

Liz Monk
01495 742162

1 July 2010

Dear Councillor

You are invited to attend a meeting of the
Policy Co-ordination & Development Committee
to be held in
Meeting Room 4 at the Life Station, Folly Road
Trevethin, Pontypool, Torfaen, NP4 8JD
on **Wednesday 7 July 2010 at 9.30am**
to consider the business set out in the attached agenda.

Yours sincerely

Liz Monk
LEAD OFFICER, CABINET SUPPORT

On behalf of Alison Ward, Chief Executive

Members Councillor Neil Mason (Chair)

Councillor Julianna Biggs
Councillor Fiona Cross
Councillor Aneurin James
Councillor Ron Jones
Councillor Graham Smith

ALSO INVITED TO ATTEND

Officers

David Congreve, Assistant Chief Executive
(Communities)
Richard Edmunds, Head of Strategic Services
Sue Evans, Chief Officer Social Care & Housing
Heather Myers, Head of Democracy & Scrutiny
Liz Monk, Lead Officer Cabinet Support
Alison Ward, Chief Executive
Lynda Willis, Chief Legal Officer and Monitoring Officer

Others

Dr Jane Layzell, Consultant in Public Health Medicine

Executive Member Health, Social Care & Well-being
Chair of Healthier Communities O & S Committee

Additional requirements

Please do not hesitate to contact Democratic Services on the number or email address below if you wish to attend a meeting and you would like us to take into account any special requirements you may have.



Induction loops for hearing aid users operate in Committee Rooms 1, 2 and 3 and the Conference Room. An infra-red system for use with headsets operates in the Cabinet Committee Room and the Council Chamber, (where we also use microphones). Please contact us if you require a headset.



Agendas and copies of reports can be provided in large print, on audio cassette and, where print deadlines permit, in Braille. Please contact us for further details.



All Committee Rooms are accessible by wheelchair. Please contact us before the meeting and we can ensure that the room is arranged appropriately.



Cyfieithiadau Cymraeg Os hoffech dderbyn copi o'r agenda hwn neu unrhyw adroddiad arall yn Gymraeg, cysylltwch â ni ar y rhif ffôn neu'r cyfeiriad e-bost uchod.

Welsh Translations If you would like a copy of this agenda or a particular report in Welsh or any other Community Language, please contact us on the telephone number or email below.

Telephone: 01495 762162

Email: liz.monk@torfaen.gov.uk

Policy Co-ordination & Development Committee

9.30am on Wednesday 7 July 2010

Meeting Room 4 at the Life Station, Folly Road
Trevethin, Pontypool, Torfaen, NP4 8JD

A G E N D A

	Page No	Sponsor
1. Attendance <i>Attendance register to be signed</i>	None	Chair
2. Apologies for absence <i>Apologies should be given in advance of the meeting to Liz Monk on tel: 01495 742162 or by email to liz.monk@torfaen.gov.uk</i>	None	Liz Monk
3. Declarations of Interest <i>To receive declarations of interests in respect of items on this agenda, which should be declared verbally and written in the declarations of interest list</i>	None	Chair
4. Minutes – 2 June 2010 <i>To be confirmed as a correct record</i>	1-4	Chair
5. Review of Teenage Sexual Health and Unplanned Pregnancy in Torfaen <i>To provide Members with</i>	5-18	Heather Myers
6. Date of next meeting (for information) <i>The next ordinary meeting of the Committee is scheduled for Wednesday 20 October 2010 at 9.30am in Committee Room 2, Civic Centre, Pontypool</i>	None	Liz Monk

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MEETING OF THE POLICY CO-ORDINATION & DEVELOPMENT COMMITTEE OF
TORFAEN COUNTY BOROUGH COUNCIL

held on Wednesday 2 June 2010 at 9.30am to 11.30am
in Committee Room 2, Civic Centre, Pontypool

NB the agenda for and the reports presented to this meeting are available to view at <http://www.torfaen.gov.uk/CouncilAndDemocracy/CouncillorsDemocracyAndElectio ns/CouncilMinutesAgendasAndReports/CouncilMinutes/Policy%20Co-Ordination%20and%20Dev/02-06-2010a.pdf>

MINUTES

1. Attendance: Councillors:

Neil Mason (Chair)

Fiona Cross
Aneurin James
Graham Smith

Officers:

David Congreve – Assistant Chief Executive (Communities)
Liz Monk – Lead Officer Cabinet Support
Heather Myers – Head of Democracy and Scrutiny
Lynda Willis – Chief Legal Officer & Monitoring Officer

Others:

Dr Jane Layzell – Consultant in Public Health Medicine
Councillor Colette Thomas – Chair of Healthier Communities Overview & Scrutiny Committee
Councillor Bob Wellington - Leader

2. Apologies for Absence

2.1 Apologies were received from Councillors Julianna Biggs

2.2 Councillor Ron Jones was absent

3. Declarations of Interest

3.1 The Chair welcomed everyone to the meeting. He then reminded Members of the need to orally declare interests and also to write them in the register circulating at the meeting.

3.2 The Chief Legal Officer & Monitoring Officer gave advice to Members with regard to their declaration of interests that may have been applicable to the items on the agenda.

Action

4. Minutes – 16 December 2009

4.1 AGREED – that the minutes of the meeting held on 16 December 2009 be confirmed as a correct record and signed by the Chair

5. Review of Teenage Sexual Health and Unplanned Pregnancy in Torfaen

5.1 The Chair invited Councillor Bob Wellington, Leader of the Council to give a brief introduction to the Committee's next work programme item.

