



County Action Plan for reducing teenage conceptions 2010-11

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The National Support Team for teenage pregnancy visited in July 2009. As a result of the visit the over-arching Children & Young People's Health and Well-Being Board (CYPHWB) agreed the following strategic themes to shape the 2010/11 action plan:

- 1. To seek and respond to the information and advice we receive from children and young people and their families.**
- 2. To support the development of young people's aspirations and life skills, their well-being and achievement.**
- 3. To offer focused support for those who are most vulnerable and at risk.**
- 4. To offer timely prevention, early intervention and support when and where young people need them.**
- 5. To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people.**

The 2010/11 teenage pregnancy action focuses on 7 priority areas which all link to the agreed strategic themes. These priority areas feed directly into other plans, including HCC integrated service delivery plan for Health and well-being and the GET IT ON sexual health action plan 2010-2013 (NHS Hampshire). The links with Hampshire CYPP plan, LAA, PCT vital signs and HCC corporate priorities can be seen in Appendix A.. The 7 priority areas for the 2010/11 teenage pregnancy action plan are:

- To ensure that Local Children's Partnerships have relevant data and information on teenage pregnancy to direct their action plan to meet the reducing conceptions priority.**
- To ensure up to date and robust data is used to inform service planning and delivery**
- To develop and deliver a comprehensive communications plan with the core message that teenage pregnancy is everybody's business**
- To develop targeted further interventions with the most vulnerable young people to reduce conceptions and poor sexual health**
- To develop work with young parents to improve access to services and outcomes for them and their children**
- To improve access to contraception for young people**
- To improve the quality of SRE to young people**

The priority actions have been agreed using: the 2009/10 action plan, outcomes of the NST visit, the 2009 self-assessment completed by HTPP and information from key government documents, (Teenage pregnancy Strategy: Beyond 2010, DoH, Dcsf, 2010; Teenage Pregnancy Independent Advisory Group Annual Report 2008/09)

Progress

The aim to reduce teenage conception is a joint LAA & vital signs target for LA and PCT. The target in Hampshire is to reduce the teenage conception rate by 45% to 19.8 per 1000 young women aged 15-17 in 2010

Since 1998 Hampshire's conception rate has declined by 5.4% compared to the national reduction of 13.9%.

Priority	NST priority	Activity	Lead	Success measures / Milestones
SP1	Y	To ensure that Local Children's Partnerships have relevant data and information on teenage pregnancy to direct their action plan to meet the reducing conceptions priority. (CYPHWB Board Strategic themes 2, 3, 4)		
		To disseminate information to each LCP containing TP data and the agreed priorities for the local LIT (including information on the wider determinants of teenage pregnancy)	SMTP / LIT chair	Briefing paper cascaded to each LCP (March/April 2010) SMTP to have complete list of LCP chairs – cascaded to LIT chairs (April 2010) Follow up from local LIT chair / SMTP re priorities (May/June 2010) Updated district mapping packs to be shared & used by LCPs – July 2010 LCP teenage pregnancy plan submitted (July 2010))
		To ensure that information about the wider determinants of teenage pregnancy are shared with LCP's, in particular <ul style="list-style-type: none"> the links with school attendance, attainment and exclusion. The research relating to 10 year old girls and likelihood of becoming a teenage mother Link with positive activities 	SMTP / LIT chair / LCP chair	District mapping packs have been disseminated and discussed at LCP meetings LCP's develop specific action plan to address teenage pregnancies in collaboration with HCC SMTP (July) and undertake annual self review by March 2011
		To ensure that a representative from the LCP attends the LIT	LIT chair / LCP chair	There will be a clear link between LCP and LIT including reporting to LCP on LIT priorities, progress and issues. LIT structures will support the work of the LCP. LIT chairs to report progress & issues at CIG meetings

