

London Borough of Hackney
Children and Young People Scrutiny Commission
Municipal Year 2023/24
Date of Meeting Thursday 14 September 2023

Minutes of the proceedings of the
Children and Young People
Scrutiny Commission held at
Hackney Town Hall, Mare Street,
London E8 1EA

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| Chair | Councillor Sophie Conway |
| Councillors in Attendance | Cllr Margaret Gordon (Vice-Chair), Cllr Alastair Binnie-Lubbock, Cllr Eluzer Goldberg, Cllr Sheila Suso-Runge and Cllr Lynne Troughton. |
| Apologies: | Cllr Lee Laudat-Scott |
| Co-optees Attending: | Andy English, Chanelle Paul and Mariya Bham |
| Members Connecting Virtually | <u>Children & Young People Scrutiny Commission:</u> Cllr Anya Sizer, Cllr Sarah Young and Jo Macleod. <u>Health in Hackney Scrutiny Commission:</u> Cllr Ben Hayhurst, Cllr Sharon Patrick and Cllr Claudia Turbet-Delof. |
| Others in Attendance | <ul style="list-style-type: none">• Cllr Anntionette Bramble, Statutory Deputy Mayor & Cabinet Member for Education, Young People and Children's Social Care• Cllr Caroline Woodley, Cabinet Member for Families, Early Years, Parks & Play• Paul Senior, Director of Education and Inclusion• Sandra Husbands, DPH, City & London Public Health• Chris Lovitt, Deputy Director of PH, City & London Public Health.• Carolyn Sharpe, Consultant in Public Health, City & London Public Health.• Skye Joseph, Young Peer Researcher, Hackney Super Youth Hub.• Sophie Mcelroy, Senior Programme Manager, CAMHS Alliance/Hackney Education.• Mags Shaughnessy, Interim Divisional Director of Operations CCS Division, Homerton Hospital:• Dr Sarah Creighton, Consultant in Sexual Health and HIV, Homerton Hospital.• David Wright, Health & Wellbeing Team Leader, Young Hackney.• Sally Beaven, Executive Director, Hackney Healthwatch• Kanariya Yuseinova, Enter and View and Volunteer Manager, Hackney Healthwatch.• Darren Tippets, British Association of Sexual Health & HIV, Adolescent Sexual Health Interest Group. |

- **Jarlath O'Connell, Scrutiny Officer.**

Members of the Public Two members of the public were present.

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Councillor Sophie Conway in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from the following members of the Commission:

- Cllr Lee Laudat-Scott.

Apologies for absence were received from the following officers:

- Jacquie Burke, Group Director for Children & Education;
- Paul Senior, Director of Education.

Apologies for lateness were received from:

- Deputy Mayor Bramble.

1.2 The following members connected virtually:

- Cllr Anya Sizer;
- Cllr Sarah Young;
- Jo Macleod - (Co-opted Member);
- Cllr Ben Hayhurst (Health in Hackney);
- Cllr Sharon Patrick (Health in Hackney);
- Cllr Claudia Turbet-Delof (Health in Hackney).

2 Declarations of Interest

2.1 The following declarations were received:

- Jo Macleod was a governor at a local primary school.

3 Urgent Items / Order of Business

3.1 The Chair requested an urgent update in relation to safety concerns associated with Reinforced Autoclaved Aerated Concrete (RAAC) in schools in Hackney. This was taken after item 3 (Declarations) and recorded under item 11 (Urgent items).

4 Sexual & Reproductive Health of Children and Young People (19.05)

4.1 The chair noted that the focus for this meeting was to assess future sexual and reproductive health service provision for young people in the context of:

- The decision to discontinue the CHYPs Plus service;
- The Draft Sexual Health Strategy (2023-28) and
- The Director of Public Health Annual Report 2022-23 which sets out priorities for sexual and reproductive health needs of young people.

4.2 In respect of anticipated outcomes it was hoped that the Commission would:

- Provide feedback on the Draft Sexual Health Strategy;

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- Assess the impact of the discontinuation of CHYPS Plus service
- Ensure remaining services can meet sexual and reproductive health needs of young people;
- Determining what future models of provision of sexual and reproductive health services might look like (for example, through plans for a super youth hub).