5.2 The Leader reminded Members that the terms of reference for the Committee had been changed by Cabinet at its meeting on 18 May to include measures designed to strengthen the existing support arrangements. Executive Members and Chairs of appropriate Overview and Scrutiny Committees, together with other relevant public service professionals would be invited to attend the Committee as expert witnesses during the life cycle of a specific review or study affecting their portfolio.

5.3 The Committee considered a report of the Head of Democracy and Scrutiny providing Members with a framework around which they could agree the scope and specification for the review of Teenage Sexual Health and Unplanned Pregnancy in Torfaen and have a debate on its main aims and objectives to agree their recommendations and proposed way forward.

5.4 The Head of Democracy and Scrutiny outlined the report in detail, commenting particularly that:

- The aim of the review was to formulate a policy proposal, based on a set of principles related to the Outcome Based Accountability approach adopted by the main policy framework documents of the Council, which could be applied across the County Borough, to improve teenage sexual health and reduced unplanned pregnancies; and
- The result of the review would be a policy proposal for Cabinet consideration and would not result in the implementation of a wide scale scheme of improvements throughout the Borough.

5.5 Discussion ensued and Members commented and/or questioned (in summary):

- The review could target the under 16 year olds who it was felt did not have access to the same scope of information as older children?
- Personal Social Education (PSE) classes – what is being taught in the schools, how well are these working and how do we know?
- What are the sexual education policies of all the schools –how do they differ?
- How do schools support children's emotional well being and does this link the Healthy Living agendas?

- How do schools support and advise on sexual health and teenage pregnancy?
- Peer pressure was immense and a major contribution to the problem;
- In the current financial climate grant funding opportunities from Welsh Assembly Government could be limited;
- Any allocation of Council resources would be a matter of choice for Members;
- Best practice from other Councils should be identified and used to inform any policy proposals;
- Reference was made to a Youth Service Initiative held some years ago which brought together young people and had proved successful;
- A local newspaper had reported that latest data available had shown the rate of unplanned teenage pregnancies had dropped in Torfaen; and
- Comparison with the Netherlands culture was made where they have a completely different attitude to sex

5. Officers responded (in summary):

- The National Office of Statistics published data for conceptions for both under 16 year olds and under 18 year olds and this was readily available;
- Data Protection legislation was a key factor;
- There were approximately 20 under 16 year old conceptions per year in Torfaen;
- The figures for under 18 year olds could be blurred as some young girls could be in stable relationships and had chosen to have their first baby;
- Accurate data was not readily available to show the level of all terminations;
- The quality of PSE classes varied considerably between schools and it was felt that the Healthy Schools Programme that promoted a healthy ethos throughout the entire school worked very well and was very important;
- The overlap with alcohol misuse was an important factor;
- There was no data available to show the level of sexually transmitted infection; and
- Data was available to show the current trends and would be presented to the next meeting

Dr Jane Layzell

5. **The Committee considered the proposed specification and agreed:**

- 1. The age group that would be specifically included in the review would be refined once the relevant data was available;**
- 2. The Executive Members for Health, Social Care and Well-being, and Children and Young People would be invited and requested to identify Officers within their service area to provide support to the Committee;**
- 3. Lead professional Officers from Education, The Youth Service**

and Social Services would be invited to provide support for this review;

4. Partners to be invited would include Children and Young People's Partnership, Schools Council, Youth Forums, Aneurin Bevan Health Board (Doctor Jane Layzell) and School Governors;
5. Expert witnesses would be called where it became apparent;
6. The proposed specification could be reviewed once the relevant data was available; and
7. A sub group was not needed at this stage of the review.

6. Date of next meeting (for information)

- 6.1 The next ordinary meeting of the Committee was scheduled for Wednesday 7 July 2010 at 9.30am in Meeting Room 4 at The Life Station, Folly Road, Trevechin NP4 8JD (telephone number 01495 742910)

Chair

**Liz Monk
LEAD OFFICER CABINET SUPPORT
3 June 2010**

**POLICY CO-ORDINATION AND DEVELOPMENT COMMITTEE
7 JULY 2010**

**REVIEW OF TEENAGE SEXUAL HEALTH AND UNPLANNED PREGANANCY IN
TORFAEN**

Report Submitted and written by: Heather Myers, Head of Democracy and Scrutiny

1. Area Affected

1.1 County Borough wide.

2. Purpose of Report

2.1 To enable Members to discuss the issues and identify how they might want to take the review forward.

3. Recommendation

3.1 Members of the Committee are asked to consider the contents of the report and formulate their recommendations based on the issues and the discussion at the meeting.

Issue for consideration 1:

As appendix 1 to the report shows the areas for concern for younger persons related to Sexually Transmitted Disease would seem to be Chlamydia and Gonorrhoea and the committee may want to consider further investigation into work that is ongoing concerning these diseases in particular.

Issue for consideration 2:

- a) In terms of Council Policy Development the Children and Young Persons Plan is being reviewed and updated, the Committee may want to consider any opportunities for putting views into this process.
- b) In terms of a framework for this review Members may want to consider whether they feel that the factors identified by the Government Department for Children, Schools and Families would be useful as "hooks" to help formulate their proposals.

Issue for consideration 3:

Members may want to consider visiting the Doorway project and the Torfaen Young Persons Support Service and work with the Youth Service in linking into Youth Service Week as part of this review.

Issue for Consideration 4

The committee might want to consider the impact of undertaking a self assessment by co-ordinating an outcome based workshop session to bring together all the practitioners and stakeholders.

4. Background

Since the last meeting further research has been undertaken into the issues affecting teenage sexual health and unplanned pregnancy in Torfaen and by way of context Members might find the following of interest:

The Government's 'Teenage Pregnancy Strategy' highlighted the following risk factors which increase the likelihood of teenage pregnancy.

