strategy and targets.

### *The scrutiny process*

The scrutiny began in September 2003 and is due for completion with a report to committee by December 2004. This has been delayed due to long-term sickness of the chair of the Scrutiny Panel. Membership of this Panel comprised four members of the County Council who were advised by the health inequalities lead and the teenage pregnancy coordinator of the county council.

The scoping committee decided to focus on the impact of the strategy on the lives of young people; the effect of coordinated approaches; the role of statutory and voluntary agencies; the involvement of young people in appropriate initiatives; the accessibility of services; and the funding and promotion of key initiatives.

Evidence was collected on the basis of the Teenage Pregnancy Action Plan. It involved interviewing various stakeholders from the County Council and the PCT, all of whom also submitted written documents and information as evidence. The regional teenage pregnancy coordinator attended two meetings to present a regional and national perspective, and to give detailed feedback from the annual performance assessment of progress of the local strategy. In addition, young people were involved through a showcase event, and other visits and events are also being considered. Progress made by other similar authorities is also under consideration.

## *Changes and outcomes from scrutiny*

The scrutiny process has not yet been completed, but the aim is to achieve greater commitment and coordination of approach from across County Council departments and other agencies. Recommendations from the Scrutiny Panel will go to the Overview Committee of the County Council, then to cabinet for consideration, if required. An action plan will be developed and monitored appropriately, and there will be an annual review. In this way it is envisaged that the Teenage Pregnancy Strategy will be mainstreamed into the overall strategy and budget of each organisation.

Recommendations from the Health Select Committee to cabinet are likely to include mainstreaming of the local implementation grant from 2006 to continue to support the implementation of the strategy, and mainstreaming of the teenage pregnancy coordinator's post and other relevant posts. Further proposed recommendations are that the PCT identifies a strategic lead at director level to represent health at the Teenage Pregnancy Board, and that the Connexions service allocates resources to support the continued development of work with teenage parents and pregnant teenagers.

### *Learning and development issues*

- There is a strong Teenage Pregnancy Board, with commitment from most of the key stakeholders. The scrutiny process has allowed consideration of whether stakeholders are represented on the Board at a sufficiently senior level.
- The support this process provided through members to the Teenage Pregnancy Strategy and the teenage pregnancy coordinator has been very constructive in developing the partnership approach.
- The allocation of resources to support the process, eg staff time, budget for visits, etc, has been essential.
- The involvement of the teenage pregnancy coordinator at every stage has been particularly useful.

### *Key messages*

- *The process offers a positive opportunity to influence mainstream services.*
- *It is important to involve the teenage pregnancy coordinator and key stakeholders throughout the process.*
- *Although this process is still to be completed in Nottinghamshire, already the gains being achieved are very positive.*

## *Southwark Borough Council*

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### *Boundary*

The scrutiny was carried out by the Health and Social Care Scrutiny Sub-Committee of the London Borough of Southwark, and included the area bounded by Southwark PCT, two acute trusts and one mental health trust.

### *Why scrutinise teenage pregnancy?*

The Sub-Committee was extremely concerned about the rising teenage pregnancy rates within the borough as a whole, and within certain wards in particular.

### *The scrutiny process*

The formal scrutiny process ran from July 2003 to January 2004, involving six formal meetings to receive information, agree the project brief, hear evidence and finalise the report, and two site visits. Membership of the Scrutiny Sub-Committee comprised six local authority members. The topic cut across the remit of both the Health and Social Care Scrutiny Sub-Committee and the Education, Youth and Leisure Scrutiny Sub-Committee, and it was therefore agreed early in the process that members of the latter group would be invited to attend the review meetings and site visits, and to comment on the draft report. Additional policy support was provided by an officer from the Corporate Strategy Unit.

