

Children and Young People Scrutiny Commission

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November 17th 2023

To:

Cllr Christopher Kennedy

(Cabinet Member for Health & Adult Social Care) &

Cllr Anntionette Bramble

(Cabinet Member for Children, Education & Social Care)

Dear Cllr Kennedy & Cllr Bramble,

Sexual and Reproductive Health Services for Young people in Hackney

Thank you for attending the Children & Young People Scrutiny Commission meeting on 14th September 2023 where members discussed the draft City & Hackney Sexual Health Strategy and the discontinuation of the CHYPS Plus service. Members would also like to thank officers from across the council, local stakeholders as well as external guests for their excellent contributions which made for an open, informative and positive discussion of this important issue. A full public record is available through the published [draft minutes](#) and [video recording](#) of the meeting.

The Commission understands and appreciates the difficult decisions that Cabinet members and officers are often required to make in relation to future service provision, particularly when funding pressures from government continue to be so challenging. In this context, the Commission would particularly like to thank Public Health officers for their open and frank engagement with members which has supported a positive and hopefully productive scrutiny process and which is hoped will bring positive outcomes for young people's sexual and reproductive health in Hackney.

A central aim of the scrutiny function is to engage and listen to the young people and to make sure their interests and views are heard and recognised within local decision making. Representatives from Hackney Youth Parliament, Hackney of Tomorrow and Hackney Young Futures have all contributed to this scrutiny process and have provided positive and insightful views on the priorities and preferences for the future of local sexual and reproductive health services. These groups of young people have also provided a strong and powerful commentary on the varying quality of relationship and sex education in schools and the decommissioning of the CHYPS Plus service, both of which have been captured and presented here for consideration by decision makers to support ongoing development and improvement of sexual and reproductive health services for young people in Hackney.

Overview & Scrutiny

As agreed at the scrutiny session, the Commission has reviewed all written submissions together with the verbal evidence provided at the meeting and drawn a number of conclusions and recommendations (attached) which it hopes will further inform the development of sexual and reproductive health services for young people across Hackney. The Commission would welcome a response via the usual Cabinet member and scrutiny process.

The Commission also welcomes the Cabinet member for Health, Adult Social Care, Voluntary Sector and Culture commitment that the Cabinet Procurement and Insourcing Committee will look further into the decommissioning of the CHYPS Plus service, and look forward to understanding what future lessons may be learnt from this process.

Once again, the Commission would like to thank you and your officers for your cooperation and support for this scrutiny process.

Yours faithfully.

Cllr Sophie Conway
Chair, Children and Young People
Scrutiny Commission

Cllr Margaret Gordon
Vice Chair, Children and Young People
Scrutiny Commission

cc:

- Dr Sandra Husbands
- Chris Lovett, AD of Public Health
- Carolyn Sharpe, Consultant in Public Health
- Jacquie Burke, Group Director for Children & Education
- Diane Benjamin, Director of Children's Social Care
- Paul Senior, Interim Director of Education
- Ben Bradley, Head of Mayor, Cabinet & Civic Support and Member Casework

1. **City & Hackney Draft Sexual Health Strategy (and action plan)**

The Commission welcomes the draft [City & Hackney Sexual Health Strategy](#) and supports its ambition to ensure that all residents are able to enjoy healthy and fulfilling sexual relationships through the support of high quality and accessible sexual and reproductive health services. The strategy provides a clear direction of travel setting out local priorities which local services will be expected to work towards. Through its other work in this field (e.g. support for young parents, sex and relationship education in schools) the Commission is aware that some residents face significant barriers in accessing the sexual and reproductive health services that they might need, therefore the prioritisation of vulnerable communities and efforts to inequalities within the strategy is particularly welcome.

This strategy, together with the [Director of Public Health Annual Report 2022/23](#), also underlines the centrality of young people within local sexual and reproductive healthcare systems. Not only does Hackney have a relatively young population (54% of residents are aged 15-44 years), young people in Hackney have high levels of sexual and reproductive health needs as is clearly illustrated through higher rates of sexually transmitted infections (STI) and reinfections, abortions and teenage pregnancy compared to London and nationwide averages. Indeed, some of these indices of sexual and reproductive need among young people are amongst the highest in England.

With lower levels of sexual and reproductive health knowledge, skills and experience young people are more susceptible to poorer outcomes. Such poor sexual and reproductive health outcomes can be exacerbated by other vulnerability factors for young people such as experience within local care and youth justice systems, personal drug use, teenage parenthood, sexuality and ethnic minority grouping. Therefore, the additional focus that the Annual Public Health report brings to the understanding of the sexual and reproductive needs of young people, and what local services must do in address these, is therefore important and timely.

The Commission looks forward to hearing further about the outcomes of the strategy consultation and the feedback that partners and of course young people themselves have provided in response. Given the complexity of the commissioning landscape for provision for sexual and reproductive health services and the ongoing financial and budgetary challenges face by Public Health, the council and wider partnership, the Commission particularly welcomes the Commitment to develop an accompanying action plan, as this will demonstrate how all stakeholders will be engaged in the delivery of the agreed aims and priorities and how local resources will be utilised to greatest effect.