- Risky behaviours. These include:
 - early onset of sexual activity
 - poor contraceptive use
 - a mental health problem, a conduct disorder and/or involvement in crime
 - alcohol and substance misuse
 - already a teenage mother or had an abortion.

 - Education-related factors:
 - low education attainment or no qualifications
 - disengagement from school.

 - Family/background:
 - living in care
 - daughter of a teenage mother
 - daughter of a mother who has low educational aspirations for them
 - belonging to a particular ethnic group (in the 2001 census, 'mixed white', 'black Caribbean', 'other black' and 'white British' were over-represented among teenage mothers).
- (DfES 2006)

5. Issues and Findings.

5.1 Statistics

Teenage Pregnancy

The Consultant in Public Health Medicine has been able to identify the most up to date statistics. These will be brought to the meeting and explained. The key issues seem to highlight :

- The most up to date statistics are for 2007 and these are only available for Torfaen, not individual wards.
- The rate of conceptions for under 18 show relatively small numbers 99 in 2007 (52.1 per 1000 girls aged under 18 years) of which 26 were under 16 (14.1 per 1000 girls).
- The low rates for Monmouthshire indicate that socio-economic issues may play a role in reduced teenage conceptions. This might be worth further exploration for longer term approaches.
- National data suggests that under 50% of conceptions result in a live birth, over 50% result in a termination.

Members may also find the link below useful <http://www.poverty.org.uk/w24/index.shtml?3>

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Sexually transmitted disease(STI)

In terms STI data this is not available on a Torfaen basis, just all Wales. Below is a useful link.

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=27842>

Issue for consideration 1: As appendix 1 to the report shows the areas for concern for younger persons related to Sexually Transmitted Disease would seem to be Chlamydia and Gonorrhoea and the committee may want to consider further investigation into work that is ongoing concerning these diseases in particular.

5.2 Policy Context.

A number of key background documents have been sourced which Members may find helpful background and context when undertaking this review. These can be viewed by following the links below:



APPENDIX 1 - Sexual Health and Wellbeing



Personal and social education framework

<http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/about/strategy/>

The Government Department for Children, Schools and Families state that “evidence from areas with the largest reductions has identified a range of factors that need to be in place to successfully reduce teenage pregnancy rates these factors are

Engagement of delivery partners

Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies: health, education, social services, youth support services, and the voluntary sector.

Selection of a senior champion

A strong senior champion who is responsible for the local strategy and can take the lead in implementing it.

Effective sexual health advice service

The availability of a well-publicised contraceptive and sexual health advice service which is centred on young people. The service needs to have a strong remit to undertake health promotion work, as well as delivering reactive services.

Prioritisation of sex and relationships education

High priority given to PSE in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools.

Focus on targeted interventions

A strong focus on targeted interventions with young people at greatest risk

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of teenage pregnancy, in particular with looked-after children.

Training on SRE for partner organisations

The availability and consistent take-up of SRE training for professionals in partner organisations who work with the most vulnerable young people, such as Connexions personal advisers, targeted youth support (TYS) lead professionals, youth workers and social workers.

Well-resourced youth service

Providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

Issue for consideration 2

- a))In terms of Council Policy development the Children and Young Persons Plan is being reviewed and updated, the Committee may want to consider any opportunities for putting views into this process.

In terms of a framework for this review Members may want to consider whether they feel that the factors identified by the Government Department for Children, Schools and Families would be useful as “hooks” to help formulate their proposals.

5.3

Service Mapping

A very quick service mapping exercise has been undertaken by the Head of Democracy and Scrutiny and she has identified a number of key practitioners from across the Education Service Area, Social Care and Housing, Health Improvement Team, the Youth Service, Community focussed schools, and the Public Health Service.

Education – issues with long term staff sickness have impeded progress in delivering a co-ordinated approach to sexual health education in schools via the Personal and Social Education part of the National Curriculum. Karen Padfield, Strategic Leader 14-19 is unable to attend the meeting but is fully committed to the Review and can provide a more detailed explanation should members want this.

Health Improvement Team - there are clear links to this team, but further work would be needed to establish exactly how they could best support a collaborative approach.

Youth Service- after talking to the service manager there is great scope here to link this service in much better. There is an exemplar multi agency weekly drop in facility that Members are invited to visit if they wish supporting young people over 16 in the Doorway, Blaenavon. The Torfaen Young Peoples Support Service also runs a clinic for young women on a Friday in Cwmbran. They undertake the training for the C card service to distribute condoms, and have offered the possibility that additional groups could be trained such as extending this to SureStart and Flying Start and wider links to community focussed schools.
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=284&pid=24276>

There is also additional work ongoing and further work that could be developed

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linked to sexual health presentations to schools (collaboratively with the NHS professionals) and the “leave it til later campaign”

http://www.publichealth.hscni.net/sites/default/files/ReadyOrNot12pp_0.pdf

The Youth Service are very committed to being part of this review and have offered their willingness to support members.

Issue for consideration 3 Members may want to consider visiting the Doorway project, the TYPSS and work with the Youth Service in linking into Youth Service Week as part of this review.

Social Care and Housing – an number of services have an impact on tackling the issues, including Looked After Children and child protection. Sue Evans, Chief Officer Social Care and Housing will be available at the meeting to explain this further should members wish.

Planning and Public Protection

Access to alcohol seems to be a contributory factor to some risk taking behaviour. Trading Standards already play a part tackling sales of alcohol to underage young people. Members may want to investigate further scope for this.

