



Essex County Council

Cabinet

10:15	Tuesday, 24 May 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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Meeting Arrangements

In accordance with paragraph 14.7 of the Council's Constitution, the Leader has agreed that all members may take part in the meeting and vote if they are present via Zoom. The link to the Zoom meeting has been sent to members separately. Members of the public may watch on YouTube and there will of course be the normal public access to the meeting room in County Hall, from which any member of the public may observe the meeting and make representations.

1	Membership, apologies, substitutions and declarations of interest	6 - 6
2	Minutes: 19 April 2022	7 - 14

3 Questions from the public

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.

On arrival, and before the start of the meeting, please register with the Democratic Services Officer.

4 Land for Development in Epping Forest (FP/330/03/22) 15 - 23

The Equality Comprehensive Impact Assessment (ECIA) is available
[online](#) (please scroll to bottom of page)

5 Approval of Equality Objectives and Equality Policy Statement (FP/370/04/22) 24 - 28

The Equality Comprehensive Impact Assessment (ECIA) is available
[online](#) (please scroll to bottom of page)

6 Adoption of the Corporate Parenting Strategy for Essex 2022-2027 (FP/272/01/22) 29 - 36

The Equality Comprehensive Impact Assessment (ECIA) is available
[online](#) (please scroll to bottom of page)

7 Reconstruction of the Fairview Pupil Referral Unit Basildon (FP/328/03/22) 37 - 42

The Equality Comprehensive Impact Assessment (ECIA) is available
[online](#) (please scroll to bottom of page)

8 New Provider Framework for Residential Care for Adults with Complex Learning Difficulties and/or Autism (FP/340/03/22) 43 - 52

The Equality Comprehensive Impact Assessment (ECIA) is available
[online](#) (please scroll to bottom of page)

9 Residual Waste Services Procurement (FP/377/04) 53 - 63

The Equality Comprehensive Impact Assessment (ECIA) is available
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10 Procurement of an Integrated Sexual Health Service (FP/356/03/22) 64 - 70

The Equality Comprehensive Impact Assessment (ECIA) is available
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11 Decisions taken by or in consultation with Cabinet Members (FP/368/04/22) 71 - 73

12 Date of next meeting

To note that the next meeting of the Cabinet will take place at 10.15am on Tuesday 21 June 2022 at County Hall, Chelmsford, CM1 1QH

13 Dates of Future Meetings

To note that meetings of the Cabinet will take place on the following dates in 2023:
17 January, 21 February, 21 March, 18 April 23
May, 20 June, 18 July, 12 September,
17 October, 14 November, 12 or 19 December
(tbc, depending on the date of Full Council)

14 Urgent Business

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

15 Confidential Appendix: Land for Development in Epping Forest (FP330/03/22)

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

16 Confidential Appendix: Reconstruction of Fairview Pupil Referral Unit Basildon (FP/328/03/22)

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

17 Confidential Appendix: Procurement of an Integrated Sexual Health Service (FP356/03/22)

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

18 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Committee: Cabinet

Enquiries to: Emma Tombs, Democratic Services Manager
Emma.tombs@essex.gov.uk

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note:

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership
(Quorum: 3)

Portfolio

Councillor K Bentley	Leader of the Council (Chairman)
Councillor L McKinlay	Deputy Leader and Community, Equality, Partnerships and Performance (Vice-Chairman)
Councillor T Ball	Education Excellence, Life Long Learning and Employability
Councillor M Buckley	Waste Reduction and Recycling
Councillor G Butland	Devolution, the Arts, Heritage and Culture
Councillor B Egan	Children's Services and Early Years
Councillor L Scott	Highways Maintenance and Sustainable Transport
Councillor J Spence	Adult Social Care and Health
Councillor L Wagland	Economic Renewal, Infrastructure and Planning
Councillor C Whitbread	Finance, Resources and Corporate Affairs

Minutes of a meeting of the Cabinet that took place in the Council Chamber at County Hall on Tuesday 19 April 2022

Present:

Councillor	Cabinet Member Responsibility
Councillor K Bentley	Leader of the Council (Chairman)
Councillor T Ball	Education Excellence, Life-Long Learning and Employability
Councillor M Buckley	Waste Reduction and Recycling
Councillor G Butland	Devolution, the Arts, Heritage and Culture
Councillor B Egan	Children's Services and Early Years
Councillor L McKinlay	Deputy Leader and Cabinet Member for Community, Equality, Partnerships and Performance
Councillor J Spence	Adult Social Care and Health
Councillor L Wagland	Economic Renewal, Infrastructure and Planning
Councillor C Whitbread	Finance, Resources and Corporate Affairs
Councillor L Scott	Highways Maintenance and Sustainable Transport

Councillors M Mackrory, I Henderson, T Cunningham, B Massey, M Durham, P Schwier, M Hardware and A Goggin and M Platt were also present. Councillor D King attended remotely, via Zoom.

1. Membership, Apologies, Substitutions and Declarations of Interest.

The report of Membership, Apologies and Declarations was received and the following were noted:

1. There had been no changes of membership since the last report.
2. There were apologies for absence from Councillor Pond, Leader of the non-aligned group.
3. There were no declarations of interest.

2. Minutes of Previous Meeting

The Minutes of the meeting held on 15 March 2022 were approved as a true record and were signed by the Chairman.

3. Questions from the public

There were no questions from members of the public.

4. Chelmsford North East Bypass (FP/977/02/21)

The Cabinet received a report containing matters related to the Chelmsford North East Bypass for their consideration and approval.

The Cabinet Member for Economic Renewal, Infrastructure and Planning responded to questions from Councillor Mackrory in connection with the configuration of the conveyor bridge, receipt of the Secretary of State's confirmation of the related planning application, and the risks associated with the removal of flood compensation areas.

Resolved:

1. Agreed that the Council procures works to provide the conveyor bridge using the Eastern Highways Alliance Framework to facilitate construction of the main bypass works.
2. Agreed that Director for Highways and Transportation may enter into a Compensation Agreement with Hanson Quarry Products Europe Ltd (HQPE) to allow them to carry out advanced works to facilitate construction of the main bypass works subject to him being satisfied that the agreement represents value for money.
3. Authorised the Director for Highways and Transformation to award a contract for the conveyor bridge enabling works project to a principal contractor and agree compensation for silt lagoon works to HQPE (subject to finalising a compensation agreement), after consulting the Leader of the Council.
4. Agreed that land negotiations continue for the land required for the Chelmsford North East Bypass (CNEB) alongside preparations for Compulsory Purchase Order, if required.
5. Agreed that if the Director for Highways and Transportation is unable to acquire the land shown in Appendix 2.1 by agreement on reasonable terms he may, after consulting the Leader of the Council and the Director, Legal and Assurance, authorise:
 - a) the making of one or more compulsory purchase orders to acquire land necessary for the construction of the Chelmsford North East Bypass
 - b) the undertaking of additional processes (Side Roads Orders and/or traffic regulation and speed limit orders) required for the changes to the existing road network as a result of the project, and
 - c) to pursue the Orders to confirmation.
6. Agreed the Council launches a competitive procurement for the Chelmsford North East Bypass main works contract Phase 1 via the Crown Commercial Services Framework.
7. Agreed that tender evaluation criteria to be used for the North East Bypass Phase 1 are 50/50 Price/Quality split with 15% of Quality represented by Social Value criteria to the extent that they are consistent with the most economically advantageous tender.

8. Noted that a further report will be brought back to the Cabinet on the award of the main bypass contract Phase 1. This will confirm funding sources to inform the Cabinet's decision on awarding the contract.

5. Adoption of the new plan for libraries: 'Everyone's Library Service 2022 – 2026' (FP/284/01/22)

The Cabinet received a report containing matters related to the adoption of the new plan for libraries: 'Everyone's Library Service 2022 – 2026' for their consideration and approval.

The Deputy Leader and Cabinet Member for Community, Equality, Partnerships and Performance responded to questions from Councillors Henderson, Mackrory and King in connection with;

- The priority given to traditional library services within libraries rather than other external services;
- Assurances around consultation should location changes be suggested in the future;
- The need to look carefully at any charges made for external services;
- Assurances around the level and maintenance of book stocks;
- The levels of qualified staff, including librarians, rather than volunteers and future intentions with regard to partnership working;
- Assurances around the retention of opening hours;
- The views of library staff and their levels of engagement with the plan.

Resolved:

1. Agreed to adopt the plan for Everyone's Library Service 2022- 2026 as at Appendix 1 subject to two changes at pages 8 and 13 of the plan replacing references to 'dyslexia' to 'reading difficulties' and 'literacy difficulties' respectively.
2. Agreed that the plan supersedes Essex Future Library Services Strategy 2019 – 2024, and the remaining Transformation Reserve funds set aside for that previous strategy (£2.4m) should be directed towards Everyone's Library Service.
3. Approved the drawdown of £800,000 from the Transformation Reserve to support delivery of the elements of Everyone's Library Service set out in paragraph 6.1.2. The profile of spend for financial years 2022/23 and 2023/24 is set out in paragraph 6.1.3. Further formal requests will be made against the remaining £1.6m allocation as the detailed business cases are prepared.

6. Essex Renewal Fund (FP/245/12/21)

The Cabinet received a report containing matters related to the Essex Renewal Fund for their consideration and approval.

The Cabinet Member for Finance, Resources and Corporate Affairs responded to questions from Councillor King in relation to the provision of advice on early projects given the breadth of the Fund, and whether return on investment or wider benefits were the key drivers.

Resolved:

1. Agreed to the establishment of an Essex Renewal Fund on the basis contained in this report, to deliver a balanced portfolio of land and property projects focussed on economic renewal and growth.
 2. Agreed in principle that the Council will make capital investment in the Essex Renewal Fund. Specific allocations for the capital programme will be set out in the individual decisions that will support each investment.
 3. Agreed to draw down £590,000 for 2022/23 from the Commercial Investment in Essex Places reserve to the Economic Renewal, Infrastructure and Planning portfolio (£350,000) and Finance, Resources and Corporate Affairs portfolio (£240,000), for the internal and external resource costs for the first year of operation. Any unspent funding will be returned to the reserve at the end of the financial year. The future years' budget requirement will be incorporated into the Council's Medium Term Resource Strategy (MTRS) from 2023/24 onwards (see paragraph 6 below).
 4. Agreed that investments will only be made in line with the specific investment criteria set out in paragraphs 3.27 to 3.30, subject to variation as appropriate from time to time, and always following the Council's Constitution and Financial Regulations.
 5. Agreed to run a competitive procurement to provide independent and specialist investment and real estate expertise that will be required for the successful delivery of the Fund and to delegate the decision to award the contract to the Cabinet Member for Economic Renewal, Infrastructure and Planning, in consultation with the Cabinet Member for Finance, Resources and Corporate Affairs. This will include the management of the existing commercial property portfolio. The external support required for individual projects within the Fund will be requested in separate decisions.
- 7. Procurement of contract(s) for bio-waste treatment, transfer and transport services (FP/230/11/21)**

Cabinet received a report containing matters related to the procurement of contract(s) for bio-waste treatment, transfer and transport services for their consideration and approval.

The Cabinet Member for Waste Reduction and Recycling responded to a question from Councillor Mackrory in connection with initiatives taken by the Council to reduce food waste.

Resolved:

1. Agreed to launch a competitive procurement using the open procedure to procure contractors to provide treatment, transfer and transport of separately collected food and green waste at an estimated value of £6m per annum.
2. Agreed to the contract length of 5 years with options to extend in any number of periods not exceeding an extension period of five years in total.
3. Agreed that the following award criteria is applied in the procurement: 70% price: 30% quality (of which 5% of the quality score will be allocated to social value).
4. Agreed that the Director, Environment and Climate Action is authorised to agree the division of lots for the procurement and the detailed evaluation criteria.
5. Agreed that the Cabinet Member for Waste Reduction and Recycling, in consultation with the Cabinet Member for Finance, Resources and Corporate Affairs, is authorised to award contract(s) to the successful bidders following completion of the procurement process, subject to the outcome being within budget.
6. Agreed to run a mini-competition, using the procedure set out in ECC's Biowaste Framework Agreement, for a two year service order for the treatment, transfer and transport of mixed food and green waste at an estimated value of £1.1m per annum.
7. Agreed that the Cabinet Member for Waste Reduction and Recycling is authorised to award a service order to the successful bidder following completion of the mini-competition process, subject to the outcome being within budget.

8. Short Breaks Community Clubs and Activities Contracts 2023- 2028 (FP/339/03/22)

Cabinet received a report containing matters related to short breaks community clubs and activities contracts 2023- 2028 for their consideration and approval.

The Cabinet Member for Children's Services and Early Years responded to a question from Councillor Mackrory regarding how eligible families accessed the services.

Resolved:

1. Agreed the procurement of twelve contracts for the provision of short breaks, community clubs and activities, through a single stage,

procurement for an initial contract term of three years from April 2023 to March 2026 with an option to extend for up to two years to March 2028.

2. Agreed that the procurement will be based on county wide needs-based lots across the south, west, northeast and mid-Essex quadrants (making twelve lots in total). The three needs-based lots are:
 - Children with a learning disability and/or autism (under 8 years and 8-15 years)
 - Children with a physical or sensory impairment (under 8 years and 8-15 years)
 - Older adolescents (aged 15-19 years)
3. Agreed that the evaluation model for the procurement will be based on 30% price and 70% quality, of which 10% of the quality criteria will assess social value.
4. Agreed that the Cabinet Member, Children's Services and Early Years is authorised to agree the terms of and award the SBCCA contracts to the successful bidders within the budget envelope of £1.32m per year.
5. Agreed to set up an annual innovation and inclusion grant fund of £150,000 per year for three years to 2026, at which time it is to be reviewed in line with the SBCCA core offer. The arrangements for the innovation and inclusion grant will be made under separate governance and funded within existing resources.
6. Agreed £20,000 per year to be allocated from the SBCCA budget to enable the development and sourcing of a virtual offer to run concurrently delivery of SBCCA to 2026 at which time it will be reviewed in line with the SBCCA core offer. The arrangements for the virtual offer will be made under separate governance and funded within existing resources.

9. Procurement of Additional Reablement and Bridging Services Capacity (FP/327/03/22)

Cabinet received a report containing matters related to the procurement of additional reablement and bridging services capacity for their consideration and approval.

The Cabinet Member for Adult Social Care and Health responded to a question from Councillor Henderson regarding the links between the current proposal and the Connect programme.

Resolved:

1. Agreed to undertake an open procurement process to appoint providers to deliver additional reablement and bridging services across seven lots as set out in paragraph 4.1 of the report commencing in September 2022 for

a period of 2 years, with the option to extend for a further 12-month period at a maximum two-year cost of £16.5m.

2. Agreed that the high-level evaluation criteria for the procurement will be 35% price and 65% quality, and that the Executive Director, Adult Social Care, is authorised to agree the detailed evaluation criteria for the procurement.
3. Agreed that the Cabinet Member for Health and Adult Social Care is authorised to award the contracts to the successful bidders following completion of the procurement process.
4. Agreed to extend the six current contracts for in-lieu-of-reablement services and two contracts for bridging services in North-East Essex and West Essex for a period of three months at a cost of up to £1.6m to ensure continuity of service during the mobilisation and commencement of the new services.
5. Agreed that ECC will establish local arrangements with NHS partners to ensure delivery to the specification as part of ECC's continued ambition for health and care integration.
6. Agreed to vary the S75 agreement that is in place between ECC and Basildon and Brentwood Clinical Commissioning Group to reflect the terms of an extension to a contract entered into between Basildon and Brentwood CCG and Mid and South Essex Foundation Trust, for the provision of bridging services. This is a service that is commissioned by Basildon and Brentwood CCG on behalf of ECC at a cost of £5.4m until September 2024.

10. Colchester Rapid Transit System, 'Section A' – Decision to Publish Tender for Main Works Contract (FP/280/01/22)

Cabinet received a report containing matters related to the Colchester Rapid Transit System, 'Section A' – decision to publish tender for main works contract for their consideration and approval.

The Cabinet Member for Economic Renewal, Infrastructure and Planning responded to questions from Councillors King and Henderson about the standards to which the project would be delivered, the need to effectively communicate to local Members about upcoming disruption so that they could support residents and the funding arrangements for the works.

Resolved:

1. To launch a competitive procurement for the Section A of the RTS (A134 Northern Approach Road) Works contract via the Eastern Highways Alliance Framework.

2. Agreed that tender evaluation criteria to be used are 50/50 Price/Quality split with 15% of Quality represented by Social Value criteria to the extent that they are consistent with the most economically advantageous tender.
3. Agreed that the Cabinet Member for Economic Renewal, Infrastructure and Planning may award the contract if the successful tender is within the budget then available.

11. Decisions taken by or in consultation with Cabinet Members (FP336/03/22)

The report was noted.

12. Date of the next meeting

The next meeting of the Cabinet would take place on Tuesday 24 May 2022, at County Hall, Chelmsford, CM1 1QH.

13. Urgent Business

There was no urgent business.

14. Urgent exempt business

There was no urgent exempt business.

There being no further business, the meeting closed at 11.45am.

Forward Plan reference number: FP/330/03/22

Report title: Land for Development in Epping Forest	
Report to: Cabinet	
Report author: Councillor Lesley Wagland, Cabinet Member for Economic Renewal, Infrastructure and Planning	
Date: 24 May 2022	For: Decision
Enquiries to: Gwyn Owen, Head of Essex Housing, gwyn.owen@essex-housing.co.uk	
County Divisions affected: Waltham Abbey Division	

Confidential Appendix

This report has a confidential appendix which is not for publication as it includes exempt information falling within paragraphs 3 and 6 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

1. Everyone's Essex

- 1.1 As part of our Everyone's Essex Strategic Aims to improve the lives of residents in Essex, Cabinet is asked to agree the transfer of the former Shernbroke Hostel site from Essex County Council (the Council) to Essex Housing Development LLP (the LLP) in order to enable the development of new, sustainable and energy efficient homes in Waltham Abbey for private sale alongside new independent living units for adults with disabilities. This will provide new homes, create jobs, and importantly provide much-needed specialist homes that will enable those living with disabilities to live independent lives, which supports Essex County Council's levelling up ambitions.
- 1.2 The scheme also ensures that all new homes built are high quality, sustainable and energy efficient. The units are designed to have will have an Energy Performance Certificate rating of B. Given the significant demolition and site remediation required, this is the high level of energy efficiency achievable whilst ensuring the scheme remains financially viable and also delivers key social outcomes such as the independent living units. The building will be fitted with photo voltaic cells to generate renewable energy, and there will be access to electric vehicle charging points across the development to encourage the use of more sustainable transport. This supports the strategic aim of Everyone's Essex to create a high-quality environment for our residents by helping reduce residential carbon emissions and support the uptake of more sustainable transport methods, as well as creating great places for our residents to live. There will also be an emphasis on high quality external space with landscaping across the site.

2 Recommendations

- 2.1 Agree the transfer of freehold ownership of the land shown edged red on the Plan appended to this report ('the Site') from the Council to Essex Housing Development LLP for the price shown in the Confidential Appendix.
- 2.2 Agree to provide Essex Housing Development LLP with a development loan for the value shown in the Confidential Appendix as part of a development loan facility made by Essex County Council to Essex Housing Development LLP.
- 2.3 Agree that Essex Housing Development LLP will develop 9 specialist units for adults with learning disabilities and one carer's apartment.
- 2.4 Agree to delegate authority to the Cabinet Member for Property for the purchase of the carer's apartment from Essex Housing Development LLP when the specialist units are completed.
- 2.5 Agree that the market price of the land payable by Essex Housing Development LLP shall be reduced by £157,564 to reflect subsidy for the provision of the nine specialist units for adults with learning disabilities.
- 2.6 Agree to reimburse Essex Housing Development LLP up to £470,000 representing the costs it has incurred on site remediation and demolition before the date of this report.
- 2.7 Agree that the Section 151 Officer may amend the period of the loan agreement and the repayment amounts and dates.
- 2.8 Agree to the drawdown of £121,833 from the working capital fund (for marketing and professional fees that cannot be capitalised) as set out in the confidential appendix.
- 2.9 Agree, in its role as a member of Essex Housing Development LLP, that:
 - 2.9.1 Essex Housing Development LLP enters into an agreement with Essex County Council to take out a development loan for the value shown in the Confidential Appendix.
 - 2.9.2 Essex Housing Development LLP enters into a design and build contract for the building of 26 units on the Site.
 - 2.9.3 Essex Housing Development LLP is authorised to establish a management company for the management of communal areas of the Site and dispose of its interest in the Company to the buyers of the units.

3 Background and Proposal

- 3.1 The Site is a Council owned site of 0.39ha and is the former Shernbrooke Hostel in Waltham Abbey. It is located on Shernbrooke Road just over a mile to Waltham Abbey town centre in a primarily residential area. The property

formerly comprised of several residential care buildings which were dated and no longer fit for purpose exposing the Council to ongoing maintenance liabilities.

- 3.2 In April 2018, ECC approved a proposal to redevelop the site for private and specialist units for adults with learning disabilities, to be delivered by Essex Housing. Significant progress has been made bringing this project forward and a resolution to grant planning permission was achieved on 16 March 2022 for 26 units (16 private and 10 specialist which includes 1 carer's unit).
- 3.3 The development of land at Shernbroke strongly supports the delivery of the Council's plan, 'Everyone's Essex', providing a high-quality environment, strong, inclusive and sustainable economy, promoting health, wellbeing and independence for all ages.
- 3.4 The project is currently underway procuring a contractor to construct the proposed scheme and this report seeks authority to progress the various related matters.

Essex Housing

- 3.5 Essex County Council established Essex Housing in 2016 to work with public sector partners throughout Essex to identify and bring forward land and assets for development. It is now five years into that journey and has established a significant and exciting development programme that will deliver great quality, sustainable homes and create fantastic places to live, while reinvesting returns into important public services and improved outcomes for the residents of Essex.
- 3.6 Essex Housing works with public sector partners across the county to develop land for the benefit of Essex, specifically in order to help address general, specialist and affordable housing need. By developing with a social conscience, Essex Housing enhances important assets, putting design, quality and sustainability at the forefront of what it does and shaping places that Essex can be truly proud of, all while reducing the burden on the taxpayer, generating capital receipts and delivering revenue benefits.
- 3.7 In July 2020, ECC Cabinet agreed to the establishment of a limited liability partnership, Essex Housing Development LLP ((FP-692-05-20) Essex Housing Optimisation Project) to carry out development activity. The LLP was created as part of a project to optimise Essex Housing to deliver our growing ambitions for housing development. The LLP can act with a greater degree of commercial flexibility and agility that enables it to deliver schemes at greater pace and scale, while still remaining accountable to Essex County Council. It also gives Essex County Council greater financial flexibility to use surpluses to fund capital or revenue expenditure. This scheme will be brought forward by Essex Housing LLP.

Summary of project

- 3.8 The freehold of the Site is currently owned by ECC. Following a decision taken by ECC in 2018, ECC agreed to progress the scheme to secure planning permission and explored the option of re-developing the Site to provide 10 fit for purpose specialist units for adults with learning disabilities and 16 units for private sale. In 2022 ECC was successful in securing planning permission for 16 units for private sale and nine specialist units for adults with learning disabilities (plus one carer's apartment) on the Site. The planning application sought approval to build nine specialist units for adults with learning disabilities in line with the ECC Design Guidance for Learning Disabilities – meeting these requirements requires larger unit footprints than general needs units which incur additional costs to the scheme. This report requests approval for the LLP to progress the 10 specialist units for adults with learning disabilities, which includes 1 carer's apartment that will be subject to a separate decision as to how this unit will be owned by ECC.
- 3.9 Following the transfer of the land from the Council to the LLP, the LLP will seek to award a contract for 26 homes to be built with 16 for private sale and nine specialist units for adults with learning disabilities (plus one carer's apartment).
- 3.10 The design and build contract is to be awarded by the LLP following transfer of the land from the Council to the LLP for the price shown in the Confidential Appendix. Income will come to the Council from the sale of the land to the LLP, plus any surplus made by the LLP will be available for distribution back to ECC on completion of unit sales.
- 3.11 Below is an indicative timeline for the project:

Milestone Description	Target Date
Transfer of Site to the LLP	June 2022
Contractor Appointment by the LLP	June 2022
Construction Start	June 2022
Construction Complete	November 2023
LLP completes sales	February 2024

- 3.12 As set out in this report, there are a number of decisions required in order for the Council to dispose of the Site to the LLP and matters that are reserved to the Council acting in its role as Member of the LLP.

Latest

- 3.13 Since December 2018, the following activity has been undertaken by the Council or, following its formation, by the LLP:
- 3.13.1 A scheme design has been prepared by the design team appointed by Essex Housing comprising of Saunders Boston Architects and Oxbury Chartered Surveyors with planning advice provided by Strutt and Parker and market advice provided by Savills.
- 3.13.2 The Site has been cleared, vacant buildings demolished and the Site remediation works have been undertaken to remove ground

- contamination including asbestos and heavy metals - all commissioned by the LLP.
- 3.13.3 Essex County Council sought planning permission from Epping Forest District Council to construct 26 units at the Site, with the current situation being that there is a resolution to grant planning permission.
- 3.13.4 Reviewed the title deeds of the Site, with key identified issues being summarised in the Confidential Appendix.
- 3.14 It is proposed that the Shernbroke Site is transferred to the LLP for the price shown in the Confidential Appendix. The LLP will then progress the construction of the scheme through to completion, including sale of any dwellings that have been completed. Section 123 of the Local Government Act 1972 requires the Council to secure the 'best consideration reasonably obtainable' or obtain consent for the disposal. As a result, a valuation has been undertaken, as set out in the Confidential Appendix, to inform the decision to dispose of the Site to the LLP. The LLP will pay for the land and the construction costs for the development of the 26 units with money borrowed from ECC. The loan will be repaid to the Council through the proceeds of sale of units built on the Site.
- 3.15 The sale of the units is in accordance with the LLP's Annual Delivery Plan and will see:
- the sale of 16 general needs units undertaken through the traditional approach of open market sale to individual purchasers.
 - the sale of 9 specialist units to a Registered Provider.
 - the sale of 1 specialist unit (the carer's apartment) to ECC.
 - the units will be sold on a long-term leasehold basis with a peppercorn ground rent.
 - all common areas of the site will be managed by a managing agent acting on behalf of a specialist management company which residents can become directors and oversee the expenditure and operations.
 - the freehold of the leasehold units and the common parts of the site will be disposed of either to the specialist management company or a market disposal.

Project Financing

- 3.16 There will be a development loan provided by the Council to cover any capital costs involved in the development of Shernbroke. These costs are detailed in the Confidential Appendix and include construction fees. The development loan will include the value of any land transferred from the Council to the LLP.

ECC as Member of Essex Housing Development LLP

- 3.17 Essex Housing Development LLP is 99% owned by Essex County Council with Seax Trading Limited owning the remaining 1%. The LLP is constituted and governed by an LLP Agreement entered into between Essex County Council, Seax Trading Limited and the LLP dated 29 January 2021. This provides that the LLP shall have a Management Board which shall carry on and conduct the

LLP's day-to-day business and that a range of reserved matters are reserved solely to the Council. Where the LLP seeks to enter into arrangements over £2,000,000, the LLP requires the Council's approval. It is therefore recommended that the Council approves the LLP entering into an agreement for the funding for Shernbroke as set out in the Confidential Appendix and is authorised to enter into a design and build contract following a successful procurement process carried out by the LLP.

- 3.18 The LLP requires the Council's authority to become the owner of any shareholding in or a member of any other company or body corporate and before it disposes of any interest in any other company or body corporate. The Site has communal parts, the freehold of which is to be transferred to a new private company limited by guarantee of which the LLP will be the initial member and initial director of the management company. When a unit is purchased, the buyers will become members and directors of the company. Once a director and member of the company is appointed following a sale, the LLP will step down as member and director. The residents will manage the private company limited by guarantee with an external property management service provider that will provide day-to-day maintenance of communal spaces included any unadopted road or drain. Purchasers will pay a fee into the company which will then fund the works required for the communal areas.

Refund of cost of the Works undertaken by LLP to the Site

- 3.19 The LLP has already paid for works to the Site including demolition and decontamination at its own risk. Although the Council is not required to do so, it is recommended that we reimburse the LLP for the cost of this work as it has improved ECC's land and made it more saleable.

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision

- Develop our County sustainably

- 4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:

- Promote the use of low carbon heating systems in the delivery of housing in Essex.

- 4.3 This report also links to the following strategic priorities in the Organisational Strategy 'Everyone's Essex':

- **A strong, inclusive and sustainable economy**
 - **Infrastructure:** we will deliver and maintain high quality infrastructure to improve opportunities for people living in Essex as well as supporting a growing economy and the delivery of new

homes and communities by investing in the region of £1bn by the end of this Council.

- **Future growth and investment:** we will help grow existing businesses and the economic sectors of the future in Essex, including the arts, and secure high levels of new investment by working with partners to promote the County, by creating the conditions for growth and by maximising the impact of public sector spend within the county.
- **A high-quality environment**
 - **Net zero:** we will work across the Council and the County to hit our net zero targets, by ensuring that the Council significantly reduces its carbon footprint whilst also supporting an acceleration in the progress towards sustainable housing and energy, and active and alternative forms of travel across the county.
 - **Transport and built environment:** we will deliver a step change in sustainable travel across the county, by growing passenger transport and active travel and will ensure we support the move towards net zero, climate resilient developments including our new garden communities, by delivering sustainable and healthy neighbourhoods for the future.

5 Options

Disposal

- 5.1 Transfer the freehold ownership of the Site to the LLP in order to secure the development of the site (**recommended option**). The benefits of this option are that it enables greater flexibility and financial benefits to support the delivery of housing.
- 5.2 Retain ownership of the Site by the Council. The Council will then be responsible for completion of the development. Retaining ownership of the Site by the Council will forego the benefits highlighted above. The Council would also need to cover the total costs spent to date which would be considered abortive costs as outlined in the Confidential Appendix.

Project Financing

- 5.3 Option 1: The Council providing the development loan subject to land transfer and ongoing capital costs. This will allow the LLP to fund the land transfer and pay for the ongoing project related capital costs. The LLP can take forward the development of housing on the Site (**recommended option**).
- 5.4 Option 2: The Council not providing funding but the transfer still goes ahead. This would require the LLP to go back to the Council as a reserved matter if the land is transferred to obtain funding from a third party. This will take additional time in sourcing new funding and purchasing the Site, which is likely to cause delays to the construction of units and sales completing.

- 5.5 Do nothing. The Council would need to cover total costs spent to date which would be considered abortive costs as outlined in the Confidential Appendix.
- 5.6 It is therefore recommended that the Site transfer to the LLP and that the Council provides a loan facility to the LLP. This will permit the Site to be developed by the LLP as set out in this report. This is the recommended option, delivers the greatest benefits to local residents and is financially viable. A breakdown of the financial benefits of developing the scheme are set out in the Confidential Appendix.

6 Issues for consideration

6.1 Financial implications

- 6.1.1 The land is assessed to have the value shown in the Confidential Appendix. The land disposal value is based on an undervalue against the Red Book market valuation for costs incurred by the LLP for enhanced specifications, site specific clearance and demolition costs.