It is in this context that the Commission has highlighted a number of areas that pertain to young people's sexual health, which may require some further consideration in the planning and delivery of service improvements. These are highlighted below.

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1. a) Young Peoples' Access to Sex and Relationship Education

Access to comprehensive, high quality and inclusive sex and relationship education in schools is the cornerstone of good sexual and reproductive health among young people and the Commission welcomes that this remains a key priority within the draft City & Hackney Sexual Health Strategy. It is clear however, that a number of significant challenges need to be addressed to deliver on this ambition given the concerns raised by contributors to this scrutiny session in relation to the consistency, quality, and inclusivity of sex and relationship education being delivered across local schools.

Whilst publicly funded schools¹ are required to teach relationship and sex education (RSE) and have regard to the [guidance \(2019\)](#), this subject is part of the broader personal, social and economic education (PSHE) curriculum which is *non-statutory*. Schools therefore have greater flexibility in the development and delivery of RSE curricula which inevitably leads to significant variations in the scope and content of individual school teaching programmes. This was confirmed in the evidence presented to the Commission, with local stakeholders and young people themselves reporting wide ranging variations in the approach and time devoted to RSE among local schools, which resulted in lessons of varying quality and outcomes for children and young people.

Whilst there is undoubtedly good practice, where local schools have a comprehensive programme of RSE which is integrated into the broader curriculum and which utilises the skills and expertise of both teachers and external professionals, it is clear that this approach is far from universal. For the most part, particularly in secondary schools, it would appear that RSE is predominantly delivered through termly drop-down sessions, which has led to a more selective and narrower approach, and, in the words of a number of contributors, has supported a 'tick-box' approach to teaching this subject.

From [previous work](#) in this area, the Commission understands that leadership is central to a comprehensive and effective programme of RSE being delivered in schools. Yet it was clear from the evidence of local stakeholders that there were concerns around the consistency of approaches taken to the delivery of the RSE curriculum locally by local schools. Of particular note was the evidence from the local specialist sexual health service, which, with extensive experience in supporting the sexual health needs of local young people, clearly identified that the delivery of sex and relationship education in schools to be a local 'service gap', highlighting the lack of clarity and purpose which underpinned the RSE curriculum in local schools.

Local variations in approach to teaching RSE in local schools was further illustrated by Young Hackney's Health and Wellbeing Team's (HWBT) evidence to the Commission, where it was noted that whilst it had a presence in almost every educational setting, the degree to which its skills and expertise were utilised by schools varied widely. The HWBT noted that whilst some schools regularly and consistently commissioned them to provide RSE sessions throughout the year, other schools used their services more periodically. The HWBT also noted that there were

¹ Maintained schools, academies and free schools.

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marked differences in the nature and breadth of RSE sessions they were requested to deliver, with some schools happy for the session to cover a broad range of RSE content whilst others were more restrictive about what issues or topics that could be covered.

The HWBT are highly experienced practitioners delivering over 1,100 sessions across local schools in 2022/23, and whilst it is recognised that there are other experts in this field which can equally support schools, it is disappointing to the Commission that schools are not fully utilising the skills, experience and local knowledge that this team can contribute to local RSE programmes. The HWBT also noted that whilst teacher training was part of their RSE offer to local schools, relatively few had directly engaged them to train staff. Whilst the Commission agrees with local ambitions to increase uptake of the HWBT offer among local schools, these ambitions need further clarity and focus, and should be informed by analysis of current service uptake and utilisation by local schools.

Whilst schools can (and clearly do) contract other specialist providers to provide RSE input into local RSE curriculums, it was acknowledged that this subject is primarily delivered through existing teaching staff who may have varying skills, experience or interests in this field. Inevitably, this may result in RSE programmes and lessons of varying quality. This point was made very clearly in the Commission's focus groups, where young people frequently linked the quality and content of their RSE lessons to the engagement and support of particular members of staff.

SRE in schools was a key area of discussion in the Commissions' focus groups with young people from Hackney Youth Parliament, Hackney of Tomorrow and Young Futures. In the focus groups there was a general perception that whilst RSE taught in schools adequately covering the basics of biological sex education, there were wide variations as to what was taught about sex and relationships which left young people with significant gaps in their knowledge and understanding. Across the focus groups young people consistently identified a number of elements that were poorly covered or missing from local RSE curricula in schools, which included:

- A lack of focus on *personal* and *sexual relationships* and how to manage the complexities that these may bring to young people's lives;
- LGBT identities and how these intersect with sex and relationship issues were generally poorly covered;
- Inadequacy of curricula in meeting the sexual and reproductive health needs of neuro-diverse children and other children with SEND;
- Fertility, menstruation and women's health issues were inconsistently covered;
- Insufficient focus on maintaining personal sexual and reproductive sexual health, what services were available to support them, how they could access them and what might be expected if they did.

In talking to young people about their sexual and reproductive health needs and the evident mismatch in the nature and content of RSE programmes, this led the Commission to question the degree to which schools actively involved local specialist sexual and reproductive health practitioners or indeed their pupils, in identifying needs to help shape and inform their programmes of study.