City & Hackney Public Health

4.3 Officers presented a short summary of the paper submitted to the Commission and also highlighted the following points:

- There are high levels of sexual health needs in Hackney, with the borough having some of the highest rates of STI infection and re-infection across London. There are also significant inequalities in the accessibility and uptake of local sexual health and reproductive health services.
- The Public Health Service have developed a draft sexual health strategy with 5 key priorities to address these needs:
 1. Priority 1- Healthy and fulfilling sexual relationships
 2. Priority 2 - Good reproductive health across the life course
 3. Priority 3 - STI prevention and treatment
 4. Priority 4 - Getting to Zero HIV
 5. Priority 5 - Vulnerable populations and those with complex needs
- The Annual Director of Public Health Report (2023) also focused on the sexual and reproductive health needs of young people.
- This was a complex area of service provision with services being commissioned and delivered at NHS level, Primary Care (GP and Pharmacy) and at local authority level (Young Hackney Health and Wellbeing team). This means that it can be hard for young people and other vulnerable cohorts to navigate and access local services.
- The CHYPS Plus service provides a holistic clinical and wellbeing service dedicated for young people, including dedicated sexual and reproductive health advice. The contract to provide this service with the Homerton Hospital ended August 2023, and although this had been extended to the end of November 2023, PH had taken the decision to let this contract expire. The contract was allowed to expire because the service was not reaching agreed service targets (attendance, reach and new clients). It was also not reaching broader wellbeing targets around smoking cessation, weight loss advice or onward referral to other services. The PH team did not want to rush into a new sub-optimal commissioning decision to replace CHYPS Plus as there were a number of new and transformational developments happening within young people's services (e.g. super youth hub) which it would like to reflect in new arrangements. It would also be important to hear from young people about what they want from sexual and reproductive health services locally.
- The above decision should also be considered in the context that the PH team have been asked to contribute to the substantial savings required by the Council within the Medium Term Financial Strategy.
- Aside from CHYPS, there were a range of local services which would continue to meet the sexual and reproductive health needs of young people, and the local priorities should be on integration and improving reach of local provision.

Peer Research (Super Youth Hub)

4.4 This project involved 16 young peer researchers aged 14-19 years of age who conducted research with young people across City & Hackney to elicit their views on the shape of future health and wellbeing services, including sexual health. The project

spoke to 230 young people aged between 10 and 25 years of age. The premise of this research was to understand young peoples' views about a prospective super youth hub, where young people would access all their health and wellbeing through greater integration of services. There were 5 themes within the analysis: Connections, accessibility, quality, comfort and youth hubs.

4.5 The research identified a number of key issues for young people accessing sexual and reproductive health services:

- Young people were reluctant to engage and open up with staff due to cultural barriers (not seeing themselves reflected in the workforce), fear of the unknown or where there were no clear complaints process to address matters when things go wrong.
- Young people indicated that it was crucial to have well trained and informed staff who were able to give clear, consistent and open advice to young people. Staff should also be diverse reflecting the ethnical and cultural diversity of young people attending.
- There should also be more information on the nature of services available and how young people could expect to be treated (assurances around confidentiality, respect and openness). There should also be systems in place for young people to feed back their views.
- There were a number of key accessibility issues for sexual and reproductive health services which included lengthy waiting times for appointments and referrals and a lack of coordinated service information, especially that available online.
- What was needed was a) clearer communication between providers b) more online resources c) improved access routes through schools d) open and judgement free environment, allowing young people to bring companions and youth workers for support e) a more holistic view of health where sexual health is linked to wider wellbeing.

Homerton Hospital

4.6 Representatives noted that many of the issues highlighted by peer researchers in the super youth hub project aligned with experiences of sexual health services at Homerton. The CHYPs Plus service was difficult to access, so the service was brought back to the main site in the Clifden Centre. As a result, access to the service by young people aged under 20 has increased by 120% from April to August 2023. The service was looking at ways to improve communication and work across local providers. Whilst the service has absorbed much of what CHYPS did in terms of safeguarding, there were gaps in current provision in that the sexual health service could not provide additional work in relation to onward referrals, smoking cessation and mental health support.

4.7 The Homerton also highlighted a number of other gaps in relation to sexual and reproductive health provision locally:

- Delivery of sex and relationship education in schools, especially in local academies where there was a lack of clarity what was driving local curriculums;
- There was a gender gap in young people accessing services, with service predominantly attended by young women (though young men accounted for 25% of users of the CHYPS service);
- Delivering outreach services was of dubious value as this tended to engage a static population and there were challenges of delivering services confidentiality in these settings. It was also difficult to deliver sexual health service outreach through Youth Hubs;

- There was also a gap for men who have sex with men to obtain HIV prevention treatment (PrEP);
- Gender identify services, which is an area which particularly affected adolescents, was an area of under provision locally.