6.2 Legal implications

- 6.2.1 The Council is obliged to obtain the best consideration reasonably obtainable on the disposal of its own property unless the Secretary of State consents to the disposal or the disposal falls within the terms of the disposal consents issued under the Local Government Act 1972.
- 6.2.2 The Confidential Appendix confirms that the recommended proposal is to dispose of the Site for £157,164 less than the best consideration reasonably obtainable as well as a requirement to purchase a carer's flat. The Secretary of State has provided general consent for disposal of any interest in land that the authority considers will help secure the promotion or improvement of the economic, social or environmental well-being of its area and the difference between the value of the land and the disposal value does not exceed £2,000,000 under the Local Government Act 1972: General Disposal Consent (England) 2003 (the Consent).
- 6.2.3 The development includes specialist units for adults with learning disabilities, which would generally be a Service of Public Economic Interest (SPEI). SPEIs are subject to a small value financial assistance exemption under the subsidy control rules, where a public body can compensate for SPEIs up to approximately £790,000 (750,000 Special Drawing Rights) over a 3-year period. The proposal to provide a subsidy in the value of £157,564 plus the subsidy for the carer's apartment at a value as set out in the Confidential Appendix falls within the small value exemption for SPEIs.
- 6.2.4 Essex Legal Services will be commissioned to carry out the conveyancing work for the Council's disposal of the Site.

6.2.5 In accordance with the LLP Agreement between the Council, Seax Trading Limited and Essex Housing Development LLP dated 29 January 2021, the decision to enter into agreements over £2,000,000 and to establish a management company is reserved to the Council. The decision by the Council recorded by this report is as effective as the decision of the Member of the LLP.

6.2.6 With respect to the reimbursement of the costs for the improvement of the Site, it is lawful and reasonable for ECC to reimburse the LLP. If this is not reimbursed there is a risk that ECC is being unjustly enriched at the expense of the LLP due to the improvement of ECC's land by a third party.

6.2.7 Commercial legal issues relating to development are set out in the Confidential Appendix.

7 Equality and Diversity Considerations

7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8 List of Appendices

- 8.1 Equality Impact Assessment
- 8.2 Confidential Appendix
- 8.3 Plan – showing land to be transferred edged red

9 List of Background papers

None

These are the notes referred to on the following official copy

The electronic official copy of the title plan follows this message.

Please note that this is the only official copy we will issue. We will not issue a paper official copy.

This official copy was delivered electronically and when printed will not be to scale. You can obtain a paper official copy by ordering one from HM Land Registry.

This official copy is issued on 03 February 2022 shows the state of this title plan on 03 February 2022 at 10:26:33. It is admissible in evidence to the same extent as the original (s.67 Land Registration Act 2002). This title plan shows the general position, not the exact line, of the boundaries. It may be subject to distortions in scale. Measurements scaled from this plan may not match measurements between the same points on the ground.
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Forward Plan reference number: FP/370/04/22

Report title: Approval of Equality Objectives 2022-25 and Equality Policy Statement	
Report to: Cabinet	
Report author: Louise McKinlay, Deputy Leader and Cabinet Member for Community, Equality, Partnerships and Performance	
Date: 24 May 2022	For: Decision
Enquiries to: Richard Puleston, Director, Policy richard.puleston@essex.gov.uk or Shammi Jalota, Head of Equalities & Partnerships shammi.jalota@essex.gov.uk	
County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1 Tackling Inequalities is one of the central pillars of Everyone's Essex that runs throughout our 20 commitments, our focus on levelling up, and our principles around how we will achieve whole population outcomes and deliver excellent services in order to improve the life chances for Essex residents.
- 1.2 Our equality objectives underpin the delivery of Everyone's Essex by setting out clear areas of focus and specific actions for how we will work with our communities and partners to address inequalities in our communities and level up life chances for residents. Our equality objectives also set clear actions for Essex County Council as a major employer and system leader.
- 1.3 Each equality objective is set out with accompanying supporting activity to aid delivery, some of which have been drawn directly from the commitments already identified within Everyone's Essex. The delivery of these activities will be tracked and monitored with performance metrics that will be developed against key deliverables and published at regular intervals.

2 Recommendations

- 2.1 Agree the draft Equality Objectives as at appendix 1.
- 2.2 Agree the Equality Policy Statement as at appendix 3.

3 Background and Proposal

- 3.1 The Equality Act 2010 requires public bodies to demonstrate that they are advancing equality under the Public Sector Equality Duty. Under the legislation Councils are required to produce at least one Equality Objective every four years to demonstrate how they will eliminate discrimination and advance equality.

- 3.2 In addition to the requirements outlined by legislation when setting equality objectives, they should also be closely tied to the strategic priorities of the Council. Objectives should also be based on robust data and evidence of need.
- 3.3 The Council has to publish one or more objectives it thinks it should achieve to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Fostering good relations between people who share a protected characteristic and those who do not.
- 3.4 The purpose of setting equality objectives is to help public authorities to better perform the requirements of the Public Sector Equality Duty, focusing on the outcomes to be achieved. Equality objectives help focus attention on the priority equality issues within an organisation in order to deliver improvements in policy making, service delivery and employment.
- 3.5 ECC's last set of equality objectives helped the organisation to achieve a number of outcomes. Examples of these can be found in the Organisation Plan [Plans and strategies: Organisation plan: 2021 to 2022 - Essex County Council](#). Page 40-42.
- 3.6 We are proposing two equality objectives for the 2022-2025 period - tying into the lifespan of Everyone's Essex. These are outlined in Appendix 1. The first of these objectives is aimed at focusing our work to tackle inequalities within communities whilst the second is focused on the corporate equality health of the organisation. Under each of these objectives are a number of specific sub-objectives that outline how we will achieve our main objectives.
- 3.7 With respect to the externally focussed objectives, a public consultation took place between 14 February and 20 March 2022 asking for views on the community-focused equality objectives and related activity. This was supported by information providing context and background as to why these issues are important to the Council. The consultation was hosted online and shared with partner organisations through networks such as Essex Partners, Essex Faith Covenant Steering Group, Essex Equality Network and the Hate Crime Strategic Partnership. A press release was published, details were posted across ECC social media platforms and an article appeared in Your Essex magazine. A word version of the consultation is included within the background papers.
- 3.8 In total 36 responses were received. Of these, 31 were replying as individuals and 5 on behalf of organisations. Details of the responses to the consultation are set out in appendix 2. A word version of the consultation questions and supporting information is provided in the background papers to this report.
- 3.9 Of the responses received, most were supportive of our approach and there were no specific comments disagreeing with the objectives or suggesting alternatives. There was broad support for each sub-objective with no suggested changes to the focus of each one. The substantive issues raised included identifying priority

cohorts (which are included in the strategies or plans aligned to each of the sub-objectives), on individual experiences and on areas not related to protected characteristics (e.g. poverty). Therefore, no amendments to the objectives or sub-objectives are considered necessary.

- 3.10 With respect to the internally focussed objective and sub-objectives, these have been discussed by senior leaders and have been formulated following a number of engagement events with employee networks etc
- 3.11 The draft **Essex County Council Equality, Diversity, and Inclusion Policy Statement** is at appendix 3. The policy needs to be revised on a regular basis, and this revision reflects the commitment to advancing equality that is central to Everyone's Essex. The policy itself recognises the importance of tackling discrimination and advancing equality between different groups in the community, whilst also addressing the diverse needs of individuals. It also covers the council's own employment policies and practices, the provision of services and public functions, and our system leadership role in tackling deprivation and inequality.

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision:
- Enjoy life into old age
 - Provide an equal foundation for every child
 - Strengthen communities through participation
 - Connect us to each other and the world
 - Share prosperity with everyone
- 4.2 This report links to the following strategic priorities in the emerging Organisational Strategy 'Everyone's Essex':
- A strong, inclusive and sustainable economy
 - A high quality environment
 - Health wellbeing and independence for all ages
 - A good place for children and families to grow
- 4.3. This report also links to the 'Everyone's Essex' principle of "Service Excellence", in particular:
- Addressing the causes that drive demand
 - Collaborating with partners
 - Empowering communities

5 Options

Option 1 (preferred)

- 5.1 The proposed Equality Objectives 2022-2025 be approved and be published on the Council website and a monitoring framework be established to report on

progress against the identified activity. This will ensure that the Council remains compliant with the Public Sector Equality Duty (PSED).

Option 2

- 5.2 To amend the draft Equality Objectives 2022-25 and related activity. Any delay would mean that the council would be without any agreed equality objectives. Another round of consultation may also be required.

6 Issues for consideration

- 6.1 There are no direct financial implications associated with this report.

6.2 Legal implications

- 6.2.1 The general public sector equality duty is set out in section 7 of the report.

- 6.2.2 The Equality Act 2010 (Specific Duties) Regulations 2011 the Council must prepare and publish at least one equality objective once every four years. These must be **SPECIFIC and MEASURABLE**. It is therefore crucial that the sub-objectives form part of the objectives as they meet this criterion.

7 Equality and Diversity Considerations

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. The Council has extensive data and research on equalities issues and outcomes in Essex. Data on inequalities was part of the overall data analysis that has underpinned the development of our new equality objectives and is reflected in particular in framing areas of focus that sit underneath the community focused objective. The Equality Policy Statement will ensure that a clear organisational commitment to equality and inclusion is provided.

8 List of Appendices

Appendix 1 - Draft equality objectives 2022-25

Appendix 2 – Consultation responses

Appendix 3 - Draft Essex County Council Equality, Diversity, and Inclusion Policy Statement

Appendix 4 - Equality Impact Assessment

9. List of Background papers

Word version of full consultation document

Draft Equality Objectives 2022-25	
Equality objective -Community Focused	Sub-objectives (Activity) We will achieve this by
We are committed to addressing inequalities and levelling up life chances for our residents and advancing equality of opportunity for our communities.	Developing a Levelling Up Strategy that will set out our long-term commitment through a series of policy interventions to connect people to opportunities and support aspiration across Essex, with a specific focus on those cohorts and places most at need.
	Focusing on a key commitment in Everyone's Essex to work with children, young people and partners across the system to improve outcomes for the most vulnerable children and disadvantaged groups.
	Working with partners to deliver an effective and robust response to tackling Hate Crime across Essex and ensure communities are informed about, and confident in, reporting hate crime, through the Essex Strategic Hate Crime Prevention Strategy.
	Working with partners, to develop and implement a revised and updated Joint Health and Wellbeing Strategy to address the issues impacting our communities, as identified through the Joint Strategic Needs Assessment.
	Working with partners to tackle violence, intimidation and abuse against women and girls in Essex communities, as well as working with communities to improve feelings of safety in public spaces
	Developing a series of resources from the release of the Census 2021 outputs to provide a high level of insight into the needs of our communities to influence the shaping of inclusive policy and practice going forward.
	Improving our understanding of the race disparities that exist in the provision of our service delivery to Essex residents and work with service users and local communities to address them.
Equality Objective - workforce focused	Sub-objectives (We will achieve this by...)
We are committed to being an employer that values difference and attracts, recruits and retains talented individuals from a diverse range of backgrounds. We will support and encourage our employees to be the best they can be at work and provides them with an employment deal that is fair and inclusive.	Working towards making selection pools for senior roles more diverse in terms of gender, disability and ethnicity.
	Developing a 'women in leadership' programme and moving the proportion of women in senior leadership.
	Actively promoting and encouraging people with disabilities to come forward and apply for roles at ECC.
	Identifying specific roles where women or men are underrepresented compared to the population of Essex, and actively promote to, and encourage applications from, that group.
	Consciously placing adverts and approaching agencies who reach and proactively support black and minority ethnic candidate communities, along with other underrepresented groups such as disabled candidates.
	Using the Ways of Working programme as a way of challenging how, when and where we work, opening up opportunities for more diverse talent.
	Reviewing our current level of learning and development offer around diversity and inclusion and its effectiveness – informed by employee networks and Diversity and Inclusion Lead.
	Having inclusive recruitment training in place.
	Ensuring that any talent programmes developed will include the ability to track participants and their career progression.
	Creating listening forums where senior leaders take part so that they can understand the experience of our workforce

Equality Objectives 2022-2025 – Consultation Responses

Overview of Respondents

A total of 36 responses were received (note that not all respondents answered all questions). Of these, 31 were replying as individuals and 5 on behalf of organisations.

Due to the small number of individual responses a demographic breakdown is not provided.

The five organisations providing a response were: Rayleigh, Rochford and District Association for Voluntary Service, Mencap, Action for Family Carers and Police, Fire and Crime Commissioner for Essex.

Sub Objective 1: Developing a Levelling Up Strategy that will set out our long-term commitment through a series of policy interventions to connect people to opportunities and support aspiration across Essex, with a specific focus on those cohorts and places most at need.

Overview of Responses		
Response	#	%
Strongly agree	12	34%
Agree	16	46%
Neither agree or disagree	6	17%
Disagree	0	0%
Strongly disagree	1	3%
Total	35	

Comments Received

Eleven comments were made by those who 'Strongly Agree / Agree'. Two comments were made by those who 'Neither Agree or Disagree'. No comments were made by those who "Disagree.

The substantive issues raised by commentators were the need to address public transport in rural areas, mental health impacts and digital exclusion, the need for targets to be set for improvement, the need for a whole system approach, the links between the cohorts and violence and vulnerability, concerns that some families will 'fall between the gaps' of the agreed cohorts, and the need to address intersectionality of the cohorts.

Response

The issues raised are all covered within the detail of the [Levelling Up Strategy](#). Therefore, we do not consider it necessary to make any changes to this sub objective.

Sub Objective 2: Focusing on a key commitment in Everyone's Essex to work with children, young people and partners across the system to improve outcomes for the most vulnerable children and disadvantaged groups.

Overview of Responses		
Response	#	%
Strongly agree	21	62%
Agree	10	29%
Neither agree or disagree	2	6%
Disagree	0	0%
Strongly disagree	1	3%
Total	34	

Comments Received

Nine comments were made by those who 'Strongly Agree / Agree'. One comment was made by those who 'Neither Agree or Disagree'. No comments were made by those who "Disagree.

The substantive issues raised by commentators were the need for more mental health support for young people and support for SEND, joining up the approach with existing activity and needing to address the root causes of inequalities.

Response

The issues raised are all covered within the detail of [Everyone's Essex](#). Therefore, we do not consider it necessary to make any changes to this sub objective.

Sub Objective 3: Working with partners to deliver an effective and robust response to tackling Hate Crime across Essex and ensure communities are informed about, and confident in, reporting hate crime, through the Essex Hate Crime Prevention Delivery Plan.

Overview of Responses		
Response	#	%
Strongly agree	11	32%
Agree	13	38%
Neither agree or disagree	6	18%
Disagree	0	0%
Strongly disagree	4	12%
Total	34	

Comments Received

Five comments were made by those who 'Strongly Agree / Agree'. Two comments were made by those who 'Neither Agree or Disagree'. Three comments were made by those who "Disagree.

The substantive issues raised by commentators were the need for increased support for victims and educating children and young people, needing to understand intersectionality, the issue of misogyny as a hate crime and understanding the root causes of hate crime.

Response

Whilst the Hate Crime Delivery Pan is still in draft, it is aligned to the priorities within the existing [Hate Crime Prevention Strategy](#) and the issues raised are all covered within these priorities. The Law Commission review has recommended that misogyny not be made a hate crime under the Police, Crime & Sentencing Bill. Violence, intimidation and abuse against women and girls is a priority for Essex County Council and this is reflected in Sub Objective 5. Therefore, we do not consider it necessary to make any changes to this sub objective.

Sub Objective 4: Working with partners, to develop and implement a revised and updated Joint Health and Wellbeing Strategy to address the issues impacting our communities, as identified through the Joint Strategic Needs Assessment.

Overview of Responses		
Response	#	%
Strongly agree	17	52%
Agree	13	39%
Neither agree or disagree	2	6%
Disagree	0	0%
Strongly disagree	1	3%
Total	33	

Comments Received

Ten comments were made by those who 'Strongly Agree / Agree'. One comment was made by those who 'Neither Agree or Disagree'. No comments were made by those who "Disagree.

The substantive issues raised by commentators were a need to focus on mental health support, suicide prevention, dementia and end of life care, the need to improve access to services in rural areas and the need to join up the approach across all areas to tackle the issues.

Response

The issues raised are all areas that will be reviewed as part of the JSNA and, where identified as a priority, will be included within the Health & Wellbeing Strategy. Therefore, we do not consider it necessary to make any changes to this sub objective.

Sub Objective 5: Working with partners to tackle violence, intimidation and abuse against women and girls in Essex communities, as well as working with communities to improve feelings of safety in public spaces.

Overview of Responses		
Response	#	%
Strongly agree	16	46%
Agree	17	49%
Neither agree or disagree	1	3%
Disagree	0	0%
Strongly disagree	1	3%
Total	35	

Comments Received

Seven comments were made by those who 'Strongly Agree / Agree'. One comment was made by those who 'Neither Agree or Disagree'. No comments were made by those who "Disagree.

The substantive issues raised by commentators were educating children and young people, concerns about street lighting, the need to address Domestic Abuse, have an intersectional approach and a whole system approach.

Response

The issues raised are all areas being considered through the work of the [Safety Advisory Group](#) and through the [Southend, Essex & Thurrock Domestic Abuse Board Strategy](#), which inform this sub objective. Therefore, we do not consider it desirable to make any changes to this sub objective at this time.

Sub Objective 6: Developing a series of resources from the release of the Census 2021 outputs to provide a high level of insight into the needs of our communities to influence the shaping of inclusive policy and practice going forward.

Overview of Responses		
Response	#	%
Strongly agree	13	38%
Agree	11	32%
Neither agree or disagree	9	26%
Disagree	0	0%
Strongly disagree	1	3%
Total	34	

Comments Received

One comment was made by those who 'Strongly Agree / Agree'. Five comments were made by those who 'Neither Agree or Disagree'. No comments were made by those who "Disagree.

The substantive issues raised by commentators were to utilise data beyond the census.

Response

The census provides us with the best opportunity to understand population data sets not available elsewhere. We will always look to utilise different data where possible to help us maintain the best understanding of our community elsewhere. Therefore, we do not consider it necessary to change our approach or this sub-objective.

Sub Objective 7: Improve our understanding of the race disparities that exist in the provision of our service delivery to Essex residents and work with service users and local communities to address them.

Overview of Responses		
Response	#	%
Strongly agree	18	53%
Agree	8	24%
Neither agree or disagree	4	12%
Disagree	0	0%
Strongly disagree	4	12%
Total	34	

Comments Received

Six comments were made by those who 'Strongly Agree / Agree'. One comment was made by those who 'Neither Agree or Disagree'. Three comments were made by those who "Disagree.

The substantive issues raised by commentators were not using the term BAME and ensuring better representation within the workforce, the need to embed anti-racist practices and provide opportunities to celebrate diversity.

Response

The comments received reflect the ethos of the sub objective. It should also be noted that whilst the workforce objective was referenced as part of this consultation the full detail was not published, as consultation on this objective was carried out with the workforce. Therefore, we do not consider it necessary to make any changes to this sub objective.

Are there any other areas of focus you believe should be included within the equality objective?

Comments Received

The substantive issues raised by commentators were the need to consider accessibility/connectivity in rural areas, dementia, end of life care, taking positive action to provide equal access and opportunities and climate action.

Response

As noted in the above response, the issues raised are already considered within the detailed work behind the sub objectives. Therefore, we do not consider it necessary to make any changes to the objective.

Draft Essex County Council Equality, Diversity, and Inclusion Policy Statement

1. Introduction

We are committed to developing a culture that embeds the effective management of equality, diversity and inclusion in all we do.

We understand the importance of closely engaging with our partners to enable a system level response to challenging inequality and promoting fairness.

We recognise the importance of tackling discrimination and advancing equality between different groups in the community, whilst also addressing the diverse needs of individuals.

We celebrate the diversity of Essex and are striving to promote and reflect that diversity within our organisation. We work to treat all employees and job seekers fairly and without discrimination.

This policy statement describes how we will:

- Respond to the requirements of the Equality Act 2010 as part of its core business
- Fulfil our system leadership role in tackling deprivation and inequality

2. Our Responsibilities

The Equality Act 2010 places a Public Sector Equality Duty (PSED) on us to have 'Due Regard' in all of our functions to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations

This applies to the following Protected Characteristics: *age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, marriage and civil partnership*. Adhering to the PSED ensures that our decisions are sound and fair.

3. Our Commitments

Everyone's Essex, our plan for levelling up the county 2021-2025, sets out our areas of focus over the next four years. It articulates our aim to achieve better outcomes for Essex residents and outlines how we can work better as an organisation to meet our ambitions.

Three themes have been identified – Renewal, Equality, Ambition – to ensure we are well placed to address the challenges ahead. Alongside these themes, that run through everything we do, we are focused on four areas where outcomes really matter for the quality of life of our residents.

They are:

- The economy
- The environment
- Children and families
- Promoting health, care and wellbeing for all the parts of our population who need our support

Our equality objectives for 2022-25 are aligned to Everyone's Essex and outline how we will ensure that fairness, diversity and inclusion are central to everything we do over the next four years:

- 1. We are committed to addressing inequalities and levelling up life chances for our residents and advancing equality of opportunity for our communities.**

- 2. We are committed to being an employer that values difference and attracts, recruits and retains talented individuals from a diverse range of backgrounds. We will support and encourage our employees to be the best they can be at work and provides them with an employment deal that is fair and inclusive.**

Specific areas of focus have been identified under each of these objectives to demonstrate the impacts being made. These will be kept under review and we will monitor and report on progress. **Updated equality objectives will be published here:** [Equality and diversity: Our approach - Essex County Council](#)

4. Meeting our commitments and responsibilities

Through our delivery of services we will:

- Engage with and understand the needs of our service users to ensure access is fair, and that we can assess the impact of our decisions by protected characteristic mitigating any adverse impacts where possible.¹
- Ensure they are appropriate and responsive to need by assessing and measuring impact based on robust evidence.
- Ensure they are delivered by people who are adequately trained
- Involve service users and representative groups in decision making through consultation and engagement.
- Ensure that our complaints procedure is open, accessible and transparent so that discriminatory behaviour can be dealt with.
- Provide clear strategies and policies to advance equality and promote inclusion.

As an employer we will:

- Create a workforce in which people feel comfortable and valued.
- Ensure all employees and job applicants are treated fairly and with dignity and respect.
- Promote people's right to freedom from harassment and bullying in the workplace, and promote equality of opportunity.
- Provide training to make sure employees and Members understand the Equality, Diversity and Inclusion agenda and how it applies to their role.
- Monitor and understand our workforce through recruitment and staff surveys and work towards it being representative of the communities we serve, and that satisfaction levels can be measured by protected characteristic.

Through working with partners across the system we will:

- Support partners to align, enable and deliver the equality and inclusion policies and practices required to effectively address deprivation and inequality.
- Drive innovative partnership initiatives relating to equality and inclusion that help to integrate and improve local services.
- Ensure clear leadership and governance is in place to enable a focused and sustained approach to tackling inequality.
- Ensure our work to reduce inequality is underpinned by research, analysis and effective methodologies.
- Share knowledge, resources and services to provide solutions to agreed equality and inclusion priorities delivering benefits to partners.

¹ This may mean that service areas will need to ensure that data collection methods are in place that enable them to differentiate performance in relation to protected characteristics.

- Communicate with and engage partners in the delivery of our equality and inclusion priorities.

We aim to embed these commitments in all our policies, procedures, day-to-day practices, and external relationships.

Forward Plan reference number: FP/272/01/22

Report title: Adoption of the Corporate Parenting Strategy for Essex (2022 – 2027)	
Report to: Cabinet	
Report author: Councillor Beverley Egan, Cabinet Member for Children’s Services and Early Years	
Date: 24 May 2022	For: Decision
Enquiries to: Sukriti Sen, Director of Local Delivery, Jo Boyd-Wallis, Senior Strategy Advisor and Chris Carpenter, Senior Strategy Advisor	
County Divisions affected: All Essex	

1. Everyone’s Essex

- 1.1 Our vision for children and families is to help achieve the best outcomes for all families, children and young people by building resilience, raising aspirations and protecting the most vulnerable.
- 1.2 ‘A Good Place for Children and Families to Grow’ is one of the four strategic aims for Essex County Council, as set out in Everyone’s Essex. Under this aim, there is a commitment to improving outcomes for vulnerable children, including children in care and care leavers. We want to ensure that no one is left behind.
- 1.3 Our new Corporate Parenting Strategy sets out how we will meet our legal duty to children in care and care leavers. It responds to what children, young people, carers and families have told us. It sets new outcomes designed to improve the lives and life chances of the children and young people in our care and care leavers.
- 1.4 We have rebranded our strategy “Our Co-Parenting Strategy”. This name was suggested to us by care leavers. They advised that the word “corporate” does not appeal to children and young people and suggested replacing it with “Co-Parenting”, also recognising that many people work together to care for them.
- 1.5 Everyone’s Essex also offers many opportunities to indirectly improve the lives of children in care and care leavers, with action outside of social care and children and families’ services. Evidence shows that there is a strong link between poverty and abuse and neglect. Our Levelling Up agenda aims to tackle the cause of inequality and poverty to create a fairer society for everyone.
- 1.6 Central to our Levelling Up agenda is the belief that a person’s potential should not be defined at birth, by who their parents are or where they live. The council and our partners should play a role in helping people define their own destiny. As good corporate parents, we should put children in care and care leavers at the heart of this agenda.

- 1.7 Vulnerable families and care leavers are also affected by the shortage of suitable, affordable social housing in Essex, so should be part of strategic discussions on Housing.
- 1.8 By supporting our most vulnerable children to have good mental and physical health, get the most from their education and grow into independent adults with high aspirations for the future, we will also help meet the strategic aims of:
 - Health wellbeing and independence for all ages
 - Strong, inclusive, sustainable growth
- 1.9 Our Co-Parenting Strategy is our statement of intent. Following its publication, we work with partners to develop Delivery Plans to achieve our stated outcomes, consulting children, young people, carers and families as appropriate.
- 1.10 As a result of our strategy, we want officers, Elected Members and our partners to ask themselves: “What can I do in my role to help children and young people in and leaving care?”

2 Recommendations

- 2.1 To adopt the Corporate Parenting Strategy 2022-27 “Our Co-Parenting Strategy” as set out at Appendix 1.

3 Background

- 3.1 It is Essex County Council’s legal duty to act as corporate parents and care for children and young people where a care order is made. Established in The Children’s Act 1989, this duty is not just with social workers and professionals who work directly with children and young people, but with all county council staff and elected Members.
- 3.2 The Act also places a duty on our partners - including Health, Education and Housing services - to support Children’s Services departments to meet Corporate Parenting responsibilities. We need help from our partners across the Essex system to give our children and young people stability, community and the best start in life.
- 3.3 Our purpose is to provide early help to children and their families, to prevent them from becoming children in need and to protect children and young people from neglect and abuse. We work on bringing the right children into care for the right amount of time. When children are in our care, we support them to maintain relationships with their families and friends and reunite them with their families as safely and as soon as possible.
- 3.4 As a result of our approach, we have one of the lowest rates of children in care in the country: 34/10,000 compared to 67/10,000 nationally and 56/10,000 for statistically-comparable local authorities. We are proud of our achievements and

our Ofsted Outstanding rating in this area, but we always want to build on this success, learn from children and peers and continue to be better.

4 Development of the Strategy

4.1 The previous Corporate Parenting Strategy ran from 2017-20, with an update in 2021 in response to the Covid19 Pandemic.

4.2 In 2021, we achieved a positive Ofsted Focussed Inspection on Care Leavers. During the inspection, it was recommended that our next strategy:

- Reflected the achievements and innovations since the last strategy
- Amplified children and young people's voices
- Included measurable outcomes

4.3 We have taken these recommendations forward in the development of our new strategy, which is attached at Appendix 1.

4.4 When we spoke to care leavers about the strategy, they told us that the formal term "Corporate Parenting" does not appeal to children and young people. They wanted to use "Co-Parenting" instead, as it covers the various people who work together to care for them. We have adopted this as our brand for the strategy and will use this when we talk to children and young people about corporate parenting.

4.5 We have drafted the new strategy based on evidence and insight collected from children, young people, carers, families and professionals through the Involvement Service, Independent Review and Audit Services and many other professionals who work with children and young people in and leaving care.

4.6 Our Priorities are designed to be meaningful to children and young people in and leaving care and reflect their experiences. We have run key parts of the strategy past a group of care leavers who have helped bring the strategy to life with their suggestions, including making sure we use tone and language that speaks to children and young people.

1. **Self:** Celebrating individuality, championing diversity and inclusion and helping children and young people understand where they come from.
2. **Health:** Supporting emotional wellbeing, championing healthy lifestyles and keeping children and young people safe.
3. **Home:** Providing good, stable homes and ensuring children and young people feel cared for.
4. **Learning:** Helping children and young people learn, have high aspirations, grow as people and enjoy school, college, university and training.

5. **Independence:** Helping care leavers achieve independence as successful, happy adults who can feel confident in work and if they become parents themselves.

- 4.7 Related to these Priorities, our overall approach of ‘the right children in care for the right amount of time’ and our commitment to listening to children, young people, carers and families, we have seven Outcomes:

Our Outcomes	
1	The right children are in care, the length of time in care is safely reduced, and families feel involved and supported
2	Children and young people in care, care leavers and families feel listened to, involved and understand what is happening to them
3	Children and young people in care and leaving care are proud to be who they are and feel a sense of belonging
4	Children and young people in care and leaving care are happy, healthy and safe
5	Children and young people in care and leaving care are settled and secure in their homes and feel part of a family
6	Children and young people in care and leaving care feel happy, confident and secure in school, college, university or training, have improved educational outcomes and high aspirations for the future
7	Care leavers feel cared for, settled, connected to others and supported to find jobs and start adult life

- 4.8 Our Outcomes also correspond to the Essex Pledge promises. The Pledge sets out our commitments as corporate parents. It was written by children in care and care leavers and is updated each year (see chapter 7 in Appendix 1).

5 Working in partnership

- 5.1 To improve Outcomes for children in care and care leavers, we need to work together across the Essex system to help tackle the challenges that Essex County Council cannot tackle alone, such as housing and employment for care leavers.
- 5.2 In preparing the strategy, we discussed our emerging Priorities at the Children’s Partnership Board, the Children in Care and Leaving Care Partnership Board. The Chair of Corporate Parenting Panel, Cllr Beverley Egan, has written to our District, Borough and City Councils Leaders and Chief Execs to raise awareness of our emerging strategy and invite ideas for working together on delivering it.
- 5.3 We have engaged with Members and key partners through the Corporate Parenting Panel and the People and Families Scrutiny Committee. We have received endorsement of the strategy, helpful feedback and ideas for future

communication to help raise awareness and galvanise action across the Essex system post-publication.

- 5.4 This is a first step to gaining partners' commitment to helping children in care and care leavers. At the time of writing, we have received letters of support from the Leader of Basildon Borough Council and Chief Executive of Tendring District Council, including examples of best practice in their councils which can be shared with others.
- 5.5 The feedback we have received has been incorporated into the final Priorities, Outcomes and Suggested Actions to be taken forward in our Delivery Plans.
- 5.6 Following publication of the strategy, we will carry out comprehensive engagement to promote and embed the Co-Parenting Strategy across the council and beyond. This will include consultation and collaboration with partners to develop Delivery Plans for action across the county council and with partners from across the Essex system.

6 Links to our Strategic Ambitions

- 6.1 This report links to the following aims in the Essex Vision
 - Provide an equal foundation for every child
 - Share prosperity with everyone
- 6.2 Approving the recommendations in this report will support the Council's ambition to be net carbon neutral by 2030 by supporting children in care to gain a good education, high aspirations and have the opportunity to be part of our future green economy.
- 6.3 This report is directly related to our strategic priority for Children and Families in 'Everyone's Essex':
 - A good place for children and families to grow
- 6.4 By caring for our most vulnerable children and supporting them to live healthy lives, achieve their aspiration and become independent adults, it also supports:
 - Health wellbeing and independence for all ages
 - Strong, inclusive sustainable economy

7 Options

- 7.1 There are two options, either adopt the strategy in its current form or do not adopt.
- 7.2 We recommend Option 1 – Adopt. Our new strategy reflects the thoughts and feelings of children, young people, their carers, families and professionals. It is

written with language that is accessible to children and young people to which it relates and addresses the issues they most care about. Care leavers have been involved in developing its key aspects, including the new brand and the Priorities.