Public Health Services – many of the services being delivered to support young people are being done so via the public health service. The Consultant for Public Medicine is providing and outline of these services which will be available at the meeting. Conclusion

First impressions are that there is a considerable amount of work being undertaken, and there are already some areas of collaborative and partnership working. Many of the practitioners are aware of each other, but not necessarily exactly clear of what everyone else is doing. There does not seem to be any central reporting across all services of what difference is being made, or how outcomes are being delivered, and no certainly of whether there is duplication or gaps in provision.

6. **Conclusions**

Of the practitioners spoken to, there seems to be an appetite to co-ordinate all services better. A suggestion from the Youth Service was to bring Council and NHS practitioners, the voluntary sector, stakeholder groups and members together for an Outcome focussed self assessment workshop day to map out the agreed outcomes, review what is in place, identify where there is duplication, gaps or where collaborative working could be better developed, develop new approaches to service delivery and get commitment to ownership of the delivery of agreed actions that will be capable of being measured to ensure they are being successful. Most government strategies seem to lean towards the use of a self assessment tool to progress service planning. It would seem sensible to consider this approach in the context of this review.

Issue for Consideration 4

The committee might want to consider the impact of undertaking a self assessment
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by co-ordinating an outcome based workshop session to bring together all the practitioners and stakeholders .

7. Recommendations

7.1 Members of the Committee are asked to consider the contents of the report and formulate their recommendations based on the issues and the discussion at the meeting.

Issue for consideration 1:

As appendix 1 to the report shows the areas for concern for younger persons related to Sexually Transmitted Disease would seem to be Chlamydia and Gonorrhoea and the committee may want to consider further investigation into work that is ongoing concerning these diseases in particular.

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Issue for Consideration 4:

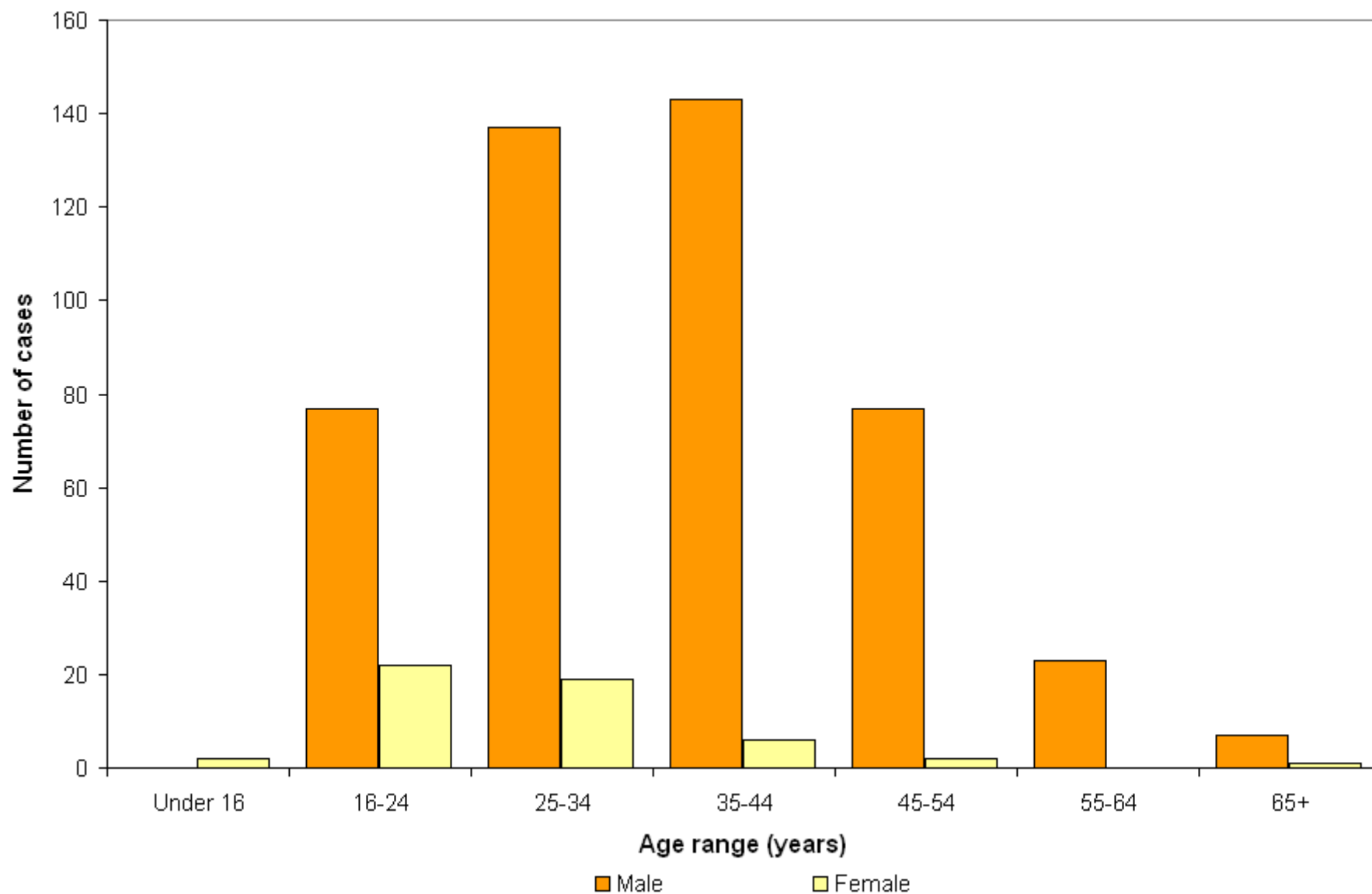
The committee might want to consider the impact of undertaking a self assessment by co-ordinating an outcome based workshop session to bring together all the practitioners and stakeholders.