Young Hackney

4.8 Young Hackney delivers sex and relationship education to both primary and secondary schools across Hackney and has done so for 7 years. The team delivered 1,112 sessions in schools last year which was more than twice the target figure. Whilst PSHE was mandatory in schools, the depth in which this subject was covered and how it was taught was determined by individual schools. There were significant variations amongst local schools in the extent to which they used the services of the Wellbeing Team; whilst some schools invite the team in regularly to teach a wide range of issues, others appeared more reluctant, just using the team to support drop-down days once or twice a year. Some schools were teaching the bare minimum in terms of sex and relationship education to make sure these met Ofsted requirements.

Hackney Healthwatch

4.9 The organisation has recently completed two pieces of work which were relevant to this discussion: a mystery shopper exercise looking at availability of Emergency Hormonal Contraception at local pharmacies and the outcomes of an enter and view process of the Clifden Sexual Health Centre. Healthwatch was also part way through a piece of work with young girls on periods. From all these pieces of work it was felt that the organisation had some understanding of some of the key issues for young people in relation to accessing sexual and reproductive health advice.

- Firstly, young people said that it was so important to engage and involve them on plans to develop or change services for young people.
- Secondly, communication and publicity was important to young people so that they knew where services were and how they could access them - this was necessary to underpin service provision.
- Thirdly, young people did not want a cold clinical setting, but wanted to access a service in which they felt comfortable and were made to feel welcome.
- Staff attitudes were also important with many young people noting how important it was not to feel judged in such settings.
- The ability to walk-in to a service was also important to young people in terms of service accessibility.

Adolescent Special Interest Group (ASIG) - British Association of Sexual Health & HIV

4.10 From its research and work with young people, the ASIG presented a number of key findings which were relevant to this discussion:

- Firstly, ensuring that there were well trained staff who were experienced in working with and supporting the needs of young people was of paramount importance. A good service needed to have staff that could be open with young people, show empathy and who can communicate with them. Staff must also show a real interest in the lives of young people and their safety and this requires a broader understanding of young people's experiences beyond sexual health.
- Inclusivity was also important to local service provision to ensure that all young people felt welcome and that their needs would be met, particularly young people from LGBT community, or who were neuro-diverse.

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- Confidentiality is very high on what young people expect from a sexual health service, though practitioners need to be clear on the circumstances when they might need to share information with others.
- The location of young people's clinics was also important as they needed to be adjacent to good public transport or where children and young people naturally congregated.
- Young men were not accessing clinics as much as young women, and there needed to be clear strategies to reach out and engage them in supporting their sexual health needs.
- Outreach needed careful planning to make sure services reached intended targets, particularly those who did not attend clinics (such as boys). It was important that such sessions were not over complicated and had clear messaging for young people.
- Services need to communicate with young people on the platforms which they use - so services should be ready to engage with young people via WhatsApp.
- Make booking appointments as easy as possible, make sure appointments were at times convenient to young people and that these were a mixture of walk-in and bookable appointments.
- Not all young people wanted to access dedicated young people's services, so it was important to ensure that mainstream services remained accessible and appropriate to young people.
- It was also important that there was sex positive messaging which underpinned service promotion and not focused on unintended pregnancies and STI's. Staff need to feel comfortable talking about sex positive issues.
- Commissioning of sexual health services was fragmented, so commissioners needed to ensure that there were ways in which services could communicate with each other and were working to the same priorities and had adopted the same approach.

Questions from the Commission

4.11 In the context of high levels of local need, it was important to understand to what degree was CHYPs Plus service not meeting local needs of young people, so it would help to have further data on this? What gap will the decommissioning of CHYPs lead to in meeting the sexual and reproductive health needs of local young people?

- (CS) CHYPs was commissioned for 2,000 contacts with young people per year but only 674 (33%). Decommissioning CHYPs will not leave a gap as more young people are already using alternative services such as the main sexual health clinic at the Homerton or Sexual Health London (SHL), an on-line STI testing and emergency contraception service. Data also shows that CHYPs did not have a broad reach and it was not attracting new young people to its service. Considering how many more young people accessed the main sexual health service (2,384 18-24 year olds and 140 u16's) and SHL CHYPs it was agreed that this service model was not working and was not considered the best use of resources. The service would then assess what young people wanted and reconfigure existing services and identify how to make these more young people friendly.

4.12 The best way of preventing STIs and HIV was the use of condoms, and the YH strategy indicates that these should be widely available in public buildings such as libraries and gyms and other similar spaces, yet these were not visible locally?