The initial working brief for the Sub-Committee included sexual health, but subsequently the terms of reference were narrowed to enable members to investigate possible action to prevent teenage pregnancy more effectively. The Sub-Committee focused on whether a different approach or additional action might be effective in halting and/or reversing the rise in the rate of teenage pregnancy. Members' key aim was to help identify areas where services relating to the prevention of teenage pregnancy might be improved, acknowledging that services were provided in partnership with a range of organisations. The review also touched on support to teenage parents and, to a very limited extent, sexual health.

Evidence to the review was given by the teenage pregnancy coordinator and staff from health promotion, Healthier Schools Partnership, Brook London, social services, public health, Southwark's Community Care Forum, and a local

girls' secondary school. Young people from Brook London's young people's forum and the secondary school also gave evidence, and others were involved through site visits to their school and sessions run by peer educators, and through commenting on the final report. In addition, information and data from relevant local reports and national guidance was considered.

### *Changes and outcomes from scrutiny*

The Sub-Committee's recommendations supported activities which were already being implemented. This reassured both staff and members that the authority was generally moving in the right direction.

The process of scrutiny led to better engagement with key stakeholders, resulting in better coordination of multi-agency activity, more ownership by key stakeholders of the targets to reduce teenage pregnancy and sexually transmitted infections among young people, and better support for implementation of the strategy.

Speaking with young people during the review raised members' awareness of the need to support the development of peer education. This was subsequently reflected in the Teenage Pregnancy and Parenthood Strategy Action Plan.

The review highlighted the strengths of peer-led prevention programmes as an effective tool for communicating and engaging with young people. A review of peer education programmes in Southwark has since been implemented. Young people involved in the review will be asked to comment on whether/how things have changed since the scrutiny report was published.

The review, and the local press coverage it received, raised awareness across the entire council beyond the immediate Sub-Committee involved in the work.

The Teenage Pregnancy and Parenthood Strategy Action Plan details the recommendations of the review and how they will be taken forward. The 2004/05 Sub-Committee has already received the first of the regular report-backs intended to monitor the degree of impact on service delivery.

### *Learning and development issues*

- The review successfully gathered evidence from, and engaged with, individuals directly affected by and involved in addressing teenage pregnancy within the borough, including young men and women themselves.
- The review topic was cross-cutting, and elements of the review were undertaken jointly by members of both bodies (health and social care; education, youth and leisure).

- The site visits were effective in supplying essential context to evidence provided at the formal meetings, and enabled members to dig more deeply into the topic in a very direct way. The currency of the final scrutiny recommendations was ensured.
- The fact that the executive produced a SMART action plan will enable scrutiny more easily to monitor progress towards its implementation.
- Key stakeholders already involved in the Teenage Pregnancy Steering Group were very willing to engage with the scrutiny process.
- Existing action plans helped identify linkages between various interventions and agencies. The review process reaffirmed teenage pregnancy partnership arrangements and the need for this work to continue.
- Following the review, funding was secured from Neighbourhood Renewal to improve local systems for coordinating and managing sexual health data, as it was clear that lack of accurate, current data was a major barrier.

### *Key messages*

- Take scrutiny members away from the town hall into community settings to meet and talk with young people, both young men and women. Do not assume that members know everything about the target group, delivery setting, or topic under review.
- Work with your delivery partners across sectors to inform your review. Keep them informed about the review, invite them to give evidence, ask their advice about service delivery and big issues, and ask them to comment on your final report. Involve senior officers in the review.
- Think laterally about possible factors in teenage pregnancy, and invite advisers/witnesses accordingly.
- Officers and partners should be asked to respond to scrutiny recommendations with a detailed action plan (with SMART objectives), including timescales. This helps scrutiny to monitor the progress of implementation.

## Key messages from the scrutiny process

These derive from the case studies presented here, and also from a number of other areas that have started or completed scrutiny of teenage pregnancy (see page 15).