Priority	NST priority	Activity	Lead	Success measures / Milestones
SP2	Y	To ensure up to date and robust data is used to inform service planning and delivery (CYPHWB Board Strategic theme 2)		
		The task and finish group with representation from the PCT and the LA continues to meet to audit current availability of data across the PCT and LA to identify gaps (using data toolset from TPU and pan London data collection information sharing toolkit) and to address commissioning arrangements.	SMTP / PCT lead	A dashboard of proxy measures relevant to Hampshire for teenage pregnancy is developed and reported quarterly to HTPP CIG and exception reporting to CYPHWB Board (July 2010)
		The task and finish group to continue to seek clarification re data sharing protocols between Health and Local Authority in respect of teenage conceptions and births.	SMTP / PCT lead via data group	There will be an agreed systematic approach to data sharing which allows identification of pregnant young women to ensure support and intervention is offered. To enable information from maternity providers & or Health Visiting (CHRD) to be shared with connexions & children's centres via HCC performance and planning team (Oct 2010)
SP3	Y	To develop and deliver a comprehensive communications plan with the core message that teenage pregnancy is everybody's business (CYPHWB Board Strategic themes 1, 5)		
		A calendar of activities agreed by HTPP to ensure clear and consistent messages are delivered throughout 10/11 to a wide range of partners including young people and parents as well as service providers. Media & Communication meeting to agree clear messages and implement plan	PCT lead / SMTP	Mail out and accompanying materials May 2010, Sept 2010, Dec 2010, Feb 2011 (include Health visitors, school nurses, CASH, CAMHS, GP's, PBC's) See separate plan for performance measures Each event/activity will be evaluated and impact of communication will be reported at HTPP implementation group

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		<p>To develop an action plan for practitioners and one for work with young people.</p> <p>To commission a social marketing agency to undertake an in-depth analysis of specific groups of young people who are at risk of teenage pregnancy in Hampshire (to include an ethnicity profile) and develop a media and communications strategy to address their risk behaviours</p>		<p>Media & Communication group to discuss and implement plan (June & Feb)</p> <p>Commissioned organisation by July 2010 Results shared Dec/Jan Interventions to be developed and started by end Jan 2011.</p>
		Key messages devised around SRE aimed at parents /carers and disseminated via LCP's and other appropriate partnership networks	SMT / County Parenting Lead	<p>Increased take up in Speakeasy courses / awareness sessions for parents on SRE</p> <p>Baseline 2009/10 2 facilitator courses run = 23 trained 8 Courses run (Gosport x 3, Havant x 1, Eastleigh x 1, East Hants x 1, Rushmoor x 2) 44 parents completed course 3 facilitators sessions run April/May 2010 – 24 trained 12 courses run June-Nov 2010 A further 10 courses run by March 2011 based on total number of facilitators trained in Hampshire Feedback on evaluations presented to CIG / Parenting Strategy Board in Sept 2010</p>
		Young people's sexual health service website www.getiton.nhs.uk to offer timely and up to date service information that is accessed by young people	LIT chairs AIO / PCT resource library	<p>Baseline – average unique hits per month in 2009 = 2231</p> <p>Increased hits on website</p> <p>Monitor usage of the website</p> <p>Campaign & resource service (PCT) to manage website content and distribution of resources (May 2010)</p> <p>Implement recommendations from young people's focus group report & from Sexual Health Needs Assessment report</p>

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				<p>Undertake further focus group sessions with young people (Jan 11)</p> <p>Schools will be asked to include website in condom teach lesson – now added to information that is sent with condoms. System for measuring use of website developed by June 10.</p> <p>Materials in community settings for those young people who do not access websites – each LIT to identify venues where provision of promotional materials required.</p> <p>Develop GET IT ON social network pages on twitter and facebook to promote website & local sexual health messages with young people</p>
		<p>Hampshire Children's Trust SRE policy (once agreed) will be disseminated to staff</p> <p>Universal SRE training to be completed within first year of employment</p>	SMTP	<p>Draft SRE policy to be submitted to CYPHWB Board July 2010</p> <p>Monitoring of take up of Universal 1 & 2 training reported to CIG Sept 2010, March 2011 to identify any gaps / issues.</p>
SP4	Y	<p>To develop targeted further interventions with the most vulnerable young people to reduce conceptions and poor sexual health</p> <p>(CYPHWB Board Strategic themes 2, 3, 4, 5)</p>		
		To develop targeted youth support/preventing teenage pregnancy officers in each district to provide early intervention targeted youth support for young women (and men?) who have been identified via risk factor checklist as being at high risk of teenage pregnancy (link to CAF)	SMTP	<p>Each district to identify a lead officer</p> <p>Develop risk factor checklist for practitioners</p> <p>Percentage of under 18s referred</p> <p>Percentage of under 18s referred who go on to become pregnant</p>
		Ensure that practitioners working with those young people who are more at risk of teenage pregnancy are accessing the specific SRE	TC/ Workforce	Monitoring of take up of SRE modules, (inc GIO and pregnancy testing) training reported to CIG Sept 2010,