- 7.3 Professionals from across Children and Families services and our partners have contributed to the strategy. It has been reviewed by Members of the Corporate Parenting Panel and PAF Scrutiny Committee.
- 7.4 Adopting the strategy will give us a platform to raise awareness of the needs of children in care and care leavers and support renewed partnership work to improve outcomes for them.
- 7.5 Option 2 (do not adopt) would leave us without a corporate parenting strategy. This would also risk our relationship with the young people who have been involved in its development. It would also increase the probability of us not meeting the statutory corporate parenting principles.

8 Issues for consideration

8.1 Financial implications

- 8.1.1 Adopting the Corporate Parenting Strategy 2022-27 “Our Co-Parenting Strategy” will help support the effective future management of the revenue and capital spend of the Children and Families portfolio.
- 8.1.2 In particular by having the outcome of ‘the right children in care for the right amount of time’ will support the forecasting of children in care numbers through the Medium Term Resource Strategy.
- 8.1.4 This will mean that forecasts and ultimately the expenditure incurred by the Children and Families portfolio will be prioritised to those children who should be in care and are in the right placement type. Given that there are significant price variances between placing a child in a residential setting compared to an Essex Foster Carer, the strategy will be key in ensuring future costs are kept under control.

8.2 Legal implications

- 8.2.1 The Corporate Parenting Strategy helps to ensure that the Council complies with its statutory duties under the Children and Social Work Act 2017 and associated guidance
- 8.2.2 The Children and Social Work Act 2017 includes corporate parenting principles, which comprise of seven needs that local authorities in England must have regard to whenever they exercise a function in relation to looked-after children or care leavers. These are the need:
 - (a) to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;

- (b) to encourage those children and young people to express their views, wishes and feelings;
- (c) to take into account the views, wishes and feelings of those children and young people;
- (d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
- (e) to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- (f) for those children and young people to be safe, and for stability in their home lives, relationships and education or work;
- (g) to prepare those children and young people for adulthood and independent living

9 Equality and Diversity Considerations

9.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

9.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

9.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

10 List of Appendices

- 1) Our Co-Parenting Strategy 2022-27
- 2) Draft Executive Summary
- 3) Equality impact assessment

11 List of Background papers

- Ofsted Focused visit to Essex County Council children's services – Letter dated 22 November 2021
- It's My Life Festival Reports 2019, 2020, 2021
- Shared views (Involvement Service feedback summary)
- Care leavers' experiences of support during the Covid-19 pandemic (ARU report)
- Corporate Parenting Strategy 2017 – Update 2021
- Letters of support from Tendring District and Basildon Borough Councils

Our Co-Parenting Strategy

How we do Corporate Parenting in Essex:
Working together so that children in care and
care leavers can achieve their very best



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Forewords

Cllr Beverley Egan Cabinet Member for Children and Early Years
Helen Lincoln Executive Director for Children and Families



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Forewords



Cllr Beverley Egan –
Cabinet Member for Children
and Early Years

As the lead Member for children services in Essex, I know that it is vitally important that we set out how we will ensure children and young people in and leaving care are well looked after. Our last corporate parenting strategy sent a strong message that Essex goes beyond our statutory duties and that as an organisation we take our corporate parenting responsibilities very seriously. Our job is to ensure that children are not just safeguarded, but are happy and well looked after, encouraging them to be confident and independent so they can succeed and thrive in life. In Essex, our approach has always been to put children and families first in our thinking and our corporate parenting strategy embodies this.

We must all remember that each statistic in our care system represents a child, in many cases very vulnerable children. In developing this strategy, we have listened to what children of all ages have told us is important to them and this has shaped our priorities and actions. I was delighted when I visited the It's My Life festival in the Summer, where children spoke very positively about their experiences with our frontline social care officers as well as our foster carers and residential staff. They also had the confidence to give thoughtful feedback around what things they thought could be improved.

This strategy must mean something to children and young people, so we have listened to what they tell us is important to them, in their own words, and played this back to them to ensure we have understood. Following a discussion with care leavers, we have adopted from them the term “Co-Parenting” as our brand for the strategy. This recognises that we need to work together with everyone who has a role in caring for them.

Because we cannot do this all by ourselves. Our partners across the public sector can help make things better for children who enter the care system and as they grow up and find their independence. This is Everyone's Essex and we want everyone to be proud of themselves and able to achieve their aspirations, no matter their background. We all play a vitally important role in encouraging and supporting children and young people to be the best that they can be, and I am confident that this strategy will take us even further.

“We must all remember that each statistic in our care system represents a child, in many cases very vulnerable children.”

Forewords



Helen Lincoln – Executive Director
for Children and Families

At the heart of everything we do in Children and Families service is our Vision to get the best outcomes for the families, children and young people we support. We support families by working with their strengths. We strive to give them the best chance to be together, where it is safe to do so, and help them go on to build a life and a future together. I am proud that in Essex we have one of the lowest rates of children in care in the country.

Our Co-Parenting Strategy sets out our ambitious new approach to supporting children in and leaving care, building on our achievements so far. It brings together many different perspectives and sets out clearly how we will work, alongside our partners, to achieve the best for families, children and young people. It is our commitment to ensuring those in and leaving care feel cared for, are safe, have high aspirations and are supported to achieve those aspirations as they grow into independent adults.

What I am most proud of with this strategy is how it has been produced. We have, of course, talked to and worked with professionals from across our services and partners as we have developed our new strategy. However, to truly understand and deliver what the children and young people we care for need from

their corporate parents, we have involved them in its creation. We have spent time talking with and listening to the thoughts and feelings of children, young people, family members and carers. We have considered carefully how to act upon what we've heard. It is a privilege to have these feelings and ideas shared with us and I know we have done everything we can to make sure they are reflected throughout our new strategy.

I believe that if we all work together to deliver Our Co-Parenting Strategy, we can give the children and young people we care for the best chance for their future and a safe and happy childhood, as every child deserves.

“At the heart of everything we do in Children and Families service is our Vision to get the best outcomes for the families, children and young people we support.”

A message from children in care and care leavers

Stability is really important and helps us build positive life-long relationships. Many of us leaving care do not have family to guide us into adulthood and we can often feel lonely. Helping us build positive friendships and relationships throughout our care experience is so important.

Most of us in care feel loved and cared for by our carers, are happy where we live and feel safe and protected from harm. Nearly all of us have an adult to talk to about worries and most think our social workers are really good listeners. But being singled out as different feels horrible and can lead to bullying. All our Co-Parents should challenge the negative perceptions of being in care and care leavers... our lives are nothing like Tracy Beaker.

Many of us don't have family members to call on in difficult or lonely times - such as Christmas, birthdays and life's big events. That's why our Personal Advisers are so important to care leavers. They listen to us, care about us and support us on our road to independence.

If we become parents ourselves, you can play an important role as Co-Grandparents. Some of us haven't had a good experience of parenting so we need help learning those skills. Having a newborn baby is hard, especially with no family around. You can help us become great parents.

“Helping us build positive friendships and relationships throughout our care experience is so important.”

Of course we miss our families and many of us want to spend more time with them, particularly our brothers and sisters. We need lots of support to keep those relationships. Not living with family can mean we lose our sense of identity. You can help us explore our backgrounds and celebrate who we are and who we want to be.

As Co-Parents, please take interest in us as individuals. Listen to us, take the time to get to know us. Help us achieve our goals. Don't give up on us. Help us believe in ourselves and be the best we can be.



A message from children in care and care leavers

Co-producing our strategy

We have worked with our Children in Care Council to develop our Corporate Parenting Strategy, which they have re-branded Our Co-Parenting Strategy. We are grateful for the time they have spent reflecting on the themes to bring this strategy to life. It is admirable how our young people want to support others coming up through the care system and help make their experiences better.

You can read more about the Children in Care Council (CiCC) and how the Involvement Service and others work with children and young people to get their voices heard in Chapter 6.

We know that children and young people want to see the results of this work, because it is actions not words that matter. The CiCC will be involved as we create our Delivery Plans and children and young people, along with our Corporate Parenting Panel, will hold us to our commitments.



“You should be pushing me to achieve. You should be pushing me at every step... That’s the point of being a parent. It’s to give everything. As much as you can.” **Care Leaver**

1 Introduction

“I started adult life early... to the point I now feel I’m 40”
Care Leaver



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Introduction

“I believe that there’s no limits for children in care. There’s no limits for any child, ever... It’s what they get, what they’re given and the love they’re given and the time they’re given, is what makes them amazing” **Care Leaver**

All children deserve to be cared for, respected, listened to and supported. To feel safe and loved. All children deserve opportunity and support to grow into happy and successful adults. Our Children in Care and Care Leavers are no different, but without a stable family to support them, and often having experienced trauma, they face more challenges in achieving their aspirations.

As corporate parents, it is our responsibility to step in and be the supportive parent in times when their own parents are unable to fulfil this role. For those young people with their own children, we can also become ‘corporate grandparents’.

This responsibility is not just with social workers and professionals who work directly with children and young people, but with all county and district, borough and city council staff, elected Members and partners. We want everyone to read this strategy and ask themselves: **“What can I do in my role to help children and young people in and leaving care?”**

Our legal duty

ECC’s social care, education and health services are committed to supporting children to remain within their families where possible, only using care for the right children, at the right time. When children

or young people are unable to live with their parents or guardians, it is the duty of local authorities to care for them, as established in the Children Act 1989. Corporate parenting principles are set out in the Children & Social Care Act 2017:

- To act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- To encourage those children and young people to express their views, wishes and feelings
- To take into account the views, wishes and feelings of those children and young people
- To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
- To promote high aspirations, and seek to secure the best outcomes, for those children and young people
- For those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- To prepare those children and young people for adulthood and independent living.

The Children Act 1989 also places a duty on the council’s partners, including Health, Education and Housing services, to provide help, support and services so that Children’s Services departments can meet Corporate Parenting responsibilities. We need a whole system approach and effective partnerships so that we can succeed in supporting them in all aspects of their lives, no matter where in Essex they live.

2 Our new strategy



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Our new strategy

We are building on the successes of our Corporate Parenting Strategy 2017-20, responding to changes in the world and reflecting what children, young people and their families tell us is important.

Our new strategy is a framework of Priorities, Outcomes and Actions, which will be developed into Delivery Plans with our partners. It is a call to action for our Elected Members, officers and public sector partners to work together to achieve better outcomes for the children and young people in our care and leaving care.

The term “corporate parent” does not speak to children, or in fact to many adults who do not work in social care. Our care leavers wanted “Co-Parenting” as it includes all the various people who might be involved in their care and implies “they all work together for the best outcome”.

So we have adopted Co-Parenting as the brand for our new strategy and will use this when we talk to children and young people.



“Having the right social skills and personality is as important as knowledge/educational based skills in engaging families” **Family Centre Worker**

Our new strategy

Attributes of a Good Parent

With every decision about a child or young person, we need to put ourselves in their shoes and ask ourselves “would this be good enough for my child?”. Every child is different and we need to help them to stand on their own two feet and achieve their own aspirations. Our 10 Attributes of a Good Parent reflect what children and young people tell us is important to them:

“To listen to you when you have something to say and not just brush you off, because it’s too difficult to deal with or something like that. Even if it’s just talking about how your day went. That’s really important” **Care Leaver**



Listening to children and young people, putting ourselves in their shoes and responding with empathy



Considering their feelings and individual challenges



Taking the time to build relationships



Involving them in decisions about their own lives



Sticking up for them and challenging negative stereotypes



Giving them the confidence and support to achieve at school and work and to grow as people



Considering them in our decisions that affect them



Not giving up on them - focussing on the present and future, not the past



Helping them understand their strengths and achieve their individual aspirations



Being open, honest, clear and proactive in our communication

3 Our achievements since 2017



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Our achievements since 2017

We believe in moving forward and building on our successes. We look for opportunities to innovate. We have listened to what children, young people and families have told us about their experiences in care in building our services. We are proud of our achievements and progress so far and our new strategy builds on these foundations. Since 2017 we have achieved the following:

Children in care

- Our numbers of children in care are stable and remain low compared to the rest of the country.
- We have introduced and implemented the Life Plan, an engaging document co-produced with children in care and care leavers which replaces the Care Plan, and brings to life the voice of young people and what matters to them.
- We have developed MAP (My Assessment Plan) for children and young people with disabilities, to help social workers capture their views, wishes and feelings in a more creative way, such as using photographs.

- We have invested in strengthening and expanding our in-house fostering service by improving our fees structure, providing wraparound therapeutic fostering using a trauma informed model with psychologists and mental health co-ordinators. We have created Oasis Networks, offering informal support, advice and sleepovers between fostering households. At end March 2020, 79% of fostered children were cared for by in house foster carers, a significant increase from 73% in March 2018.
- The Virtual School and Education teams have worked with schools to support children in care to have high aspirations and achieve their goals. We have rolled out innovative emotional and behaviour awareness training, bespoke learning support and a new Personal Education Plan (PEP) process which involves children and young people to create a live record of their experience and progress.
- We are proud of the success of the innovative Inside Out¹ project, funded by DfE and co-designed with the Children in Care Council. Led by Essex in partnership with Hertfordshire, Norfolk and the Children's Society, the project worked with very complex children in residential care using a 'team around the coach' approach to support children to step down to foster homes or back home.

¹ Inside Out: Final Evaluation Report, The Tavistock Institute (2021)

Our achievements since 2017

- We have redesigned Missing Return Home Interviews as 'Missing Chats' to be more meaningful and engaging. The child or young person has control over if, how and when support is provided.
- We have improved our Public Law Outline (PLO) support which helps families to avoid court where possible and have developed a Toolkit for other local authorities which is now recognised nationally as best practice. We are supporting all regions to embed the recommendations from the Public Law Working Group Report 2021.



Care Leavers

- We achieved a positive Ofsted Focused Visit of Care Leavers in October 2021 with high praise for our Personal Advisers.
- We have worked with district, borough and city council partners to make care leavers exempt from paying council tax across all of Essex.
- Our Targeted Youth Advisers and Employability Workers have helped 63%² of care leavers into education, training and employment. We support employers to keep young care leavers in employment with a range of adjustments and wellbeing support.

- At Essex County Council, we guarantee a job interview for care leavers who meet the baseline criteria for that role. Our resourcing team will also provide extra support during the recruitment process including interview techniques, an interactive brochure and calls on the day of interview to check in.
- Our Life Portal, designed in partnership with the CiCC, provides practical advice to care leavers on a huge range of things that come with living independently.

“Transition to a PA is well managed. I’ve had the same PA for the last 4 or 5 years. We’ve built a good relationship” **Care Leaver**

² March 2022

4 Our approach in Essex



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Our approach in Essex

Our purpose is to provide early help to children and their families, to prevent them from becoming children in need and to protect children and young people from neglect and abuse. We want to support and enable them to grow up healthily and safely, enjoying life, learning and working, so that through their achievements they can make a positive contribution to society as adults. We work with our statutory and other partners to provide a whole system approach.

We do this by intervening early, listening to the lived experience of children and working creatively with families. We have a systemic, strengths and relationship based practice model of work that supports us to work pro-actively and alongside families to identify individual and family strengths and build resilience.



We work on bringing the right children into care for the right amount of time. When children are in our care we help them to maintain relationships with their families and friends and reunite them with their families as safely and as soon as possible. As a result of our approach, we have one of the lowest rates of children in care in the country and we are proud of our Ofsted Outstanding rating in this area, but we always want to build on this success, learn from children and peers and continue to be better.

This video outlines the social care process, from the perspective of a 10 year old child:

<https://vimeo.com/556210644/8640faca0f>



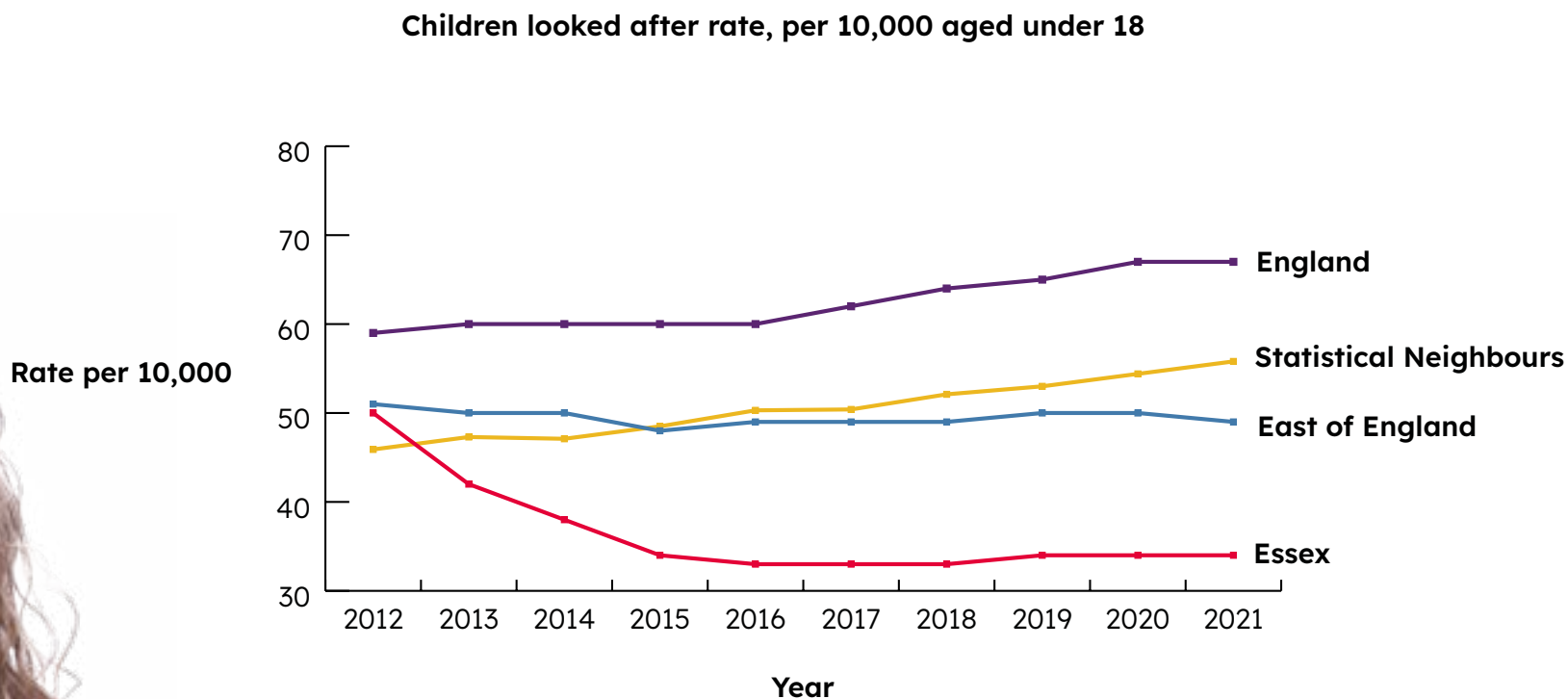
Our approach in Essex

Our whole system approach

We work closely with partners including health, schools, district, borough and city councils and police in a whole system approach to children's needs to provide wrap-around support for children, their carers and their families.

Our system-wide, early intervention approach means that in Essex our rates of children in care are relatively low: 34/10,000, compared to 67/10,000 for the UK and 56/10,000 for statistically-comparable local authorities. We have been consistent at this rate since 2015.

As a result of our system-wide and early intervention approach, in Essex our current rates of children in care are relatively low: 34/10,000, compared to 67/10,000 for the UK and 56/10,000 for statistically-comparable local authorities.



Our approach in Essex

Where children do have to come into care, we seek to provide high quality substitute care, preferably within family settings but otherwise in suitably matched high-quality residential homes, as near as possible to their home locality to maintain links with their families and communities.

“Looking for and acknowledging the positives in the people we work with is a massive way to build trust”

Social Worker



Case Study:

Tom's Story – working together on positive solutions

Tom³, his mum and brothers moved to a refuge in Essex when he was 12 years old to escape violence at home. Tom and his older brother were then targeted by criminal gangs and started to be involved in county lines drug running. This led to Tom going missing many times and being arrested. Tom was moved into foster care in a new area of Essex when he fell out with his gang and police believed his life was in danger.

He did well in foster care to begin with but placements would break down when he kept going missing to travel back to his old community. A violent episode led to some time in a young offender's institute, then into residential care further away for his safety. During this placement, Tom became more settled and wanted to move back home, but his mum was worried about the impact on his younger brother and how she would cope emotionally. Our Connecting and Uniting Families team helped them to explore and rebuild their relationship. 1-2-1 sessions helped her to explore her feelings without judgement and the team could see her parenting confidence growing. Then Tom's brother moved home and wanted to move on from his criminal past and build a new life, so became a positive role-model for Tom.

Social care and youth offending teams worked closely together with the family, and following more intensive support (including with court appearances), talking and increasingly frequent home visits, extending to overnight, Tom successfully moved back home.

Tom was able to start thinking about his future and his education, taking his GCSEs in Maths and English and is now enrolled in college. The Youth Offending Team are considering ending his order early due to his positive attitude and non-involvement in crime. The family is now closed to social care.

³ Name has been changed

5 About the children in our care and care leavers



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About the children in our care and care leavers

1124

children in care

(March 2022, including
Separated Migrant
Children)

**15, 16
and 17
years**

Most common
ages of children
in care (CiC)

(April 2022)

17 years

Most common
age of Separated
Migrant Children
and Young People
in care

(April 2022)

15.7%

Black, Asian
or Minority
Ethnic (BAME)
CiC – excluding
Separated Migrant
Children (see
next page) or
24.8% including
Separated Migrant
Children

(March 2022)

**Placement
stability**

64.7%

in placements for
2+ years (of those
that have been
in care for 2.5+
years)

(April 2022)

69.5%

CiC in foster care

(April 22)

51

CiC recorded as
at risk of sexual
and criminal
exploitation

(March 2022)

In January-March
2022, **80** children
and young people
went missing a
total of **271** times

782

care leavers aged
18-25

(March 2022)

63%

of care leavers
are in education,
employment or
training (EET)

(March 2022)

10.6%

3+ placements
in a year

(rolling 12 months as
at April 2022)



About the children in our care and care leavers

Separated Migrant Children and Young People

Separated Migrant Children and Young People have different care profiles and needs so their data is considered separately. In 2021, 104 Separated Migrant Children and Young People (also known as Unaccompanied Asylum-Seeking Children (UASC)) entered care in Essex. We are part of the National Transfer Scheme, working with Government and other local authorities to take our share of Separated Migrant Children and Young People who might arrive in other counties such as Kent. We have two specialist teams to support high quality support to these young people.

Separated Migrant Children and Young People are alone without their parents in a new country, with a new language, many having experienced trauma. In 2021/22, the youngest Separated Migrant Child to come into care in Essex was 13 years old. Most of these children and young people came originally from the continent of Africa or the Middle East, with the largest number in 2021/22 from Iran (27%). It is important we help connect them with others from similar backgrounds, beliefs and cultural practices.

It can take a long time to be granted a work permit, so many Separated Migrant care leavers are unable to find paid work.

Feedback from separated migrant young people on their care is generally very positive. They describe feeling well supported by their workers and value the support they receive to attend school, college and to learn English.



“It’s hard here. Before I lived with my parents, now I don’t, I don’t know where they are or have any contact” **Separated Migrant Child**

“In Eritrea, when you finish school, you go into the military. You have no choice. I left before my final school year when I was 14. I didn’t want to go into the military when I grow up.”

Separated Migrant Child

6 Listening to children and young people



Listening to children and young people

Children in Care Council (CiCC)

Every child in care in Essex is considered a member of the Children in Care Council (CiCC) by right. Coming into care is a frightening time and all children entering care receive a letter from the CiCC. This reassures them that they are not alone in their experiences and that there is network of peer support available for them.

Members of the CiCC regularly engage to seek support, build relationships, celebrate their identity and make a positive difference to the lives of other children in care. When young people struggle to find their place in their community, they are welcomed by the CiCC and accepted by a group that cares and understands. Members of the CiCC often feel a sense of belonging and many describe the CiCC community as an extended family.



A New House for a Little Mouse

Care Leavers have co-developed a picture book, 'A New House for Little Mouse', for young children in care in Essex. This provides reassurance and helps them feel less isolated in their experiences.

The Involvement Service

Building relationships is at the heart of the work of our Involvement Service. The Service uses a range of meaningful participatory methodologies including action research, co-design and peer research to inform service design, governance and evaluation, underpinned by a nurturing approach. They empower children and young people to build resilience and navigate challenging hurdles by walking alongside them throughout their difficult times, as well as life's celebrations.

The Involvement Service supports the Children in Care Council to meet regularly with decision makers and Corporate Parenting Panel members (a minimum of four times a year) as well as enabling young people to attend and present at meetings and take part in discussions with directors, partner agencies, service managers and team managers.

The CiCC is supported to understand and represent the views of hundreds of other children in care and care leavers collected through the Involvement Service. The CiCC is regularly supported to participate in local, regional, national and international research.



"I see the Involvement Team as like my home. As like my safe place... I feel safe, I feel home when I'm with you guys"

Care Leaver

Listening to children and young people

Language that speaks to children

We have recently transformed our statutory care plan documents into Life Plans, co-designed by the CiCC. Life Plans are live documents that social workers and children and young people complete together. This means that the young person's thoughts and feelings are explored and recorded in a way that means something to them, rather than just being a professional assessment.

Similarly, we have adopted the term "Family Time" when talking about contact with family, as it is preferred by children and young people. Thinking about language and meaningful terms is an approach we will continue to adopt in other areas of our work with children and families, including children with disabilities.



New approaches during and after lockdown

Our Social Workers and Independent Reviewing Officers have adopted new ways of communication following the first Covid19 lockdown that some children find more comfortable than formal face-to-face meetings. This includes using Zoom and occasional checking in via WhatsApp/text message. This means that children and young people can be involved how suits them, for example dipping in and out of a virtual meeting and being able to turn their cameras off, or knowing that someone is thinking about them when they receive a message, but not having to respond.

During the lockdowns, virtual family time was used extensively to help children and young people stay connected with their families. We learned that this worked particularly well for older children and young people. In some cases it strengthened some family relationships, for example between siblings. It can also work well when restarting family time after a gap.



Listening to children and young people

Care Leavers research project

A group of Essex care leavers and care leavers from five other local authorities were supported by Anglia Ruskin University to lead a research project on care leavers' experiences of the pandemic. They found that the pandemic exacerbated challenges they were already facing, such as emotional wellbeing, practical issues (such as moving accommodation), connection/loneliness and getting support from services. They developed eight recommendations to take forward in our role of corporate parents, during the pandemic and beyond. The recommendations included providing basic technology to stay connected and access education, work and support services; supporting care leavers with children by allowing them to still use nursery or school during lockdowns; and participatory research so that care leavers' experiences can inform action.

They shared their findings at a national conference of social work professionals attended by almost 200 delegates. You can read the full report and the eight recommendations here: flipbooks.gs-cdn.co.uk/arufinal-report/2

“All it needs to be is a text. It makes the world of difference to [care leavers] to know that the [local authority] actually care about them”

Care Leaver

“I struggled quite badly with mental health before [the pandemic], then it was like I finally got back on track and then lockdown hit so I went back to how I was before” **Care Leaver**

Advocacy and independent advice

Our Independent Review Officers (IRO) often have the longest standing relationship with a child or young person in care. They understand their story and are there to make sure their wishes and feelings are heard. They work with other professionals to ensure meetings are planned and arranged in a way that makes it the child's meeting and covers what they want to be discussed. Children and young people in Essex tell us that they would go to their IRO about changing their Life Plans or Family Time Plans, problems at home or school, or help to understand things.

Children in care and care leavers in Essex also have a right to access independent advocacy from Rethink. Rethink Advocates help children and young people by empowering them to understand their rights and make informed decisions. If a child doesn't agree with something that affects them, an advocate will help them speak out and make sure they're listened to. Where appropriate, they can also support them through the complaints process. Rethink Advocates don't work for the council, they are independent.

rethinkessexadvocacy.org/get-help/children-and-young-people

7 The Essex Pledge



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The Essex Pledge

Our Promise to Children in Care and Care Leavers

As Corporate Parents, Essex County Council is required to make a Pledge to our children in care and leaving care. The Pledge is a set of promises written by children and young people being looked after by us.

Each year, children and young people have a say about what is important to them and whether the promises need to change. The Pledge, our Priorities and our Outcomes are all intrinsically linked.



We promise:



To do everything we can to make you feel cared about, valued and respected as an individual

We will:

- 1.1. Believe in you and respect you
- 1.2. Do our best to make sure you're not treated differently to others because you are in care
- 1.3. Help you discover who you are, to follow your religion and customs and celebrate all the things that make you who you are including your ethnicity and identity
- 1.4. Help you stay in one place where you feel safe and settled until you are ready to move on
- 1.5. Help foster families to care for you, make you feel part of the family and give you a safe and settled place to live
- 1.6. Help you understand and explain why you are in care or were in care

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To do our very best to keep you safe, healthy and well

We will:

- 2.1. Support you to feel safe where you live
- 2.2. Support you to get any help needed for your physical, emotional and mental health
- 2.3. Help you develop skills to keep yourself safe when you leave care

The Essex Pledge

Our Promise to Children in Care and Care Leavers



To make sure you have a social worker or personal adviser who will spend time with you and get to know you

We will:

- 3.1. Support your worker to get to know you
- 3.2. Help make worker changes easier and give you time to build new relationships
- 3.3. Support your worker to keep you updated on the things they are doing for you
- 3.4. Provide you with information on how to get in touch with your worker
- 3.5. Help our social care staff to let you know when we have to share personal information
- 3.6. Help you work with other services, such as housing, benefits, health and education when you leave care
- 3.7. We will do our best to always be here and if we cannot help you, we will help you find someone who can



To do our best to help you keep in touch with your family, brothers and sisters, and friends when you come into care

We will:

- 4.1. Help you keep in contact with your family, brothers and sisters and friends
- 4.2. Help you understand your plan to see your family
- 4.3. Support you to know about your family and your background
- 4.4. Support you with important relationships when you leave care



To make sure you have opportunities to achieve and succeed

We will:

- 5.1. Help you be the very best person you want to be
- 5.2. Encourage and support you to achieve your goals
- 5.3. Provide support to help you with your education and learning
- 5.4. Support your carers to sort out consent for school trips, social activities and visits and sleepovers with friends so you don't miss out
- 5.5. Help you to make choices so that you can enjoy taking part in the things you want to do
- 5.6. Support you to access education, training or employment when you leave care



The Essex Pledge

Our Promise to Children in Care and Care Leavers



To fully involve you in decision making so your views are listened to and to explain when we have to make a decision that you may not like or agree with

We will:

- 6.1. We will listen to your views, wishes and feelings before decisions are made
- 6.2. We will do our best to use your words and not get what you have said wrong
- 6.3. Help you be involved in decisions about your life and care
- 6.4. Explain things carefully so you understand what they mean
- 6.5. Make every effort to help you know what is written in any plans about you
- 6.6. Give you information on how to make complaints, compliments and how to access independent advocacy
- 6.7. Tell you about your rights and what you can expect when you are in care or when you leave care



To help you become independent

We will:

- 7.1. We will help you prepare for independent living when you are ready and help you choose the right place to live to be safe and happy
- 7.2. We will help you develop skills to manage your budget, benefits and finances when you leave care



8 Our Priorities



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Our Priorities

Our Priorities - as told by children and young people in and leaving care

We have taken the feedback from children and young people gathered through the CiCC, the Involvement Service, feedback on the Pledge, Have Your Say surveys³, the Independent Review service and audits to understand what really matters to children and young people.