### *Carrying out scrutiny*

- Reasons for deciding to subject teenage pregnancy to scrutiny varied from place to place. They ranged from a desire to use a cross-cutting issue to explore members' involvement with partnerships, through concerns about the exceptionally high rates of teenage pregnancy in the area and how to prevent this, to a desire to prioritise the health of young people. Once established, the scrutiny group often refined its focus to concentrate on particular areas or services of concern.
- Membership of the scrutiny team ranged from the total membership of the health and overview scrutiny committee, to a smaller panel set up by that committee. In at least one instance, members from related scrutiny committees (such as education) were included. Formal membership was limited to elected members, while sometimes officers and/or board members from related agencies such as PCTs were coopted onto, or gave advice to, the scrutiny team.
- Some, but not all, scrutiny processes involved young people. Where young people had been involved, much thought was given as to the best ways of facilitating this – attendance at formal committee meetings will not always work. Methods used to gain their involvement in this process ranged from specially organised focus groups or events, through visits by scrutiny members to young people's activities, to the presence of young people at scrutiny hearings to give evidence. All areas where young people had been involved in the scrutiny process felt that their involvement added value to members' understanding of the issues involved.
- The role of the teenage pregnancy coordinator varied, ranging from providing advice and support to the scrutiny panel throughout the process, to supplying some of the evidence for the panel to consider. Other support was usually provided by overview and scrutiny officers from the local authority.
- Evidence was always sought from a variety of sources, and in written and verbal forms. This always involved inputs from staff from a variety of statutory and voluntary agencies, ranging from sexual health and public health specialists, through youth workers and schools, to senior strategists. Some areas also invited the regional teenage pregnancy coordinator to supply a regional perspective; and some found that information about initiatives and services provided in similar authorities and areas was useful as a comparison. All used a variety of local, regional and national data (especially on conception rates) to inform their debates.
- All areas were able to pinpoint positive changes that had resulted from the scrutiny process. Formally, the recommendations of the scrutiny committee were always built into the action plan for the teenage pregnancy partnership board. Recommendations concerning the council's policies and services were forwarded to the executive and council for consideration and action. Many cited PCTs and local authority departments building the recommendations into their business and work plans and budget processes, as examples of how the scrutiny assisted in mainstreaming teenage pregnancy work.
- Informally, those involved felt that the scrutiny process had enhanced partnership working, particularly between local authority members and the PCT, but also across the local authority as a whole. It also enhanced the profile of the Teenage Pregnancy Strategy, and raised members' awareness about these issues and how to tackle them. This was particularly the case where members met with young people and/or sat in on their initiatives. In one area media coverage of the scrutiny process played an important role in this connection.
- All areas felt that mainstreaming the Teenage Pregnancy Strategy had been supported through scrutiny. This included support for long-term funding (via evaluation of initiatives to show what works); organisational priorities (via influencing members on budget-setting committees); joined-up programmes (via annual featuring of teenage pregnancy in scrutiny work programmes); and support for organisational culture change (via linking scrutiny recommendations to the formal planning processes of the local authority and PCT).

## ***Learning from scrutiny***

Much has been learnt about the process of health scrutiny by those involved. Key learning and development points include the following.