Priority	NST priority	Activity	Lead	Success measures / Milestones
		training modules for vulnerable groups:	Development/ SHP	March 2011 to identify any gaps / issues Monitor which 'groups of vulnerable young people' staff work with who attend training (March 2011) Training audit of those accessing the SRE training Undertake SRE & TP training needs analysis of Children's workforce
		Ensure that the third sector have access to the SRE training calendar, including opportunities for evening / weekend and bespoke training. Ensure representation from third sector at LITs , including opportunities for LIT funding	LITs / LCP	Using the mapping information, gaps identified and local knowledge about services in the locality, LITs / LCPs to identify those organisations that require training / have capacity to undertake SRE work. Ensure that requests for training are signposted to SRE DW via LIT's / TP office.
		Ensure that practitioners undertaking a CAF assessment have a clear understanding of the links between risk factors for becoming a teenage parent and wider vulnerability factors	SMTP / Julie Alden	SMTP to link with CAF lead to formulate plan that includes: - training sessions for CAF completers (by Dec 10) to include information and how to signpost / refer to outreach nurses
		Education Centres are supported to develop and share PSHE programmes, including risky behaviour linked with substance misuse and sexual activity.	County Inspector PDL/SMTP / SM substance misuse (Tina James)	All education centres invited to attend training day Autumn 2010 Audit results of current practice to inform development of good practice. All education centres to have a PSHE programme in place with access to appropriate resources. All education centres to have clear referral pathways for young people to specialist substance misuse and CASH services.
		There is a clear action plan in Hampshire to ensure that data around CIC and pregnancy is recorded and actions are in place to ensure: Staff and foster carers are trained to support CIC	SMTP / CIC rep (Sharon North)	Audit to be completed end April 2010 to establish baseline of pregnancies / young parents Report to Care Matters Board and CIG May 2010 Actions developed and reviewed November 2010

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		Data relating to pregnancy and CIC is known and monitored There is a clear referral pathway to ensure CIC receive SRE advice, information and access to services as part of the CIC Health Strategy. The named 'health leads' in residential settings continue to link with leads for teenage pregnancy and substance misuse to improve outcomes for CIC	SMTP / SM substance misuse (Tina James)	
		Youth Offending Action plan to support the delivery of SRE to young offenders. Ensure Teenage Pregnancy Plan / targets are included in Wessex YOT health plan.	Amanda Dixon	Plan will reflect this
		All YOT practitioners who work with young offenders to undertake training in SRE and all health workers to also undertake training to be able to distribute condoms, offer Chlamydia screening and pregnancy testing.	Amanda Dixon	Staff will be trained in SRE and be able to support young people appropriately regarding this area. April 2007-March 2010 Workers undertaken Universal 1 = 25 Workers undertaken Universal 1 and 2 = 20
		Link to GET IT ON website and associated websites to be put on Wessex YOT website.	Amanda Dixon	Link will be on website
		Each office in Wessex YOT area will have SRE and sexual health information available for young people. Plus information packs for fathers to be available in all team offices. YOT Health Staff to support distribution of these as required	Amanda Dixon	All offices will have packs /information and staff will be advised accordingly. Young offenders will receive packs – numbers of packs given out will be monitored and numbers reported to CIG
		All staff working with young offenders to have an understanding /knowledge of Referral pathway to enable them to signpost young person to appropriate services.	Amanda Dixon	Each office will have copies of pathway to services. These will be held in health staff offices and staff will be aware of this
		SRE policy to be reviewed and amended if required & re circulated to teams	Amanda Dixon	Review and any changes will have been made and re-distributed to teams

