

EDUCATION, CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

MINUTES OF THE MEETING of the Education, Children & Young People Scrutiny Panel held on Thursday 15 March 2012 at 5.00 pm in the Executive Meeting Room, third floor, The Guildhall, Portsmouth.

(NB These minutes should be read in conjunction with the agenda for the meeting.)

Present

Councillors Steve Wemyss (In the Chair)
Margaret Adair
Lee Mason

Also Present

Mike Stoneman, Strategic Commissioning Manager
Rimple Poonia, Senior Manager, HIDS
Clare Rachwal, Team Manager, HIDS
Andy Ames, Team Manager, HIDS
Teresa Deasy, Local Democracy Officer

16 Declaration of Members' Interests (AI 1)

There were no declarations of members' interests.

17 Apologies for Absence (AI 2)

Apologies for absence were submitted on behalf of Councillors Peter Eddis, Paula Riches and Caroline Scott.

Apologies were also submitted on behalf of Siôn Reynolds, Teachers' Liaison Panel representative.

18 Minutes of the Meeting held on 23 February 2012 (AI 3)

(TAKE IN MINUTES)

RESOLVED that the minutes of the Education, Children & Young People Scrutiny Panel meeting held on 23 February 2012 be confirmed as a correct record.

19 Rimple Poonia, Senior Manager, Health Improvement & Development

Rimple Poonia began by explaining that the Health Improvement & Development Service (HIDS) focuses on supporting vulnerable young people in a number of areas including sexual health, teenage pregnancy, substance misuse, young carers and healthy weight. Colleagues from the PCT's Public Health Team have recently co-located with HIDS as part of the changes being introduced in the Health and Social Care Bill to transfer Public Health to Local Authorities.

The rate of teenage pregnancy in Portsmouth is higher than the national average but there has been a recent downward trend for the rate in Portsmouth. The team has had some success working with secondary schools to identify and work with pupils who may be at risk. The service works with these young people to look at why they are at risk and to help them to change their behaviour. Rimple commented that the service had been successful in identifying young people at risk of pregnancy and worked with them to prevent or minimise risky sexual behaviours. There is a link in the rate of teenage pregnancies with alcohol use. There are other key initiatives in place which are also part of Portsmouth's Teenage Pregnancy Strategy including the outreach nurse service. The work to support young people at risk fits under Priority D of the Children's Trust.

The teenage pregnancy figures for 2010 show a downward trajectory. Despite the fact the Portsmouth's rate of teenage pregnancy has historically fluctuated, there has been a definite downward trend. In response to a question from Councillor Wemyss, Rimple explained that the reducing figures were quoted as a rate (of conceptions per 1000 girls) and not as a number to reflect an accurate picture of performance. Portsmouth has performed well in the reduction of teenage conceptions compared to its statistical neighbours, Southampton, Plymouth, Peterborough and Southend-on-Sea. It was hoped that next year the figure for Portsmouth would equal the English national average, a figure that Portsmouth has never managed to achieve previously.

Communication with the midwifery service has resulted in a good referral system between service and support to pregnant teenagers which is important in minimising the rate of second conceptions and for ensuring good outcomes for teenage parents and their children.

As the rate of teenage conceptions are only available 18months later from the Department of Health, local intelligence and data is gathered to try to form a more up-to-date picture of current rates. There has been some work undertaken in Portsmouth to look at the previous school attendance records of girls who became pregnant in school or shortly after leaving which found that these pupils tended to be less engaged in school work and had poor attendance issues.

In response to questions from members, Andy Ames commented that there is considerable pressure from the media and from peer groups which leads young people to engage in sexual activity at a much earlier age than in the past. Rimple added that a team of peer educators went into schools to work with young people encouraging them to delay sexual activity. Teenage parents also go into schools to work with young people to make them aware of the issues associated with teenage pregnancy. She added that one of the peer educators in her team had been shortlisted for a national sexual health award and would be attending the awards ceremony in London that evening.