- (DW) The Health and Wellbeing Team of YH manage the condom distribution scheme in Hackney. The team ensures that condoms are available in all 10 halls of student residences and works within the night time economy to ensure that there are condoms available in local bars and clubs where young people attend. It was acknowledged that bar distribution may generate funding pressures as there was no way to effectively target under 25's (the intended age group for the condom distribution scheme). The scheme is supported by posters and leaflets, where young people can scan a QR code to identify outlets from where they can obtain free condoms (on confirmation of name and age). It was not clear how many condoms were being distributed to young people in Hackney however and whether local targets were being reached, as some key providers were not signed up to the distribution scheme (e.g. Homerton Sexual Health Clinic, African Network). Some schools will let the team register young people on the condom distribution scheme, though many prefer that condoms are not distributed on site.
- (KY) It was also noted that the mystery shopper exercise which looked into young people's access to emergency hormonal contraception at local pharmacists, also found that very few offered condoms, despite being signed up to a local scheme.
- (CL) The first part of the draft sexual health strategy focuses on education and ensuring that people feel positive about the sexual relationship that they have and feel confident to access sexual services when needed. It was acknowledged that having an extensive array of distribution sites does inhibit effective quality assurance, but this was a difficult balance to strike. The strategy also reinforces the role of schools in providing effective sex and relationship education to young people, and seeks to make sure schools recognise that responsibility. The Health & Wellbeing Board would be provided with regular updates on the strategy, including new planned developments. The decommissioning of CHYPs was an opportunity to assess how this contributed to local savings requirements but also to reflect how these resources might be reinvested in sexual and reproductive health services.

4.13 The Commission had heard from many contributors of the need to engage and involve more young men to help facilitate access to sexual and reproductive health services. What were local services doing locally to engage and involve young men around sexual health and HIV?

- No response received.

4.14 What does the Homerton Sexual Health Service attribute the 120% increase in attendances at CHYPs since this was moved to Clifden Sexual Health Centre? What assurances are there that this clinic continues to reach young people and have good outcomes?

- (SC) Quite simply, the service is now much more accessible in that it is easier for people to get to and there is much more consistency in day and times the service is open. In terms of service quality, the Clifden Sexual Health clinic uses exactly the same pro-formas and assessments for tests and treatments that young people accessing CHYPs would have had.

4.15 Will the mental health and emotional wellbeing support provided by CHYPs be continued after its been decommissioned?

- (CS) The mental health and emotional wellbeing element of the CHYPs contract will be discontinued along with all other aspects of this service. Analysis found that the provision of additional services to the sexual health aspect of the contract was poor performing also with few referrals being made from CHYPs.

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Although there were other similar services, this might not preclude additional commissioning for mental health and emotional wellbeing in the future. The consultation with young people connected with the super youth hub would provide further guidance, particularly in how their health and wellbeing needs might be met in a more holistic way. It was emphasised that Public Health did not want to rush in to re-commission CHYPs, but wanted to reflect, reassess local provision and consult with young people (super youth hub) before further decisions were made.

- (SM) The research undertaken by peer researchers was not sexual and reproductive health specific but around their broader health and wellbeing. Commonly when young people need help and support it is for more than one issue or there may be other underlying issues which cause the reason for presentation (i.e. mental health concerns may be causing risky sexual health behaviour). The SYH researchers have asked what do young people want from services in this broader context.

4.16 How will the outcomes of the peer research from the Super Youth Hub (SYH) project shape and influence future sexual health service provision for young people?

- (SM) The SYH is looking to develop a number of pilots within local neighbourhood areas but is awaiting the outcomes of the action research to inform the model that might be used. The recommendations from this consultation are being developed and would be included in a final report. It should be remembered that young people are all different and have different expectations from services: in what they provide, how they are provided and from where. A draft model has been developed at this early stage and it is likely that it will have an outreach function, for example to engage young men at those settings where they congregate (e.g. at sports clubs). This might be accompanied by a more static offer for a youth service which might be open every day of the week.
- (Peer Researcher) Whatever is created, young people must be at the heart and centre of SYH development as young people know what young people need.

4.17 As there will be an interim period between decommissioning of CHYPs and the start of the Super Youth Hub, what actions will be taken to ensure that other services are youth friendly and recognise and respond to the needs of young people? For example, young people from the focus group noted that the layout of local sexual health services might be improved for young people and more information should be available about what to expect at an appointment in advance of attending. How long will the interim period be?