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SP5		To develop work with young parents to improve access to services and outcomes for them and their children (CYPHWB Board Strategic themes 1, 3, 4, 5)		
		Finalise the referral pathway for pregnant young women	AIO / LITs	11 district pathways produced and disseminated – draft to LITs (May 2010), finalised July (2010) Feedback from practitioners / young women that pathway through services more effective and easier to follow Updated pathway December (2010), May (2011)
		Review current young parents packs: Content with young parents / parents to be Distribution by each maternity provider / LIT areas To ensure that packs include a referral to Connexions and outreach C&SH nurse where available.	AIO / young parent groups / pack distributor as identified	Feedback on content of pack from young people to be gathered (Nov 10) Content revised in the light of consultation with young people All young parents to receive information packs prior to birth of child: Identified pack distributor in each LIT area – to be finalised by June 2010 No. of packs distributed to young parents by district monitored and issues reported to CIG
		Establish parenting support model based on PEEP (PEERS Early Education Partnership), an evidence based parenting programme, for young parents through Children Centres Develop OCN PEEP accreditation Level 1-2 Coordinate and establish YP support groups in children's centres based on an area model to offer wide range of support <ul style="list-style-type: none"> • These groups would incorporate the following elements: • Networking /socialisation – parents and babies 	CC rep on CIG (Kerry Longhorn)	6 PEEP courses run by 31 st March Baseline established of how many young parents attending support services/groups from Children's Centres

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		<ul style="list-style-type: none"> Parenting support (PEEP model) Access to advice and support from range of professionals including training/JCP Promotion and support for breastfeeding Respite – ‘me and baby time’- peer support 		
		Strengthen Links with maternity leads in all providers to ensure that all under 18s are referred to connexions and fast tracked to CASH to prevent 2 nd or subsequent pregnancies (20% of all under 18s births are to women who are already mothers)	PCT leads & maternity commissioner	<p>SMTP to meet with each lead re priorities for 2010/11</p> <p>Representation from MS at county implementation group and LITs</p> <p>Number of referrals to Connexions & CASH</p> <p>Number of subsequent under 18 pregnancies</p>
		Ensure the needs of young parents are reflected in strategies / actions in relation to the raising of the participation age	SMTP / 14-19 lead	SMTP to meet with 14-19 lead and to agree priority actions for 2010/11 – report to CIG Sept 2010
		To develop training aimed at working with young fathers	SRE WD	<p>Increase in number of young fathers known to Children’s Centres and Connexions staff</p> <p>No of young fathers packs distributed and feedback on content</p>
		Identify a baseline of poorer outcomes associated with being a teenage parent and develop appropriate interventions to improve outcomes for mother and baby	PCT lead / SMTP / Maternity Commissioner (Jeannie Medd)	<p>Monitor the following performance for young mums under 18 & under 20 in Hampshire:</p> <p>12 week booking</p> <p>Breastfeeding</p> <p>Education, employment & Training</p>
SP6	Y	To develop access to contraception for young people (CYPHWB Board Strategic themes 1, 2, 3, 4, 5)		
		Ensure that young people’s needs are addressed in PCTs plans to	SMTP/PCT lead for TP	SMTP to be part of sexual health service redesign process and participate at the Hampshire Sexual Health Strategy