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It is important for the Commission to acknowledge that the concerns around the content, consistency and quality of SRE programmes in schools, are not just concerns for Hackney, as it is clear that this is also a national concern. As has been made clear in national research ([for example in the field of fertility and reproductive ehealth](#)), there are wide variations in what pupils are being taught about sexual and reproductive health which has led to significant gaps in young people's knowledge and understanding.

Similarly, the Commission also recognises that schools face a unique set of challenges in the delivery of RSE programmes to pupils. Firstly, providing a comprehensive, balanced and sensitive programme of RSE to pupils in the context of multiple and competing demands of the national curriculum and in the face of increasing resource pressures, is undoubtedly challenging. Secondly, the Commission also acknowledged that the content of RSE study programmes has, once again, become increasingly politicised, as exemplified by the [Prime Minister announcing a review](#) into the statutory RSE guidance '*... to ensure that schools are not teaching inappropriate or contested content in relationships, sex and health education.*' This creates further uncertainty and undermines the confidence of schools and teachers to deliver RSE programmes which effectively respond to the needs of pupils in their care.

In summary, the Commission welcomes the prioritisation of SRE in the draft sexual health strategy, and looks forward to greater clarity on how it intends to work with schools, sexual and reproductive healthcare providers and of course young people themselves, to help improve the consistency, quality and inclusivity of local programmes of education. Within this commitment, it is important to understand how schools can be supported to include the voices of young people to greater effect in SRE planning, and to guide and inform not only what is taught, but how it is taught. The Commission would also welcome further details on how the sexual health strategy and action plan intends to improve the interrelationships and connectivity between sexual and reproductive health providers, but particularly the relationship between schools and local sexual and reproductive health practitioners, as this can ensure that RSE in schools is truly grounded within a detailed knowledge and understanding of local young people's sexual and reproductive health needs.

The Commission would also like to draw Commissioner's attention to the growing number of children who are not in full-time mainstream education, and who are, for the most part, likely to miss out on local sexual and reproductive education programmes. There are a significant number of children (c1,200-1,500) mainly from the Orthodox Jewish community, who are receiving a predominantly religious education which excludes traditional sex and relationship education teaching. In addition, there are a further 300 children who are electively home educated by their parents, of which little is known about the sex and relationship education they receive. Furthermore, between 2,000-3,000 children move into or out of local schools each year, which given the way that RSE is predominantly taught (through drop down termly/yearly sessions), there is strong possibility that such children may miss parts of RSE teaching programmes.

Finally, the Commission fully acknowledges the growing role of digital and other social media in young people's education and learning around sexual and reproductive health, indeed many of the young people that the Commission spoke to highlighted their use of social media platforms such as TikTok and Instagram as important sources of sexual and reproductive health advice and information. These sources of information are of course valuable in their own right, but in an age of information saturation and misinformation, it is often difficult to assess the veracity of the information that young people may be obtaining through social media. In this context, the role of RSE programmes in schools becomes evermore important, not only as being a *trusted brand* of education and advice but also as a medium which can be better shaped around the needs of young people themselves.

1. *b) Further integration of sexual and reproductive health service provision*

From the evidence presented to the Commission, it is evident that the landscape of sexual and reproductive health for young people is complex, where there are a number of agencies commissioning multiple services across health, education and primary care settings. Officers acknowledged the need for further service integration at the meeting, and this is reflected in the priorities of the sexual health strategy itself. The Commission suggests that there is evidence of the need for further integration and collaborative provision in a number of key areas.

Firstly, as previously identified above, feedback from providers and from young people themselves would suggest the need for improved partnerships between tier 1 (schools and education settings) and tier 2 providers (sexual health services, pharmacies, Young Hackney, primary care). More collaborative partnerships between schools and other more specialist providers may help to improve the quality and consistency of RSE programmes which better reflect local sexual and reproductive health needs of young people and improve signposting for further advice, help or support.

The local sexual health service is *pivotal* to the local system of sexual and reproductive health care provision. The skills, knowledge and experience which accrue within this setting provide invaluable insight into the *local* needs and experiences of young people's sexual and reproductive health which can guide and inform other local service provision. Equally however, other local services hold similarly useful insight into the needs, priorities and preferences of local young people which may be of similar utility to the sexual health service and may assist in service planning and design. Given the prioritisation of young people's sexual health within the DPH report and in light of the discontinuation of CHYPS Plus, the Commission would welcome plans to support further collaborative working between the sexual health service and other local young people's services, in particular the Health and Wellbeing team and the broader Young Hackney Service. Improved collaboration may bring opportunities for service development as well as increasing awareness, reach and utilisation of sexual and reproductive health services within the local networks of young people.

Improved collaboration across local sexual and reproductive health care systems needs to be supported through more developed local organisational infrastructure.

In this context, the Commission is seeking further clarity and assurance within the forthcoming action plan, as to how the local Sexual and Reproductive Health Forum will support further integration and assist the development of collaborative partnerships to better meet the needs of young people as well as delivering on the wider ambitions of the sexual health strategy. It may well be that further organisational infrastructure is needed which can further assist service integration, and improve services for young people and deliver on the ambitions of the sexual health strategy.