- It is essential to allocate adequate resources to support the scrutiny process, including staff time and a budget for visits and, if necessary, to scale down the scope of the review.
- It is important to plan well, and ensure the focus and scope of the review are clearly defined. Consider focusing the scrutiny on one key area of teenage pregnancy, to ensure the best use of members' time and that the scrutiny process results in clear, evidence-based, achievable recommendations – the strategy is so far-reaching, it is impossible to scrutinise every element or area at one attempt.
- Members want to know about what works in teenage pregnancy prevention and support. It is important to have information ready at the start of the scrutiny process, based on evidence from ongoing monitoring and evaluation of relevant projects and activities.
- Scrutiny of a potentially controversial subject such as teenage pregnancy can help cement relationships with partners, especially because of its cross-cutting nature.
- Evidence can conflict, and it is important that the scrutiny committee considers how they will deal with this.
- It is important to obtain evidence from expert witnesses as well as using anecdotal evidence, and to make sure this includes young people and those working directly with them.
- It is important to improve local data management, as it can be difficult to obtain accurate, current data on sexual health. Scrutiny has brought about improvements in some areas, securing regular monitoring reports on conception rates from health partners to enable a more focused/targeted approach in areas with the highest teenage pregnancy rates.
- Scrutiny is facilitated where the teenage pregnancy coordinator is based within the local authority and has a good understanding of committee structure, and where there is a strong teenage pregnancy partnership board.
- Following up recommendations through the scrutiny process and beyond is central to improvement, especially where there are multi-agency responsibilities assigned within the recommendations. This can also reaffirm partnership arrangements.
- Respondents to the case studies drew a number of key messages from their experience for colleagues undertaking scrutiny of teenage pregnancy:
  - see scrutiny as a positive opportunity to influence mainstream services
  - remember teenage pregnancy is a very emotive issue, and needs to be addressed with empathy and objectivity
  - prepare for scrutiny well in advance to ensure it focuses on the important issues for your area, and involve partners as early as possible
  - ensure the teenage pregnancy coordinator and key stakeholders are involved throughout the process
  - involve service users and young people in scrutiny (think carefully about the most effective way of doing this, as formal committee meetings can be intimidating and alienating to young people and frontline workers); encourage members to make visits to them as part of the scrutiny process
  - involve senior officers
  - once completed, ensure recommendations are followed through with ongoing monitoring
  - note that scrutiny by members can bring up issues regarding members' involvement, as well as issues concerning teenage pregnancy itself.

## Resources and references

### Websites

Full scrutiny reports of the case studies can be accessed using the links below.

#### Cornwall

*Teenage Pregnancy Strategy Single Issue Panel Concluding Report:*

[www.cornwall.gov.uk/Councils/scrutiny/hscosc/tpsreport.htm](http://www.cornwall.gov.uk/Councils/scrutiny/hscosc/tpsreport.htm)

Policy Development and Scrutiny home page, with access to the various Policy Development and Scrutiny Committees:

[www.cornwall.gov.uk/Councils/scrutiny/default.htm](http://www.cornwall.gov.uk/Councils/scrutiny/default.htm)

#### Doncaster

Has not published the scrutiny report as it was a pilot study.

#### Dorset

[www.dorsetcc.gov.uk](http://www.dorsetcc.gov.uk)

#### Ealing

Teenage pregnancy page with information on the Scrutiny Committee and links to reports: [www.ealing.gov.uk/council/scrutiny/task+groups/second+health+scrutiny.asp](http://www.ealing.gov.uk/council/scrutiny/task+groups/second+health+scrutiny.asp)

#### Nottinghamshire

It is anticipated the report will be published in January 2005: [www.nottinghamshire.gov.uk/home/your+council/councilbusiness.htm](http://www.nottinghamshire.gov.uk/home/your+council/councilbusiness.htm)

#### Southwark

Overview and Scrutiny Committee reports:

[www.southwark.gov.uk/YourCouncil/AgendasMinutes/OverviewScrutinyMeetings/Reports.html](http://www.southwark.gov.uk/YourCouncil/AgendasMinutes/OverviewScrutinyMeetings/Reports.html)

#### HealthPromis

Reports are also available on the Teenage Pregnancy and Parenthood Database:

<http://healthpromis.hda.nhs.uk> □ Topic Databases

#### Centre for Public Scrutiny

[www.cfps.org.uk](http://www.cfps.org.uk)

This comprehensive website includes information on the Health Scrutiny Support Programme, as well as the Scrutiny Champions Network. You may subscribe to a regular online newsletter to keep you up-to-date with scrutiny developments.

#### Teenage Pregnancy Unit

[www.dfes.gov.uk/teenagepregnancy](http://www.dfes.gov.uk/teenagepregnancy)

This website contains information about the government's Teenage Pregnancy Strategy, including guidance issued by the Teenage Pregnancy Unit, as well as relevant publications from other government departments. There is also information about local implementation of the strategy, and details about the Independent Advisory Group on Teenage Pregnancy. Local teenage pregnancy coordinators may also log on and communicate with each other online.