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		redesign sexual health services in Hampshire	and PCT lead for sexual health	Group PCT Leads to consult and engage with CIG & LITS on development of new model for sexual health services (June to August) Young people, including under 18s and target groups to be consulted throughout sexual health service re-design (June to August) HTPP participation at Sexual Health Stakeholder event – 16 September 2010
		<p>Improve young people's access to and use of CASH services by:</p> <ul style="list-style-type: none"> • Reviewing young people's use of local clinics • Increase first attendances in under 19s • Increase uptake of LARC in under 20s • Increase young people's knowledge of local CASH clinics • C card routinely offered to all under 25s 	PCT lead, CASH & SHP leads	<p>Baseline attendance - improvement to be made in 10/11 on baseline for 09/10</p> <p>Findings of review to be shared with providers and HTPP (May 10)</p> <p>20% of under 20s leaving CASH with a LARC method</p> <p>Evaluation reports from local sexual health promotion campaigns to demonstrate awareness of GET IT ON website & CASH services</p> <p>Number of under 25s accessing CASH and number of C cards initiated at CASH</p>
		<p>Improve access to contraception and sexual health services in all FE Colleges in Hampshire by:</p> <ul style="list-style-type: none"> • Delivering weekly on site tier 2 & 3 services accessed by students • Ensure all Tier 3 FE clinics meet You're Welcome standards • Training college staff in relevant Tier 1 & Tier 2 SRE modules • Delivering termly sexual health campaigns/events 	<p>PCT lead, CASH & SHP leads</p> <p>FE College staff & CASH services</p>	<p>Baseline – 13/16 colleges have set up Tier 3 services</p> <p>Baseline – how many have regular Tier 2 services?</p> <p>Number of young people accessing Tier 2 & 3 services by college (quarterly)</p> <p>Number of young people accessing tier 3 services for contraception</p> <p>Min of 6 young people to be accessing tier 3 clinic each week</p> <p>Number of young people accessing condoms, Chlamydia</p>

Priority	NST priority	Activity	Lead	Success measures / Milestones
		<ul style="list-style-type: none"> Promoting sexual health messages at colleges using Youth Bytes Promotion of on-site services by other sexual health services when working with colleges e.g. Chlamydia Screening Programmes & HIV Prevention Services 		<p>screening & pregnancy testing at Tier 2 services</p> <p>At least 2 sexual health campaigns at each college per annum (one must promote range of methods of contraception & local CASH clinics)</p> <p>Number of hits through to sexual health websites from Youth Bytes messages by college every 6 months</p>
		<p>Development of 2 Early Medical Abortion services in Hampshire:</p> <ul style="list-style-type: none"> Monitor under 18s use of EMA services in Basingstoke & Winchester Support providers to promote service across local networks including GPs, school nurses and health visitors & HTPP 	PCT lead	<p>Baseline - BPAS and MSI anticipate service to start in May/June 2010</p> <p>Baseline – How many under 18s accessed EMA at BPAS and MSI in 09/10?</p> <p>Activity data to be presented at HTPP meetings (Oct 10)</p> <p>To increase patient choice & reduce patient travel time to ToP services</p> <p>Service developments to be promoted on www.getiton.nhs.uk</p> <p>Letters sent out to GPs once start dates for services agreed by Care Quality Commission</p>
		<p>Reduce 2nd and subsequent abortions in under 19s by:</p> <ul style="list-style-type: none"> Increasing uptake of LARC at time of abortion Referring all under 18s using MSI or BPAS for abortion to local CASH service Local CASH service literature displayed in all abortion settings Correct and timely changes made to www.getiton.nhs.uk Promotion of local CASH services & LARC methods 	PCT lead	<p>Baseline 2008 = 11% repeat ToPs in under 19s in Hants - 4th out of 9 PCTs in SHA (7.1% in 07;8.9% in 06)</p> <ul style="list-style-type: none"> Present LARC uptake by under 19s (Oct 10 & April 11) to HTPP 100% of all under 18s to be referred to CASH from ToP services No. of referrals received that then access CASH services
		<p>Deliver EHC via a range of health professionals and venues in Hampshire accessible to young people including:</p>	PCT lead / EHC steering group / sexual	<p>Increase in the number of venues offering free EHC service by district</p> <p>Number of under 18s accessing EHC pharmacy service by</p>