1. c) Communication of information and advice for young people

Following on from the above, in acknowledging the complexity of the sexual and reproductive health care landscape for young people, it is the view of the Commission that young people need further information to help them navigate local provision and to identify those services which are best placed to meet their needs. Indeed, the provision of comprehensive information and advice about local services is central to promotion and maintenance of good sexual and reproductive health among our young people.

From the Commission's focus groups it was apparent that there was some uncertainty among young people as to where they would go for information about local sexual and reproductive health care services, with young people citing a wide ranging number of sources. More specifically, discussions with young people suggested that in terms of information needs, there was a desire for greater clarity about:

- The range of sexual and reproductive health services available locally;
- Where services were located and how they can be accessed; and
- What might be expected when young people use sexual and reproductive health services.

The Commission acknowledged the excellent work of the Health & Wellbeing Team in collating local sexual and reproductive health information through a [dedicated webpage](#). Young people that the Commission spoke to underlined the importance of social media in connecting and signposting young people to local information, and in this context would welcome further clarity within the action plans as to how local service information (such as that provided through the HWB team) will connect to digital social media platforms (facebook, Instagram, Tiktok) predominantly used by local young people, and which are central to local website traction. The development of a super youth hub might provide a further opportunity to reflect on how young people may be engaged on sexual and reproductive health issues, as part of a broader health and wellbeing approach.

The Commission agrees with outcome targets within the strategy which seek to ensure that information is designed in acceptable and appropriate forms for young people with vulnerabilities, particularly those aged under 16, looked after children and care leavers, LGBT young people and those young people who are neurodivergent or have additional needs. Young people that the Commission spoke to also highlighted that the information needs of young people who are neuro-divergent differ from those of other young people, and recommended the use

of video recordings to further explain what services might be available from local clinics, how they could access them and what might happen if they needed to use them. Such a development may have wider benefits to young people more generally.

With such a complex landscape of provision spanning education, health, social care and the voluntary sector it is undoubtedly difficult for young people to navigate given their relative lack of experience. In this context, an integrated sexual and reproductive communications strategy may facilitate quicker and more effective signposting of young people to appropriate services for their needs.

1. d) Addressing inequalities - outreach

The sexual health strategy and underpinning needs assessment highlights local inequalities in sexual and reproductive health outcomes for young people and a number of sub-cohorts including, young men, young people from LGBT communities and young people from ethnic communities. The Commission welcomes plans within the strategy to better understand the needs of those communities experiencing disproportionately higher levels of sexual and reproductive ill-health or those groups which may be underserved by current provision.

Evidence from the sexual health service in this scrutiny exercise on the difficulties of local outreach, and its success in reaching vulnerable groups was made clear to the Commission. Here officers suggested that 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, particularly in relation to youth hubs. In order to address the inequalities in needs and access for STI and contraception, the Commission would welcome a clearer concept and understanding of targeted outreach and how this links back to referral to advice, support to mainstream services would be welcome in the action plan.

1. e) Associated emotional and mental health support

Young people's sexual and reproductive health needs are not solely clinical, indeed, as was made clear in the evidence to the Commission young people often present with multiple concerns, which may include anxiety, mental health or drug use. From previous work, the Commission is all too aware of increased prevalence of mental health concerns among young people and is concerned of the possible repercussions for sexual and reproductive health given the associations that anxiety, stress and depression has with sexual risk taking behaviour. In this context, the Commission is seeking further assurance and clarity as to how young people may access support.

With such a broad range of possible access points within the local sexual and reproductive health care system, providers may have varying levels of experience and knowledge of working with young people, pathways to access emotional and mental health support may not always be consistent. For example, young people accessing sexual services who may be presenting with mental health or emotional needs, Health Advisers are at hand to assess and refer on to more specialist support if necessary. Young people accessing sexual and reproductive health services

through other routes, such as for example local pharmacies or other outreach settings, opportunities to engage, assess and refer for emotional support are more limited. In this context, the Commission would welcome further clarity (within the action plan) as to how further collaboration and integration between mental health/emotional wellbeing providers and sexual and reproductive health providers can be supported across local systems (such as CAMHS, voluntary sector organisations).

2. Decommissioning of CHYPS Plus

The CHYPS Plus service (at the Homerton Hospital) has been commissioned by City & Hackney Public Health to provide a holistic clinical and wellbeing service for young people, including dedicated sexual and reproductive health advice and treatment since 2016. In May 2023, following significant and ongoing concerns around performance, the decision was taken to expire the CHYPS Plus contract, therefore after a short transitional extension, the service will end on the 30th November 2023. Whilst the Commission understands the necessity for the Public Health team to take action to ensure that resources are used effectively and in the best interests of young people, a number of concerns remain around the consultation process underpinning this decision and possible equalities implications of this process. In addition, the Commission is seeking further reassurance from Commissioners about the anticipated impact and proposed mitigations that this decommissioning decision will have on young people.

