

## Appendix B: Healthwatch Camden Recommendations

Healthwatch Camden recognises the pressure faced by Camden Council in meeting the rising needs of young people in the borough with limited resources, for e.g. cuts in real terms to public health grants, and record inflation meaning that the planned 15% uplift in school funding between 2019/20 and 2024/25 has resulted in per pupil spending power being lower than in 2009<sup>1</sup>. Our recommendations underpin the various areas of improvement, from education to services, as identified by our young research participants. These recommendations aim to highlight additional areas of focus which can be considered when developing new policies or when reviewing existing ones, to make a positive impact on outcomes. Our recommendations for services underscore the importance of referring to quality standards like 'You're Welcome: establishing youth-friendly health and care services'<sup>6</sup> when planning service provision.

### Sexual Health Report

We understand the challenges around promised government investment, following the RSE guidance announcement, failing to materialise. Discussions with real-life examples and scenarios are only possible with skilled facilitation from trained confident teachers, and this can only be achieved through greater funding. Healthwatch Camden has put forward the following recommendations keeping in mind local capacity and potential.

- We welcome the current review of the RSE curriculum and subsequent update of RSE guidance in Camden. We recommend feedback from young people regarding sexual health education be used by Camden Learning to shape RSE provision in Camden schools.
- Our report echoes the findings from a national RSE survey<sup>2</sup> which identified gaps in knowledge about cultural and faith perspectives on relationships and sex. We recommend Camden Learning to update RSE material to reflect the diverse young population of Camden, utilising demographic data in collaboration with local public health teams.
- We recommend integrating access to services into RSE lessons, echoing the successful example of Bracknell Forest Council<sup>3</sup> where lessons are delivered by trained workers (NHS and VCS services), backed up with a sexual health drop-in and one-on-one information service.
- We recommend greater partnership working between VCSE, Camden sexual health services, and Camden Learning, to incorporate the vast expertise and resources that are available when planning the RSE guidance for Camden.

- We recommend easier and discreet access to information about services through the young person's GP; providing relevant signposting information as part of a regular health pack which is distributed to all young people when they reach certain ages.
- In the absence of a national 10 Year Sexual and Reproductive Health Strategy, we recommend Camden Council to publish a borough strategy, ensuring children and young people's voices are reflected.

## **Vaping Report**

- We recommend a set timeframe for review of the government ban on disposable vapes once it comes into force, to assess its effectiveness at reducing access to vapes among young people.
- We recommend monitoring of enforcement by Camden Trading Standards officers once the disposables ban is implemented and promised funding is provided. This includes formal as well as informal checks, for e.g. the use of mystery shoppers.
- Additionally, monitoring the range of e-cigarette products available in the market following the ban, by local public health teams, can help build local picture of e-cigarette use patterns and provide a useful measure for future research into harms.

## **Mental Health Report:**

Healthwatch Camden recognises the diversity in mental health support available in Camden. Alongside community CAMHS service, there are also CAMHS clinicians embedded in the looked-after children team, children's centres, supported housing, the Hive youth hub, the PRU, the Youth Offending Service, the MASH and Early Help. There is also a vibrant partnership with VCSEs which are commissioned to provide targeted and specialist interventions with a specific focus or cohort of young people, parents/carers, and families. We support this approach of embedding and integrating clinical professionals in non-clinical teams which can lead to benefits such as cross-fertilisation of ideas and skills between staff, speedy resolution of issues, reductions in young people not attending treatment, and reduced wastage with fewer referrals 'bouncing' from one team to another<sup>7</sup>.

### **SCHOOLS**

- We recommend raising awareness of the positive impact of Mental Health in School Teams (MHSTs) in supporting less severe mental health concerns among young

people and providing early support, so that headteachers are familiarised with the offer and are encouraged to take it up in their schools.

- Schools currently supported by MHSTs recognise the offer isn't always aimed at young people who need the most support, as their needs are deemed to be too complex for MHST. We recommend the provision of MHST to be supported by an increase to the CAMHS in school offer, or a dedicated therapist linked to the school who can be a trusted figure among young people and can provide seamless working between the school, parents, and services, including linking to the Integrated Front Door (IDF) for easier access to GP referrals.
- The Emotional Literacy Support Assistant (ELSA) training programme is provided at reduced cost of £750 to cover 6 days of training and one-year of supervision post qualification. With training delivery time set by the central ELSA organisation, thus making it difficult to reduce training time, and the need for a partially traded service to cover its costs, we recommend LA to provide funding for more trainee spaces to mitigate schools' concerns about cost. To mitigate concerns about time commitment and staff retention of ELSAs post qualification, we recommend greater support from school senior leadership teams to provide ELSAs with opportunities for continuous development and onward career progression so that they get greater job satisfaction and are encouraged to stay on in their role. Schools implementing ELSAs, and the ELSA trainees report positive impact of the programme on young people, and there is a need for the council to recognise its value in prevention and reducing gaps between need and early access to services, in line with the THRIVE framework.
- We recommend schools to explore how they can seek service funding support not just from local government, but from local business partnerships too, for e.g. football club supporting service provision in a local school.
- We recommend signposting information to be made available on a dedicated page on the website of all schools, with parents and guardians actively made aware of the service.
- We recommend schools to carry out a mapping exercise to find out what services are available and harmonise provision across schools with the support of LA and local trusts. This is in line with NCL's 'Getting Advice' priorities as part of their transformation plans<sup>5</sup>.

## SERVICES

- We recommend more commitment from specialist services to triangulate feedback on a regular basis, and to create a feedback loop so that young people are aware of any improvements being implemented because of their input.
- We recommend working groups to be set up by services to identify evolving needs, gaps in provision, and improve cultural responsiveness. Greater representation of young people from diverse backgrounds in these working groups can be ensured by working closely with youth organisations in Camden, with the support of tertiary partnership organisations like the Young Camden Foundation. Existing provisions and capacity of youth groups must be taken into consideration for co-working models to work efficiently.
- We recommend specialist services to provide friendly and welcoming hubs at their premises, accessible by young people with or without mental health needs, to help increase familiarity, comfortability, and awareness of the service including of referral pathways, and removing negative connotations that exist around certain services, especially among young people from BME backgrounds.

## References:

1. The Association of Directors of Childrens Services (2023). ADCS Position Paper: Childhood Matters. [https://adcs.org.uk/assets/documentation/ADCS\\_Childhood\\_Matters\\_FINAL.pdf](https://adcs.org.uk/assets/documentation/ADCS_Childhood_Matters_FINAL.pdf)
2. Sex Education Forum (2023). Young People's RSE Poll 2022. <https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/Young%20Peoples%20RSE%20Poll%202022%20-%20Report.pdf>
3. Brook (2017). Going Beyond Biology: The Relationships and Sex Education that young people want and need. [https://www.brook.org.uk/wp-content/uploads/2020/03/Case\\_Study\\_Report\\_2017\\_single\\_pages.pdf](https://www.brook.org.uk/wp-content/uploads/2020/03/Case_Study_Report_2017_single_pages.pdf)
4. Public Health England (2023). Child Health Profiles Camden. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/ati/402/are/E09000007>
5. North London Partners in Health and Care (2022). North Central London Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan. <https://nclhealthandcare.org.uk/wp-content/uploads/2022/04/CYP-MH-Transformation-Plan-Final.pdf>
6. Office for Health Improvement & Disparities (2023). 'You're Welcome': establishing youth-friendly health and care services. <https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services/youre-welcome-establishing-youth-friendly-health-and-care-services>

7. Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing (2020)