Priority	NST priority	Activity	Lead	Success measures / Milestones
		<ul style="list-style-type: none"> • Pharmacies • GP practices • CASH clinics • Minor Injuries Units • The Hampshire Health Care Walk in Centre (Basingstoke) <p>Ensure that EHC services are well publicised across Hampshire, encouraging early access as most effective way to access EHC</p>	health promotion leads	<p>quarter by district</p> <p>Pharmacy EHC provision available in all hot spot teenage conception areas March 2011)</p> <p>Number of under 18s using Basingstoke Healthcare Centre</p> <p>Number of under 18s using minor injuries units for EHC (annually)</p> <p>Use updated district mapping (July 2010) to identify gaps in provision and include findings in young people's sexual health services plan 10/11</p> <p>Monitor distribution and young people's recognition of 'sooner the better' materials (Jan 11)</p>
		Develop a pilot in Gosport & Havant to get all under 18s accessing EHC at community pharmacy to be referred to local CASH outreach service	PCT lead / sexual health promotion leads	<p>Develop a referral pathway to use in pharmacy that is acceptable to both young people & pharmacist</p> <p>Number of pharmacies on pilot scheme</p> <p>Number of referrals made to CASH</p> <p>Number of referrals seen by CASH outreach team/local clinic</p> <p>Evaluate pilot in SE and share findings with SH pharmacy LES group Feb 11 with a view to launching across Hampshire</p>
		Ensure that all sexual health services working with under 19s are aware of You're Welcome quality criteria and that a proportion of them are engaged with the self assessment and achieving YW in line with PCT YW action plan	PCT lead & PCT YW steering group	All sexual health services to have achieved YW by March 2011
		<p>Develop a joint commissioning plan for HWB drop ins in target secondary education settings</p> <p>Using the revised mapping (July 2010), ensure that all secondary education settings in high rate areas / hotspot wards are targeted for onsite health and well-being provision</p>	LIT chairs / SMTP / Sexual Health promotion Leads	<p>Percentage of target secondary schools that have a weekly drop-in</p> <p>Baseline April 2010 – 8 fully up and running. 19 schools signed up / in planning process</p>

Priority	NST priority	Activity	Lead	Success measures / Milestones
		Ensure all HWB drop ins are advertised in education setting and signposted to in SRE sessions		September 2010 – 18 running March 2011 – 27 running Numbers of young people attending drop-ins Number of young people attending drop-ins for sexual health information & advice Numbers of condoms distributed Numbers of Chlamydia screens Number of pregnancy tests Number of referrals on to sexual health services
		To develop the GET IT ON condom scheme in areas with limited access by: <ul style="list-style-type: none"> condoms by post service through website (starting Sept10) C card scheme 	SHP leads	No. of condoms distributed via scheme No. distributed via website No. of venues offering c card scheme Each district to have at least 4 venues offering free condoms
SP7	Y	To improve the quality of SRE to young people (CYPHWB Board Strategic themes 1, 2, 3, 5)		
		Support schools in their Healthy Schools work: <ol style="list-style-type: none"> In improving their PSHE to achieve NHSS In addressing their meaningful outcomes, especially those pertaining too reducing teenage conceptions 	County Inspector PDL and HS coordinators and consultants	<ul style="list-style-type: none"> Number of schools achieving NHSS - still 90 schools to achieve Number of schools choosing 'Reducing Teenage Conceptions' as a priority and requesting support and progress made
		Use the results of the PDL questionnaire to identify teachers needs around the PDL/PSHE curriculum and address through training and support	County Inspector PDL	<ul style="list-style-type: none"> Number of questionnaire returns Number of teachers and other professionals attending PSHE Certificate course and other PSHE training opportunities Number of teachers and others attending SRE focused courses provided through Workforce