2 a) Demographic data and Consultation with CHYPS Plus users

The Commission fully understands the need for PH to take action, as evidence presented to us indicates that CHYPS Plus service has not performing to agreed contract levels in relation to: the total number of young people attending clinics; the uptake of services by under 18 year olds; undertaking outreach, and: the provision of extended health and wellbeing services (smoking cessation, weight advice, onward service referral). Furthermore, contract underperformance has been both significant (i.e. reaching just 33% of agreed attendance target) and ongoing (where concerns pre-date Covid).

The Commission suggests however, that there are two significant gaps in local information which are important to future planning and decision making around CHYPS Plus service and future provision of young people's sexual and reproductive health services. Firstly, it is understood that, aside from age data, there is very limited demographic or service use data about those young people who currently attend the CHYPS Plus service. In this context, there is a limited understanding of the demography of the young people who are using the CHYPS Plus service, whether they have specific vulnerabilities or what their sexual and reproductive health needs actually are. Secondly, there has been no consultation or engagement with existing users of the CHYPS Plus service, so again, nothing is known about how these young people will be impacted by the closure, and in particular, what their future patterns of sexual and reproductive health service use might look like in response to the closure.

Without a range of demographic data on service users there can be no meaningful equalities impact assessment to assess whether the decision to discontinue the CHYPS Plus service disproportionately impacts on certain groups of young people (e.g. young people from LGBT communities, some ethnic grouping). Also, as there is a limited understanding of why young people attend CHYPS Plus, the services that they use or indeed, how they might be impacted by its closure, the Commission also questions whether assurances that remaining service provision will adequately meet their needs can realistically be given, as it is not clear how mitigations for this cohort can be planned for when their demographics and sexual and reproductive health needs broadly remain unknown.

Given the paucity of CHYPS Plus service data, the numbers of young people directly impacted by the prospective closure of CHYPS Plus is difficult to determine, but a conservative estimate of the physical attendances (and excluding telephone or on-line contacts) would put this at between 250-300.² Whilst this number may appear relatively small, without knowing the demographics or sexual and reproductive health needs or future service preferences of this cohort, it is difficult to assess how their future needs may be met within the remaining service configuration.

[Addendum: The Commission has been notified that additional data on the demographic characteristics of CHYPS Plus users is available to Public Health, details of which will be provided in the formal response to these recommendations]

2. b) Remaining sexual and reproductive health service provision outside CHYPS Plus

Aside from dedicated young people provision through CHYPS Plus a broad range of services are commissioned locally (via NHS, Council and ICB processes) that meet the sexual and reproductive health needs of people more widely. In this context, despite the discontinuation of the CHYPS Plus service, officers assured the Commission that the sexual and reproductive health needs of young people would still be met through these remaining services.

The discontinuation of CHYPS Plus will not affect all young people who are current users of sexual and reproductive health services, as evidence presented to the Commission indicated that significant numbers of young people from City & Hackney already accessed alternative sexual and reproductive health services including those provided by the mainstream sexual health service (at the Homerton), Sexual Health London³ or through other clinics outside of Hackney⁴. In addition, officers also cite primary care services (General Practitioners and Pharmacists) as additional options for which young people may also receive some elements of sexual and reproductive healthcare (though not all). Whilst these services present a wide range of service options, all of which will remain after the discontinuation of CHYPS Plus, some aspects of these services remained a concern to young people that the Commission

² Most recent data suggests that there were 674 recorded annual *attendances* at CHYPS Plus

³ Sexual Health London is an online STI and Emergency Contraception Service available to all adults aged 16 and over.

⁴ Sexual health services are open access, therefore depending on the reason for a visit, patients have the right to access any clinic, not just in their own area.

spoke to, and would therefore like further assurance around future utilisation of these services by young people, and in particular for some specific cohorts.

It is clear that for many young people, sexual and reproductive health services offered through primary care settings present a number of challenges, particularly in respect of service accessibility, acceptability and confidentiality. Young people indicated there were a number of factors which would inhibit them visiting their GP for sexual and reproductive health advice, which included; difficulties and delays in getting appointments; discomfort with speaking to a GP about sexual health issues and a preference to engage with 'specialist' practitioners. Looked after children and care leavers that the Commission spoke to also had particularly strong reservations about using their GP for sexual and reproductive health services, given the rights of other related practitioners to access to general practitioner information and how this information may be used.

The Commission also noted Hackney Healthwatch's mystery shopper exercise, which recorded similar concerns by young people for the distribution of free emergency hormonal contraception by local pharmacists. Young people reported widespread inconsistencies in the administration and supply of EHC where it was reported that 2 in 5 pharmacists charged for this free service, the lack of private space for young people to share confidential information, and the inconsistency of information and advice proffered. Young people that the Commission spoke to also echoed concerns about the lack of confidentiality in pharmacy settings, and the need for further clarity about the role of local pharmacists in reproductive health service provision and what information, advice and services they could expect to receive they could expect to receive in this setting.