Appendices	Appendix 1 – Extracts of Sexually transmitted disease data for Wales : source Public Health Wales website Surveillance Data for STIs and BBVs in Wales
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For a copy of the background papers or for further information about this report, please telephone: Heather Myers, Head of Scrutiny and Democracy - 01495 766392

APPENDIX 1

SYPHILIS Cases of infectious syphilis in Wales by age range and sex: 2002-2008 *Chart*



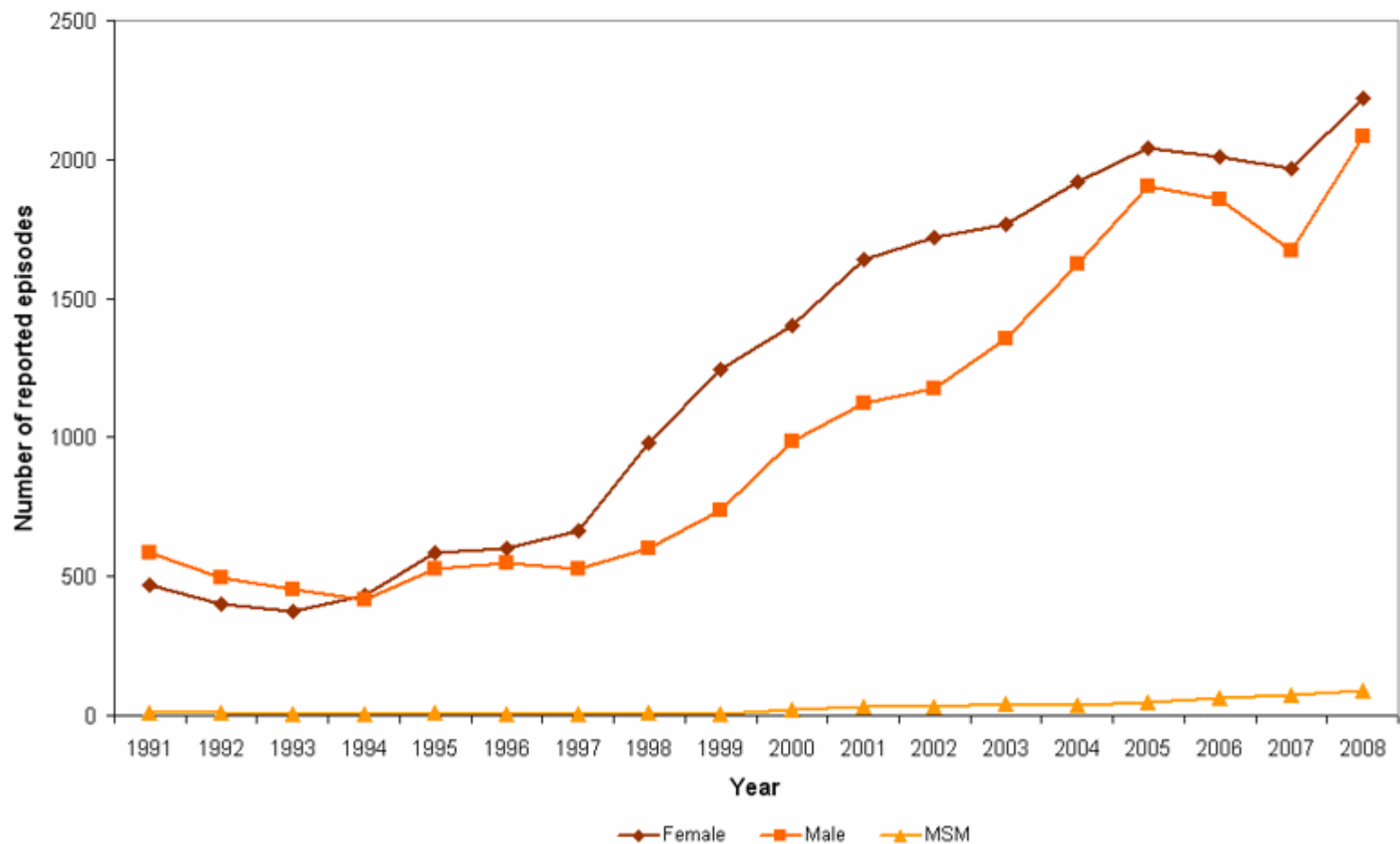
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Case definition: Primary (A1), secondary (A2) and early latent (A3), epidemiological treated of suspected infectious syphilis (A9) and stage not known