We have then consulted the Children in Care and Leaving Care Partnership Board, the Children in Care Council and professionals across Children & Families to develop our five priorities for children, young people and their families:



1. **Self:** Celebrating individuality, championing diversity and inclusion and helping children and young people understand where they come from



2. **Health:** Supporting emotional wellbeing, championing healthy lifestyles and keeping children and young people safe



3. **Home:** Providing good, stable homes and ensuring children and young people feel cared for



4. **Learning:** Helping children and young people learn, have high aspirations, grow as people and enjoy school, college, university and training



5. **Independence:** Helping care leavers achieve independence as successful, happy adults who can feel confident in work and if they become parents themselves

In reality these five Priorities are complex and interlinked. If a child or young person is struggling with one of these things, such as having a difficult time at home or suffering with anxiety or depression, it will impact all the other aspects of their life such as their learning or vulnerability to being recruited by gangs. This is why the collaboration with our partners and wrap-around support of the whole system in Essex is so important.

“It’s helped me to focus on school and what I want for my future” **Child talking about Emotional Wellbeing support**

³ Annual Have Your Say surveys ask questions around home, school, family, friends and social workers

Our Priorities



Priority 1: Self

Celebrating individuality, championing diversity and inclusion and helping children and young people understand where they come from

“It’s very easy to forget that every child in care is different, no two are the same” **Care Leaver**

In 2020, the Black Lives Matter movement highlighted how racism and inequality impacts our citizens. In Essex we recognised that we must do better to support Black, Asian and Minority Ethnic (BAME) children and young people by tackling systemic inequality, championing diversity and practicing empathy in our individual roles. We must also help children and young people in care to meet others with similar backgrounds and stay connected to their culture while they are apart from their family. Our children with special educational needs and disabilities (SEND) need special consideration as many are non-verbal or have difficulties communicating their thoughts and feelings and can feel excluded.

You told us:

You need help to understand your background and connect to others like you

You sometimes feel judged because of your background

Photos and drawings can help you to share your feelings and make sense of what’s happening to you (especially young children and those with disabilities)

At It’s My Life 2020, of 39 Separated Migrant Children and Young people:

- **81%** said they feel part of the family where they live.
- **64%** said they have had opportunities to meet other young people with similar backgrounds to their own

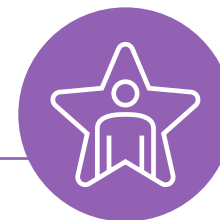
“I am worried about my future and I don’t have document from Home Office.” **Separated Migrant Child**

“I worry that people don’t understand me” **Separated Migrant Child**

“It’s important to be able to talk to someone in Tigrinya. I can talk to my social worker. I trust my social worker. We start off talking in English but then we slip back into Tigrinya.” **Separated Migrant Child**

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Our Priorities



A 'Proud to be Me' sub-group of the CiCC came together in 2021 to explore culture and identity, including developing their "Please Do, Please Don't" guidelines.



Please do...

- Make sure I understand my history and why decisions are made
- Embrace every child's culture and help them know their future
- Make sure I understand the culture of my birth family
- Look after our well-being, our hair, our skin. Think about food and cookbooks. Use these things to 'welcome' us.
- Support us to tell our 'story' about being in care and why we're in care
- Look forwards, not backwards
- Create a charter for children and young people who identify as black, Asian or from a minority ethnic group

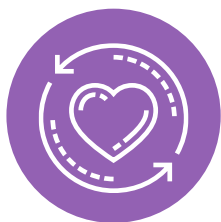


Please don't...

- Think we are all the same
- Make assumptions about my religion, ethnicity, skin colour and culture
- Treat me differently to others in my school
- Get my name wrong
- Compare us to foster carers' own children
- Force us to change
- Make me feel like I'm not good enough

This ethnically and culturally diverse group of children in care continues to meet regularly and explore important issues exploring difficult subject such as racism and bullying in schools, the challenges of living with white carers and the difficulties of building a cultural identity when not living with their family. This learning is regularly shared with decision makers.

Our Priorities



Priority 2: Health

Supporting emotional wellbeing, championing healthy lifestyles and keeping children and young people safe

We know that a child's experiences and environment impact their physical and emotional wellbeing. Children in care are more likely to experience health risk factors such as past trauma, loss, poor self-esteem and adverse experience. Care Leavers often face inadequate housing, poverty, poor diet and limited access to green spaces. The Covid19 pandemic had a negative impact on emotional wellbeing as well as immunisations and dental checks, although it also had positive benefits for some children and young people's emotional wellbeing, such as having more time to connect with their foster families during lockdown.

Health inequalities are strongly linked to success in school and employment opportunities, which in turn impact life chances. Children and young people in care are particularly vulnerable, especially when unhappy or lonely. This can lead to risky behaviours, such as drug-taking, meeting people online, going missing or getting involved in gangs and violence. We need to stay alert and quick to adapt to new dangers, such as gang recruitment moving to social media during the pandemic.

You told us:

The term "mental health" implies something bad, you would rather talk about emotional wellbeing

It can be hard to know how to access emotional support before issues become crises

The pandemic negatively impacted a lot of your emotional wellbeing, with too many of you suffering from anxiety, depression, loneliness, missing family and/or bereavement

Friends and peer support are very important for your emotional wellbeing

Care Leavers need help with registering for doctors, dentists etc. and this has been made harder by the pandemic

Separated Migrant Children and Young People would be helped by more opportunities to speak with young people from your own background

"We get Costa. And she asks me about school and stuff and she's my favourite social worker I've had"
Child in Care

"I get support and guidance, if I fall off track they help me to get back on track"
Child in Care

Our Priorities



Priority 3: Home

Providing good, stable homes and ensuring children and young people feel cared for

Stability and consistency in good homes is paramount for children and young people to feel safe, loved and cared for. Entering a new placement is frightening and can lead to changing behaviours and “acting out”. This can put pressure on that new placement and other relationships such as at school. If placements do have to change, then it is important that children know what is happening and why, and that moves are planned where possible with time to get to know their new home and carers.

“I couldn’t ask for anyone better. [Our social worker] does a fantastic job. She is in regular contact with us at visits but also emails and calls. She keeps us informed and follows things up promptly. She spends time with the children 1:1 and knows them so well” **Grandmother**

You told us:

Coming into a new placement is scary

It takes time and effort to get to know one another

Being placed far away from your friends and family is hard and can be a reason for going missing

It’s normal to want to fight or runaway when you’re scared, it’s not troublemaking – please don’t give up on us

Siblings want to stay together, but those relationships can also be difficult and need support

Care Leavers accommodation often doesn’t feel like a home – Welcome Packs with lots of information would help you settle into a new area and meet people. Being able to redecorate helps.

Semi-independent accommodation options for care leavers are limited and expensive. With no family support you can easily slip into rent arrears, especially when coming off housing benefit when starting a job

“Home is about making memories with other people” **Care Leaver**

“I have nice food and they find nice things for me to do to make me happy.” **Child in care**

Our Priorities



Priority 4: Learning

Helping children and young people learn, have high aspirations, grow as people and enjoy school, college, university and training

Children in care and young people can face many additional challenges that can impact their learning including past trauma, attachment and trust issues, missed school, bullying and special educational needs and disabilities (SEND). Children in care leave school with fewer qualifications than other pupils (the “attainment gap”), which can impact the rest of their lives.

The Virtual School

The Essex Virtual School has statutory responsibilities that extend to every child in care until end of Year 13. Though children in care attend many different schools, they are part of the Virtual School community. The Virtual School monitors progress and supports schools to raise educational outcomes and ambitions of children in care. It advocates for children to receive the right support for them as individuals, in a high quality learning environment.

Our Virtual School has high aspirations for children in care and care leavers and encourages them to share those aspirations for themselves. It acts as a champion for care-experienced children, helping and challenging schools to provide the support each child needs to thrive in education and achieve their goals. Each child in care is involved in meetings about their Personal Education Plan, which is a living record of the child’s individual experiences, progress, achievements and ambitions.

You told us:

Please use positive words, encouragement, don’t focus on negatives. Push us forward.

Some of you need extra help with schoolwork, especially if you have missed some time at school or if English is not your first language

It is difficult to open up about being in care in school as it can lead to bullying (physical and emotional) and being treated differently

It can be embarrassing to be taken out of lessons for social worker meetings and this affects your learning

We need to educate others to tackle pre-conceptions, stereotypes and labelling as a potential “trouble-maker”

“I am really excited about going back to school and seeing my friends [after lockdown]. Also, to be taught properly so I can understand better.” Child in Care

Our Priorities



Priority 5: Independence

Helping care leavers achieve independence as successful, happy adults who can feel confident in work and if they become parents themselves

When young people leave care at 18, they can feel alone, isolated and financially unprepared for living independently. They have been through more trauma than most children and young people and if they have no connection with their families, they can suddenly find themselves alone in the adult world. Housing is a huge issue – as a two-tier authority it is not possible for the county council to provide guaranteed housing, we need to work with our district, borough and city council partners. Care Leavers can struggle with the confidence and qualifications needed to find and keep a good job, and the cost of housing makes it hard to make ends meet. Some have children of their own to look after without any extended family support.

“Budgeting is a big one. If you don’t know how to budget you could mess up your whole chances of being happy” **Care Leaver**

You told us:

Housing is too expensive. It is harder when you get a job as you lose housing benefit. It is easy to get into rent arrears with no family support to fall back on

Being placed in semi-independent housing away from friends is hard, you would like more choice on where to live

You talk highly of your personal adviser (PA) and value their support with budgeting skills and in helping find employment or education

You need a chance to “practice” independence while still in care as being suddenly on your own at 18 is abrupt and scary

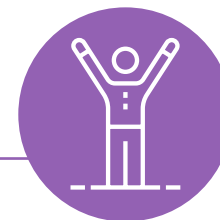
You need help finding job opportunities that don’t require qualifications and work experience

There is a feeling of a “postcode lottery” across Essex in terms of support e.g. information about the local area, quality of housing and support such as leisure passes

Separated Migrant Young People aren’t able to have a paid job while you wait for your “papers”. Many of you are keen to work as soon as you can and would like more help to find unpaid work experience

“Mental health is a struggle because you’re on your own” **Care Leaver**

Our Priorities



Care Leavers Covenant

In Essex, we are signed up to the Care Leavers Covenant, which commits us to providing additional support to young people around five themes that are important to care leavers:

1. Independent Living
2. Education, Employment & Training
3. Safety & Security
4. Emotional & Physical Health
5. Finance

In 2020, Coram Voice published the report “What makes life good? Care Leavers’ views on their well-being”⁴. With responses from over 1,800 care leavers, the study found that there were 10 indicators most associated with wellbeing which we can take forward in our all our work with care leavers:

“Transition to a PA is well managed. I’ve had the same PA for the last 4 or 5 years. We’ve built a good relationship” **Care Leaver**



⁴ What makes life good? Care Leavers’ views on their well-being – Coram Voice, 2020

9 Co-Grandparents



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Co-Grandparents

Grandparent support for young parents

“They say it takes a village to bring up a child, so you’re going to need more than a village to bring up a care leaver and a child” **Care Leaver**

Care Leavers and their children “come as a unit”. Young people in care and care leavers with their own children are likely to miss out on the normal support that a grandparent might provide such as:

- Financial support with rent, bills and buying essentials such as baby items
- Being there when mums and dads need support, advice or a break from childcare
- Offering flexible childcare to support working parents
- Helping provide stability around the family
- Help with homework and reading
- Helping to navigate benefits and childcare entitlement

Growing up in care means missing out on the role-modelling that comes as being part of a stable family. Care Leavers that become parents themselves may lack confidence, having not had the opportunity to learn the skills directly from their own parents.

Our role as Co-Grandparents

As well as being co-parents, we (Essex County Council and our partners) can adopt some of the grandparent roles that many new parents enjoy when starting a family.

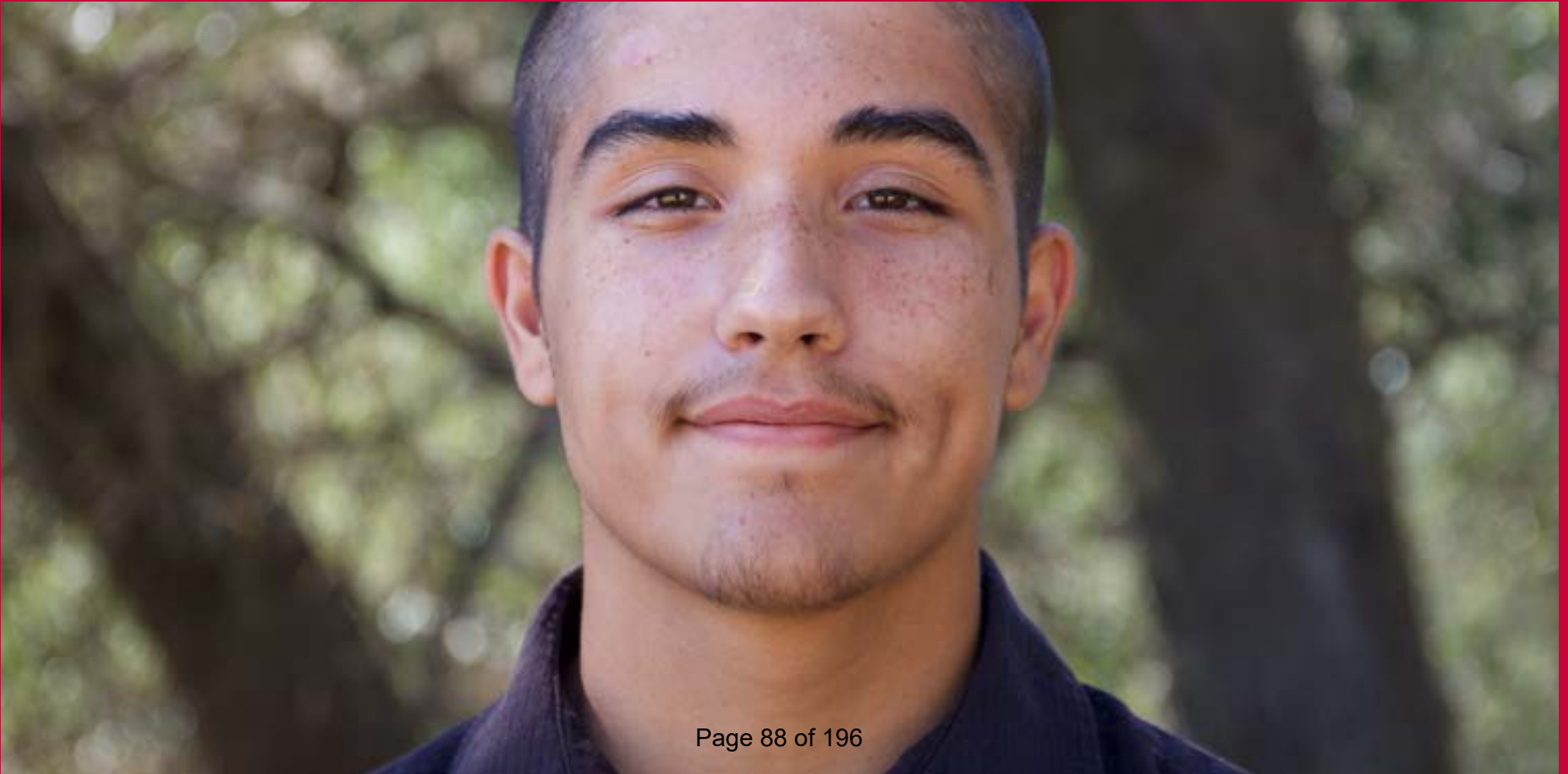
We can use our resources to support care leavers with children to grow in capability and confidence as parents. This can be practical such as through the Essex Life Portal, our online tool for care leavers which provides advice on life skills, health skills and financial knowledge. It should also be providing extra emotional wellbeing support and someone to talk to when life gets overwhelming, vital for all new parents, as part of our ongoing duty of care. We have a wealth of experience across the Essex system and could explore connecting care leavers with children with people within our various organisations, for example someone to talk to about balancing work and family or managing children with additional needs.

Co-Grandparent support needs to be easily accessible and well-promoted through PAs and other professionals. New parents often don’t have the capacity to seek out support, so it needs to be readily available at times of need. The pandemic has highlighted that in times of crisis, we should give special consideration to our care leavers with children and think creatively about the support we could give them as Co-Grandparents, such as continued access to school and childcare during lockdown (like key workers).

Next steps

This is a new concept and we will continue to work with the CiCC to develop this new approach and formalise our role as Co-Grandparents. Many Members, officers and professionals in our partner organisations will be grandparents themselves and can think about what their own children and grandchildren value from their care and support. We will call on their experience and ideas as we develop the actions in our Delivery Plans.

10 Our Outcomes: What we will achieve



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Our Outcomes: What we will achieve

Our Mission

We will work together across all aspects of children and young people's lives, so that all children in care and leaving care are happy, loved, safe and able to achieve their aspirations.

Our Outcomes

We want all officers, Elected Members and our partners to ask themselves: **"What can I do in my role to help children and young people in and leaving care?"**

Based on what matters to children, young people and their carers and families, we have seven Outcomes to work towards:



OUTCOME 1 relates to our wider vision for Children and Families



OUTCOME 2 is about listening to and involving children, young people and their families, and must underpin everything we do



OUTCOMES 3-7 directly relate to the five Priorities as told to us by children and young people in and leaving care

For each Outcome, we have suggested new actions to go into our Delivery Plans, alongside the work we already do, and we will work these up with our partners. We also have examples of the performance measures we will use to monitor our progress and keep us on track.

Each Outcome relates to a Promise made in the Essex Pledge. This makes them meaningful to the children and young people they impact and will help children and young people hold us to account to our Pledge Promises. Our progress will be reported to our Corporate Parenting Panel and new actions discussed with the CiCC.



Our Outcomes: What we will achieve

OUTCOME 1 >> The right children are in care, the length of time in care is safely reduced, and families feel involved and supported throughout

Taking action

- Continue to involve children and families in shaping and improving care services
- Support siblings to stay in touch and build strong relationships if they can't be housed in the same placement
- Refresh our Sufficiency Strategy, including looking at how we can address the market shortage of suitable residential care in care in Essex and ensure placements are as close to family as possible
- Continue our Public Law Outline work to avoid court proceedings where possible

Example measures

Numbers entering care year on year

Length of time in care

Audit questions e.g. "How well have you been supported by Children's Services?"



Pledge Promise

To make sure you have a social worker or personal adviser who will spend time with you and get to know you

Our Outcomes: What we will achieve

OUTCOME 2 >> Children and young people in care, care leavers and families feel listened to, involved and understand what is happening to them

Taking action

- Use creative communication tools in our work with younger children and those who find it harder to communicate (e.g. children and young people with disabilities and Separated Migrant Children and Young People)
- Develop a video around the Priorities and Attribute of a Good Parent to get message across to a wider audience
- Invite CiCC to input into themed Corporate Parenting Panel meetings around the Priorities – in person or by video

Example measures

Have Your Say results to:

- “Do you understand the plan to see your family?”
- “Thinking about your care, do you feel listened to?”

The number of meetings in a year with decision-makers e.g. DLDs, the Panel and CiCLC Partnership Board

Pledge Promise



To fully involve you in decision making so your views are listened to and to explain when we have to make a decision that you may not like or agree with

Our Outcomes: What we will achieve

OUTCOME 3 >> Children and young people in care and leaving care are proud to be who they are and feel a sense of belonging

Taking action

- Develop a 'Welcome Pack' for young people in care from different ethnic or cultural backgrounds, providing information on things ranging from local hairdressers/barbers and religious communities to career advice
- Celebrate the achievements of BAME and SEND children and young people and showcase diverse role-models
- Reach out to community and voluntary organisations across the system to widen the community of support for those with diverse needs, such as BAME or SEND care leavers
- Work with the Virtual School to address any occurrences where racism has been identified in schools
- Adapt surveys and make events such as It's My Life accessible for children and young people with disabilities and empower social workers to encourage participation
- Use POET⁵ to hear voices of children and young people with SEND and apply their experiences to help children in care and care leavers with disabilities:
www.essexlocaloffer.org.uk/yp-poet
- Work with children to keep their Life Stories up to date, helping them to explore their feelings around placements and their aspirations for the future
- Create Later Life Letters (as are done for children who are adopted) for children likely to be in long-term care

⁵ Personal Outcome Evaluation Tool – a survey for children with special educational needs to help improve services

Example measures

A new measure for % BAME children in care placed in foster families of same ethnic background/religion

% Life Stories completed and measure of how they feel about them

A new question on identity/feeling included/pride in being yourself in Have your Say

Pledge Promise



To do everything we can to make you feel cared about, valued and respected as an individual.

Our Outcomes: What we will achieve

OUTCOME 4 >> Children and young people in care and leaving care are happy, healthy and safe

Taking action

- Work with partners to improve access to mental health and emotional wellbeing support including strengths and solution-focussed therapies
- Work with district, borough and city council partners to achieve consistency in the local offer for care leavers, for example leisure passes
- Stay open to new, light-touch forms of communication to help children and young people know someone is there for them, learning from the pandemic
- Work with new Integrated Care Systems to highlight needs of children in care and care leavers to be considered in developing new integrated services particularly improving emotional health support
- Ensure care leavers understand how to access their Health Passport

Example measures

Annual health checks

Immunisations

Strengths and Difficulties Questionnaire (SDQ) score

No. of care leavers with health passports

Young people in care recorded as risk of sexual and criminal exploitation



Pledge Promise

To do our very best to keep you safe, healthy and well

Our Outcomes: What we will achieve

OUTCOME 5 >> Children and young people in care and leaving care are settled and secure in their homes and feel part of a family

Taking action

- Work with young people and our strategic partners Barnardo's on providing residential accommodation in Essex that will better meet the needs of Essex children in care than offered by the market currently
- Continue trauma-awareness training, access to therapeutic support and promoting the Oasis Network - building an ecosystem of support for foster carers in difficult times, such as when a young person goes missing
- Mental health and other support to children in care and their carers to support placement stability
- Promote the CiCC and events such as It's My Life to help those coming into care meet others who've been through the experience
- Work on joint protocol for prioritising care leavers for accommodation across all districts, borough and city councils
- Work with district, borough and city councils and accommodation providers to support care leavers by sharing good information about their local area and community
- Members to use their platform to promote fostering opportunities e.g. social media, talking to constituents, email footers

Example measures

Have Your Say responses to:

- "Do you feel cared about by the people you live with?"

Long-term placement stability (2+ years)

Short-term placement stability (3+ placements in year)

% children in care fostered and % of those in foster care are in-house

Distance placed from home and % placed within Essex

Pledge Promise



To do our best to help you keep in touch with your family, brothers and sisters, and friends when you come into care

Our Outcomes: What we will achieve

OUTCOME 6 >> Children and young people in care and leaving care feel happy, confident and secure in school, college, university or training, have improved educational outcomes and high aspirations for the future

Taking action

- Involve children in care in campaigns and programmes such as the Year of Reading, with extra support given to foster carers and residential carers
- Streamline education and social work data collection and reporting to improve PEP process
- Continue to implement Continuing Professional Development (CPD) for schools on trauma and attachment awareness, and improve understanding of other children to reduce bullying
- Find work experience opportunities for those who want to go into public sector jobs e.g. police, health, education, social care, fire service
- Continue the work of the Virtual School to come up with solutions for schools to reduce exclusions, such as part-time timetables and use of alternative training outside of a school setting

Example measures

Have Your Say results to “I enjoy school”

NEET/EET status of care leavers aged 16 and 17

GCSE and key stage attainment of Virtual School compared to Essex-wide



Pledge Promise

To make sure you have opportunities to achieve and succeed

Our Outcomes: What we will achieve

OUTCOME 7 >> Care Leavers feel cared for, settled, connected to others and supported to find jobs and start adult life

Taking action

- Offer care leavers apprenticeships and employment opportunities in ECC and support anchor institutions to prioritise and support care leavers into work
- Recruit a Care Leavers Champion in each district, borough or city council
- Reduce feeling of “postcode lottery” authority boundaries. Working with all partners to improve the Local Offer e.g. housing, leisure passes, transport information and discounts, starting with mapping support for care leavers under each council
- Create a video by care leavers to explain the challenges they face with housing when they reach 18 and how this impacts their wellbeing
- Explore a new financial support package for care leavers starting employment to avoid falling into debt. Learn from the care leaver financial support scheme being introduced in Wales
- Formalise Co-Grandparent role and explore new initiatives such as help with managing finances, navigating benefits, childcare and role-modelling to improve confidence and capability of new parents
- Continue to improve transition at end of care – start preparing for independence earlier, e.g. forward planning for those with SEND coming back into Essex at 18
- Prioritise care leavers and highlight our legal duty in wider discussions on housing and planning with district, borough and city councils
- Look at how we can increase the rates of Staying Put, e.g. making it financially easier for foster carers

Example measures

18-25 year olds actively seeking employment

No. of care leavers employed at ECC

No. of care leavers in suitable accommodation

Pledge Promise



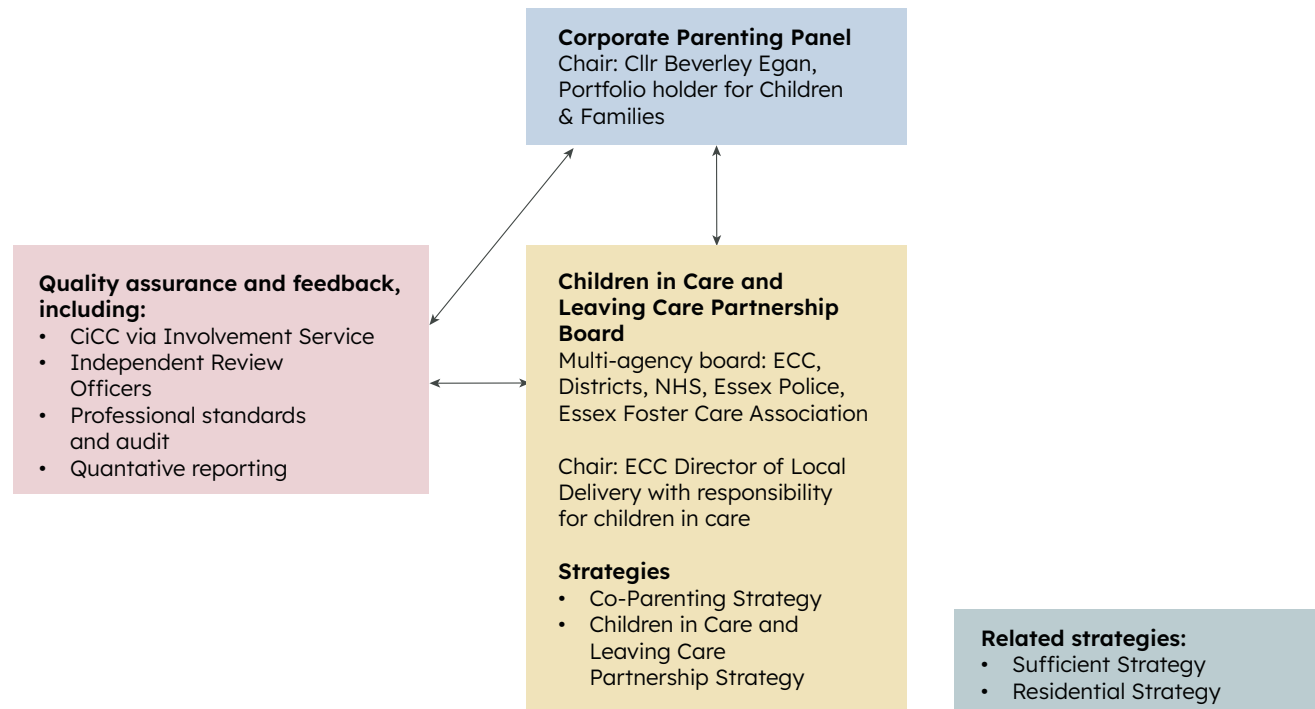
We promise to help you become independent

11 Working together across Essex



Working together across Essex

Governance



In Essex, we have a Corporate Parenting Panel to hold us to account. The Panel includes Elected Members and key partners such as the Essex Foster Care Association and NHS representatives with responsibility for children in care.

The Panel is chaired by Cllr Beverley Egan, Cabinet Member for Children and Families. The CiCC are invited to meetings to present their views. Our new Priorities will become new topics for discussion at Panel meetings.

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Some of our Panel Members also hold elected positions within Essex's district, borough and city councils, so they can help our partnership work on issues outside of the county council's responsibility such as housing and public transport.

We work with our partners to deliver Our Co-Parenting Strategy through the Children in Care and Leaving Care Partnership Board. We also work with partners through the Children's Partnership Boards – county-wide and in the four Quadrants of Essex. Through these Boards we can share best practice, raise issues which need a multi-agency approach and help make system-wide changes to support children in care and care leavers, such as sharing effective recruitment and procurement policies.



Working together across Essex

Feedback from children and young people

This is a live strategy and we need continual feedback on how we are doing. We ask children and young people to hold us to the commitments made in this strategy and will continue to involve them via the Involvement Service, It's My Life festivals, Have your Say surveys, audits and reviews.

We will invite children and young people to contribute to Corporate Parenting Panel meetings and to join discussions with Directors of Local Delivery and other decision-makers to share their insight and ideas. We will also discuss new programmes with young people via the Involvement Service and CICC, consulting them during the planning stages.



Working together across Essex

Governance

In launching this strategy, we will raise the profile of corporate parenting beyond those who work directly with children. We will promote children in care and care leavers a priority group for any new programmes or schemes across Essex County Council and The Essex Partners Anchor Network⁶. We will look for opportunities to utilise the diverse community and network of professionals that surrounds the county council through our Anchor Network and voluntary organisations.



⁶ Anchor institutions are large, stable employers such as NHS, councils, universities and large businesses that have a significant impact on a place, including employing locally and procuring goods and services

Everyone's Essex

Essex County Council's strategic priorities are set out in our new organisation strategy, 'Everyone's Essex'. Everyone's Essex focuses on four areas where outcomes really matter for the quality of life for all people in Essex:

- **Children and families**
- **The economy**
- **The environment**
- **Promoting health, care and wellbeing for all ages.**

There are five commitments for children and families. To Improve:

- **Education Outcomes**
- **Family Resilience and Stability**
- **Safety**
- **Levelling up for Families**
- **Outcomes for Vulnerable Children, including Children in Care, Care Leavers, Children with SEND and children from BAME communities**

Everyone's Essex offers many opportunities to improve the lives of children in care and care leavers outside the world of social care and children and families' services, by tackling the causes of poverty and inequality to create a fairer society for everyone by "levelling up".

Working together across Essex

Levelling Up and tackling poverty

The Bywaters Report⁷ shows a strong link between poverty and child abuse and neglect. The report identifies and discusses evidence about the relationship between poverty and child abuse and neglect in the UK, concluding that managing poverty reduces pressure on children's social care. We know that there are more than 123,000 people in Essex, 40,000 of whom are children, that live in areas that are in the 20% most deprived of the whole UK. This is a figure that has doubled since 2007.

Making a significant impact on this figure is a priority for our Levelling Up programme, which will target the places and people most affected by disadvantage to improve their life outcomes. The need to level up services by identifying and replicating the practice in the areas where young people do well is a key recommendation from the 2020 report from Coram Voice⁸.

Our Levelling Up Essex White Paper sets out our belief that a person's potential should not be defined at birth, by who their parents are or where they live. Individuals should define their own destiny, and the council and its partners should play a role in helping people do that – putting children in care and care leavers at the heart of this is the Co-Parenting responsibility of all Members, officers and partners.