Priority	NST priority	Activity	Lead	Success measures / Milestones
				Development and HTLC <ul style="list-style-type: none"> Report to HTPP CIG Sept 10
		Encourage schools to engage with young people to evaluate, plan and deliver their PDL/PSHE curriculum to increase the number of young people reporting satisfaction with their SRE	County Inspector PDL SRE DW	Tell us Survey – baseline 55% in 2008, target 57% in 2009 Are you getting it right? From pupil audit toolkit on SRE. Follow up from events held in Gosport and Farnborough to find out changes schools have made following consultation. Pupil Attitude Survey Schools that prioritise TP should show how they have engaged with young people to plan and evaluate the programme.
		Work with school and services for young people personnel to improve PSHE in schools and other settings.	County Inspector PDL	Improved OFSTED grading of PSHE The pupil attitude survey and Ofsted Tell Us will show greater proportion of young people satisfied with the information around SRE Baseline - Tell us Survey – baseline 55% in 2008, target 57% in 2009
		Share district level under 16 and 18 conception data with HS leads, (including information on percentage of under 16s having an abortion) with local schools & LCPs to inform the content and delivery of SRE in each secondary school: <ul style="list-style-type: none"> Delivery of SRE forum on using data to maximise impact on delivery of SRE Pupil survey on knowledge of local CASH services Promotion of CASH services in school via www.getiton.nhs.uk and through display of sexual health services literature accessible to those in need in school 	SMTF	Reduction in under 16s & under 18s conception rate in each district, prioritising districts with biggest increase (Test Valley & Eastleigh) Increase schools' attendance at SRE Forums No. of schools using local data to inform practice List of schools with how they used data and what improvements/changes they made as a result of using data Results from school survey on SRE
		Delivery of Girls talk / Boys Say in target secondary schools	SRE DW	Take up by secondary schools: Gosport – course to run in 2 secondary settings Havant – course to run in 2 secondary settings

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				Rushmoor – course to run in 2 secondary settings New Forest – course to run in 2 secondary settings
		To ensure that the work aimed at the transition between primary to secondary education for at risk young people includes opportunities to discuss the HWB agenda and provide relevant information on Sex and Relationships education	AIO / SRE school nurse / SMTP / County Inspector PDL	Promotional materials to be made available which help young people to recognise core messages and service provision. Feedback from Havant and Gosport Primary SRE forum re materials required. SRE nurse for Gosport/Havant to link with SMTP / County Inspector PDL – materials made available via primary forums / Healthy Schools Network meetings and mailings to Primary Schools

GLOSSARY

AIO	- Admin & Information Officer
CAF	- Common Assessment Framework
CASH	- Contraceptive & Sexual Health Services
CIC	- Children In Care
CIG	- County Implementation Group
EHC	- Emergency Hormonal Contraception
GIO	- GET IT ON
GUM	- Genito Urinary Medicine
HWB	- Health Well-Being
LARC	- Long Acting Reversible Contraception
LCP	- Local Children's Partnerships
LIT	- Local Implementation Team
PDL	- Personal Development Learning
SRE	- Sex and Relationships Education
SRE DW	- SRE Development Worker
SMTP	- Strategic Manager, Teenage Pregnancy
TOP	- Termination of Pregnancy

Section A – Priorities

Service priorities should be identified in the column provided and referenced to the four sets of priorities in the preceding columns e.g. (Links: HCC1; CYPP4). A full example is shown in the Service Planning Toolkit.