Source: Enhanced Infectious Syphilis Surveillance Programme, CDSC Wales

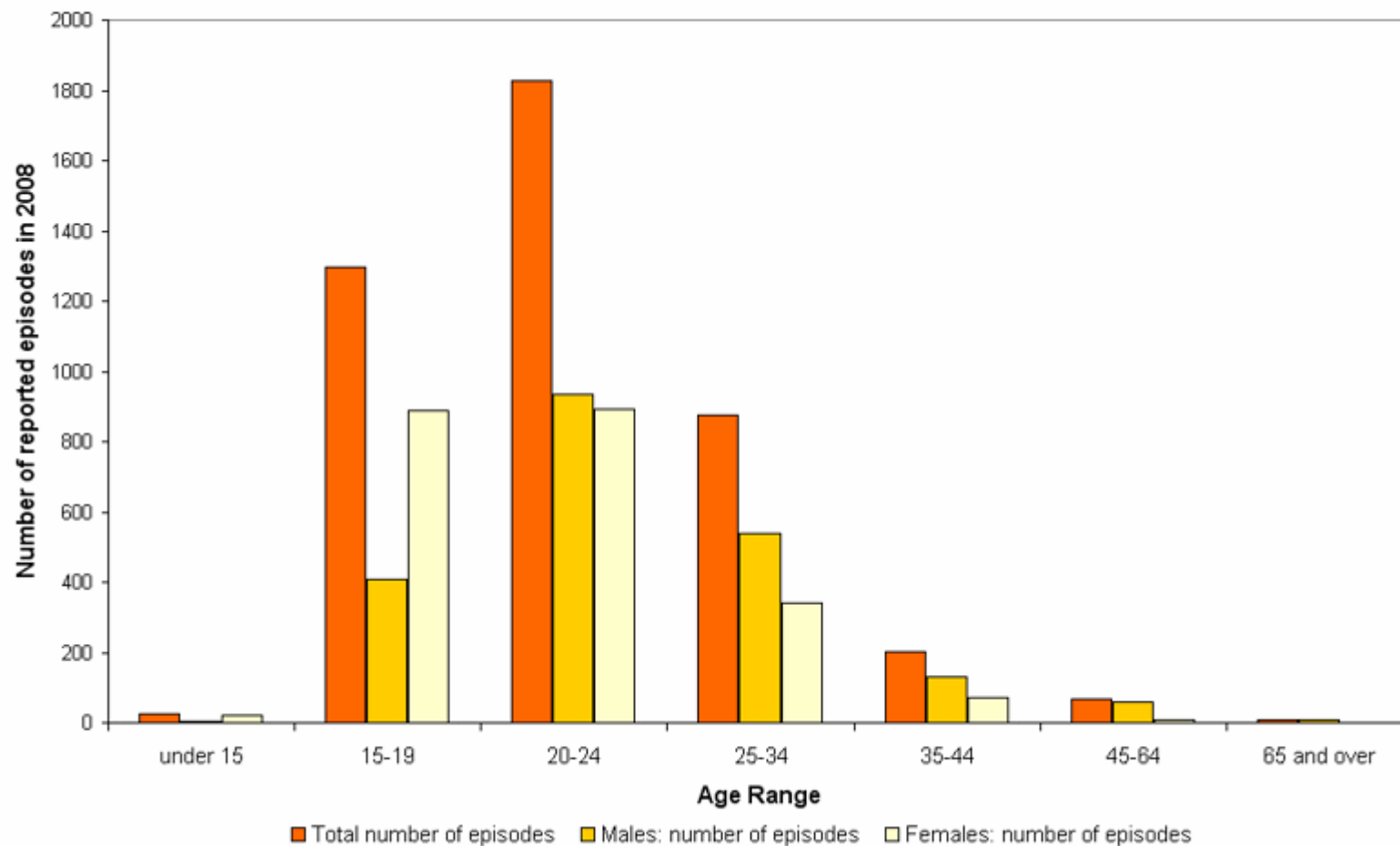
CHLAMYDIA

New episodes of uncomplicated chlamydia in Wales by year of diagnosis and by gender: 1991-2008



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Number of new episodes of uncomplicated chlamydial infection in Wales by age range and sex: 2008



Case definition: Uncomplicated chlamydial infection KC60 code C4A, C4C

Source: GUM clinic returns of KC60 forms, Health Protection Agency and CDSC Wales

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Number of new episodes of uncomplicated chlamydial infection in Wales by age range and sex: 2008

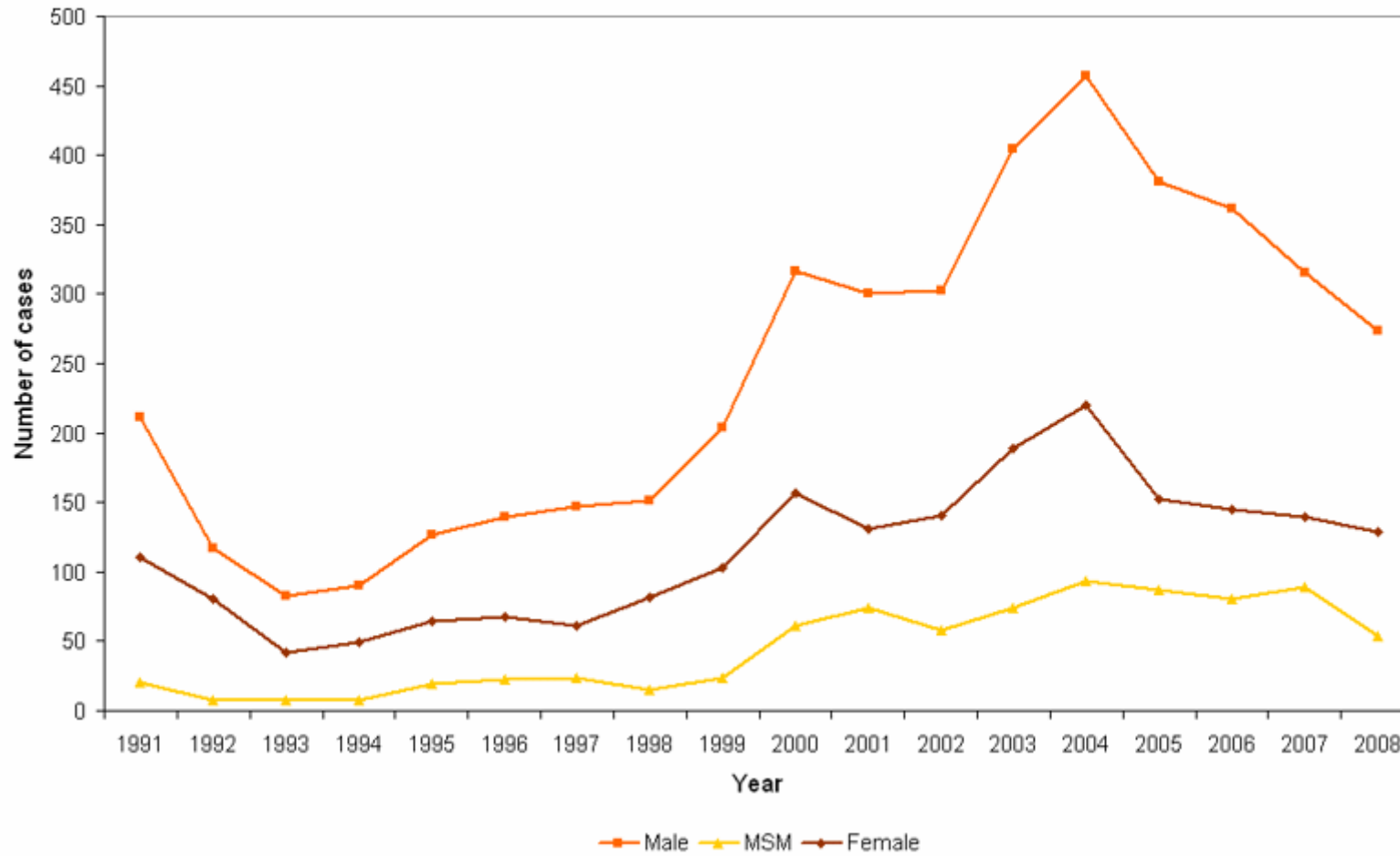
Age Range	Males	Females	Total
under 15	3	21	24
15-19	407	889	1296
20-24	933	893	1826
25-34	537	339	876
35-44	130	72	202
45-64	61	7	68
65 and over	10	0	10
age unknown	0	0	0
all ages	2081	2221	4302