⁷ Bywaters et al (2016) The relationship between poverty, child abuse and neglect: an evidence review www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

⁸ What makes life good? Care Leavers' views on their well-being – Coram Voice, 2020

Our wider work supporting the levelling up programme – including economic development, covid recovery and bringing families up and out of poverty – will be crucial to reducing the number of vulnerable children who need the support of the care system.

This is Everyone's Essex. It is our responsibility as corporate parents to work together across the system in supporting and pushing forward the children and young people in our care and care leavers to get the most out of life. We want them to achieve their aspirations, feel they belong and be proud to be themselves, just as any parent wants for their children.

“You should be pushing me to achieve. You should be pushing me at every step... That's the point of being a parent. It's to give everything. As much as you can.” **Care Leaver**



This information is issued by:
Essex County Council
Children and Families

Contact us:
www.essex.gov.uk/topic/children-young-people-and-families

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The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published May 2022.

Our Co-Parenting Strategy

How we do Corporate Parenting in Essex
Executive Summary



Introduction



“I believe that there’s no limits for children in care. There’s no limits for any child, ever... It’s what they get, what they’re given and the love they’re given and the time they’re given, is what makes them amazing” **Care Leaver**

At Essex County Council, it is our legal duty to act as Corporate Parents and care for children and young people who are unable to live with their parents or guardians. Established in The Children’s Act 1989, this duty is not just with social workers and professionals who work directly with children and young people, but with all county council staff and elected Members. The Act also places a duty on our partners - including Health, Education and Housing services - to support Children’s Services departments to meet Corporate Parenting responsibilities. We need help from our partners across the Essex system to give our children and young people stability, community and the best start in life.

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Our Co-Parenting Strategy

Our Corporate Parenting Strategy has been re-named by children and young people as ‘Our Co-Parenting Strategy’. The new name represents how we work together across all the authorities, with carers and families, to be good parents our children in care and leaving care. The voice and perspectives of children and young people are integral to our Co-Parenting Strategy and we are privileged to have worked with members of our Children in Care Council to develop it.



Our approach in Essex

Our overall vision for Children and Families is that we bring the right children into care for the right amount of time. We then support them to maintain relationships with their families and friends and reunite them with their families as safely and as soon as possible. As a result of our approach, Essex has one of the lowest rates of children in care in the UK: 34/10,000, compared to 67/10,000 for the UK and 56/10,000 for statistically-comparable local authorities¹, and we have been consistent at this rate since 2015. We are proud of our Ofsted Outstanding rating in this area. We want to build on this success, learn from children and peers and continue to be better.

Since our last strategy was published in 2017, our achievements include: introducing 'Life Plans' (designed with young people to replace Care Plans); the new Connecting and Reuniting Families Team; investment to improve our Fostering Service; an Essex-wide council tax exemption for care leavers; and new dedicated employability and youth advisers to support care leavers into good jobs.

¹ 2021, Department for Education



Listening to children and young people

Every child in care is a member of the Children in Care Council (CiCC) by right. Coming into care is a frightening time and the CiCC provides a network of peer support, welcoming and accepting those who may struggle to find a place in their community. The CiCC is supported by the Involvement Service to understand and represent the views of hundreds of other children and care leavers. Together they meet with decision-makers and Corporate Parenting Panel members. They have been actively involved in the development of our Priorities, Mission, Outcomes and suggested Actions.

Children and young people are all individuals. Our strategy considers the different needs of groups such as Separated Migrant Children and Young People, those with special educational needs and disabilities, Black, Asian and Minority Ethnic children and young people, and different ages and genders. We will continue to do more to help all children and young people in and leaving care to feel included and proud to be themselves.



The Essex Pledge

As Corporate Parents, Essex County Council is required to make a Pledge to our children in care and leaving care. The Pledge is a set of promises written by children and young people being looked after by us.

Each year they get to have a say about what is important to them and whether the promises need to change. The Pledge, our Priorities and our Outcomes are all intrinsically linked.



We promise:



To do everything we can to make you feel cared about, valued and respected as an individual



To do our very best to keep you safe, healthy and well



To make sure you have a social worker or personal adviser who will spend time with you and get to know you



To do our best to help you keep in touch with your family, brothers and sisters, and friends when you come into care



To make sure you have opportunities to achieve and succeed



To fully involve you in decision making so your views are listened to and to explain when we have to make a decision that you may not like or agree with



To help you become independent

Our Priorities

Through the feedback from children and young people gathered through the CiCC, the Involvement Service, surveys, audits and insight from professionals across our services and partners we have developed Priorities based around what really matters to children, young people and their families.



1. **Self:** Celebrating individuality, championing diversity and inclusion and helping children and young people understand where they come from



2. **Health:** Supporting emotional wellbeing, championing healthy lifestyles and keeping children and young people safe



3. **Home:** Providing good, stable homes and ensuring children and young people feel cared for



4. **Learning:** Helping children and young people learn, have high aspirations, grow as people and enjoy school, college, university and training



5. **Independence:** Helping care leavers achieve independence as successful, happy adults who can feel confident in work and if they become parents themselves



Co-Grandparents

We have worked with care leavers to develop the concept of 'Co-Grandparents' for young people who have children of their own. This means adopting some of the grandparent roles that many new parents benefit from when starting a family. This includes practical and financial advice, support with childcare and emotional support. We can help to build confidence and capability of young parents who may not have had the chance to learn parenting skills from their own family. This is a new concept and we will continue to work with the CiCC and partners to develop this new approach and formalise our role as Co-Grandparents.



Our Mission

We will work together across all aspects of children and young people's lives, so that all children in care and leaving care are happy, loved, safe and able to achieve their aspirations.



Our Outcomes

We want all officers, Elected Members and our partners to ask themselves: **“What can I do in my role to help children and young people in and leaving care?”**

Based on what matters to children, young people and their carers and families, we have seven Outcomes to work towards:

» **OUTCOME 1** The right children are in care, the length of time in care is safely reduced, and families feel involved and supported

PLEDGE
3

» **OUTCOME 2** Children and young people in care, care leavers and families feel listened to, involved and understand what is happening to them

PLEDGE
6

» **OUTCOME 3** Children and young people in care and leaving care are proud to be who they are and feel a sense of belonging

PLEDGE
1

» **OUTCOME 4** Children and young people in care and leaving care are happy, healthy and safe

PLEDGE
2

» **OUTCOME 5** Children and young people in care are settled and secure in their homes and feel part of a family

PLEDGE
4

» **OUTCOME 6** Children and young people in care and leaving care feel happy, confident and secure in school, college, university or training, have improved educational outcomes and high aspirations for the future

PLEDGE
5

» **OUTCOME 7** Care leavers feel cared for, settled, connected to others and supported to find jobs and start adult life

PLEDGE
7

To measure our progress, we will collect feedback on how we are doing from children, young people, families, carers and professionals through surveys and audits, as well as ongoing engagement through the Involvement Service.



Governance and partnerships

Our Corporate Parenting Panel, chaired by Cllr Beverley Egan, Cabinet Member for Children and Families, will hold us to account on achieving our Outcomes.

We will work with our partners through the Children in Care and Leaving Care Partnership Board and the Children's Partnership Boards, county-wide and in the four Quadrants of Essex. Here we can share best practice, raise issues which need a multi-agency approach and help make system-wide changes to support children in care and care leavers, such as sharing effective recruitment and procurement policies.



Some of our Panel Members also hold elected positions within Essex's district, borough and city councils, so they can help us with issues outside of the county council's responsibility such as housing and public transport.

"You should be pushing me to achieve. You should be pushing me at every step... That's the point of being a parent. It's to give everything. As much as you can." **Care Leaver**



Everyone's Essex

Our new Organisation Strategy 'Everyone's Essex' includes a commitment to improving outcomes for Vulnerable Children, including Children in Care and Care Leavers. Everyone's Essex offers many opportunities to improve the lives of children in care and care leavers outside the world of children and families' services through tackling the causes of poverty and inequality. We want to help create a fairer society for everyone by "Levelling Up".

Central to our Levelling Up agenda is the belief that a person's potential should not be defined at birth, by who their parents are or where they live. The council and our partners should play a role in helping people define their own destiny. As good Co-Parents, we and our partners should put children in care and care leavers at the heart of this agenda.



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Essex County Council
Children and Families

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The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published May 2022.

Forward Plan reference number: FP/328/03/22

Report Title: Reconstruction of the Fairview Pupil Referral Unit Basildon	
Report to: Cabinet	
Report author: Councillor Tony Ball, Cabinet Member for Education Excellence, Lifelong Learning and Employability	
Date: 24 May 2022	For: Decision
Enquiries to: Ralph Holloway Head of SEND Strategy and Innovation - email ralph.holloway@essex.gov.uk	
County Divisions affected: All divisions in Basildon, Brentwood, Castle Point and Rochford.	

Confidential Appendix

This report has a confidential appendix which is not for publication as it includes exempt information falling within paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

1. Everyone's Essex County Council

- 1.1 This report seeks approval to agree to demolish the existing Fairview Centre, Fairview Road, Basildon and replace with brand new teaching accommodation and facilities for pupils attending this Essex County Council maintained pupil referral unit. This supports the strategic aim of Everyone's Essex to achieve educational excellence and high standards for all children and young people as we recover from the pandemic and to work to improve outcomes for the most vulnerable and disadvantaged groups.
- 1.2 The new building is required to replace the current classrooms and facilities which are no longer fit for purpose.
- 1.3 The new building will provide pupils with greater opportunity to gain further skills and certification, such as BTEC, thus enabling them greater opportunities upon leaving education. Current and future pupils attending the school will benefit from purpose-built accommodation that caters for their needs and enables the PRU to continue teaching the pupils as well as preparing them for their adult life beyond statutory education.
- 1.4 The design of the building and a focus on pupil journeys via public transport will support the delivery of our net zero, transport and built environment commitments in Everyone's Essex.

2. Recommendations

- 2.1 Agree that the Council will support the demolition and construction of an establishment of a new pupil referral unit with a capacity of up to 100 places on current site which will be managed by the Children's Support Service (CSS).
- 2.2 Agree to the procurement of the associated building works for Fairview through a two-stage design and build mini competition using the Essex Construction Framework Agreement.
- 2.2 Agree that the Director of Capital Delivery and infrastructure is authorised to award the contract to the successful bidder when he is content that the following conditions have all been met:
 - a. All pre-construction planning conditions associated with planning permission CC-BAS-102-21 have been discharged
 - b. The construction costs are within the agreed budget and represent value for money.
- 2.3 Approve the capital budget for construction and associated project fees as per the profile stated in the Confidential Appendix.

3. Background and Proposal

- 3.1 ECC has a statutory obligation to ensure that a school place is provided for each child residing in Essex whose parents/guardians request one. We also have a duty to provide education for children who are unable to be educated in a school setting. The provision of pupil referral units helps improve the educational attainment of children who are not otherwise able to attend a setting. This contributes to the objectives in the Everyone's Essex of 'A Good Place for Children and Families to Grow'. In addition, ECC's corporate objectives include: deliver the best possible educational outcomes for children attending schools within its administrative border; improve public health and wellbeing across Essex and, safeguard vulnerable people of all ages
- 3.2 The need for capital investment in the PRU estate was set out in a Strategic Business Case (SBC) in May 2015. Since then there has been a significant year on year increase in pressure on existing capacity at Essex PRUs, as a result of rising permanent exclusions (50 in 2014/15 rising to 161 in 2019/20) and, at the same time, a rise in the number of children and young people who require provision due to their medical or mental health needs with 291 pupils with medical needs in 2019/20.
- 3.3 The primary purpose of a pupil referral unit is to support children and young people to successfully re-engage in education with the ultimate intention to support their return to their local mainstream school. Essex's commissioning arrangements with the Children's Support Service (CSS) in South Essex reflect this and joint working and collaboration with schools across South Essex will focus on ensuring that this is achieved. Whilst exclusion figures have risen, they remain lower than the national average and our strategy is focussed on

supporting schools to successfully support all their pupils without the need for offsite provision. However, where offsite provision is necessary it is important that it is of a high quality and that pupils do not feel that they are being removed from the education system. In addition to supporting children and young people by placement at a PRU ECC is also working with schools and settings to build their expertise in meeting the needs of all of their pupils.

- 3.4 ECC currently commissions the South Essex Children's Support Service, a pupil referral unit maintained and run by the Council, to provide 20 places for pupils in years 9-11 with an Education Health Care Plan due to social, emotional, and mental health needs who would otherwise be placed in independent provision. The cost of commissioning the provision from the South Essex PRU on a block contract at £25,000 per pupil, compares to individually commissioned provision from independent providers at £55,000 elsewhere in Essex. Where needed South Essex PRU has been able to support additional individually commissioned places which has relieved pressure on the High Needs Block.
- 3.5. The following factors have been taken into account when considering the need for investment to replace and improve the facilities at Fairview:
- A consistently high number of pupils with SEND cannot have their needs met in Essex schools and are subsequently educated in independent schools or outside of the county at higher cost to both the High Needs Block of the Essex Dedicated Schools Grant and ECC budgets. Independent special schools are more expensive than a maintained special school and there is less control over cost increases over the course of a pupil's education. Transport costs can be higher if we are placing pupil's further from their home address.
 - The requirement to place pupils and parents/carers at the heart of planning and provision for SEND is set out in the SEN Code of Practice and is a statutory duty when considering pupil placement. By enhancing the facilities at Fairview, we are able to give parents greater confidence that needs can be met locally and reduce appeals to the SEN tribunal for places in the independent sector.
- 3.6 Improvements to the infrastructure and increased physical capacity will enable the service to teach pupils in groups and minimise the more expensive delivery of one-to-one tuition in off-site settings for those pupils capable of attending a centre. There has been considerable overspend from the High Needs Block budget on securing alternative provision for children and young people who could not be accommodated at Essex PRUs due to restricted physical capacity.
- 3.7 A PRU estate that is fit for purpose, is a fundamental requirement to delivering and developing the core service offer (both statutory and non-statutory) as well as enabling the service to develop innovation. The responsibilities upon local authorities to provide appropriate education for pupils unable to attend school due to behaviour and ill health have increased considerably over the last fifteen years. As a result, the provision made by Essex PRUs in order to fulfil that duty has moved from being part-time tuition delivered, for many pupils, in the field, to

being centre based and full-time. Recent Ofsted inspections of Essex PRUs have been successful but have highlighted 'the lack of sufficient space at some centres' as having an impact upon 'pupil's attendance, safety and turnover'.

- 3.8 Fairview PRU will work with ECC to ensure as many journeys as possible are by public transport or foot/bicycle. The PRU will work closely with the travel training teams to prepare children and young people to successfully overcome any barriers to travelling independently to school. Independent travel is seen as a vital part of the preparing young people for adulthood.

Infrastructure Required

- 3.9 It is proposed to completely demolish the existing Fairview Centre and construct a new building on the same site. The proposals seek to deliver a new, standalone two storey building as a replacement for the existing PRU which is no longer fit for purpose either in terms of capacity or condition. There is no requirement for any temporary accommodation for the existing students as they will relocate to the new PRU at Wickford which was completed in March 2022. The new 100 place PRU at Fairview will then be designed and built in full compliance with BB104 schedule of accommodation (the DfE recommended specification for new build specialist provision). The current physical capacity of the Fairview building is insufficient to meet the needs of the growing pupil population.
- 3.10 The design of the building and external spaces seeks to provide a modern facility to replace the dated facilities that are no longer fit for purpose. The new design meets all current standards and will provide an attractive building externally and internally that will be superior in its form, function, movement around the building, energy efficiency, maintenance, noise insulation and ventilation. The new building will be a very significant improvement on the current facilities and will provide a much better learning environment for the pupils that attend the PRU. The replacement of the existing PRU with the proposed building is also considered to enhance the area more generally, with the provision of a modern facility that is well presented. The design takes account of school-specific safety, security and safeguarding matters, to be delivered in accordance with the specific requirements of the CSS and the required standards for teaching and accommodation
- 3.11 The design of the building allows for photovoltaic panels (PV) which will ensure that the project can achieve an Energy Performance Certificate rating of A. This demonstrates that the building is very efficient in its use of energy and is promoting ECC commitment towards meeting climate change targets.
- 3.12 The building will include high standards of energy efficient building services equipment. These measures including but not limited to high efficiency LED lighting with daylight dimming and presence detection lighting controls, enhanced natural ventilation units, heat recovery units and supply and extract fans, high efficiency gas-fired boilers, smart learning and optimized Building Management System and Energy Metering.

3.13 Value for money will be checked throughout the construction phase of the project with the assistance of the internal quantity surveyor and cost comparisons provided by the framework. Construction quality and adherence to design will be monitored by the in-house quality inspector team

3.14 The proposed delivery timescales are as follows:

Milestone Description	Target Date
Start on Site	July 2022
Build completion for handover	September 2023

4. Options

4.1 **Option 1** – Demolish and construct 100 place PRU at the Fairview Centre, Basildon.

4.2 This is the preferred option. The new provision will greatly improve the service offer. It will increase the physical capacity of the school and improve the facilities for the pupils.

4.3 **Option 2** – Continue with current provision.

4.4 The current provision is no longer providing a positive environment that the children need and deserve. The existing facilities are becoming more costly to maintain. This option is not recommended.

6. Issues for consideration

6.1 Financial implications

6.1.2 Please see the confidential appendix for details of the financial implications of this decision.

6.1.3 The total capital cost is included in the current and future years' capital programme and the revenue implications are included in the Medium-Term Resource Strategy (MTRS). A contingency of 5% has been included to cover any financial risks.

6.1.4 £179,000 will be allocated from Dedicated Schools Grant (DSG) revenue funding for furniture and equipment

6.1.5 It is considered that there could be a saving on Home to School Transport costs, with reference to 3.8 above, where Fairview will work with ECC to ensure as many journeys as possible are by public transport or foot/bicycle. It is not possible to estimate this saving with credibility at this time.

6.2 Legal implications

6.2.1 The Council has a statutory duty to arrange education for pupils who are not able to attend school for certain reasons. Pupil Referral Units, including alternative provision academies which provide such services are one way in which the Council discharges that duty.

6.2.2 The building works will be procured by ECC using an existing framework agreement which will comply with the Public Contracts Regulations 2015.

6.2.3 The PRU site is owned by the County Council which operates it using its own employees meaning that it does not require collateral warranties or other agreements with the building user.

7. Equality and Diversity implications

7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8. List of appendices

8.1 Equality Impact Assessment

8.2 Confidential Appendix

9. List of Background Papers

9.1 Strategic Business Case for provision of PRU places (2015)

Forward Plan reference number: FP/340/03/22

Report title: New Provider Framework for Residential Care for Adults with Complex Learning Disabilities and/or Autism	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Adult Social Care and Health	
Date: 24 May 2022	For: Decision
Enquiries to: Robert Sier, Commissioning Manager: Strategic Policy and Commissioning (ASC) robert.sier@essex.gov.uk or Nick Green, Procurement Specialist, Procurement Services, nick.green@essex.gov.uk	
County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1. Everyone's Essex seeks to achieve renewal, equality, and ambition across all cohorts of our population, and this must include reaching out to the most difficult and complex parts of our society. The care of those with the most complex needs gives us the opportunity to make a significant difference to the lives of these particularly vulnerable people by enhancing the consistency of care quality and ensuring much more of it takes place within the county, in easier travelling distance of the families of those we are supporting. One of the Everyone's Essex commitments is to help vulnerable people to live independently and live a life which is meaningful to them. The proposal in this paper supports this goal through the introduction of the Complex Residential Framework for residential providers in Essex (the Framework) who provide support for adults with complex needs.
- 1.2. Up until now residential care in Essex has been purchased on a spot contract basis. The Framework will support the Council's levelling up agenda by introducing standardised contractual agreements to make services more accessible across Essex, a new modern person-centred service specification, key performance indicators and quality measures.
- 1.3. The Framework represents a drive towards equality by enabling people to live in good quality accommodation and receive the right support. The proposals in this paper will have a neutral impact on the environment, however the service specification for the Framework will encourage care providers to take climate-conscious choices, such as renewable energy and energy efficiency in care homes.
- 1.4. The total estimated budget per annum required for all placements into complex settings is £28.1m, which equates to £112.4m over the 4-year period. Within this, the budget for new placements for adults with disabilities with complex needs who will be placed in residential care using this Framework is £3.95m. Over the 4-year period this equates to £15.8m.

2. Recommendations

- 2.1. Agree to procure a four-year multi-supplier Complex Residential Care Framework (with an option to extend by up to two years) for providers of residential care services for adults with complex learning disabilities and/or autism using a single stage open process compliant with the light-touch regime.
- 2.2. Agree that the Framework will have an expected expenditure of up to £112.4m over the four-year initial period for all complex residential placements of which £15.8m relates to new placements, based on forecast spend at current activity levels. This figure does not include any uplifts in future years as these will be considered on a discretionary basis in line with the existing approach taken across the market
- 2.3. Agree that the procurement will use an evaluation model based on 30% price and 70% quality, where 10% of the quality score will relate to social value.
- 2.4. Agree that the Executive Director for Adult Social Care is authorised to agree the detailed evaluation model for the procurement.
- 2.5. Agree that the Cabinet Member for Health and Adult Social Care is authorised to award the contracts to the successful providers, following completion of the procurement.
- 2.6. Agree that the Framework can be re-opened to enable new providers to bid for inclusion on the Framework up to three times a year to increase the availability of good-quality residential services for adults within Essex.
- 2.7. Agree that the Director of Commissioning, Adult Social Care is authorised to agree to the re-opening of the Framework where this is proposed without any changes.
- 2.8. Agree that the Director of Commissioning, Adult Social Care is authorised to permit new homes from providers already on the Framework to be added at any time during the Framework, provided such homes meet the Council's requirements for complex residential care set out in the original tender documents.
- 2.9. Agree that the Director of Commissioning, Adult Social Care is authorised to approve the award of call-off contracts following completion of a mini-competition, subject to the on-going annual reviews and approval of the spend for such contracts.

3. Summary of Issue

Background

- 3.1. The Council has a responsibility under the Care Act 2014 to commission residential care services for adults with learning disabilities and/or autism (LDA)

who have eligible support needs. The Council's strategy remains to move away from residential services for the majority of the adults who are eligible for support, but there is strong need for residential services for adults with LDA who have complex support needs. These services provide a robust, safe environment and person-centred support that will help these individuals live lives meaningful to them and potentially enable them to develop new skills and potentially transition into more independent accommodation in the future.

- 3.2. Residential services are well suited for those whose support needs are too great to live independently and who are not ready for a tenancy or tenancy-based support - for example in Supported Living. Additionally, the infrastructure of buildings is more robust and can support adults with destructive behaviours - this is less often the case with tenancy-based support such as Supported Living. Staff are also available 24/7, which reduces the need for external agencies to be called upon.
- 3.3. The Council currently spends £82m per annum on all LDA residential services for adults, with a total of 753 adults being supported. Of this total, an estimated £28.1m is spent on placements for adults whom the Council would define as having complex needs (£112.4m over 4 years). These packages are both within Essex and in other areas of the UK. Out-of-county placements are spread over a total of 285 individual homes.
- 3.4. Based on data from 2017 to 2020, on average, total spend on new placements breaks down as follows:
 - adults with complex needs - 60%
 - adults aged over 55 without complex needs (for whom residential services are viewed as the most appropriate option) - 15%
 - adults aged under 55 without complex needs - 25%
- 3.5. Adults with LDA who are aged over 55 are sometimes best suited to long-term residential care, and there is work ongoing within the Meaningful Lives Matter (MLM) Programme to re-shape large parts of the residential market to provide the right capacity for these adults. It is anticipated that a separate procurement will be undertaken in the future for services for such adults, which would differ significantly from the approach required for adults with complex needs. Currently, some adults with learning disabilities who are aged over 55 move into older people residential homes as their care needs change later in life and can be supported well in those settings.
- 3.6. Twenty five percent of new residential placements are being made for adults who are not defined as complex, and more work is being undertaken to understand why these placements have been made, and how to reduce them in future as we would normally expect that the needs of such persons would normally best be met in another setting. Analysis of residential placements in the last two years shows that other reasons for non-complex admissions outside of ages 55+ were:
 - Emergency temporary placements that became longer term due to delays in reviews, where many adults could move into supported living,

- Lack of other suitable placement options at the time,
- Health conditions that require intense management,
- Educational needs.

This cohort is out of scope for this proposed framework. Providers able to support people without complex needs would not be guaranteed to be able to adequately support the adults that are the focus of this framework proposal. Work will be undertaken to shape the sections of the market with adults that are outside the strategic direction, to ensure stability for existing placements but also suitable succession planning where adults' needs can be better met in more independent settings. Nevertheless it cannot be guaranteed that an adult without complex needs would not be placed under this framework, for example in an emergency.

- 3.7. Adults with complex needs require provision which differs in terms of physical facilities and staff requirements from the generality of all residential placements for adults with disabilities. Given that there are a significant number of placements for people with complex needs, it is proposed that there should be a specific framework to meet this need. This aligns with the Council's strategic approach to prioritise placements into independent care settings such as shared lives and supported living, with only those adults with complex behaviours and who cannot be placed into these other settings being eligible for residential care.
- 3.8. The anticipated annual number of residential placements (both new and when an adult moves from another residential home) for adults with complex needs is 26 based on a three-year average. New placements are defined as people not moving from other residential care, i.e., they come from domiciliary care, supported living, or hospital settings. The figure for residential placements made for adults without complex needs and under the age of 55 is 18 by comparison, and it is anticipated this figure will continue to drop.

Engagement

- 3.9. Market engagement has taken place in the last year with existing providers of complex residential care within Essex. This engagement introduced the strategic direction for the Council, and the proposals for the Framework. Overall feedback was positive to the proposal to formalise a placement process in Essex and on the strategic direction being followed.
- 3.10. Engagement and consultation on the proposals, and in particular on the new service specification, has been undertaken with adults with lived experiences and their families. This has been supported by the Essex Carers Network. The views of adults and families have been reflected in the service specification where appropriate.

Proposed Procurement Approach

- 3.11. It is proposed to procure a framework agreement to source a pool of providers that have suitable accommodation and staff to ensure good quality, modern and appropriate provision for adults with complex care needs and/or behaviours that challenge. This will establish an open and transparent referral process which can

be used when needed to call off a placement for an adult. The aim is to encourage providers to develop new complex residential care services throughout the life of the Framework to meet the cohort's needs.

- 3.12. Providers will be required to hold a CQC rating of 'Good' or 'Outstanding' or have been audited and approved where they received a 'Requires Improvement' or 'Poor' grade to the satisfaction of the Council. This will help the Council to improve the quality of providers by having consistent quality selection.
- 3.13. A Framework will also improve quality and outcomes for adults by having a standard service specification which includes a requirement to meet the needs of adults and support them to lead as independent lives as possible. There will be an increased focus on building the skills of the adult, therefore reducing episodes of challenging behaviour and reliance on services and improving quality of life outcomes.
- 3.14. A Framework will also assist the Council to better predict future care costs, help keep costs more stable and improve the Council's understanding of the complex residential care market.
- 3.15. A single-stage open tender process compliant with the light-touch regime under the Public Contracts Regulations 2015 is proposed to procure a four year Framework with an option to extend by up to two years. The lead times on services being developed and residential homes becoming available are longer and the ability to flex extend the Framework so that it may last for six years in total may incentivise providers to engage with the Framework and develop such services.
- 3.16. The price/quality split is proposed to be 30% price, 70% quality, of which 10% of the quality score will assess social value. This is recommended because of the approach to pricing which is outlined at paragraph 3.18. This ensures that any risk of exceptionally high costs is mitigated at the time of tender, and as a result allows us to increase the weighting for quality to ensure sustainable and high-quality providers are brought on to our framework.
- 3.17. The tender opportunity will be open to the entire market and will set out service requirements through the new service specification, supplemented by a number of technical questions designed to assess the bidder's capability to deliver the services as well as confirm that the accommodation proposed is robust and can support adults with complex needs. The target is that 80% of Essex residential homes which can meet the needs of people with complex needs residential homes, although this is not something we can control.
- 3.18. To get onto the Framework, bidders will be required to submit costings for each complex residential home they propose to be included. During evaluation, the providers' costs will be benchmarked through Care Cubed which is our existing external benchmarking tool for residential placements. Where any bidder's rates exceed the benchmark and tolerance of 30% built in, the provider will be excluded.

3.19. Successful providers' services will be ranked in order of overall tender score (combined cost and quality (including social value)). The intention is to use the ranked list to produce a list of three homes and then the placement will be made at the listed home which is the best match for the needs of the adult

3.20. The call-off process for the Framework will operate on a mini-competition basis for each placement:

- The weighting for each mini-competition is proposed to be 30% cost and 70% quality, which does not include social value at this stage.
- The call off process will be as set out in below.

3.20.1 Standard call-off (mini-competition)

- A high-level matching process against the ranked list will be undertaken and a maximum of three providers who have available suitable services will be identified based on the adult's needs. This means services that bid at higher costs are more likely to be excluded at this stage as higher costs will impact their overall score. Where fewer than three providers are identified, the mini competition will still proceed with those providers.
- The identified providers will be asked to submit a proposal on how their homes will best meet the needs of the adult. The only costs permitted to be bid for standard call-offs will be the costs bid by the provider at tender stage (or as adjusted on a re-opening of the framework).

3.20.2 Bespoke call-off (further competition)

- Where the mini-competition process described above for a standard call-off does not identify any suitable providers, we may request that all providers on the Framework will be invited to submit a tender for a bespoke service.
- This is called a further competition and seeks to identify a new service that does not currently exist on the framework.
- The published evaluation criteria may need to be refined dependent on the bespoke services.
- Costs will be assessed against the benchmark to the extent possible but may need to be adjusted depending on whether it's an entirely new service and the number of adults who could be placed within such new service.
- Offering this opportunity to providers on the Framework would allow bespoke developments for adults whose needs cannot be met by existing services and will help stimulate new development of suitable services in-county.
- The further competition approach can also be used to identify a provider if a service being developed or operated by Essex County Council requires a provider of care services.

3.21. Where use of a call-off is not suitable or is unsuccessful, the Council may still need to enter into spot purchase arrangements – such placements will be subject to separate governance.

- 3.22. It is proposed that providers already on the Framework are permitted to submit new homes to be added at any time during the Framework, provided such homes meet the Council's requirements for complex residential care set out in the original tender documents. This will increase the number of homes and services for the cohort and encourage providers to continue to engage with the Framework. All new homes submitted would be subject to the same Care Cubed benchmarking process to ensure fair pricing through the Framework.
- 3.23. It is proposed that the Framework be re-opened at the Council's sole discretion up to three times within a contract year to allow new entrants to bid to join the Framework. Any re-opening of the Framework will be on the same requirements as the original procurement process, subject to any legislative changes or changes to comply with any relevant guidance. Existing providers will also be permitted to adjust their costs for new placements but not re-price any existing placements. Where any bidder's or existing provider's rates exceed the benchmark and tolerance of 30% built in, the bidder or provider will be excluded. Following a re-opening, the provider list will be re-ranked on overall score.
- 3.24 The proposed timeline to procure the Framework is anticipated to be: publication of the tender in June 2022; evaluation completed in August 2022; approval to award in September 2022; and with the Framework mobilised and ready to commence in November 2022.
- 3.25 Any existing placements at any complex residential home which is accepted on the Framework will be moved to the new specification and contract. The rates will not be changed at the point of transition and packages will continue at their current rate until a review of the adult, at which point fees may be reviewed.
- 3.26 The approach to inflationary uplifts on any call-off contracts will be aligned with the Council's overarching uplift process each year, whereby the Council assesses financial pressures within the market and calculates appropriate increases to existing packages. There will be no contractual guaranteed increases or increases linked to inflationary measures included in these call-off contracts. For those reasons the financial envelope of this decision does not include any inflation over the 4-year period however, inflation is allowed for within the overall Medium Term Resource Strategy (MTRS).