2. c) Service access by Under 16's and Under 18's

Adolescents under the age of 16 and to a lesser degree those aged under 18, face a range of sexual and reproductive health challenges as they begin to initiate intimate and sexual relationships. With relatively little experience, knowledge or skills on how to protect themselves, adolescents are at a higher risk of unwanted pregnancy, unsafe abortion and sexually transmitted infections including HIV/AIDS. This same lack of experience can also mean that adolescents may also be vulnerable to exploitative or coercive personal and sexual relationships. As a consequence, these young people require expert support and guidance by staff who are specifically trained to support their needs, help them to build positive and healthy sexual relationships and where needed, identify potential safeguarding concerns, which in part, is why such dedicated young peoples services such as CHYPS Plus were initially commissioned. Therefore, although numbers utilising current provision may be relatively low, the Commission is looking for specific reassurance that remaining services, and staff within them, can appropriately meet the needs of under 18's and under 16s, given the connected vulnerabilities of these age groups of children.

When the Commission spoke to young people as part of this scrutiny exercise, the physical accessibility (as in the location of the clinic) and opening times (after school) were important to young people. The CHYPS Plus service currently offers *appointment free access* from 12.00pm until 5.30pm daily (5pm on Friday) which

enables young people to access sexual and reproductive health services after school or college, which correlates with those needs explicitly identified by young people the Commission spoke to. When this service is discontinued (and before any alternative service that may be offered through the super-youth hub can be put in place), access to sexual health advice and treatment for young people will be through four clinics [operated by HUHT](#), where it is noted that in total there are just 4 evening sessions (which operate beyond 4pm), three of which are on the same day (Wednesday). It is also important to note that for U16's physical clinic access will be the only service option available, as Sexual Health London which provides online access to STI testing and emergency contraception is not available to this cohort of young people.

In the context of the above, the Commission is seeking a Commitment from local commissioners to develop and improve access to local sexual and reproductive health services to U16's and more broadly the under 18's cohort of young people after the discontinuation of CYPs Plus service on 30th November. The Commission is particularly keen to hear of how commissioners and providers will work together to improve accessibility of sexual and reproductive health services with greater access at after school hours sessions. Evidence presented to the Commission also suggested that under 18's access to sexual and reproductive health services are prioritised in many other health authority areas, where this group can access services without a prior appointment, and would welcome plans on how priority can be similarly afforded to this group of young people (and especially under 16's) across clinics in Hackney.

2. d) Dedicated young people provision

Within the Commission's focus groups, young people had strong reservations about the loss of dedicated sexual and reproductive health service provision. Amongst young people who had experience of CHYPS Plus *and* those who did not, there was broad agreement that dedicated provision was more attractive and acceptable than generic services because it was implicit that these services would be operated by practitioners who *understood* young people's lives and were *empathetic* of their concerns, and of course, were *experienced* in dealing with the sexual and reproductive health needs of young people. In addition, young people also suggested that dedicated services encouraged access, as it allowed them to attend out of the 'gaze of adults', which some indicated would make them feel 'judged' and create an 'awkward' or 'intimidating' atmosphere.

Whilst many people, regardless of their age, may find their first experiences of sexual and reproductive health services awkward and intimidating, the Commission would like to echo some of the 'expertise' concerns that young people had about the loss of dedicated provision. With the discontinuation of the CHYPS Plus service there is a real possibility that existing staff will move on to other services and that this will lead to a loss (or dilution) of local skills, expertise, and experience in supporting young people's sexual and reproductive health needs. In the context of widespread recruitment difficulties in NHS service, the Commission is seeking further reassurance as to how these skills and experience of staff in the CHYPS Plus service will be retained within the remaining sexual and reproductive health care system.

In terms of future commissioning arrangements and the possible inclusion of dedicated sexual and reproductive health service provision for young people, further questions remain which need further clarification from local Commissioners. Whilst the case has been made that this specific contract for dedicated sexual and reproductive healthcare provision through the local provider has not proved effective or value for money, the case against the *model* of dedicated sexual and reproductive health care service provision for young people has not. Those conditions which underpin the need for dedicated provision for young people (e.g. sexual and reproductive health inequalities, vulnerability of this group and wide ranging access barriers) still exist, and this model is still widely used across London boroughs, including in our neighbouring boroughs of [Camden & Islington](#), [Haringey](#), [Newham](#) as well as a more extended well being model in [Tower Hamlets](#). Further clarification is therefore whether future commissioning arrangements, including that for the super youth hub, will include dedicated sexual and reproductive health care services.

2. e) Young people friendly Services

With the discontinuation of CHYPS Plus taking place at the end of November 2023, and plans for a 'super youth hub' still at an early stage,⁵ Members of the Commission are requesting greater clarity about what constitutes a 'young person friendly' service and further reassurance that remaining sexual and reproductive health service provision would be sufficiently attuned to the needs of young people so that services are delivered in a way which is both accessible and acceptable to their needs. Whilst this predominantly relates to sexual health services, this also has relevance for wider points of service access such as through Pharmacies and General practice (noting the earlier concerns of young people).

