

Overview & Scrutiny

Children & Young People Scrutiny Commission
London Borough of Hackney
Room 118, Hackney Town Hall
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To:

- Cllr Kennedy, Cabinet member for Health, Adult Social Care, Voluntary Sector and Culture, &
- Deputy Mayor Bramble, Cabinet member for Children's Services and Young People

Dear Cllr Kennedy & DM Bramble

Support for Young Parents in Hackney: Enhanced Health Visiting Service

Following the recent Scrutiny Commission discussion regarding the progress of the Enhanced Health Visiting Service (EHVS) and the support for vulnerable young parents, this letter sets out the Commission's suggestions to support development service improvement.

Before detailing these suggestions, the Commission would like to thank you and officers from the Council and at Homerton Hospital for attending this meeting, and in particular, for discussing this issue with such candour. Open reflection and analysis are vital for effective scrutiny and of course, in improving ways of working to better support our communities. A full public record of the meeting can be noted via the [minutes](#) and [meet recording](#).

While the commitment to improve from Homerton University Hospital and Public Health is acknowledged, preliminary data suggests the EHVS faces significant commissioning and engagement challenges that will need to be addressed to secure its long-term future and continued recommissioning beyond the current phase.

The Commission would like to make the following suggestions following the presentation of reports and ensuing discussions with members.

1. *Service Model and Workforce Review* - The Commission would suggest a high-level review of the EHVS model to further clarify the gap the service is trying to address and the skills, expertise and knowledge of those work roles aiming to deliver it. Commissioners and providers should also have a clear understanding of how the EHVS work connects to, but remains distinct from, other local support services. This

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review should be considered in the broader context of the proposed changes to family support changes and extended early help offer being implemented as part of the Families First Programme.

2. *Implementation of Co-Production Model* - the Commission would suggest that future development of the EHVS is underpinned by a more explicit process of coproduction with vulnerable (young) parents. This will not only help to drive and refine service development and improvement, but also ensure that subsequent service iterations are both accessible and acceptable to service users. Co-production should include those families who currently engage with the EHVS and those who do not, and include partner agencies which have a strong engagement track record with this cohort (e.g. Pause)
3. *Robust and accurate data to support performance management*: A significant commissioning challenge includes a lack of assurance that the EHVS being provided is to the commissioned specifications and outcomes. At present it is not clear who the service works with (and does not), what happens when contacts are made and how interventions are monitored and evaluated. The implementation of the new intensive data portal and weekly data monitoring to ensure accurate and complete activity and outcome data should be a priority, particularly as this will inform future commissioning decisions.
4. *Sharper focus on addressing local inequalities*: partly as result of the paucity of data collection for this service, the Commission would welcome further clarity as to how the EHVS will actively target young parents who are likely to experience poorer health outcomes. In particular further details as to how it will engage and gain the trust and support of those parents who may be reluctant to connect with statutory services (e.g. Black & global majority families, care experienced parents) or take up this voluntary service offer.
5. *Enhanced Communication and Engagement Strategy*: To increase face to face contact and improve overall uptake of EHVS, the Commission suggests that a targeted, culturally appropriate and flexible engagement strategy is developed and implemented. The new strategy should specifically address known engagement challenges and issues that particular communities face, and explore alternatives to home visits (e.g., meeting in Children and Family Hubs, Children's Centres). This communication strategy should also address how potentially complex care pathways across multiple providers are presented to young parents to support effective service navigation.
6. *Completion of Benchmarking Exercise*: to ensure the service is utilising best practice from similar intensive health visiting models across the sector and inform future refinements to the service, the Commission would welcome the completion of

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the benchmarking of EHVS against other intensive health visiting models (e.g., FNP, MECSH).

The Commission hopes the above suggestions are helpful and contribute to the planned programme of development and improvement for the Enhanced Health Visiting Service so that it can meet its commissioned requirements and provide the necessary support to Hackney's most vulnerable families. The Commission will consider taking an update on the EHVS as part of the development of the scrutiny work programme for 2026/27. Once again, thank you to you both and to officers for engaging with scrutiny in such an open and reflective manner.

Yours faithfully

Cllr Sophie Conway
Chair, Children and Young People
Scrutiny Commission

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

CC: - Sandra Husbands, Director of Public Health
- Carolyn Sharpe, Consultant in Public Health
- Jacquie Burke, Group Director Children & Education & Adult Social Care
- Diane Benjamin, Director of Children's Social Care
- Breeda McMannus, Chief Nurse, Homerton Hospital
- Jeanette Barnes, Deputy Chief Nurse, Homerton Hospital