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision
- Enjoy life into old age
 - Strengthen communities through participation
- 4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:
- Neutral impact. The service specification encourages residential care providers to consider energy efficiency and sustainability of the home.

4.3 This report links to the following strategic priority in the emerging Organisational Strategy 'Everyone's Essex':

- Health wellbeing and independence for all ages

5. Options

5.1. Option 1: Do nothing and continue to spot purchase (not recommended)

If no action is taken complex residential placements will continue to be purchased on a spot basis with a range of rates negotiated at the point of commissioning. This does not offer best value for the Council or visibility of the range of available placements in the market and is not sustainable as a long-term solution. The quality of services will also remain unquantifiable. Visibility of the complex residential market would remain low.

5.2. Option 2: Dynamic Purchasing System/Mini Competition (not recommended)

This option is not recommended as it does not sufficiently promote adult choice and the cost and feasibility of a system to manage such a process is uncertain.

5.3. Option 3: Complex Residential Framework (recommended option)

This option is recommended because establishing a Complex Residential Framework will enable the Council to have better oversight of cost and quality standards and control of escalating care costs. The aim is to build stronger sustainable links with Framework providers to help support the most vulnerable adults. Adults with complex needs will have access to robust quality accommodation and care compliant with the Council's quality standards, with the potential for bespoke provision where necessary thus improving outcomes for adults.

A four-year initial period with an option to extend for up to a further two years will incentivise providers to develop these residential services and homes which have a long lead in time before the Council can call-off such services. Permitting existing providers to submit new homes for inclusion on the Framework and re-opening the Framework up to three times a year will allow new providers to join the Framework, therefore keeping the market engaged.

6. Issues for Consideration

6.1. Financial implications

6.1.1 In 2022/23 the Council has budgeted to spend £82m on LDA Residential Care placements. The budget was based on care packages in September 2021 and assumptions around growth at that time.

- 6.1.2 The total estimated budget per annum required for all placements into complex settings is £28.1m, which equates to £112.4m over the 4-year period. Within this, the budget for new placements for adults with disabilities with complex needs who will be placed in residential care using this Framework is £3.95m. Over the 4-year period this equates to £15.8m. The term of this Framework is expected to be 4yrs + 2yrs. Existing placements will be transitioned to the terms and conditions of the framework through the procurement process.
- 6.1.3 The total estimated budget has been calculated based on the number of current placements with providers who are approved for complex placements, as complex settings are not separately budgeted for some assumptions have had to be made. The estimated budget for the framework is calculated using the average number of new placements made into complex residential settings over the past five years, and the 'churn' placements (i.e. when an adult moves from one residential setting to another). The average package was calculated across the same period, based on actual placements made.
- 6.1.4 There are no uplifts built into the contracts with providers on the Framework, and uplifts will be considered on a discretionary basis in line with the existing approach taken across the market. This takes place on a no more than annual basis and goes through separate governance at the time, appropriate to the level of expenditure being requested. Inflation is provided for within the MTRS but is not included within the figures of this decision.
- 6.1.5 Given current inflationary pressures, and in common with all other contracts, close surveillance will be undertaken in case there is need to adjust the MTRS.
- 6.1.6 Individual packages are reviewed regularly as part of the Council's duty under the Care Act 2014. Any changes required are agreed through the appropriate process and the spend approved until the next review.

6.2. Legal implications

- 6.2.1 The Council has a duty under the Care Act 2014 to commission residential care services for adults with learning disabilities and/or autism who have complex support needs. By procuring the services set out in this report, the Council will be taking steps to discharge its statutory duty under the Care Act 2014.
- 6.2.2 The proposed services are 'health, social and other specific services' set out in Schedule 3 of the Public Contracts Regulations 2015 (the Regulations). The procurement of these services is subject to the 'light touch' regime', as the value of the services exceeds the current financial threshold of £663,540. The proposed procurement approach set out in section 3 of this report would be compliant with the light touch regime under the Regulations.

7. Equality and Diversity Implications

- 7.1. The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3. The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8. List of Appendices

8.1. Appendix A – Equality Impact Assessment

9. List of Background Papers

None declared.

Forward Plan reference number: FP/377/04/22

Report title: Residual Waste Services Procurement	
Report to: Cabinet	
Report author: Malcolm Buckley, Cabinet Member for Waste Reduction and Recycling	
Date: 24 May 2022	For: Decision
Enquiries to: Mark Simpkins, Head of Waste Operations (mark.simpkins@essex.gov.uk)	
County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1 Everyone's Essex sets out the Council's strategic purpose, including the aim of developing a high-quality environment. This includes a specific commitment to minimising the impact on the environment by supporting residents and businesses to reduce waste and increase the amounts recycled. Essex County Council are working closely with District, City and Borough Councils and contractors to better protect the environment by seeking to reduce our reliance on landfill and provide more sustainable services.
- 1.2 The purpose of this report is to seek approval to commence a new procurement for the treatment of Essex's residual waste to secure disposal arrangements that support the Everyone's Essex vision, particularly by encouraging disposal options that reduce greenhouse gas emissions and promote social value.
- 1.3 The new contractual arrangements will provide residual waste treatment and disposal services for approximately 350,000 tonnes of waste per annum. ECC has a statutory duty to dispose of the waste collected at the kerbside by Borough, City and District Councils and at Recycling Centres for Household Waste. The procurement will aim to provide best value to the taxpayer and encourage a greater emphasis on environmentally friendly disposal or treatment options for residual waste for a minimum seven-year period.

2 Recommendations

- 2.1 Agree to procure contract(s) for the treatment and disposal of Essex's residual waste at an estimated first contract year value of £45m and an estimated total value of £340m over the initial seven-year contract term.
- 2.2 Agree that the contract(s) will commence no earlier than 1 October 2023 and no later than 1 April 2024, with an initial term of seven years expiring on 31 March 2031, with an option to extend in any number of periods not exceeding a total of a further seven years.

- 2.3 Agree to use the Competitive Procedure with Negotiation and agree that the following award criteria is applied: 55% price: 45% quality, of which 5% of the quality score will assess social value.
- 2.4 Agree that the services will be procured in three lots accommodating a total of 350,000 tonnes capacity per annum. The total required capacity will be divided into three tonnage lots of 200,000, 100,000 and 50,000 tonnes per annum, each with a guaranteed minimum tonnage ("GMT") of up to 80% of their respective lot size.
- 2.5 Agree that the lots and associated contracts contain provision for the award of additional tonnage of up to 20% of the total tonnage.
- 2.6 Agree that the Cabinet Member for Waste Reduction and Recycling, in consultation with the Cabinet Member for Finance, Resources and Corporate Affairs, is authorised to award the contract(s) to the successful bidder(s) following completion of the procurement process, subject to the outcome being within budget.

3 Background and Proposal

- 3.1 Essex County Council ("ECC") is the statutory Waste Disposal Authority ("WDA") for Essex and is required to make arrangements for the disposal of local authority-collected waste. This includes residual waste, which is non-recyclable waste, typically comprising black bin waste collected by the Essex Waste Collection Authorities ("WCAs") and residual waste collected at Recycling Centres for Household Waste ("RCHW").
- 3.2 ECC and the WCAs provide extensive opportunities to help residents reduce their residual waste, recycle more, and reduce their carbon footprint, thereby contributing to our net zero target commitment as part of Everyone's Essex. Despite success of residents in this area, some residual waste remains and disposal or treatment of this waste is required.
- 3.3 As the Mechanical Biological Treatment facility that was intended to take all of ECC's residual waste is unavailable, it has been necessary for ECC to use contingency arrangements to meet its statutory responsibilities for waste disposal using a framework agreement that was set up for this purpose. ECC are no longer able to award contracts under this framework and the existing service orders expire on 31 March 2024, therefore a new procurement is required. The service orders in place under this framework agreement involve the landfilling of significant quantities of waste, which is an unsustainable solution in the long-term. It is ECC's desire to stop using landfill at the earliest opportunity and this procurement process will therefore be structured to encourage alternative solutions from the market to reduce ECC's reliance on landfill.

- 3.4 ECC will be undertaking this procurement in a challenging period for the waste treatment and disposal market. This is due to the national waste strategy that seeks to dramatically reduce reliance on landfill at a time when limited capacity exists at major waste treatment facilities in the South-East and East of England. In addition, the Environment Act 2021 recently received royal ascent, but the regulations to provide the detailed implementation of the policies facilitated by the Act are still to be finalised, which creates uncertainty around specific commercial risks.
- 3.5 ECC propose to use the Competitive Procedure with Negotiation (“CPN”) to procure these services. This is because the contract cannot be awarded without prior negotiation because of risks attached to the services that are being procured. These risks arise because delivery of the services is likely to be dependent on more than one technical service or solution and because of external factors that are likely to affect the specified outcomes. These risks, and the areas for negotiation, are detailed later in this report. The CPN process will enable ECC to set out the minimum requirements that must be met by all tenders, and to award a contract on the basis of the initial tenders but reserve the right to negotiate with bidders to improve defined aspects of their tender.
- 3.6 It is proposed that the CPN will be a three-stage process. The first stage will assess the suitability of bidders to ensure that they meet specific requirements and are able to perform the contract. The second stage will be the Invitation to Submit Initial Tenders. Following the receipt and evaluation of initial tenders, negotiation will take place with bidders on specific aspects of their bids to improve their content. Once negotiations are concluded, the Invitation to Submit Final Tenders will be published. Whilst it is proposed that ECC will conduct negotiations with bidders, ECC will reserve the right within the tender documentation to award contracts following receipt of Initial Tenders.
- 3.7 The procurement will focus on landfill diversion, and this will be incentivised through the evaluation criteria. This approach accords with the Essex Waste Strategy (2007–2032) which follows the principles of the waste hierarchy as defined in the Waste (England and Wales) Regulations 2011. However, due to the lack of residual waste treatment capacity in the market (particularly in the South and East of England), complete diversion from landfill cannot be guaranteed. It is therefore essential that ECC allows all types of waste treatment and disposal solutions to be proposed by the market to maximise price competition and to ensure that all tonnage requirements will be met. It is also recognised that bidders may need to design solutions that draw on different disposal or treatment techniques over the period of the contract to ensure the most sustainable and cost-effective approach.
- 3.8 The contract(s) will have an initial term of seven years with an option to extend in any number of periods not exceeding an extension period of seven years in total. This term is recommended as it provides a period of stability in residual waste treatment and disposal arrangements for ECC, whilst the impact of the Environment Act is resolved, and a revised waste strategy for Essex is developed and implemented. The market has also expressed a clear preference for contracts with a term of at least ten years and seven years is the

longest initial term that ECC is prepared to commit towards this desired position due to the likely outcome of the new Essex Waste Strategy that is currently being developed.

- 3.9 Within the CPN process, a limited number of areas for negotiation are proposed. A negotiation plan for each area will be produced as part of the procurement strategy for this contract. The areas for negotiation are shown in Table 1 below.

Table 1

Area for negotiation	Justification
Change in law and new taxes	Due to potential changes in legislation and the potential for new taxes, it is essential that ECC allow the optimum risk apportionment to be explored with bidders in order to provide the best value commercial position. Bidders seeking additional change in law or taxation protections will receive a lower quality score under the proposed tender evaluation methodology and will therefore need to offer an improved price to gain a competitive advantage in this area.
'Gainshare'	Certain solutions proposed by the market will generate income streams for the supplier such as the sale of electricity generated from the treatment or disposal of Contract Waste, sale of treatment capacity in situations where Contract Waste volumes drop below the guaranteed minimum tonnage levels, or from the sale of recyclates. It is expected that the gainshare proposals will enable ECC to enjoy the benefits of certain upside situations such as, by way of example only, significant increases in the value of electricity. All bidders will be encouraged to consider ways in which both sides can be incentivised to reduce costs or increase income to the benefit of both parties.
Compensation on termination	Termination provisions will be drafted as a base position with set triggers to enable ECC to exit the contract if a supplier is failing to adhere to certain performance conditions or meet the contract requirements. However, bidders may be concerned of the level of remuneration to ECC for compensation on termination for contractor default. This may result in their price not being optimised and could require negotiation of termination costs with bidders to achieve best value from a commercial perspective.

- 3.10 The division of the contract into lots of 200,000, 100,000 and 50,000 tonnes per annum over the contract period has been arrived at through market engagement. This will allow some smaller waste disposal providers and those running sites with limited capacity to bid for smaller packages of tonnage and

suppliers with more capacity to bid for the larger lots. Bidders may be awarded more than one lot and it is anticipated that this approach will achieve the best value for money for ECC and provide a deliverable solution. Those suppliers unable to offer the tonnage capacity for the required minimum seven-year period will be encouraged to form a consortium with another supplier(s). All contracts will run concurrently, and waste will be delivered in accordance with an annual tonnage delivery plan based on an anticipated weekly input so that suppliers are aware of when tonnage will be delivered.

- 3.11 The contract will include a guaranteed minimum tonnage (GMT) of up to 80% of the total tonnage for each lot. This has been used on previous procurements to reduce the contractor's volume-risk exposure arising from waste tonnage fluctuations. In the event that the tonnage drops below the GMT levels, the supplier will still be paid as if up to 80% of the lot tonnage had been delivered. There will be an opportunity for either ECC or the supplier to replace the shortfall tonnage through the 'substitute waste' provisions, which will be negotiated as part of the Gainshare approach under paragraph 3.9. The GMT provides a reliable monthly payment to the supplier(s) so that the necessary waste treatment and disposal capacity can be safely ringfenced for ECC. Bidders will be encouraged to submit their lowest possible GMT and this bid back will be scored as part of the quality evaluation. Each lot will also include provision for the award of additional tonnage of up to 20% of the total tonnage to allow ECC flexibility if tonnages increase in the future, due to pressures such as population and household growth. Any decision to deliver increased tonnages will be subject to a further Cabinet Member Action.
- 3.12 The payment mechanism will include measures to ensure the successful bidder(s) delivers on their proposed solutions. Bids will be evaluated on the whole system costs of the proposal, including associated haulage. There will be liquidated damages for the non-acceptance of waste and additional haulage costs to contingency sites that will keep ECC financially whole for any additional costs incurred. Financial deductions will also be levied for any under-performance against the Performance Management Framework for failures to achieve the recycling, recovery and carbon reduction targets guaranteed by the supplier(s).
- 3.13 The financial evaluation will include assessment of the gate fees provided by bidders and the distance from a central point in Essex which will be used to evaluate the haulage cost to nominated facilities to generate a whole system cost.
- 3.14 Bids will be evaluated with 55% of the overall tender weighting allocated to price and 45% assessing quality (of which 5% will assess social value). The proposed financial and quality weightings are aimed to keep gate-fees to a minimum yet ensure that the qualitative aspects of bidders' proposals have sufficient weight to meaningfully impact final tender scores.
- 3.15 The 45% quality weighting has been proposed to ensure that solutions are robustly tested and quality aspects evaluated, to avoid ambiguity and ensure clarity of the proposed solutions and associated risk transfer.

- 3.16 ECC's aspirations for carbon reduction and environmental improvement are reflected in the evaluation criteria, with the objectives of the Essex Climate Action Commission strategy being a key aspect of the procurement. The approach includes introducing a waste industry recognised calculator to enable bidders to estimate the greenhouse gas (GHG) emissions generated by their solution, reward greener solutions, and to track and hold suppliers responsible for the environmental impacts of their proposed solutions. The model outputs will be contractually binding and will be subsequently utilised by ECC to actively contract-manage emissions for the duration of the contract, with financial deductions being made at the end of each year where GHG emissions exceed the target values set by the suppliers. If a supplier exceeds their annual target by producing fewer tonnes of harmful emissions, they can carry-over the surplus emissions tonnage to offset in other years where they may have produced more. However, ECC will apply deductions if emissions are exceeded both in year and cumulatively over the length of the contract. At the end of the contract any financial deductions accumulated by ECC will be ring-fenced and channelled into carbon reduction or carbon off-setting projects (further details can be found in Appendix 2). This approach and awarding 5% of the total quality score to Carbon Management, made up of 4% of carbon outputs of the contract and a further 1% to supplier's organisational Carbon Reduction Plan commitments, further demonstrates ECC's commitment to net zero ambitions.
- 3.17 Social Value is also recognised as a key requirement for ECC, and proposals from suppliers to enhance the lives of the residents of Essex will be evaluated. The outputs will be monitored, and suppliers held contractually responsible for delivery throughout the lifetime of the contract through performance management.

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision:
- i. Develop our County sustainably
- 4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:
- i. This procurement actively encourages a non-landfill waste treatment solution.
 - ii. Bids will be evaluated according to their GHG (carbon) impact, including transportation to the disposal or treatment destinations.
 - iii. Social value measures, along with carbon-reduction targets, are embedded over the lifetime of the contract.

- 4.3 This proposal links to Everyone's Essex Strategy to deliver a high-quality environment, minimise waste, and contribute towards ECC's net zero carbon ambition. This links in with ECC's climate change aspirations by seeking to maximise energy recovered from the waste disposal process and reduce the amount of waste which goes to landfill. ECC will also evaluate innovation opportunities through tender submissions which may include potential gainshare opportunities and/or energy agreements with suppliers to further support circular economy.

5 Options

5.1 Option 1 – Procure contract(s) for the disposal of ECC's residual waste using the Competitive Procedure with Negotiation (Recommended):

- 5.1.1 This option is the recommended option and involves undertaking a three-stage procurement process using the CPN to appoint supplier(s) to manage the treatment and disposal of ECC's residual waste for a seven-year period with an option to extend for up to a further seven-year period. This term will allow time for the development and implementation of the new Essex Waste Strategy to cater for the long-term management of ECC's waste.
- 5.1.2 The approach will enable ECC to achieve its strategic objectives to meet statutory and local obligations by seeking greater landfill diversion and deriving best value from the contractual arrangements.
- 5.1.3 The use of the CPN will enable ECC to negotiate key aspects of the procurement with bidders to improve the content of the bids received. This will help ECC develop bids to achieve better value for money across the range of disposal technologies and bidder-specific situations present in the market.

5.2 Option 2 – Procure a new a Framework Agreement to procure a contract for the treatment and disposal of ECC's residual waste (Not recommended):

- 5.2.1 A re-procurement of a replacement framework based on the current arrangements or a redesigned version was considered. The current framework was procured to manage the disposal of residual waste and Mechanical Biological Treatment ("MBT") outputs arising during commissioning of the MBT plant which had an uncertain duration and potentially variable waste composition. This was a bridging solution to facilitate the disposal of this waste until the MBT plant was commissioned and an outlet for a solid recovered fuel of known quality could be procured. Therefore, the flexibility of a framework was required.
- 5.2.2 A disadvantage to a framework is that they are limited to a term of four years unless exceptional circumstances exist. Contractors have been very clear through market engagement that their preference is for contracts with a term of at least ten years, therefore framework contracts are unlikely to provide the

security sought by the market. This could lead to significantly reduced competition and leave ECC exposed to the risk of treatment capacity shortages in future years, meaning we are unable to fulfil our statutory responsibility as the Waste Disposal Authority for Essex. ECC is also effectively in competition with other WDAs who are offering contracts with longer durations.

5.3 Option 3 – do nothing (Not recommended):

- 5.3.1 This option is not recommended. Failure to procure a new contract would see the Council having to spot purchase capacity which would not provide best value to the taxpayer or provide longer term waste treatment or disposal security.

6 Issues for consideration

6.1 Financial implications

- 6.1.1 The financial evaluation of treatment and disposal options for Essex's residual waste must consider the whole system costs of any solution proposed via the procurement exercise. While the gate fee price per tonne offered by suppliers is one element of the cost of the solution, the cost to transfer and transport the material to the proposed facilities must also be considered. The transfer and transport costs will be derived from the new in-house integrated waste handling service as well as any 'tipping away' costs, where WCAs are asked to deliver material more than five miles from the WCA's border.
- 6.1.2 The whole system cost for residual waste currently runs at circa £46.4m per annum. This is split approximately £41m per annum on gate fees and landfill tax, £2.3m on tipping away payments to WCAs and £3.1m per annum on transport. The residual waste budget for 2024/25, when the contract is due to commence, is £51.1m. The increase mainly being in landfill tax (£3.4m), gate fee (£0.5m) and haulage (£0.5m).
- 6.1.3 The new contract(s) will aim to provide an economical and sustainable disposal option for residual waste. The existing framework does not provide adequate long-term capacity nor financial security.
- 6.1.4 The main financial risks of the procurement are:
- a) obtaining pricing within budget and subsequent inflation
 - b) fluctuations to the volume of tonnage
 - c) change in law risk
- 6.1.5 While treatment and disposal prices for residual waste have remained relatively constant in recent years and ECC would hope to leverage the best prices from the market, there is a risk that with the increasing scarcity of treatment and disposal capacity in the region, the procurement will lead to an increase in whole system costs. The payment mechanism will include annual inflation as it is seen as the best way to reduce risk pricing and will reflect the inflation

impacts on the activities carried out under each lot. The likely impact of indexation will form part of the price assessment in the final award.

- 6.1.6 Volumes of residual waste have remained reasonably constant over recent years, apart from during the pandemic. A GMT of up to 80% for each lot size is being offered to the market, which is designed to protect the authority for foreseeable volume reductions and to afford the contractor(s) a degree of commercial certainty. Bidders will be able to bid a lower percentage and be rewarded with a higher quality score. This will encourage competitive pricing. It is felt this is a reasonable offer and the risk of actual tonnage falling below that level is low. Tonnages are expected to remain consistent with current levels due to housing growth offsetting any increased recycling/recovery or diversion from the residual waste stream. In the unlikely event that tonnages fall below the GMT level, we will rely upon substitute waste provisions in the contract to mitigate our financial exposure.
- 6.1.7 There is a risk of cost increase due to changes in law over the term. It is proposed that ECC continue to take the passthrough cost of landfill tax, where relevant, but also the risk on the potential introduction of a tax on incineration, although this tax is not yet confirmed. This is felt to be the best way to avoid risk pricing at the tender stage for changes that may only happen later in the term, if at all. Other changes in law will be negotiated with bidders through the CPN process to ensure these risk positions align with the proposed solutions to provide best overall value and protection to ECC.
- 6.1.8 The tender will ask for gainsharing proposals from the market to establish the potential for cost-reduction from performance or operational impacts that are better than those forecast at the time of the tender. For residual waste treatment and disposal, this may be most likely focussed on the solutions which include energy-production but it may not be limited to these.
- 6.1.9 The opportunity cost of running this procurement will be met from existing service budgets, including support services.

6.2 Legal implications

- 6.2.1 ECC is the Waste Disposal Authority for the County of Essex under Section 51(1)(a) of the Environmental Protection Act 1990 and has a statutory responsibility to arrange the disposal of local authority collected waste, which includes residual waste arising within Essex.
- 6.2.2 ECC is a Contracting Authority for the purposes of the Public Contracts Regulations 2015 (the "Regulations") and is required to comply with the provisions of the Regulations when purchasing goods or services with a value in excess of £213,477 (including VAT).
- 6.2.3 The Regulations stipulate that Contracting Authorities must utilise one of the procedures detailed within the Regulations when purchasing goods or services above the threshold. One of the permitted procedures is a Competitive Procedure with Negotiation.

- 6.2.4 Regulation 26(4) enables Contracting Authorities to use the Competitive Procedure with Negotiation when contracts cannot be awarded without prior negotiation because of specific circumstances related to the nature, the complexity or the legal or financial make up or because of the risks attached to them. The use of the Competitive Procedure with Negotiation is proposed because of the nature and complexity of the solution and the risks attaching to them.
- 6.2.5 It is important the minimum requirements to be met by all tenders are clearly stated in the procurement documents. The minimum requirements and the award criteria must not be subject to negotiation. ECC must ensure equal treatment of all bidders throughout the process including notifying all tenderers who have not been eliminated before negotiations commence of any changes to the technical specifications or other procurement documents.
- 6.2.6 The issues to be negotiated with bidders should be clearly defined to prevent delay and additional costs in the procurement process. Negotiation must improve the content of the tenders. There can be no negotiation on the final tender.
- 6.2.7 ECC may wish to award contracts on the basis of initial tenders without negotiation, this is permissible provided that the right to do so is included within the published Contract Notice.
- 6.2.8 Contracts must be awarded on the basis of the most economically advantageous tender and qualitative, environmental and/or social aspects should be linked to the subject matter of the contract.

7 Equality and Diversity implications

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

- 7.3 The equalities comprehensive impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. This is because the decisions required are to launch a procurement. The award of any resulting tenders will be the subject of a separate decision.

8 List of appendices

- 8.1 Appendix 1 - Equalities Comprehensive Impact Assessment
- 8.2 Appendix 2 - Carbon reduction plan and carbon quality evaluation

9 List of Background papers

- 9.1 None declared.

Carbon Reduction Plan

The Essex Climate Action Commission (ECAC) published its report 'Net-Zero: Making Essex Carbon Neutral' in July 2021. This set out a comprehensive plan for Essex to reduce its greenhouse gas (GHG) emissions to net zero by 2050 in line with UK statutory commitments and to make Essex more resilient to climate impacts such as flooding, water shortages and overheating. The report's recommendations are a comprehensive call to action for everyone and every organisation in Essex. ECC has a critical role to play, working in partnership with others to deliver a programme of action.

In addition to this, central government has made it a mandatory requirement for suppliers of their contracts over £5m to provide a carbon reduction plan commitment for the supplier's whole organisation. Councils are not currently mandated to follow the guidance, however as an organisation ECC has adopted the principles as best practice to support ECC's organisational commitment to achieving Net Zero.

What is a compliant Carbon Reduction Plan?

- Emissions have been reported and recorded in accordance with the published reporting standard for Carbon Reduction Plans and the GHG Reporting Protocols.
- Scope 1, Scope 2, and Scope 3 emissions¹ have been reported and published in accordance with their required compliance.
- The Carbon Reduction Plan has been reviewed and signed off by the Supplier's board of directors (or equivalent management body) and published on their website.

The link below provides the full details of the Government's publication:

www.gov.uk/government/publications/procurement-policy-note-0621-taking-account-of-carbon-reduction-plans-in-the-procurement-of-major-government-contracts

Carbon quality evaluation

ECC has considered a number of industry-available tools that could be used by our bidders and contractors to calculate the total harmful emissions across the lifetime of the residual waste contract. The one that ECC proposes to use for this procurement is the EPE Calculator which is an Excel-based tool that was designed in conjunction with two major waste contractors – Suez and Veolia – as well as pro-environmental working groups.

The EPE tool will produce a GHG output calculation based on the contractor's proposed delivery methods. Bidders will be required to input the calculated emissions per tonne of waste treated/accepted generated by the tool into the evaluation matrix. The bidders will have the opportunity to propose an amended delivery target which will

¹ Scope 1 – Includes Green House Gas (GHG) emissions that a company creates directly.

Scope 2 – Includes indirect emissions, e.g., when energy is produced to heat or cool their buildings.

Scope 3 – Includes wider indirect emissions created from the company's value chain, e.g., when buying services from its suppliers.

be scored against a baseline and the higher quality marks will be awarded to the greenest solutions. Bidders can choose to err on the side of caution if they have uncertainty about changes in their delivery models that may occur within the contract period to minimise their financial risk. Or they may set more reaching targets which will score far better in the tender but will receive financial deductions if not achieved in each contract year. Officers recommend that allowing the bidders the opportunity to set their own targets will negate the possibility of bidders pricing risk into their contract, but also ensure that solutions that are more environmentally friendly will score better during evaluation.

For every annual review during the contract term, the contractor will need to run their EPE calculation and provide to ECC their actual output for the previous year. For every tonne of GHG over the bidder's proposed target, they will receive a deduction of £248 to reflect the costs to society of the excess emissions. This amount is defined by HM Green Book, [Valuing greenhouse gas emissions in policy appraisal – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/valuing-greenhouse-gas-emissions-in-policy-appraisal).

If a bidder exceeds their annual target by producing fewer tonnes of harmful emissions, they can carry-over the surplus tonnage to offset in other years where they may have produced more. However, ECC will apply deductions if emissions are exceeded both in year and cumulatively.

Deductions are to be ring-fenced in a separate account. Any funds that have been accumulated by ECC at the end of the contract will then be channelled back into carbon reduction or carbon offsetting projects, sending a strong message that as a council ECC is fully committed to the journey to 'Net-Zero: Making Essex Carbon Neutral'.

Forward Plan reference number: FP/356/03/22

Report title: Procurement of an Integrated Sexual Health Service	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Health and Adult Social Care	
Date: 24 May 2022	For: Decision
Enquiries to: Chris French, Head of Wellbeing and Public Health Email: chris.french@essex.gov.uk	
County Divisions affected: All Essex	

Confidential Appendix

This report has a confidential appendix which is not for publication as it includes exempt information falling within paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

1. Everyone's Essex

- 1.1. Everyone's Essex is an all-embracing programme which seeks to achieve renewal, equality and ambition across all parts of the Essex geography and population. In dealing with issues around sexual health, this means building and improving on the success achieved in the contract now nearing completion; while recognising that prevalence of poor sexual health disproportionately affects those in less-prosperous and certain other sections of the population. The more that can be done both to address poor sexual health and to avoid its occurrence, the more we achieve levelling up
- 1.2. The Essex Sexual Health Service will play a key role in helping us achieve these commitments. The service will be delivered through a place-based working approach, joining up with partners to deliver better care that meets the needs of residents, and in turn reducing health inequalities.
- 1.3. The above points align to the national guidance set out by the Department of Health and UK Health Security Agency (UKSHA) and the Office of Health Improvement and Disparities (OHID).
- 1.4. The service will also support the Council's levelling up commitments set out in Everyone's Essex.
- 1.5. This decision will lead to the commissioning of services which do emit carbon but will work towards the Essex Climate Change Commission recommendations.

2. Recommendations

- 2.1. Agree to launch a competitive procurement using the open procedure to procure a provider to deliver an Essex-wide sexual health service at a maximum total value of £65.3m over the 7 year contract period, profiled as set out in the confidential appendix. The estimated cost in year 1 is £8.8m
- 2.2. Agree that the contract length will be 7 years with an option to extend for three years.
- 2.3. Agree that the following award criteria is applied in the procurement: 30% price: 70% quality (of which 10% of the quality score will assess social value)
- 2.4. Agree that the Cabinet Member for Health and Adult Social Care is authorised to award the contract to the winning bidder following completion of the procurement process.

3. Background and Proposal

- 3.1. Essex County Council has a statutory duty to commission Contraceptive and Sexual Health services, including the treatment of sexually transmitted infections (STI's) through Genito-urinary Medicine.
- 3.2. The provision of integrated sexual health services is supported by national policy and guidance issued by the Department of Health and UK Health Security Agency (UKSHA) and the Office of Health Improvement and Disparities (OHID). Provision of these services must be in accordance with this evidence base.
- 3.3. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions. The highest burden is borne by women, men who have sex with men (MSM), teenagers, young adults, and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
- 3.4. ECC currently has a contract with Provide CIC to deliver sexual health services for Essex. The contract was awarded to Provide CIC, following the completion of a competitive procurement process. The contract commenced on 1 April 2016 and is due to expire on 31 March 2023.
- 3.5. Provide CIC currently acts as the lead provider for the provision of sexual Health Services. It subcontracts and coordinates a partnership of NHS and voluntary sector providers, including East Suffolk and North Essex NHS Foundation Trust (ESNEFT), Essex Partnership University NHS Foundation Trust (EPUT), Essex Pharmacies, GP's, the Terrence Higgins Trust, Brooke and SH24, the online testing provider.