Case definition: Uncomplicated chlamydial infection KC60 code C4A, C4C

Source: GUM clinic returns of KC60 forms, Health Protection Agency and CDSC Wales

GONORRHEA

New episodes of uncomplicated gonorrhoea in Wales by year of diagnosis and by gender: 1991-2008



Case definition: Uncomplicated gonorrhoea, KC60 codes B1, B2

Source: GUM clinic returns of KC60 forms, CDSC Wales

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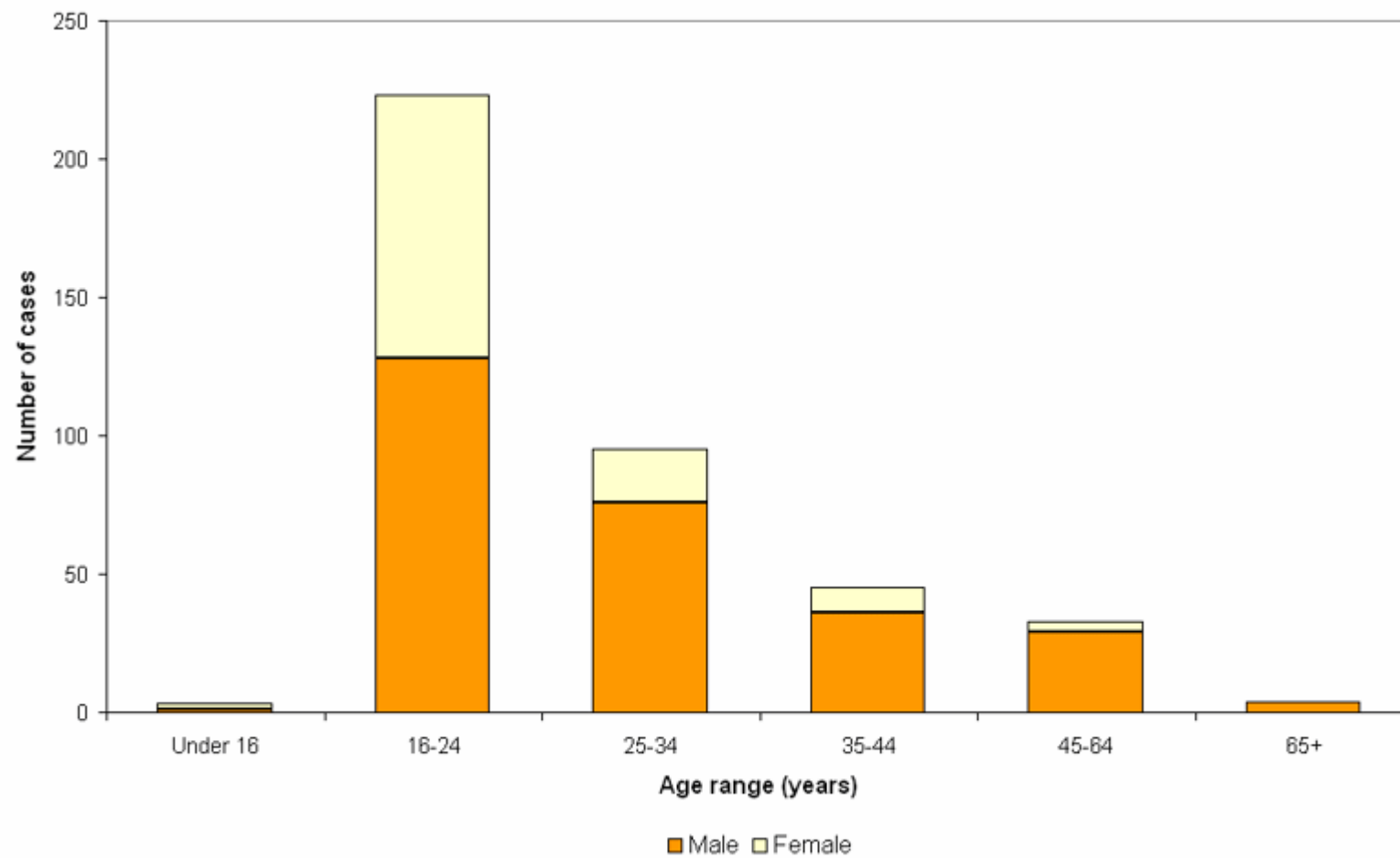
Cases of uncomplicated gonorrhoea in Wales by sex: 2001-2008