There was a perception that young girls saw having a baby as a route to obtaining a council house. Rimple commented that the work with teenage parents had found that they were often disengaged at school and that low aspirations were not necessarily a cause of teenage pregnancy.

20 Clare Rachwal, Young Carers Manager

Clare explained that the Young Carers Service was provided as part of the Carers Service based in Orchard Road, Southsea. The service supported all carers from the age of five and above.

From the age of five onward, the service can provide support if a child has a sibling or a parent with a disability or life threatening disease. Very young carers need positive activities to give them time out to be a child. However, the type of activities and the level of support provided depend on how the disability or disease is managed within the family. The number of child carers in Portsmouth is estimated to be between 2,500 and 4,000. Over 700 young carers are known to the Young Carers Service. Two weekly group sessions for young carers are held: one on a Saturday for younger groups and one a Monday evening for older groups. The sessions are held at the John Pounds Centre. Some of the activities are arranged around dealing with risk taking behaviour. It was pointed out that young carers are often at risk of teenage pregnancy due to their familiarity with the caring role. They were also at risk of indulging in drugs and alcohol etc.

The number of breaks provided to young carers was 1,832 for the last year and just over 200 young carers were receiving breaks. The Young Carers Service organises two or three residential trips per year. Last year they had managed to attract funds from the Rotary to enable them to take a group to Paris.

The service also provide one to one support for the young carers where necessary, and they provided advocacy if appropriate.

Young carers often have school attendance issues due to their caring responsibilities. The service can also help them to sort out this issue and to make sure the school is aware that the child is a carer. Links had been developed with schools and a lead professional officer works in each of the secondary schools. Many schools have their own young carer groups and one school took a group to a young carer festival. Information about the young carers' service is available on school notice boards. The service also provides cards for children to hand to their teachers explaining the child's caring responsibilities that might include, for example, need to keep a mobile phone on in class in case there are problems at home.

Clare tabled a copy of the carers' strategy produced jointly by Portsmouth City Council and the NHS Portsmouth.

(TAKE IN CARERS' STRATEGY)

There was a question about alcohol abuse in families and whether there were any figures to support the statement that young carers were more prone to indulge in these activities. Clare explained that currently no figures were available but the service had put in a bid to the Cranstoun organisation for funds to develop a statistical information service.

Mention was made of the Switch service for young people, which was delivered by Cranstoun and provides the substance misuse transition service for young people. HIDS also delivers training around substance misuse to the wider workforce

In response to a question about numbers using these services, it was explained that at the moment statistics were difficult to obtain because the national Tellus survey had been discontinued as a result of government cuts in 2010. However, HIDS have taken some of the questions used in the Tellus survey to develop a Portsmouth annual schools survey. Indications are that, in Portsmouth, figures are slightly above the national average. In the surveys completed, 30% of pupils said they had been drunk in the last week, 24% responded that they had obtained drink from their parents which indicated the need to deal with parents also.

Rimple Poonia commented that a lot of work was being undertaken in trying to improve prevention work in schools. However, there was an inconsistent pattern of delivery of Personal Social and Health Education in schools. Substance misuse champions have been identified in each of the secondary schools. If a champion finds a young person with substance abuse issues, they refer the young person to HIDS which deals with the young person directly or refers them to the SWITCH transition service.

Alcohol abuse is a key issue in Portsmouth as well as nationally. This is due to peer pressure and the low price of alcohol.

HIDS are supporting the Primary School substance misuse champions to pilot a programme in years 5 and 6 in which they are promoting the idea to pupils that it is okay to say no to alcohol.

Rimple Poonia commented that work is also underway to look at how to reduce the number of young people admitted to accident and emergency departments as a result of alcohol abuse. The nursing service was picking up referrals from the police. She added that the work with school nurses could be strengthened.

In response to a question regarding looking at good practice in other areas, Andy Ames commented that the service had achieved good inroads regarding communication with Queen Alexandra Hospital in relation to adults admitted as a result of alcohol abuse and they hoped to build on this to strengthen work regarding young people.

Councillor Wemyss thanked the participants for attending the meeting.

The meeting concluded at 5.50 pm.

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