- 3.6. The current contract with Provide implemented a County-Wide integrated sexual health service. This marked a significant change and improvement to the service quality and patient experience for sexual health services. Historically, sexual health care was uncoordinated, inefficient, and fragmented across various acute hospital settings. There is now a single point of contact, the 'Intelligence Centre' which coordinates access to venues or directs to the online service using a triage protocol. The current service ensures 99% of urgent appointments are offered within 48 hours. The workforce model is nurse led with the expertise and specialism of the doctor workforce being focussed on training, supervision, governance oversight and referral.
- 3.7. The ambitious and innovative model implemented in the contract with Provide has helped transform the culture associated with sexual health services from one of shame, mystery, and dependency, to a culture of normality, transparency, and independence whilst preserving central tenets of confidentiality and open access.
- 3.8. It is proposed to go out to the market to procure a provider to deliver integrated Sexual Health Services on behalf of ECC so that arrangements will be in place when the existing contract expires next year. An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one-stop-shops', where most of the sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.
- 3.9. The contract will be 7 years in duration with the option to extend for a further 3 year period.
- 3.10. ECC has recently conducted a comprehensive sexual health needs assessment (SHNA). This involved extensive consultation, including the voice of young people, captured through the Essex Relationships and Sex Education survey. Recommendations included improvements in strategic approaches, partnerships, integration, prevention, and equity.
- 3.11. The proposed contract will tackle these inequalities by using performance measures to incentivise the contractor to address inequalities of services amongst geographies and cohorts. In addition, specific actions have been identified to address variation in the provision of contraception, HIV testing coverage, STI testing and monitoring across the county, as well as development of the wider workforce and increasing resident engagement.
- 3.12. Service performance will be managed on a monthly basis through a suite of key performance indicators and remedial action will be taken to recover any shortfall in the planned trajectories.
- 3.13. The introduction of Integrated Care Systems (ICSs), partnerships between the organisations that meet health and care needs across an area, provides an opportunity to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. There are to be three ICSs in Essex: Mid and South Essex, Herts and West Essex and Suffolk and North East Essex. The sexual health service specification for this procurement

will include specific requirements to develop joint working within these systems and commissioners will ensure that there is a continued drive for joint working and partnerships with the new provider for the benefit of Essex residents by providing more joined up services in particular areas of overlap. For example there is an opportunity to tackle teenage conception rates by joint working between NHS maternity services and ECC public health contraception services.

3.14. The open procedure will be used to procure a provider. Although these services fall under the 'light touch regime' it is proposed that the open procedure is used which follows the full OJEU requirements of the Public Contract Regulations 2015.

3.15. It is proposed that bids are evaluated using high level scoring of 30% price: 70% quality (of which 10% of the quality score will assess social value). Based on the comparative CIPFA data above the benchmarking indicates that there is not likely to be any opportunity for financial savings.. The service will be reliant on quality and innovation to manage risks moving forwards hence the emphasis on quality.

3.16. One feature of these services is that ECC is currently expected to pay other authorities when they provide services to Essex residents. As with the current contract, it is proposed that the contractor meets this cost out of the money provided by this contract. This provides an incentive for the contractor to encourage Essex residents use ECC commissioned services rather than those provided by others.

4. Links to our Strategic Ambitions

4.1 This report links to the following aims in the Essex Vision:

- Enjoy life into old age
- Develop our County sustainably
- Connect us to each other and the world
- Share prosperity with everyone

4.2 This report links to the following strategic priorities in the Organisational Strategy, *Everyone's Essex*:

- Health wellbeing and independence for all ages
- A good place for children and families to grow

4.3 This report links to the following commitments in the Health Plan:

- Health lifestyles
- Promoting independence
- Place-based working
- Levelling up health

4.4 This report links to all the outcomes in the Children and Young People's Plan:

- Resilient Children and Young People
- Stable and thriving families
- Inclusive and supportive schools and communities
- Safe and accessible neighbourhoods

4.5 Approving the recommendations will work towards the Council's ambition to be net carbon neutral by 2030: The new model will contribute to the Council's commitment to reducing its carbon footprint by:

- Increased provision of digital solutions including Test at Home options, and
- bespoke super hub centres providing a range of Essex localities will result in the reduction of unnecessary travel and minimised carbon impact.

5. Options

5.1 **Option 1:** Proceed with the re procurement – for the reasons set out above, it is recommended that the Council undertakes a procurement process to appoint a single lead provider for the Essex Sexual Health Service. A new contract needs to be in place on expiry of the existing contract to ensure that the services will continue to be delivered.

5.2 **Option 2:** Do nothing and let the current contracts cease - This option is not recommended. The existing contractual arrangements for delivery of services will expire on 31 March 2023. The Council has a statutory public health duty to provide sexual health services.

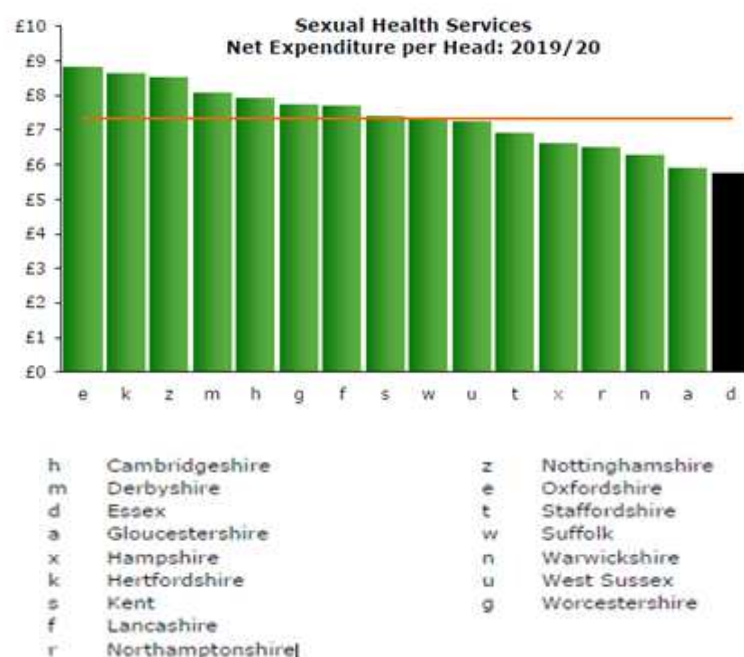
6. Issues for consideration

6.1. Financial implications

6.1.1 The 7-year sexual health contract is due to expire in March 2023 and is funded annually from the overall annual Public Health Grant, which is estimated to be £63.89m in 2023/24

6.1.2 The annual contract sum will be funded provided that the Public Health grant does not fall below current levels. The 2021 Comprehensive Spending Review confirmed that the Public Health grant will be maintained in real terms at 2022/23 levels and therefore it would seem reasonable to assume this revenue cost can be contained until 2024/25. For the period from 2025/26 until the contract expires, there is no assurance at this time that the pressure can be contained within the public health grant and further actions would need to be taken to mitigate any pressure should it crystallise including re-prioritisation of existing resources from other services if no solution can be found within the public health service.

6.1.3 The current service benchmarks favourably in terms of value for money and is the lowest spend per head amongst our Local Authority comparator group (as illustrated in the graph below. Source: CIPFA). The contract price also includes the administration and processing of all invoices relating to out of area sexual health costs and an innovative financial risk share arrangement with the Provider which encourages the repatriation of patients to Essex which is of financial benefit to ECC.



6.1.4 Option 2 is not recommended as it goes against ECC's statutory duty to provide sexual health services to people living in Essex.

6.1.5 Details of the financial implications arising from the re-procurement of this contract are included within the Confidential Appendix to this paper.

Financial Risks

6.1.6 The Public Health Grant allocation is announced on an annual basis and prior to the COVID pandemic, the annual Public Health Grant was decreasing year on year. Since the pandemic the grant increased, and the latest Spending Review confirmed that the grant will be maintained in real terms. Should the grant start to decrease, other commitments against the grant will need to be reviewed to ensure this contract is still affordable.

6.2 Legal implications

6.2.1 The Council is under a statutory duty to provide these services.

- 6.2.2 The procurement must comply with the Public Contracts Regulations 2015. The open procedure is proposed. This procedure can be used for services of these types although it is not mandated.
- 6.2.3 The Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) will apply to staff in provider organisations.
- 6.2.4 Contracts must be awarded on the basis of the most economically advantageous tender and qualitative, environmental and/or social aspects should be linked to the subject matter of the contract.

7. Equality and Diversity Considerations

- 7.1. The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3. The Equalities Comprehensive Impact Assessment (Appendix 3) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8. List of Appendices

- 8.1 Appendix 1: Essex Sexual Health Needs Assessment
- 8.2 Appendix 2: Confidential Appendix
- 8.3 Appendix 3: Equalities Comprehensive Impact Assessment (ECIA)

9. List of Background papers

None declared.

Essex Sexual Health Needs Assessment

Summary

Good sexual health enables healthy relationships, planned pregnancies and prevention of disease. It is important to all individuals throughout their life course which contributes to maintaining and improving population health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

Sexual ill health is not equally distributed within the population, with geographical areas and particular population groups experiencing disproportionate amounts of poor sexual health.

This sexual health needs assessment aims to understand the current sexual health of the Essex population, and any gaps in service provision). It explores the evidence of what works to improve sexual health and makes recommendations for areas of improvement for consideration by the various organisations responsible for components of the sexual health “system” in Essex.

Recommendations:

- Sexual health service to improve data recording to assist understanding of service engagement and associated inequities. This include improving report of outcomes for those with disability, Looked After Children and those leaving care, LGBTQ+, Sex Workers, those engaging with chemsex, immigrants, gypsy travellers and those in or transitioning from the criminal justice system
- Public health responses to MSM and risk in relation to HIV and other STIs need to be able to reach not only identified gay and bisexual men but also target men identifying as heterosexual.
- Maximise the opportunity of Integrated Care Systems and partnership opportunities for more integrated approaches to governance, planning and delivery (eg. HIV treatment & prevention and access to contraception)
- Closely monitor HIV testing vs HIV late diagnosis rates in the Essex population. Learn from HIV late diagnosis through look backs of missed opportunities.
- Seek to understand current opportunities and challenges to increase condom distribution across Essex
- Monitor impacts of Over The Counter contraceptive pill availability (may remove barriers to access but also increase inequalities for those who cannot afford)
- Monitor new and emerging threats such as Mgen, antibiotic resistant infections

Introduction (include aim & purpose and definition of scope)

Sexual Health is an important public health issue. Prevention, early diagnosis and high quality, timely treatment are important public health interventions to improve reproductive and sexual health. Easy access to contraception can reduce unplanned pregnancies, which can impact on families and public-sector services. Sexually transmitted infections (STIs) can potentially have serious implications for the health and wellbeing of infected individuals and be costly to healthcare services. If undiagnosed and therefore untreated, STIs can cause a range of complications and long-term health issues.

Since the Health and Social Care Act (2012)¹, the commissioning of sexual and reproductive health services has been shared across Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and NHS England (NHSE). An understanding of these responsibilities is important in enabling organisations to work in partnership to provide the public with integrated and accessible services. Table 1 explains how this responsibility is currently shared across different organisations in England.

Table 1 Organisational responsibility for commissioning sexual and reproductive health services.

Local Authorities	Clinical Commissioning Groups	NHS England
Comprehensive sexual health services including most contraceptive services and all prescribing costs, excluding GP provided contraception	Most abortion services	Contraception provided as an additional service under GP contract (delegated to clinical commissioning groups)
STI testing and treatment, chlamydia screening and HIV testing	Sterilisation	HIV treatment and care (including drug costs for PEPSE)
Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges and pharmacies.	Vasectomy	Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs (delegated to clinical commissioning group)
	Non-sexual health elements of psychosexual health services	Sexual health elements of prison health services
	Gynecology including any use of contraception for non-contraception purposes	Sexual assault referral centres
		Cervical screening
		Specialist fetal medicine services

Source: Public Health England- Health Matters

Making it Work² recommends that sexual and reproductive health services are provided with the patient at the centre, with commissioning organisations working closely together to ensure that services are holistic, integrated and collaborative. The Local Government Association³ further recommends collaborative commissioning to improve outcomes for patients.

It is important to understand the need for services when planning and implementing delivery. This understanding enables appropriate service for the local population.

There are several different types of need, as illustrated in Table 2 below.

Table 2 Types of need (Bradshaw).

Type of need	Definition	Example
Normative need	Need that is decided by experts.	Vaccinations Blood borne virus testing
Felt need	Need that is felt by individuals	Symptoms of STIs
Expressed need (demand)	Felt need that results in attending services	Going to a sexual health service
Comparative need	The comparison of needs between and within different population groups which may or may not be seen through engagement with services	Some groups of people may require different service (for example Looked After Children are likely to have specific sexual and reproductive health needs that require tailored services)

This needs assessment will mainly investigate expressed need, based on people accessing services or being diagnosed with a condition. There will be people who may experience symptoms (felt need) but do not access services, potentially because the services are not known to them, or because the stigma associated with services prevents them from engaging. In addition, there may be groups of people where the evidence states that they are at an increased risk of

STIs or unplanned pregnancy (normative need) but these groups do not see themselves as such. It is therefore important that services are aware of who isn't engaging and make efforts to reduce/remove barriers to access.

There are three approaches to health needs assessment:

1. Epidemiological. This approach considers the epidemiology of the condition, current service provision, and the effectiveness and cost-effectiveness of interventions and services.
2. Comparative. This approach compares service provision between different populations. Large variations in service use may be influenced by a number of factors.
3. Corporate. This approach is based on eliciting the views of stakeholders including professionals and the public.

This needs assessment will incorporate elements of all three approaches.

The aims of this needs assessment are to:

- Influence the strategic direction of sexual and reproductive health workstreams across Essex
- Inform prevention and commissioning activity, guiding and influencing organisations across Essex.

The needs assessment will do this through analysing and presenting information of local population sexual and reproductive health needs, defining evidence-based approaches to improving sexual health and suggesting options for future approaches.

Outside of scope:

This needs assessment will not consider need specific to sexual violence, the human papillomavirus

(HPV) vaccination programme, cervical screening programme and vaccinations delivered by Sexual Health Service (eg. Hepatitis A). It also doesn't consider HIV Treatment, Gynaecological specific treatments eg. fertility or menopause. The assessment doesn't consider sexual health testing and treatment delivered in private clinics or prisons

Intelligence on current situation: At risk groups

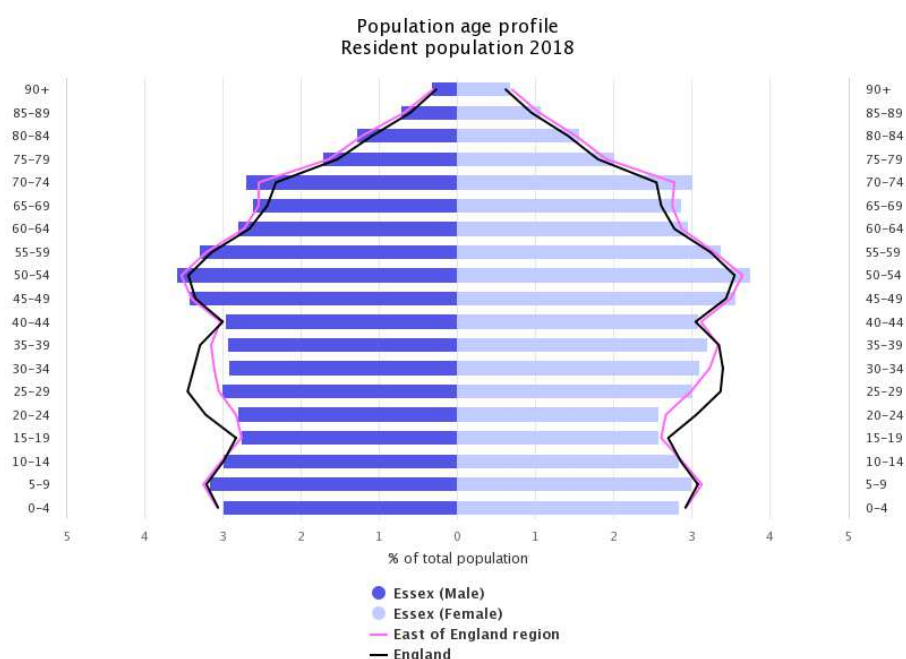
Age and Sex:

The age profile of districts in Essex are likely to have a significant impact on the need for sexual health services in each area. Young adults have the highest rates of abortion (which peak at the age of 22 in England and Wales), and the highest number of unplanned pregnancies (62% of which occur in 20-34-year old's in the UK)^{4,5}. They are also more likely to be diagnosed with common STIs such as chlamydia, gonorrhoea, herpes and warts compared with other age groups (rates are highest in the 20-24 age group in the UK)^{6,7}. These figures could be in part due to the higher number of sexual partners and less reliable condom use reported in young adults⁸. However, they could also be related to higher rates of sexual health clinic attendance⁹, and increased chlamydia screening of under 25s through the National Chlamydia Screening Programme (NCSP).

It is important to note that although the risk of most STIs reduces with advancing age, people remain sexually active (and continue to have new sexual partners) into older age, meaning that they are still susceptible to infection⁹. In fact, the incidence of STIs in older people may be rising, although due to small numbers increases in STI diagnosis among people 65 years and older should be interpreted with caution.

The below population pyramid shows that Essex has an age structure with a similar proportion of females to the regional and national average for under 50's and a slightly lower proportion of males, however there are a greater proportion of older people in both sexes in Essex.

Figure 1: Population Pyramid for Essex Resident population 2018:



The latest population estimates for Essex suggest there are 1,489,189 people residing in Essex. Using the age groupings selected within the Sexual health services we can estimate the percentage of the Essex population who engaged with an Essex Sexual Health Service in 2019/20, this is detailed in the table below, split by Age and Sex.

Table 3: Essex Sexual Health Service attendance by age group

% of estimated Essex population attending SH service 2019-20

Age group	All	Male	Female
<15	0.0%	0.0%	0.1%
15	1.0%	0.3%	1.7%
16-19	11.5%	6.4%	17.0%
20-24	23.3%	16.6%	30.6%
25-34	12.0%	10.1%	13.7%
35-44	4.5%	4.1%	5.0%
45-64	1.3%	1.4%	1.2%
65+	0.1%	0.2%	0.1%

There are an estimated 384,556 Females aged 13-44 years (childbearing age) across Essex. This information is particularly important for the organisation of sexual health services for women, including cervical screening, colposcopy, contraception and teenage pregnancy services. The above table shows a higher proportion of females are engaged with the Essex Sexual Health Service than males, particularly in the 20-24 age group.

Deprivation:

Poor sexual health and unintended teenage pregnancy and abortion are strongly linked with area deprivation. For example, there is a 6-fold difference in teenage conceptions and birth rates between the poorest areas in England and the most affluent.¹⁰ In addition, under-18 conceptions can lead to socioeconomic deprivation and low levels of educational attainment.¹⁰

The table below shows the number of registrations to an Essex Sexual Health Service since 2016 split by the Indices of Multiple Deprivation (IMD) decile of their residence. IMD's use a number of health and social indicators to create a score for every postcode in the country, these are grouped into 10 (deciles) and ranked low to high. IMD decile 10

is the most deprived areas and IMD decile 1 is the least. When calculating the rate per 1,000 of that decile's population we can see that the more deprived an area the higher the rate of registrations to a Sexual Health Service.

Table 4: Essex Sexual Health Service Registrations by IMD decile

IMD decile	Registrations since 2016	Population estimated for each decile	Rate of registrations per 1,000 population
1	4,440	51,760	85.8
2	6,993	75,441	92.7
3	10,156	125,251	81.1
4	11,899	146,581	81.2
5	12,959	177,825	72.9
6	10,777	167,729	64.3
7	10,132	168,262	60.2
8	11,876	200,922	59.1
9	9,729	188,260	51.7
10	9,487	187,158	50.7

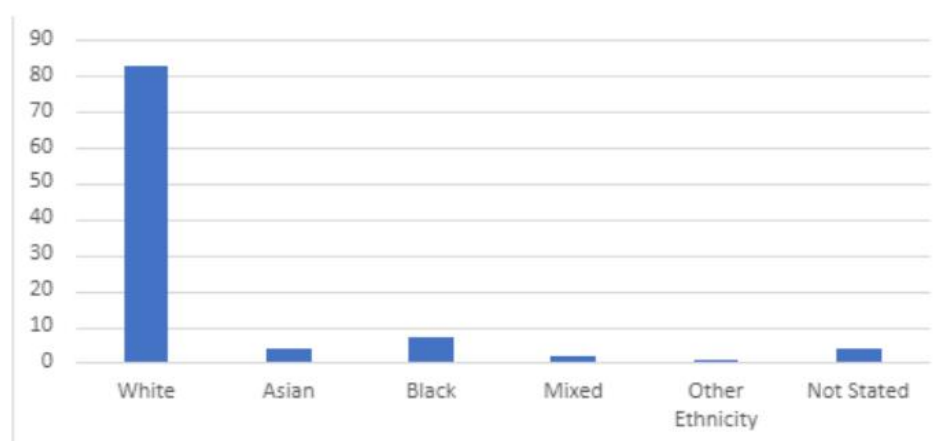
Ethnicity:

The prevalence of different ethnic groups has important implications for the sexual health needs of the population. Evidence suggests that black Caribbean people, black African men and mixed ethnicity women have more sexual health clinic use compared with white British men and women.¹¹ In addition, black Caribbean men and mixed ethnicity women are more likely to report a recent STI compared with white British men and women¹¹. The number of new HIV diagnoses among UK heterosexual adults in 2018 was also highest in black African adults¹². These ethnic differences are not necessarily due to a greater prevalence of disease in these groups. Instead, they could reflect differences in knowledge and health seeking behaviour and indicate that other groups are underdiagnosed.^{13,14}

Emergency contraception use also appears to vary according to ethnicity. For example, in one survey, Indian and Pakistani women were less likely to report having used emergency contraception than white British women¹⁵. Again, it is unclear whether this is due to a reduced need for emergency contraception in these populations or to a reluctance/inability to access services.

The below graph shows registrations to the Essex Sexual Health Service by ethnic group since 2016.

Figure 2: Proportion of new Registrations to Essex Sexual Health Service by Ethnicity 2016-2021



Disability:

People with physical disabilities encompass a broad population, including those with concomitant mental and cognitive impairments. People with physical disabilities have significant sexual and reproductive health disparities when compared with the general population and higher rates of sexual distress. There are specific sexual health concerns for men and women with physical disabilities and approach to their care needs to be interdisciplinary¹⁶. There is limited evidence concerning the sexual health of people with learning disabilities¹⁷.

Disability is currently not a routinely reported field in Essex Sexual Health Service data collection so it is not possible to know what proportion of those using the service are disabled.

Looked After Children (LAC):

In 2020 Essex had 1071 children who were in the care of Essex County Council. LAC experience poorer sexual health outcomes than adolescents who have never been in looked after care. These include increased rates of early sexual activity, greater numbers of lifetime sexual partners, poorer contraceptive use, and increased rates of STIs, teenage pregnancy/parenthood, sexual exploitation/assault and rape¹⁸. Local Authorities have a duty to safeguard and promote the welfare of the children they look after. This includes the promotion of good sexual health. Statutory guidance suggests that sexual health should be a key area of focus for promoting the health and wellbeing of looked after children, with a particular focus on care leavers, however there appears to be a lack of evidence of how best this is done for this cohort. The National Institute for Health and Care Excellence (NICE) provides some relevant recommendations on tailoring contraceptive services for socially disadvantaged people¹⁰, although this is not specific to LAC.

LAC Status has not previously been reported in the dataset for the Essex Sexual Health Service and so has not been collected. For this reason it is not possible to know what proportion of those using the service are or were LAC.

Whilst this is not reportable by the service, it is recorded as part of the ESHS holistic clinical assessment with Disclosure of LAC status being recorded as a 'vulnerable person'.

LGBTQ+

There are not currently accurate figures of the size of the LGBTQ+ population across Essex or nationally.

A 2021 ONS report using 2019 data¹⁹ highlighted that the proportion of the UK population aged 16 years and over identifying as heterosexual or straight has decreased from 94.6% in 2018 to 93.7% in 2019. The report estimates that 2.7% of the UK population identified themselves as Lesbian, Gay or Bisexual (LGB). Of all age groups, younger people (aged 16-24 years) were most likely to identify as bisexual than as LGB. There is variation between regions London most likely to identify as LGB (3.8%), the East of England proportion of the population identifying as lesbian, gay or bisexual is 2.1%.

MSM

The term 'MSM' is intended *"to encompass the full range of men engaging in same sex sexual activity, regardless of their expressed sexual orientation or identity"*²⁰. In 2018, 75% of diagnoses of infectious syphilis nationally were amongst gay, bisexual and other MSM²¹.

Nationally, diagnosis rates of syphilis, gonorrhoea and chlamydia are greatest in HIV-diagnosed MSM. Of new STI diagnoses nationally in MSM in 2019, gonorrhoea (44%) and chlamydia (30%) were the most common²². Public Health England suggest that whilst increases in gonorrhoea may be due to improved detection it may also be due to increases in high risk sexual behaviour such as chemsex, group sex and increased partner numbers and condomless anal intercourse. The increased use of online contact sites and apps is also considered to be a potential factor in increased high-risk activity.

Analysis of HIV diagnoses between 2002 and 2010 found that at least 6% of self-reported heterosexual men may have been infected with HIV through sex with other men, and as many as 21% of black African heterosexual men²³. Of all MSM groups, heterosexual identifying men who have sex with men are most likely to be diagnosed with late stage HIV and may also be placing heterosexual partners at higher risk²⁴.

This means that public health responses to MSM and risk in relation to HIV and other STIs need to be able to reach not only identified gay and bisexual men but also target men identifying as heterosexual.

Chemsex:

Chemsex is *"the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience"*²⁵, commonly involving crystal methamphetamine, GHB / GBL and mephedrone, as well as other stimulants and ketamine. Chemsex and broader 'sexualised drug use' (SDU) (involving a wider range of substances) can increase the risks of physical harm (including overdose, sexual assault, and physical injury), blood borne virus, STI transmission and mental health problems **Error! Bookmark not defined.**²⁶.

Whilst most MSM do not use drugs, or engage in chemsex, national data from 2011-14 Crime Surveys for England and Wales reported that drug use was around three times higher among gay and bisexual men (12%) than heterosexual men (4%), with use of stimulants five times higher, methamphetamine 15 times higher and alkyl nitrates 19 times higher^{27,28}.

There is evidence of subgroups of MSM participating in chemsex and SDU across the UK, though prevalence estimates vary greatly²⁹. Evidence from studies highlight the importance of effective harm reduction information, and for sexual health services to be gay / MSM friendly and able to address concerns about chemsex, drug use and psychosocial aspects of health arising from the activity.

Lesbian, Bisexual and Women who have sex with women:

UK evidence suggests that the sexual health needs of lesbian, bisexual and women who have sex with women is neglected³⁰. Whilst Lesbian and Bisexual women may have their own specific sexual health needs, there can be a lack of recognition of these. This cohort may have higher rates of some STIs, primarily bacterial vaginosis, however they may be less likely to have undertaken STI testing than heterosexual women³¹.

Lesbian, bisexual and women who have sex with women are also likely to experience unmet needs across the UK in relation to reproductive health, with research highlighting barriers to accessing sexual health services, maternity and infertility treatment services based on the heterosexual / heteronormative assumptions of services and practitioners²⁶. Whilst, therefore, there can be a focus on gay, bisexual and MSM within 'LGB' sexual health provision, it is important to consider the needs of lesbian, bisexual and women who have sex with women when developing accessible reproductive and sexual health services.

Transgender and Non Binary:

Trans is a term used to describe people whose gender identity differs from the sex they were assigned at birth. The term encompasses a range of identities including trans man, trans woman, transgender, genderqueer, non-binary and agender.

Evidence also shows that prevalence rates for bacterial sexually transmitted infection can be higher amongst trans people³². Trans people may also need sexual health services that are responsive to, and can link with support around, gender dysphoria, as well as being able to offer knowledgeable services for those who are considering, are in the process of, or have completed gender transition.

Transgender people, as a group, may experience severe disadvantage, prejudice and discrimination in accessing appropriate and timely health care^{33,34}. Trans individuals can experience multiple barriers when accessing sexual health provision, from gender segregation in clinical spaces to mis-gendering or making assumptions about sexual activity²⁹.

Sex workers:

The broad definition of 'sex work' is disputed, but generally covers activity where sex is exchanged for money, accommodation, drugs, status or other goods. Formal, or commercial, sex-work is regarded as a commercial activity where adults receive money in exchange for sexual services. Whilst estimates of a sex worker population are difficult for many reasons (including definition, reluctance to disclose etc.), a 2015 study estimated the total number of adults

involved in sex work across the UK to be around 72,800³⁵. An estimated 65% of this population were female sex workers (FSWs), with 35% male (MSWs) or transgender.

Sex work takes place in a range of venues and for a range of reasons, from 'survival sex work', by those in social and economic need, to high income escort work. Street-based sex work, which is often low income survival sex, is estimated to account for around 10-15% of overall sex-work, with off-street work including sex-work from private residences, hotels, saunas and brothels. Recent years have witnessed an increase in online contacts and off-site work³⁶. There is also evidence to suggest that an increasing number of migrant women have become involved in sex work. Many of these women are considered to be vulnerable, with a 2010 study suggesting that around 15% were trafficked **Error! Bookmark not defined.**

Factors associated with sex work, such as multiple sexual partners, violence and drug use, pose increased risks to sex workers. Sex workers can also experience additional barriers to accessing sexual and other health services. Studies of male and female sex workers accessing sexual health services in England found both increased risks of some STIs (chlamydia and gonorrhoea, as well as HIV in MSWs) and higher reinfection rates than the wider population^{37,38}. Female sex workers are also considered to be at an increased risk of cervical cancer due to high HPV exposure³⁹.

Undocumented or irregular migrants

For undocumented women, an unplanned pregnancy can result in significant emotional and economic hardship. They often have more limited access to contraception, and limited mobility so travelling outside their country of residence to access services is not an option. Restrictive access to contraception and to termination of pregnancy therefore has a disproportionately negative impact of undocumented women and girls.^{40,41}

HIV testing, prevention and treatment services to refugees and migrants, regardless of their immigration status should be provided nationally and locally. Migrants and refugees – and particularly undocumented migrants – remain a priority for HIV prevention and treatment for the ECDC, which has identified social exclusion, inadequate access to HIV services, and fear of stigmatisation as factors increasing the likelihood of HIV infection after their arrival in UK and other European countries.⁴²

Although HIV testing and treatment is exempt from charging, there is substantial confusion surrounding health-care eligibility, both among patients and professionals. Vital opportunities for the diagnosis of STIs including HIV in other, chargeable health-care settings are lost by deterring access.^{43,44,45}

Those who had experienced non-volitional and transactional sex were also more likely to be HIV positive. Women, men, and unaccompanied asylum-seeking children may experience sexual and gender-based violence in their country of origin and en-route to or in the UK. Men who have sex with men are particularly at risk of HIV acquisition after migration. Based on these findings, migrants in the UK might be at increased risk of HIV and sexually transmitted infections⁴⁶.

Migrant status has not previously been reported in the dataset for the Essex Sexual Health Service and so data has not been collected. For this reason, it is not possible to know what proportion of those using the service were from migrant populations. Whilst this is not reportable by the service, it is recorded as part of the ESHS holistic clinical assessment with disclosure of undocumented/migrant status being recorded as a 'vulnerable person'.

Criminal Justice System:

NHSE&I is responsible for commissioning most healthcare for people in prisons and young offender institutions in England. Services are commissioned on the principle of equivalence. This means that people in prison should be able to access barrier protection and lubricants, genitourinary medicine (GUM) services, appropriate sexual health screening programmes (such as chlamydia screening) and immunisations as they would in the community.