#### Audit Commission

[www.audit-commission.gov.uk/neighbourhoodrenewal](http://www.audit-commission.gov.uk/neighbourhoodrenewal)  
Contains information on mainstreaming.

#### Neighbourhood Renewal Unit

[www.renewal.net](http://www.renewal.net)

Contains information on mainstreaming.

#### Democratic Health Network

[www.dhn.org.uk](http://www.dhn.org.uk)

Contains links to reports and toolkits produced by the Democratic Health Network to support local authorities in undertaking their health scrutiny functions.

### Reports and references cited

DfES (2004a) *Every child matters: change for children*. The children's green paper. Nottingham: DfES Publications. [www.everychildmatters.gov.uk/\\_content/documents/Every%20Child%20Matinserts.pdf](http://www.everychildmatters.gov.uk/_content/documents/Every%20Child%20Matinserts.pdf)

DfES (2004b) *Every child matters: next steps*. Nottingham: DfES Publications.

[www.everychildmatters.gov.uk/\\_content/documents/EveryChildMattersNextSteps.pdf](http://www.everychildmatters.gov.uk/_content/documents/EveryChildMattersNextSteps.pdf)

DFES/SEU (1999) *Social Exclusion Unit report on teenage pregnancy*. London: Department for Education and Skills/Social Exclusion Unit.

[www.dfes.gov.uk/teenagepregnancy/dsp\\_content.cfm?pageld=87](http://www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pageld=87)

DH (2003) *Overview of scrutiny and health – guidance*. London: Department of Health.

(The Department of Health is beginning a programme of support for health scrutiny and aims to hold regional events in 2005 to promote learning on this topic.)

DH (2004a) *National service framework for children, young people and maternity services*. London: Department of Health.

[www.dh.gov.uk/assetRoot/04/09/05/52/04090552.pdf](http://www.dh.gov.uk/assetRoot/04/09/05/52/04090552.pdf)

DH (2004b) *Choosing health. Making healthy choices easier.* Public Health White Paper. London: Department of Health. [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

Health and Social Care Act 2001:  
[www.legislation.hmso.gov.uk/acts/acts2001/20010015.htm](http://www.legislation.hmso.gov.uk/acts/acts2001/20010015.htm)

Children Act 2004:  
[www.hmso.gov.uk/acts/acts2004/20040031.htm](http://www.hmso.gov.uk/acts/acts2004/20040031.htm)

ODPM (2002) *The development of overview and scrutiny in local government.* London: Office of the Deputy Prime Minister.

## ***Regional support***

Government offices within each English Region all contain:

- Regional teenage pregnancy coordinators, who are available to give evidence to local scrutiny committees and/or to offer other support
- Directorates of public health, which can identify sources of appropriate data and reports on teenage pregnancy and health inequalities
- Regional assemblies, which are sources of support for local government and scrutiny
- Regionally based officers of the HDA, who offer development support and a wide range of evidence-based resources.

## ***Other areas that have undertaken scrutiny of teenage pregnancy***

### ***Croydon Borough Council***

Kate Naish  
Kate.naish@croydonpct.nhs.uk 020 8274 6386

### ***Enfield Borough Council***

Debbie Young  
debbie.young@doh.gsi.gov.uk

### ***Telford and Wrekin Council***

Eloise Owen  
Eloise.owen@shropshireha.wmids.nhs.uk 01952 602343

### ***Wigan Metropolitan Borough Council***

Alan Sherwood  
a.sherwood@wiganmbc.gov.uk 01942 705148

### ***Wirral Council***

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## About the Health Development Agency

The Health Development Agency ([www.hda.nhs.uk](http://www.hda.nhs.uk)) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

### Teenage Pregnancy and Parenthood Database

The HDA has developed a database containing a range of local research projects, both published and unpublished, about teenage pregnancy and parenthood. It aims to make local research accessible to practitioners and decision-makers working with teenagers and teenage parents. There is the facility to add your research to the database.

**<http://healthpromis.hda.nhs.uk> □ Topic Databases**

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