Year	Number of cases	Males (MSM)	Females
1991	322	211 (20)	111
1992	197	117 (7)	80
1993	125	83 (8)	42
1994	139	90 (8)	49
1995	191	127 (19)	64
1996	208	140 (22)	68
1997	208	147 (24)	61
1998	233	151 (15)	82
1999	307	204 (24)	103
2000	473	316 (61)	157
2001	431	300 (74)	131
2002	444	303 (58)	141
2003	593	404 (74)	189
2004	677	457 (93)	220
2005	533	381 (87)	152
2006	507	362 (81)	145
2007	454	315 (89)	139
2008	403	274 (54)	129
Cummulative total	6445	4382 (818)	2063

*Case definition: Uncomplicated gonorrhoea, KC60 codes B1, B2
Source: GUM clinic returns of KC60 forms, CDSC Wales*

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Episodes of uncomplicated gonorrhoea in Wales by age range and sex: 2008



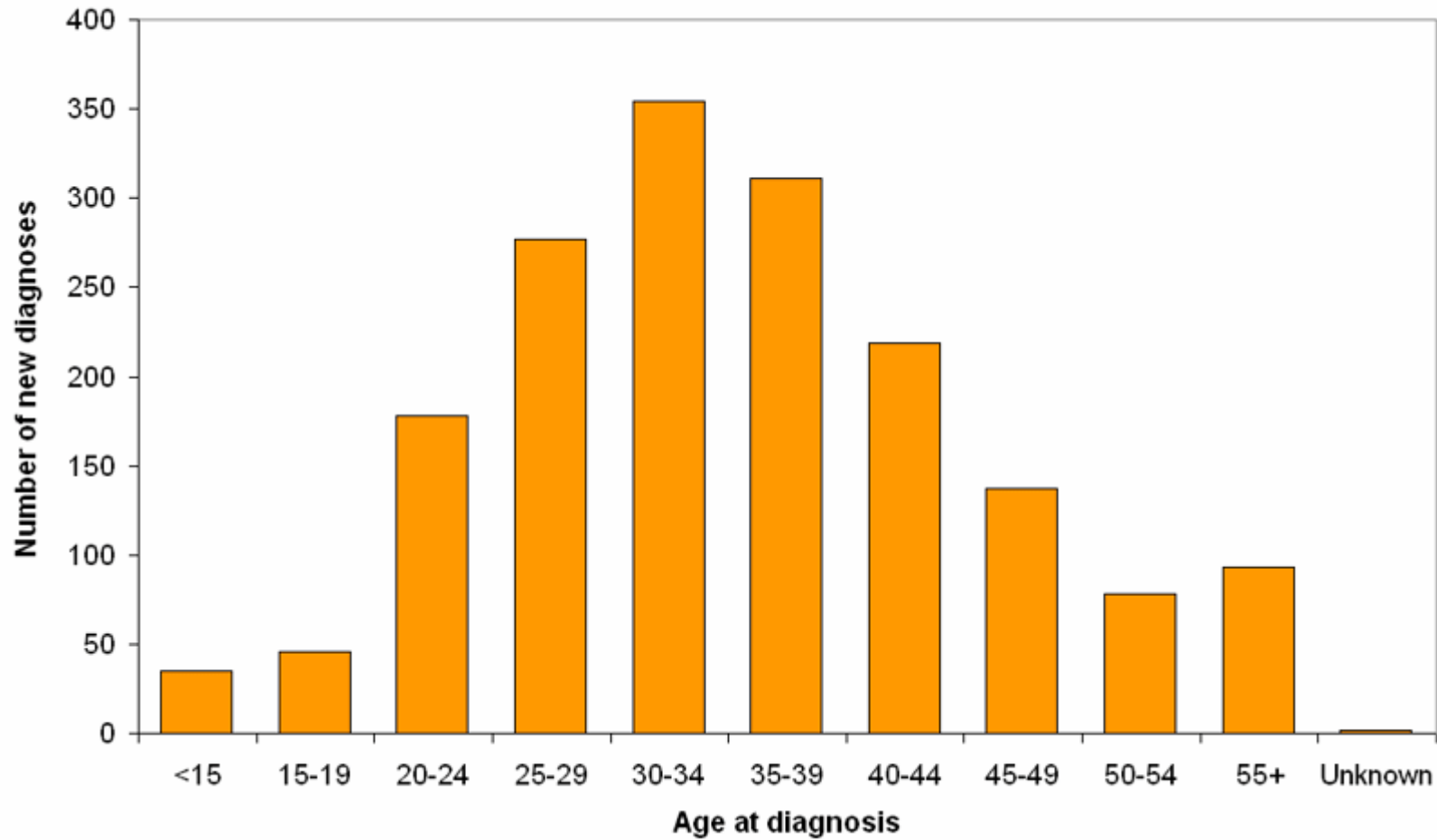
Case definition: Uncomplicated gonorrhoea, KC60 codes B1, B2

Source: GUM clinic returns of KC60 forms, CDSC Wales

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HIV

New diagnoses of HIV in Wales by age at diagnosis: 1981-2009



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