The Commission's focus groups asked young people for their views about accessing sexual and reproductive health services, and what features they considered would make these 'young people friendly' and encourage young people to attend. Analysis revealed consistent themes in these responses about what was considered 'young people friendly' sexual and reproductive health service which included:

- *Confidentiality* - wanted reassurance about the confidentiality as they held genuine anxieties about attending sexual and reproductive health services (first time user, not knowing what to expect, who might see them);
- *Friendly & empathetic* - young people wanted service to be positive, open and welcoming and not to feel judged, and wanted to be supported by staff who understood and were experienced in meeting young people's needs;
- *Accessibility* - that services were available in easy to access locations, and at times which best suited them (after school, evenings) in a format which gave them choice (both walk-in and appointments);
- *Holistic* - where young people are able to talk about different but connected aspects of their lives and not just sexual and reproductive health, especially relationships.

Consulting and engaging with young people is clearly instrumental in ensuring that services are designed and delivered in formats which are both accessible and

⁵ Which may include sexual and reproductive health service provision - and funding decision not known as yet.

acceptable to them. Whilst the Commission welcomes the consultation exercise which has been undertaken with young people to support the development of the planned super youth hub, further reassurance is required that the broader range of sexual and reproductive health services outside CHYPS Plus are 'young people friendly' and can appropriately respond to their needs. In this context, the Commission was interested to learn of the [You're welcome](#) accreditation for young person friendly services which some of our neighbouring boroughs have already adopted, and would recommend that local sexual and reproductive health services are encouraged to seek such accreditation.

2. f) Finance and budget savings associated with closure of CHYPS Plus

The Commission would welcome further clarity on how the £540,146 savings from the decommissioning of the CHYPS Plus service will be used. Whilst officers indicated that plans for a Super Youth Hub may contribute to future sexual and reproductive health service provision for young people, it is noted that funding for this project is being sought through external rather than public health sources (IC). Whilst officers suggested that there was no connection between proposals to discontinue the CHYPS Plus and the need for Public Health to find savings to contribute to the £57m council wide savings required in the proposed 2023/24-2025/26 Medium Term Financial Strategy (MTFS), it remains unclear whether if any of these funds would be available for future investment in sexual and reproductive health services for young people. In particular, the Commission would welcome further financial clarity on the following:

- If there will be transitional support for remaining sexual and reproductive health services after the discontinuation of CHYPS Plus service e.g. to support services becoming more young person friendly, more accessible opening times for young people.
- Updated advice, information and signposting for young people needing sexual and reproductive health services reflecting the closure of CHYPS Plus and other alternative services available;
- How additional commitments⁶ to improve sexual and reproductive health services made within DPH Annual Report will be funded.

⁶ These include: the provision of services for individuals unable to access mainstream services, particularly those who are vulnerable; improving young people's visibility and access to services; improving referral pathways to and from sexual health services.

Recommendations

Discontinuation of CHYPS Plus

1. The Commission recommends that PH Commissioners continue to engage with Homerton University Hospital Trust (HUHT) to develop a more comprehensive understanding of the profile CHYPS Plus service users. With a more detailed understanding of the demography and service needs of users, Commissioners will be better placed to assess the equalities implications of the discontinuation of CHYPS Plus and to more effectively plan and deliver service mitigations that ensure that young people's sexual and reproductive health needs will continue to be met within the wider sexual and reproductive healthcare system.
2. To facilitate improved understanding of the sexual and reproductive health needs of young people and future service commissioning for young people, the Commission recommends that additional data monitoring and reporting requirements are built into existing/new sexual health service contracts with Homerton University Hospital Trust (HUHT). As a minimum, contracting arrangements should require the provider to regularly report on sexual health service usage by under 18's and Under 16's age groups, their demography (gender, ethnicity) and primary presenting sexual and reproductive healthcare needs.
3. As there is no defined timeline between the ending of the CHYPs contract and the establishment of the super youth hub (which is also contingent on external funding) the Commission is mindful of how the needs of vulnerable groups of young people will be met in the interim, particularly those aged under 16 years of age, looked after children/ care leavers and young people with SEND. The Commission recommends that additional monitoring takes place during this interim period to ensure that at-risk and high priority groups of young people continue to access local sexual and reproductive health services or note any changing patterns in service use. If necessary, the Commissioners should consider some form of transitional support until the Super Youth Hub is agreed and operational.

Ensuring services are 'young people friendly'

4. With the discontinuation of dedicated young people's provision, the Commission is seeking assurance from Commissioners as to how specialist knowledge and experience accrued through the operation of CHYPS Plus will be retained in the sexual health clinic, and that in the wider sexual and reproductive health system remaining services are open, welcoming and 'young people friendly'. In particular, the Commission would welcome further clarity on:
 - a) How knowledge, skills and experience of existing CHYPS Plus staff will be retained within the local sexual and reproductive health care system;
 - b) Plans to develop and/ or extend staff training to ensure that there is sufficient awareness and understand of adolescent sexual and reproductive health needs across local systems;

- c) The role of the Hackney Sexual Health Forum in establishing key principles and standards in meeting the sexual and reproductive health needs of adolescents across all local providers.
5. In line with provision elsewhere in London, it is recommended that Commissioners support and encourage key local sexual and reproductive health care providers to apply for and work towards [You're Welcome](#) accreditation, which supports the development of youth friendly health and care services.
6. [Recommendation from young people - endorsed by the Commission] To further increase knowledge and understanding of sexual and reproductive health care provision through HUHT, the Commission recommends that short video presentations are developed to enable young people to know what to expect when visiting local clinics. Young people indicated that this would help explain where services were located, what services were available and what might be expected in a typical visit. This would help to reduce pre-attendance anxiety, particularly among neuro-divergent young people.