- (CS) There is no date for the commencement of the SYH as this is not only contingent on research and consultation with stakeholders, but also on receipt of NHS funding (yet to be confirmed). Whilst there will be an interim period without CHYPS, it was suggested that this would have limited impact on the sexual and reproductive health outcomes of young people as this service was poorly performing and there were other services which young people were already using and could continue to use. It was recognised that the closure of CHYPs would impact on existing users, so conversations have been had with Homerton to identify how generic sexual and reproductive health services can be more young people friendly and how it can integrate more with other local services (such as the health and wellbeing team). It was noted that preliminary conversations had already taken place about having some dedicated youth focussed outreach from the sexual health service. So whilst there were plans to mitigate the impact of the closure of CHYPs, nothing had yet been finalised.

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- (CL) PH had asked Homerton Hospital to increase the capacity of the sexual health service and increase the number of appointments available. The service was again offering walk-in services which were known to be preferable to young people. When a young person enters the clinic they are also triaged and almost certainly seen on that day rather than be told to come back another time. The online service was also very successful and was available to under 16's. Consulting and coproducing with young people does take time however, and there would be an interim period after CHYPs with no immediate 'substitute'.

4.18 Is the PH team producing sufficient information in different community languages around sexual and reproductive health? Is there any provision for young people who may have some form of sight loss?

- (CL) Ensuring that people, not just young people, know about what services are available is a central part of the draft strategy. Details need to be online, in different languages and accessible in all the disability characteristics. In order to respond to high levels of infection and reinfection however, the local system did need to change.

4.19 It is now clear that there is an inconsistent PSHE offer to young people within local schools which meant that knowledge and understanding of sex and relationship issues was varied. This was a real concern to the commission and would welcome improvements across the public sector partnership. What feedback has been received from schools that don't take up the health and wellbeing team offer? Could the outcomes of those schools who do take up the offer be shared with other schools?

- (DW) The health and wellbeing verified this in that some schools invited the team to provide educational sessions on a wide range of subjects, whilst others would invite the team in for just one session per year for a drop-down day. It was confirmed that all schools, including academies, had to provide PSHE sessions, though the scope and quality of this curriculum varied across schools. The team also offers training to professionals, including teachers but take up has been inconsistent. Sometimes it depended on specific school leaders or other responsible staff on the nature and scope of PSHE provision with individual schools.
- (CL) Schools do have an important role to play, but increasingly, social media is playing an equal role in educating and developing awareness of issues such as sexual health and is a trusted source. In this context it was important to develop trusted local brands of information, such as the Homerton Hospital.

4.20 The Chair also asked one of the head teachers present to reflect on the councils PSHE offer? Was there more that could be done?

- (AE) At this school there was a comprehensive for PSHE which was delivered across a number of modules by a range of stakeholders, including Young Hackney. There was a dedicated PSHE coordinator who worked with other agencies, such as Stonewall to develop and deliver the curriculum. This was reviewed each year. The school also made sure that this offer was continued into 6th form provision also.

4.21 Could officers provide greater context on the budgetary and financial context for PH and the need to find savings and the discontinuation of CHYPs?

- (Cabinet member for Health) It was noted that evaluation of CHYPs had been under consideration for some time (in excess of 1 year) and was not a 'knee jerk' reaction to adverse performance figures. It was also noted that the procurement team reviewed early termination of contracts seriously, and a report was expected at Cabinet Procurement and Insourcing Committee in due course.

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- (SH) It was noted that the CHYPs service would already have been decommissioned except for the extension given by PH to allow staff transitions. It might be that a combined and co-located service (CHYPs with generic sexual health) at the Clifden site, is part of the solution given the increase in attendances that this service has reported.
- (CS) It was also noted that the 674 figure related to physical attendances at CHYPs and not service users. The target for the service was 2,000 contacts and this had not been met for a number of years (even before the pandemic). The number of under 18 year olds attending CHYPs, the real target audience for this service, was also very low.
- (CL) This is a delicate situation in which a service is clearly not working which has been an issue for a number of years, illustrated by the number of young people not attending the service in expected numbers. This was not a savings related decision, but at the same time, the Council has made the decision to make savings. Whilst these two issues are not linked, this decision will contribute to savings required of the PH budget. The service was consulting on the new Sexual Health Strategy which will require further changes to the way that services are provided. Similar difficult decisions have also been taken around the decision to decommission Brook (as condom distributor) and to bring that service in-house to Young Hackney. The PH team is focused on delivering the best sexual and reproductive outcomes for young people. Given the data the PH team had, a view had to be taken and this was to take a different approach.

4.22 The Chair invited the BASH representative to give their views on dedicated sexual and reproductive health care provision from a comparative and best practice perspective.