Corporate strategy priorities	Corporate Improvement Plan priorities 2010/11	Local Area Agreement 2008-11 priorities	Children and Young People's Plan 2009-12 priorities	Local Children's Partnership key priorities 2010/11	Children's Services Department priorities	Teenage Pregnancy Service priorities
<p>HCC1: Hampshire safer and more secure for all.</p> <p>HCC2: Maximising wellbeing.</p> <p>HCC3: Enhancing our quality of place.</p>	<p>CIP1: Better opportunities for children and young people.</p> <p>CIP2: Enabling vulnerable people greater choice and quality of life.</p> <p>CIP3: Reducing economic inequalities.</p> <p>CIP4: Improving Hampshire's environment.</p>	<p>LAA1: Through a range of preventative services improve mental and emotional health.</p> <p>LAA2: Through a range of preventative services reduce childhood obesity.</p> <p>LAA3: Through a range of preventative services reduce the number of teenage pregnancies.</p> <p>LAA4: Close the gap between the achievements and life chances of the most vulnerable children and young people and the majority of Hampshire children and young people.</p> <p>LAA5: Improve the</p>	<p>CYPP1: Reducing the incidence and impact of poverty on the achievement and life chances of children and young people.</p> <p>CYPP2: Securing children and young people's physical, spiritual, social, emotional and mental health, promoting healthy lifestyles and reducing inequalities.</p> <p>CYPP3: Providing opportunities to learn that raise children and young people's aspirations, encourage excellence and enable them to enjoy and achieve beyond their expectations.</p> <p>CYPP4: Ensuring</p>	<p>LCP1: Increased number of young people in education, employment or training.</p> <p>LCP2: Increased number of care leavers in education, employment or training.</p> <p>LCP3: Reduced teenage conceptions.</p> <p>LCP4: Reduced proportion of children living in poverty.</p> <p>LCP5: Improved educational attainment of vulnerable groups.</p>	<p>CSD1: Improve health and well-being for all children and young people.</p> <p>CSD2: Safeguarding children.</p> <p>CSD3: Closing the gap – extended services and preventative services.</p> <p>CSD4: Maintaining educational excellence for all Hampshire children.</p> <p>CSD5: Children in care – increased focus across all services and improved outcomes.</p> <p>CSD6: Integrating services for young people.</p>	<p>SP1: To ensure that Local Children's Partnerships have relevant data and information on teenage pregnancy to direct their action plan to meet the reducing conceptions priority. (HCC2, CIP1, LAA3, CYPP2, LCP3, CSD1)</p> <p>SP2: To ensure up to date and robust data is used to inform service planning and delivery (HCC2, CIP1, LAA3, LAA4, LAA5, CYPP2, LCP3, CSD1)</p> <p>SP3: To develop and deliver a comprehensive communications plan with the core message that teenage pregnancy is everybody's business (HCC2, CIP1, LAA3, CYPP2, LCP3, CSD1)</p> <p>SP4: To develop targeted further</p>

Corporate strategy priorities	Corporate Improvement Plan priorities 2010/11	Local Area Agreement 2008-11 priorities	Children and Young People's Plan 2009-12 priorities	Local Children's Partnership key priorities 2010/11	Children's Services Department priorities	Teenage Pregnancy Service priorities
		<p>life chances of these 16-19 year olds at risk of under-achievement.</p> <p>LAA6: Improve services for children in our care and on the edge of care including placement stability and choice.</p> <p>LAA7: Safeguarding children.</p> <p>LAA8: Educational attainment.</p> <p>LAA9: Reduce the number of first time entrants to the youth justice system.</p>	<p>that children and young people are safe and feel safe, enabling them to build resilience and personal confidence.</p> <p>CYPP5: Providing vocational, leisure and recreational activities that provide opportunities for children and young people to experience success and make a positive contribution.</p> <p>CYPP6: Removing barriers to access, participation and achievement, and not tolerating discrimination and abuse.</p>		<p>CSD7: Increased participation of children and young people in service planning and review.</p> <p>CSD8: Improved performance management and data quality.</p> <p>CSD9: Increased integrated working across all services.</p> <p>CSD10: Increasing effectiveness of budget management and securing efficiencies across all services.</p>	<p>interventions with the most vulnerable young people to reduce conceptions and poor sexual health (HCC2, CIP1, CIP2,, LAA3, CYPP1, CYPP2,LCP1, LCP3, LCP5, CSD1, CSD5)</p> <p>SP5: To develop work with young parents to improve access to services and outcomes for them and their children (HCC2, CIP1, CIP2, CIP3, LAA3, LAA4, LAA5, CYPP1, CYPP2, CYPP6, LCP1, LCP3, LCP4, CSD1)</p> <p>SP6: To develop access to contraception for young people (HCC2, CIP1, LAA3, CYPP2, LCP3, CSD1)</p> <p>SP7: To improve the quality of SRE to young people (HCC2, CIP1, LAA3, CYPP2, LCP3)</p>