Supporting service access by Under 18's and Under 16's

7. Whilst there are a broad range of alternative services for young people, the Commission remained concerned about young people aged Under 16 and Under 18's access to sexual and reproductive health services after the discontinuation of CHYPS Plus. Therefore, in line with a number of other authorities, the Commission recommends that Commissioners work with Homerton University Health trust (HUHT) to establish systems in which local clinics prioritise access to all young people aged under 18 (e.g. no appointments required).

Sexual Health Strategy - Sexual & Reproductive Health Education

8. Whilst the sexual health strategy acknowledges the importance of sexual and reproductive health education, the Commission would welcome further clarity and detail within local action planning by Commissioners as to how the quality, breadth and consistency this is covered with RSE programmes in schools. In particular, the Commission would recommend that PH Commissioners work with local RSE Primary and Secondary School Network (and schools directly) to:
 - a) Consider ways in which the voices on young people can be included within the planning and design of RSE curricula in schools so that these better reflect their sexual health needs and priorities of their pupils;
 - b) Ensure that there is improved connections and communication pathways between schools and other local sexual and reproductive health care providers which can be reflected in local curricula, so that:
 - i) Schools have a more developed understanding of sexual and reproductive health needs of local young people;
 - ii) There is improved awareness of the breadth of local service provision and how local services can be accessed;
 - iii) There opportunities for further specialist input into local RSE curricula are maximised.

9. The Commission greatly values the Young Hackney's Health & Wellbeing Team and welcomes the commitment of PH Commissioners for their continued support of their sex and relationship education work with local schools and other educational settings. Further clarity on the ambitions for the HWB team, beyond an expected increase in the number of education sessions delivered, is however needed. In particular, the Commission is seeking further assurance as to how local Commissioners can support the HWBT to extend its reach and to both broaden and deepen RSE education provision in local schools and other education settings. As part of this process, it will be important to understand the current patterns of utilisation and nature of the content delivered by the HWBT across local educational settings to help identify potential gaps in local provision.
10. The Commission was disappointed to learn of the poor take up of the HWBT's RSE training offer to local schools. As a first step, the Commission recommends that further consultative work is undertaken with schools to understand the reasons for this, which may guide and inform future service planning and delivery of the HWBT training offer.
11. There is growing evidence of the importance of peer-to-peer education in delivering effective and positive health messaging across networks of young people. This was substantiated in the Commission's focus groups with young people, some of whom described very positive experiences of this method of RSE education delivery. In this context, it is recommended that Commissioners should explore (in collaboration with local health and education providers) how the use of peer education can support ambitions to improve and extend the quality of RSE across educational settings.

Further integration and collaboration with partners

12. It is clear that further integration within the sexual and reproductive health care system and improved collaboration with partner agencies is central to the delivery of many of the ambitions and priorities set out in the strategy, and the Commission would welcome greater clarity within the action plan as to how SRH services and their partners will be supported in this locally: In particular:
 - a) Improvements to collaborative pathways and networks between between tier 1 and tier 2 providers;
 - b) How existing infrastructure (such as the Sexual Health Partnership Board, SRE Schools Forum) can be adapted and improved to support more integrated working;
 - c) How local commissioning frameworks support and encourage collaborative working.

Communications for young people

13. To help young people navigate sexual and reproductive health care services, the Commission recommends that an integrated sexual and reproductive communications strategy is developed to facilitate quicker and more effective

signposting of young people to appropriate services to meet their needs. The HWBT information on the YH website provides the kernel of such information - and further consideration is needed as to how this links to digital social media platforms (as part of broader young people's wellbeing).

Future funding

14. Whilst the discontinuation of the CHYPS Plus service and the need for PH Team to contribute savings for the MTFP; the Commission would welcome further clarity as to whether some element of the £540k savings will be used to support the following:
- a) Transitional support for remaining sexual and reproductive health services after the discontinuation of CHYPS Plus service e.g. to support services becoming more young person friendly, more accessible opening times for young people.
 - b) Updated advice, information and signposting for young people needing sexual and reproductive health services reflecting the closure of CHYPS Plus and other alternative services available;
 - c) Additional commitments⁷ to improve sexual and reproductive health services for young people made within DPH Annual Report.

General

15. It is recommended that Public Health return to the Children and Young People Scrutiny Commission from December 2024 to update members:
- On progress against any recommendations set out above which are agreed by the Cabinet member;
 - How the Sexual Health Strategy is being delivered to further support the sexual and reproductive health needs of young people in Hackney.

⁷ These include: the provision of services for individuals unable to access mainstream services, particularly those who are vulnerable; improving young people's visibility and access to services; improving referral pathways to and from sexual health services.