- (DT) When sexual health services move, it takes a long time for both young people and local practitioners to know and recognise this and to change patterns of use or referrals. The idea of the one-stop shop might seem attractive, but from experience, other additional services tend to fall away (as services get re-commissioned or practitioners move) and what is left is a core sexual and reproductive health service. Whilst young people's sexual health services cover the range of 13-25 years, the real focus should be on the under 18s cohort in terms of service reach and prioritisation. Similar experiences of teaching PSHE were recorded elsewhere, where some schools were welcoming with numerous teaching sessions through the academic year. Academies however, tended to just invite external PSHE teaching on one day per year, with the expectation that the curriculum can be covered in a 3 hour session with large numbers of young people. In this context, this was a 'box ticking' exercise rather than real engagement with the PSHE curriculum. It was also noted that the landscape is complex, and really needs a coordinating role to ensure that all parts of the system are working in alignment to locally agreed priorities.

4.23 What analysis has been undertaken of the young people who were attending CHYPs? What are their characteristics and what were their needs? This is important to ensure that the needs of this cohort are met within the new configuration and service design?

- (CS) Some of the deficiencies in performance of CHYPs relate to quality and consistency of the data collected. This meant that it was really difficult to determine who was attending the CHYPs service and attendance data often did not tally. In reality, all that was available was the age group of people attending CHYPs. The PH team have requested a full data analysis of the young people using this service (demographic characteristics) and would welcome any further information that the Homerton can provide to learn more about this population of service users.

4.24 City and Hackney alongside other London boroughs commission Sexual Health London to provide an online access to STI testing and access to regular and emergency contraception. What assurance can be provided that young people are utilising this service? As SHL is just a testing service and all positive tests will require attendance at a sexual health clinic for treatment and support. Do we know where young people go for treatment who have received a positive result?

- (CL) It is only available to young people aged 16 and over and there is active safeguarding monitoring to ensure that under-age utilisation is identified. For the most part, the online service is for people who are asymptomatic, and that if young people have symptoms then they should go to the clinic. The SHL service is very popular with a return rate in excess of 80%. If a positive result is obtained, the young person would be encouraged to make an appointment at a clinic so they can receive treatment (noted that this was not necessary for Chlamydia as the treatment could be posted out). This service is highly effective and with good take up by young people across City and Hackney. As this service cannot support under 16's it is important to have open access services. The SHL model is a lot cheaper than other forms of provision, but this releases money for more outreach and other targeted work. There is a £7m budget for sexual and reproductive health services in City & Hackney of which CHYPs was just over £500k. It was acknowledged that this service was not for everyone, hence the need for diversification of provision.

4.25 What is understood about what constitutes a 'young person friendly service'? How, in the light of the decommissioning of CHYPs, is the PH team trying to make sexual and reproductive health services 'young people friendly' in Hackney? Generic Sexual Health Services? Pharmacies? General Practice?

- (DT) There is a government backed youth friendly accreditation process called 'You're welcome' which covers a number of criteria including engagement of young people in service planning, design and delivery, staff training and interconnection of services.

4.26 The dedicated clinic model has not worked within Hackney, but there is evidence that this model is still widely used in other boroughs. Do we know if this model of dedicated provision is effective where it is in operation?

- (DT) In the NCL NHS area which covers Camden, Barnet, Haringey and Islington a range of dedicated young people's clinics operate in each of the localities. In Islington the NCL in collaboration with Brook provides a dedicated young people's sexual and reproductive health clinic, and similar dedicated services are offered across the other boroughs. It is really important to focus on under 18's using these services, and there is a policy across all services that all under 18's can simply walk in at any time, regardless of whether it is a young person's service or not. Ensuring that staff are both comfortable and confident speaking with young people, and do not see young people accessing the service solely as a safeguarding concern (though services do need robust safeguarding policies). Young people understand the need for safeguarding as this demonstrates an interest in their welfare. It was also important to have consistency in the clinic offer and not to have too many different clinics running on different days and times.
- (Peer Researcher) It was noted that Camden operates an integrated drop-in health and wellbeing service for young people at one site which is called the Hive. This could offer guidance in the development of a local model.

4.27 There are numerous services involved in the provision of sexual and reproductive health services for young people in Hackney - education - primary care - pharmacy - specialist clinics. How are Commissioners ensuring that local services are working together in alignment to meet the needs of sexual and

reproductive health needs of young people. How are young people supported to navigate this system when the provider landscape is complex? Is there effective signposting across the system?

- (CL) There is a sexual health forum where a number of local providers meet to discuss local priorities. The strategy aims to ensure that providers are working to the same priorities, that there is no wrong door and they are consistent in the sexual and reproductive advice and support they provide to residents. The DPH report also noted that improved communication is needed around sexual and reproductive health and that requires us to reduce the stigma associated with these services, it is important to shift the conversation away from medical centred approaches of testing and contraception. The next stage of the strategy process was to develop an accompanying action plan and there will be further engagement with local providers to assess what can be done to make services better for young people, how services can be more prevention focused and more efficient and refocus on broader reproductive health needs of residents.

4.28 The Chair summed up key points from the session:

- Firstly, it was clear that there are a range of excellent services in the City and Hackney supporting the sexual and reproductive health needs of young people. Young people do need help to navigate the local offer as a wide range of local services are available through a range of sites and young people need to be made aware of the different pathways available to them and what services are most appropriate to meet their needs.
- Secondly, there needs to be more young people friendly services together with a clearer understanding of what constitutes a young person friendly service. Greater involvement of young people is central to this process to help shape and improve local sexual and reproductive health offer to young people.
- In the Commission's focus groups, young people indicated that dedicated young people's clinics had dealt with the needs of neuro-diverse young people better than other generic clinics. It was felt that there could be significant learning from this aspect of the service which may be replicated elsewhere.
- Integration and coordination of the local offer for sexual and reproductive health was important.
- A strong and consistent theme from the Commission's focus group was the inconsistent quality in which PSHE is taught in local schools. This provides the bedrock for young people's understanding of their physical, emotional and relationship needs for their sexual and reproductive health. This may warrant further investigation by local leaders.

4.29 The Chair thanked all those officers for attending and contributing to the session. The Commission will reflect on today's sessions discussion and make recommendations to Cabinet members.

5 Childhood Food Poverty and Free School Meals (20.45)

5.1 In October 2022, the Commission assessed Free School Meal provision and how schools were helping to address childhood food poverty in Hackney and agreed on a number of recommendations which were sent to the Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care to inform the planned summit and task force to address childhood food poverty. On the 1st August 2023, the Council published the outcomes of the childhood food poverty summit, including the publication of a report which sets out recommendations to address this issue across Hackney.

5.2 The Mayor of London announced that £130m of funding would be provided to allow all primary school children in London to receive free school meals for a one year period from September 2024.

5.3 Members were asked to note the report, and identify ways in which this work should be carried forward into this year's work programme or next.

- Cllr Binnie-Lubbock - in the action plan notes that there will be a Cabinet member who will be responsible for poverty with oversight of tackling food poverty by September 2023, has this been agreed?
 - Cllr Bramble noted that Cllr Kennedy was the lead for food poverty and Cllr Woodley was the lead for childhood poverty, but a number of other Cabinet members (including the aforementioned) lead a task force to address wider poverty issues including Cllr Chapman, Cllr Williams and herself.
- Jo Macleod noted that auto-enrolment of FSM had been successful when introduced in other areas (such as Sheffield) and this might be an area which the Commission may wish to follow up on.
 - Cllr Bramble noted that the Director of Education was following up auto-enrolment with primary schools but had to be mindful that the number of parents who continued to sign up for FSM did not trail off.
- Cllr Suso-Runge noted how important the focus groups with head teachers had been in this process as they provided real insight into the challenges faced by local schools.

5.4 There were a number of key issues for the Commission to follow up:

- To ensure that there is a local system of learning and practice development so that as many schools as possible are able to continue the FSM entitlement after the Mayor of London's programme has ceased.
- To ensure that children in non-maintained schools - mainly children from the Orthodox Jewish Community - are able to access free school meal support.
- As an authority, to make sure Hackney is harnessing the support of the strong local voluntary sector in this area (e.g. Chefs in School).

5.5 Cllr Goldberg noted that 95% of children from the Orthodox Jewish community attend independent schools. A question arose around representation of the Orthodox Jewish community in assessing funding applications to the Household Support Fund, which, as was outside the scope of this item, Cllr Kennedy agreed he would respond to outside the meeting.

5.6 Members noted the report.

6 Unregistered Educational Settings (20.55)

6.1 Following further scrutiny of the Commission's review of unregistered educational settings in January 2023, members agreed to write to the Secretary of State setting out their ongoing education and safeguarding concerns around their operation in Hackney. A letter setting out these concerns was sent to the Secretary of State in March 2023.

6.2 The response from Claire Coutinho MP, Minister for Children, Families and Wellbeing was received on 26th June 2023 was enclosed for transparency, and for members to note.

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6.3 In relation to the attached letter, the Chair asked if the Cabinet member had managed to meet with the Minister as offered?

- The Cabinet member noted that this meeting had yet to be arranged but would take place as soon as this could be scheduled. The Cabinet member has met the Children's Commissioners this year and urged her to take up the issue of unregistered schools. It was noted that the White Paper on Education had been shelved together with expected increase in regulatory powers over unregistered schools.

6.4 The Chair stated the Commission's disappointment with the letter as the Minister failed to understand that local authorities continue to lack the powers to take action against unregistered schools meant that not all children could be effectively safeguarded. In this context, the Chair noted that unregistered educational settings would remain on the Commission's work programme agenda for 2023/24.

6.5 Members noted the letter.

7 School Estates Strategy (Falling School Rolls) - Informal Consultation (21.00)

7.1 On June 26th 2023, the Commission scrutinised proposals from the School Estates Strategy to address falling school rolls in Hackney and specific proposals to close two schools and merge a further 4 schools. Hackney Education conducted an informal consultation on these proposals which closed on 16th July 2023. The Commission submitted a response to the consultation on the 15th July 2023 which is attached for transparency.

7.2 The outcome of the informal consultation and the decision to formally consult is being taken by Cabinet at the upcoming meeting on 25th September 2023. The Commission will be better able to identify its role in this process thereafter, however. In acknowledging that falling school rolls will be with the authority until 2029/30, the Chair noted that there would likely be an ongoing role for the scrutiny Commission particularly in relation to probable impact on local secondary schools.

7.3 In this context, falling school rolls is likely to remain on the agenda of the Commission to ensure that as an authority, we are doing all we can to minimise the impact this has on local schools. The Commission will continue to liaise with the Cabinet member and senior officers as to suitable and positive opportunities for scrutiny.

7.4 Cllr Binnie-Lubbock thanked the Chair and Vice Chair for the consultation response.

7.5 Members noted the response to the falling school rolls consultation.

8 Recruitment & Retention of Foster Carers (21.10)

8.1 The Commission received an update on its recommendations to improve the recruitment and retention of in-house foster carers in 2022. To supplement this session, the Commission undertook a survey of all in-house foster carers (mainstream and connected carers) and a focus group.

8.2 The Commission has produced an outline recommendations - which it will consult upon with children and families and of course, Hackney Foster Carers Council. The Scrutiny Officer presented the outline recommendations to the Commission (as attached)

8.3 The recommendations, together with the background report would be circulated for consultation and agreement prior to finalisation.

9 Work Programme (21.20)

9.1 Following the work programme consultation (full list of suggestions here) members were invited to prioritise those issues to take forward into the work programme for 2023/24. The Chair and Vice Chair have been meeting with Senior Officers and Cabinet members to scope and agree topics prioritised by the Commission - and the programme is still being finalised.

9.2 The Commission is mindful of the upcoming inspections of Children's Social Care and SEND, and will try and tailor the programme around when these are expected, to reduce pressures on officers. A draft programme is attached for members to review and to note:

- There will not be capacity to cover all these areas and that some items may need to be carried over;
- Some items will need to be scoped further;
- Cabinet Q & A topics have yet to be agreed - and these could reflect priorities in the work programme.

10 Minutes of the Previous Meeting

10.1 The minutes of the last meeting held on 27th June 2023 were noted and agreed by members of the Commission.

Agreed: Members agreed the minutes of the CYP Scrutiny Commission meeting held on 27th June 2023.

11 Any Other Business

RAAC in Schools

11.1 In their absence, the Chair read out a statement from the Director of Education t about Reinforced Autoclaved Aerated Concrete in schools in Hackney which was as follows:

“Nationally, all schools identified as being at risk of having Reinforced Autoclaved Aerated Concrete (RAAC) have been inspected following DfE guidance. No RAAC has been identified locally in Hackney. If any local school is contacted by the DfE we will immediately arrange to have a further survey carried out as a precaution.”

11.2 The Chair thanked the Director of Education for providing this statement. The Chair noted that whilst it was reassuring that no schools had to date been identified with RAAC, it was likely that a number of children who live in the borough were attending affected schools in neighbouring boroughs. The Chair also noted that RAAC may now also be of concern beyond school buildings which may have implications for wider estate management in Hackney (if it is identified in other settings). Scrutiny will want to retain oversight of this issue to provide assurance to members and the wider public.

Next Meeting

11.3 The next meeting of the Commission will be held on 30th October 2023.

11.4 There was no other business and the meeting concluded at 9.55pm.

Duration of the meeting: Times Not Specified

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