NICE guidance recommends that people who are in prison should be offered information about STIs and available sexual health services, and should have discreet access to condoms, dental dams and water-based lubricants without the need to ask for them⁴⁷. Guidance from the National Health & Justice Team, Public Health England on [Public Health](#)

[services for people in prison](#) states that all people in prison and other places of prescribed detention are entitled to: be aware of means of accessing condoms and contraception in prisons as well as access to social and life skills modules on relationship and sex education (RSE). There should also be access to a GUM service (either provided externally or in house)⁴⁸.

Gypsy and Traveller

People from Gypsy and Traveller societies are also particularly vulnerable to poor sexual health. Some Gypsy and Traveller communities have significant challenges around sexual health, gynaecological matters and pregnancy related issues especially if women are being cared for by male staff.⁴⁹ An estimated 200,000 and 300,000 Gypsies, Roma and Travellers live in the UK: two thirds are settled in homes rather than travelling. Low rates of cervical and breast screening have been found amongst these communities, with women expressing particular reluctance to attend clinics with no guarantee of female staff. Most are also opposed to sex education and information about contraception at school. Parents cite inclusion of sex education in the school curriculum as a reason for non-attendance or early school leaving.⁵⁰

Gypsy and Traveller communities in particular experience difficulties accessing sexual health services and are often reluctant to seek treatment because of their cultural beliefs about health or an underestimation of the seriousness of a condition. The nomadic lifestyle complicates access to appropriate care: registration can be difficult, information is not being shared, and patients may have difficulty articulating their needs.^{49,50}

Gypsy/ Traveller status has not previously been reported in the dataset for the Essex Sexual Health Service and so data has not been collected. For this reason, it is not possible to know whether what proportion of those using the service are or were from the Gypsy/ Traveller community. Whilst this is not reportable by the service, it is recorded as part of a holistic clinical assessment, with Disclosure of Gypsy/ Traveller status being recorded within free text.

The outreach service from the Essex Countywide Traveller Unit encourage engagement with education including RSE, as well as supporting individuals to access sexual health services. Insight from this service suggests that clarity of information of where to go for sexual health services, availability of appointments and distance to travel to clinics have all been barriers to access.

Sexual Health Service Data:

Open access services

Local Authorities are mandated to deliver open access sexual health services (Health and Social Care Act 2012), data from the Essex Sexual Health Service suggests that we are a net exporter of service provision (in 2019/20 around 5% of Essex resident sexual health provision is delivered by services outside of Essex, although the Covid-19 pandemic has led to more localised provision). Factors affecting out of area access include; proximity to London and commuting for work, proximity to other geographical neighbours (eg. Thurrock, Southend and Hertfordshire) and those who are university students in other areas of the country.

The data used in the following sections is for Essex residents who may be users of the Essex Sexual Health Service or out of area services. The data for 2019 has been used as the most up to date data not interrupted by the Covid-19 pandemic. Trend data does include data from 2012-2020 and in all cases there is a drop off during 2020 as a result of Covid-19.

STI diagnosis and prevalence

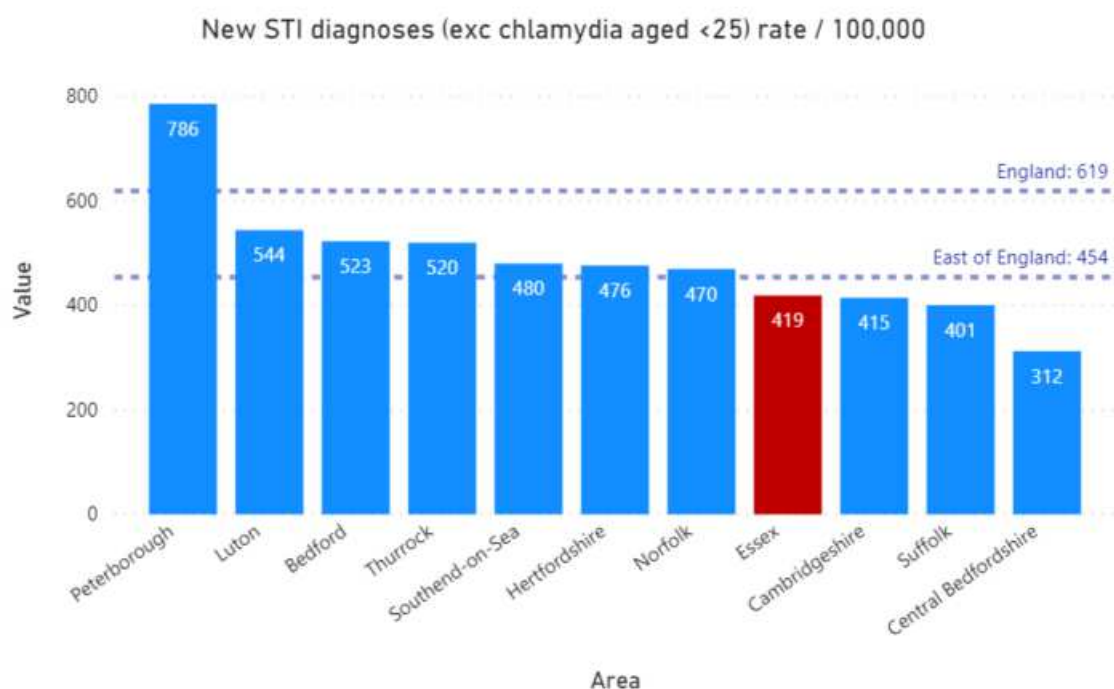
STI testing and positivity

STIs are infections that are spread primarily through person-to-person sexual contact. According to the World Health Organization, throughout the world more than 1 million people acquire an STI every day. Prevention and control of STIs through barrier contraception can help reduce the spread of HIV and reduce the risk of unplanned pregnancy. The range of STIs that occur commonly varies between different countries. Non-UK born patients may present in

England with STIs that are less commonly seen here. There are more than 30 different specific sexually transmissible bacteria, viruses and parasites. The most prevalent in England are considered in this section.

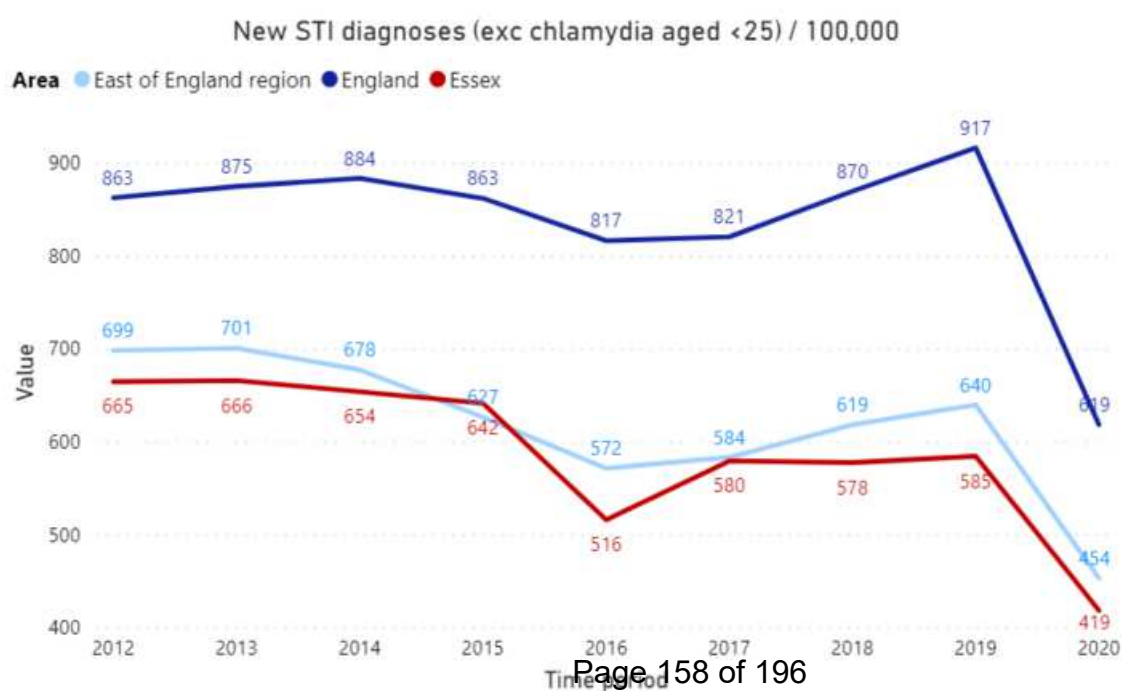
The graph below shows STI diagnoses excluding chlamydia in those aged under 25 per 100,000, comparing Essex to other Local Authorities in the East of England and the England average. The graph shows that Essex had significantly fewer STI diagnoses during 2019 than the England average. This is against a testing rate that is slightly lower than the East of England average and lower than the England average.

Figure 3: 2019 New STI diagnosis (excluding chlamydia aged <25) per 100,000 by East of England Upper Tier Local Authority



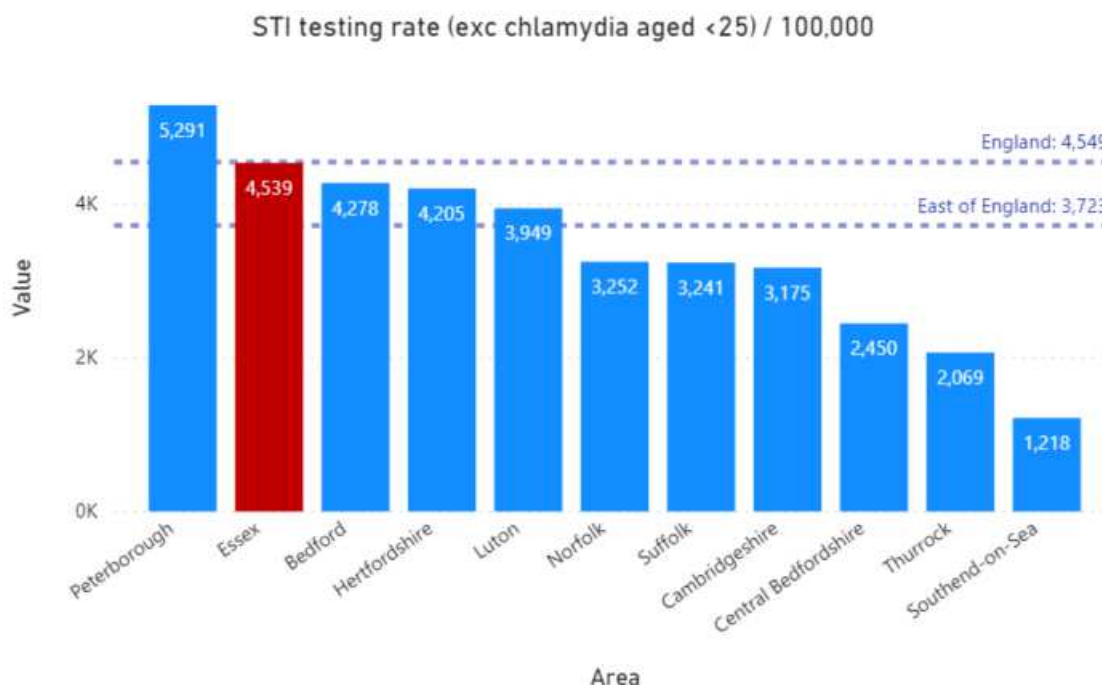
The 2019 data follows a trend of Essex having a rate of diagnosis that is below the England average. The below graph shows Essex compared to the England average over the past 7 years.

Figure 4: New STI diagnosis (excluding chlamydia aged <25) per 100,000 for Essex 2012-2019



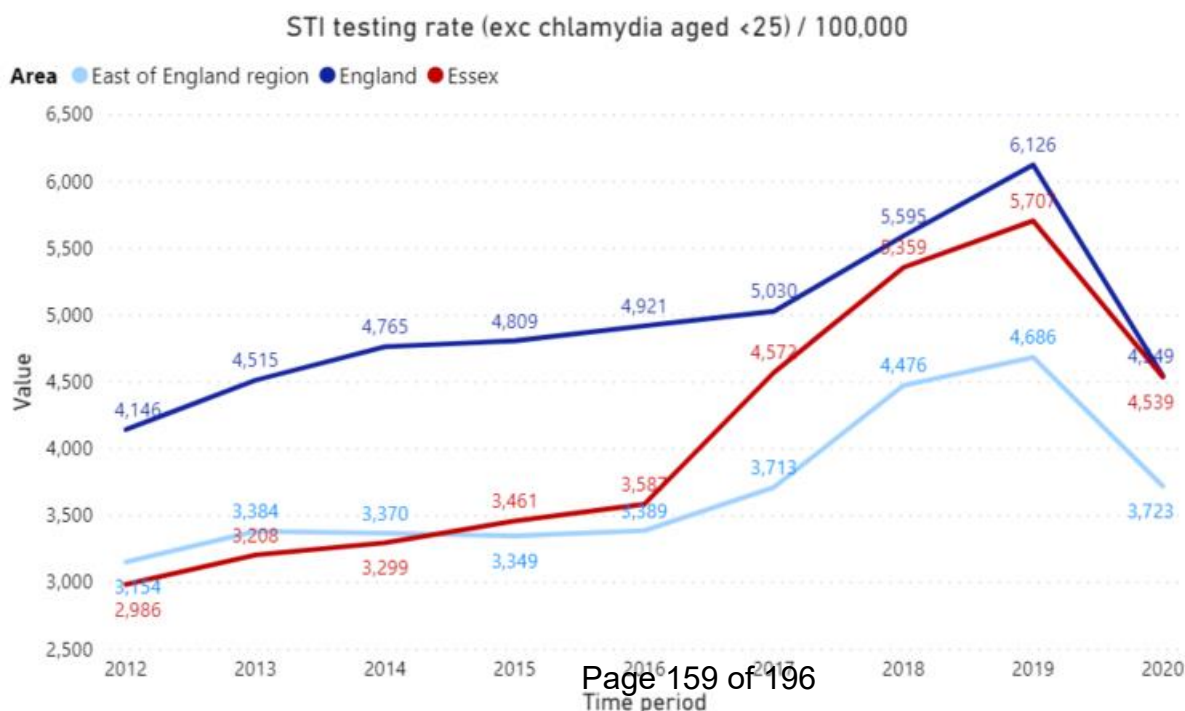
STI diagnosis rates can be affected by the testing rate in the population, the below graph shows variation in the testing rates for all STI's excluding Chlamydia in those aged under 25 across the East of England during 2019. Essex has a testing rate significantly lower than the England average but similar to the East of England average.

Figure 5: 2019 STI testing rate (exc chlamydia aged <25) per 100,000 by East of England Upper Tier Local Authority



The 2019 data follows a similar trend to previous years, the graph below shows STI testing rates in Essex compared with the England average over the past 7 years.

Figure 6: 2019 STI testing rate (exc chlamydia aged <25) per 100,000 for Essex 2012-2019



Positivity rates are the percentage of people who test positive of all the people that take a test. A high positivity rate suggests that there may be high prevalence, however targeted testing can also impact on positivity rate as a perfectly targeted testing programme would result in 100% positivity. Essex's positivity rate in 2019 was the same as the East of England average and lower than the England average.

Figure 7: 2019 STI testing positivity rate (excluding Chlamydia aged <25) per 100,000 by East of England Upper Tier Local Authority

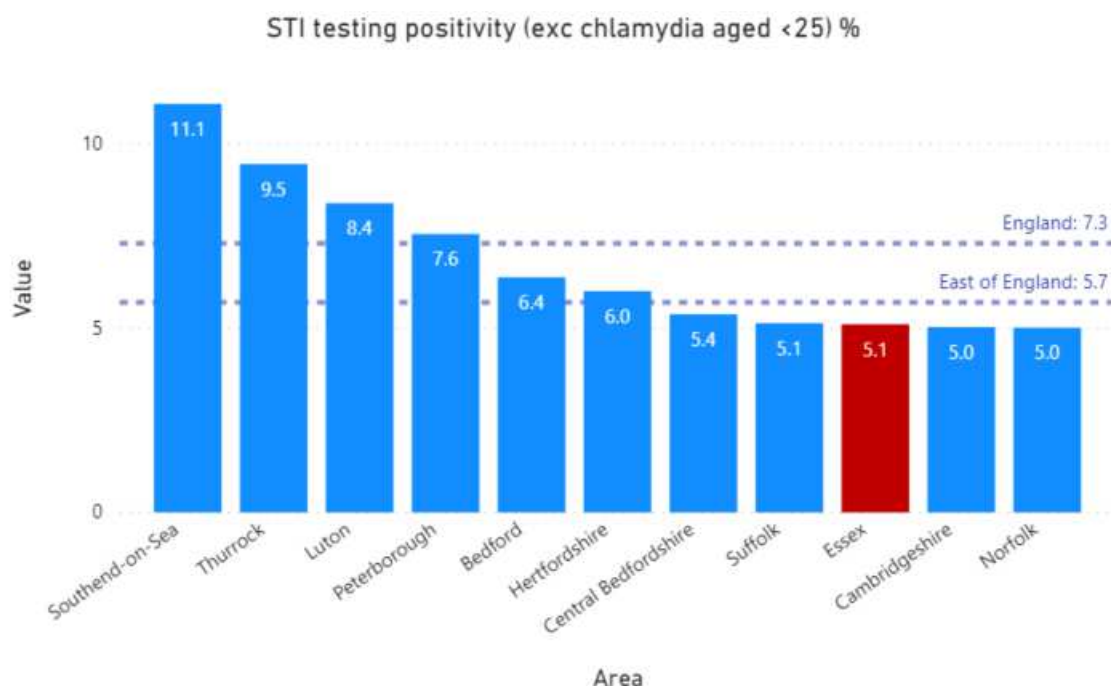
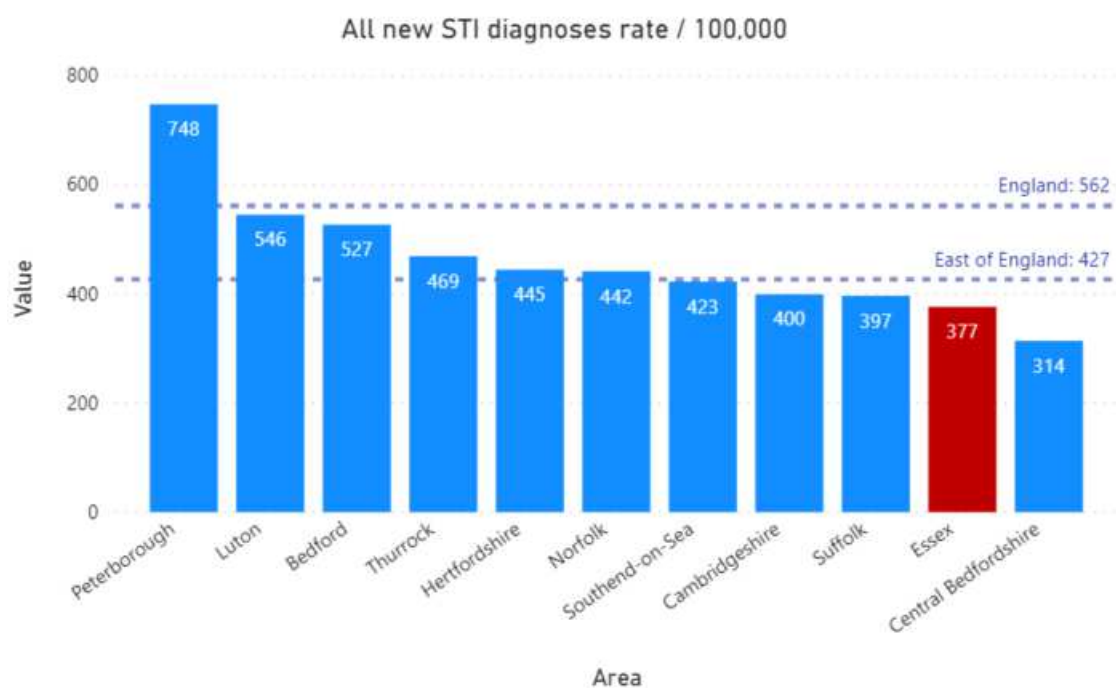


Figure 8: 2019 All STI diagnosis rate per 100,000 by East of England Upper Tier Local Authority

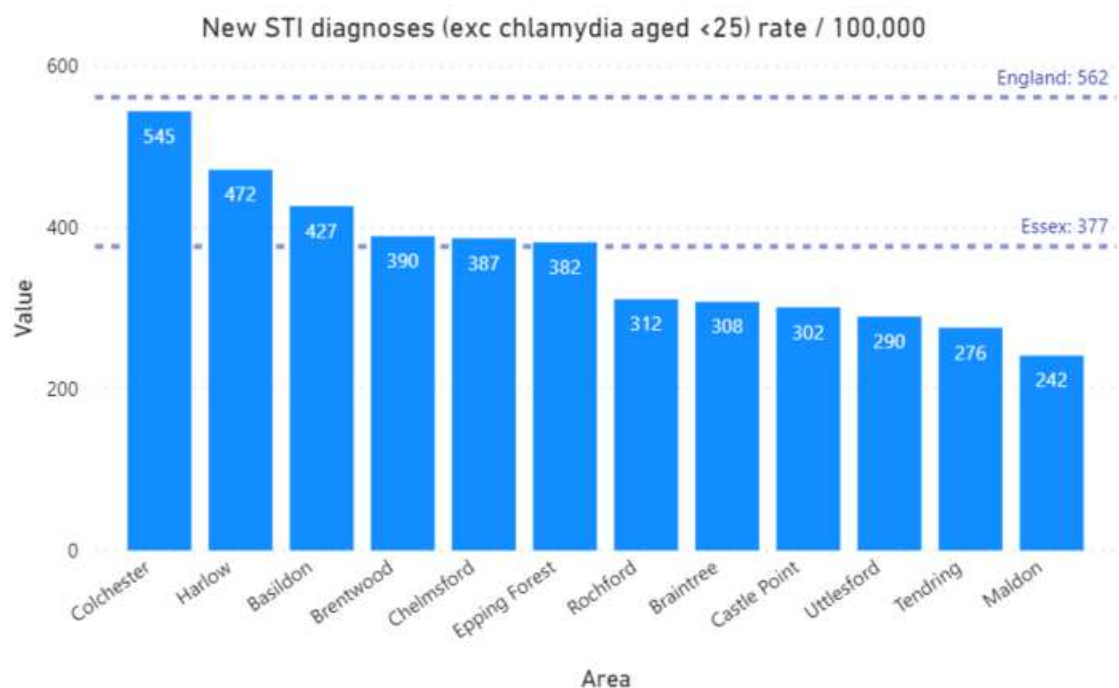
The graph below shows the STI diagnosis rate for all STI's in East of England during 2019. Essex had a significantly lower rate (525 per 100,000) than the England average (816 per 100,000), and similar to the East of England average.



Comparisons within Essex:

There is variation within Essex around STI diagnosis rates, testing rates and positivity rates. Figure 9 shows that in Colchester STI diagnosis rates are statistically similar to the England average in 2019, all other districts are lower than the England average.

Figure 9: 2019 All STI diagnosis rate per 100,000 by Essex lower tier Tier Local Authority



STI testing rates also vary between the districts within Essex, Figure 10 shows that Harlow has the highest testing rate (20835 per 100,000) which is higher than the England average. Harlow is statistically similar to the England average. All other districts have a rate that is statistically significantly lower than the England average (19654 per 100,000).

Figure 10: 2019 STI testing rate (exc chlamydia aged <25) per 100,000 by Essex lower tier Tier Local Authority

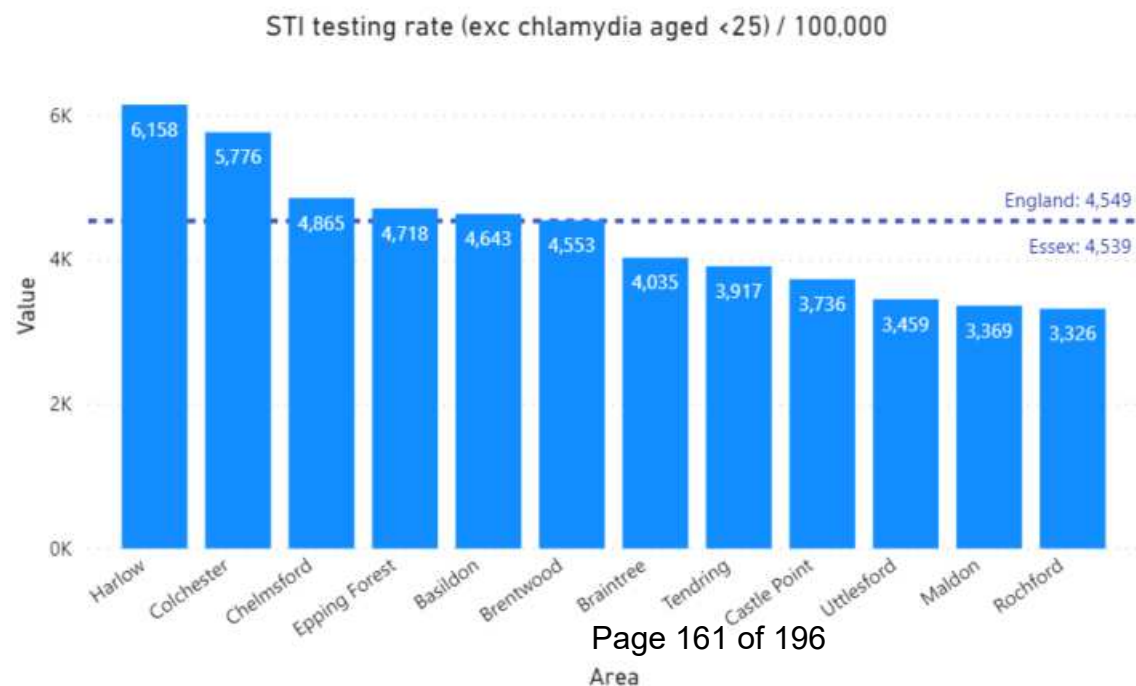
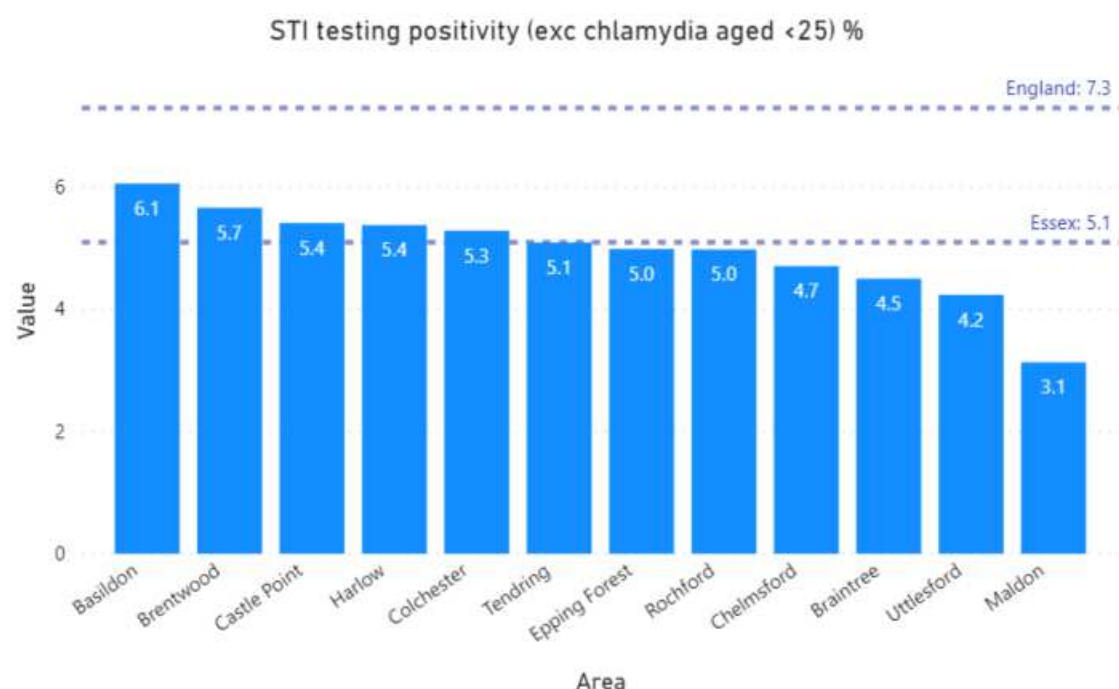


Figure 11 shows that all Essex districts have an STI testing positivity rate that is lower than the England average of 7.3%.

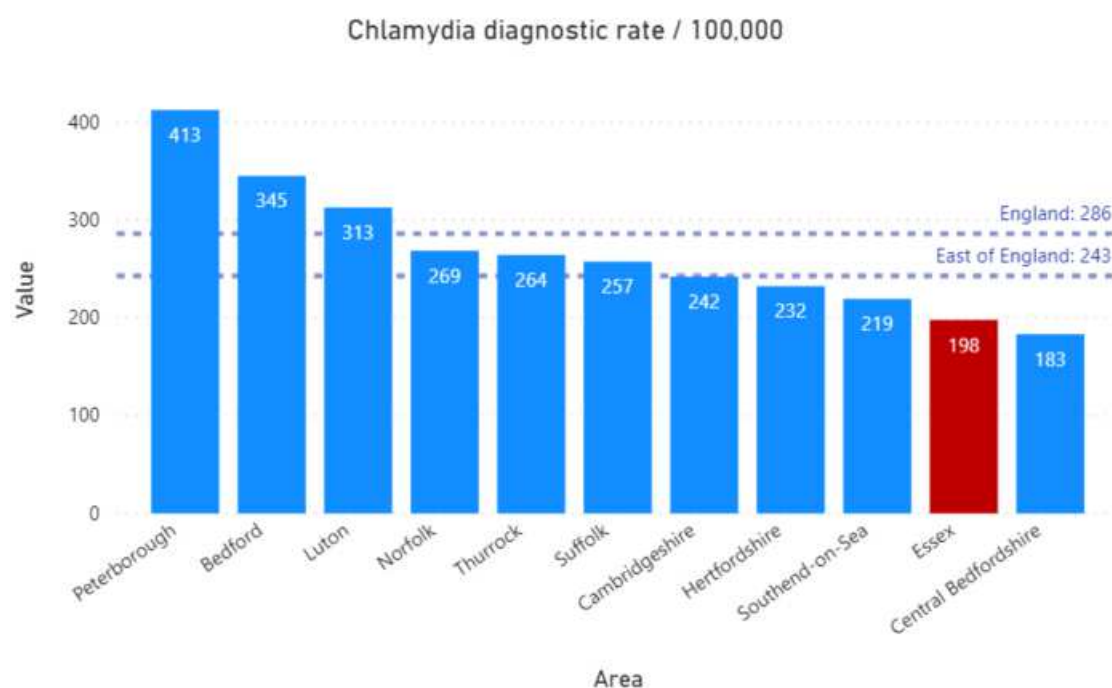
Figure 11: 2019 STI testing positivity % (exc chlamydia aged <25) by Essex lower tier Tier Local Authority



Chlamydia

Chlamydia is a bacterial infection, it is one of the most common sexually transmitted infections in the UK. It is easily treated with antibiotics however it doesn't usually cause symptoms and infection can cause pelvic inflammatory disease and infertility if left untreated. While chlamydia infections are more commonly found among young adults aged <25 years, women and men aged 25 years and over are also at risk of chlamydia. In 2019 Essex had a lower diagnostic rate than the England and East of England rate.

Figure 12: 2019 All age Chlamydia diagnostic rate per 100,000 across East of England Upper Tier Local Authorities



The 2019 data follows a stable 7 year trend showing that Essex has a lower diagnostic rate than the England average.

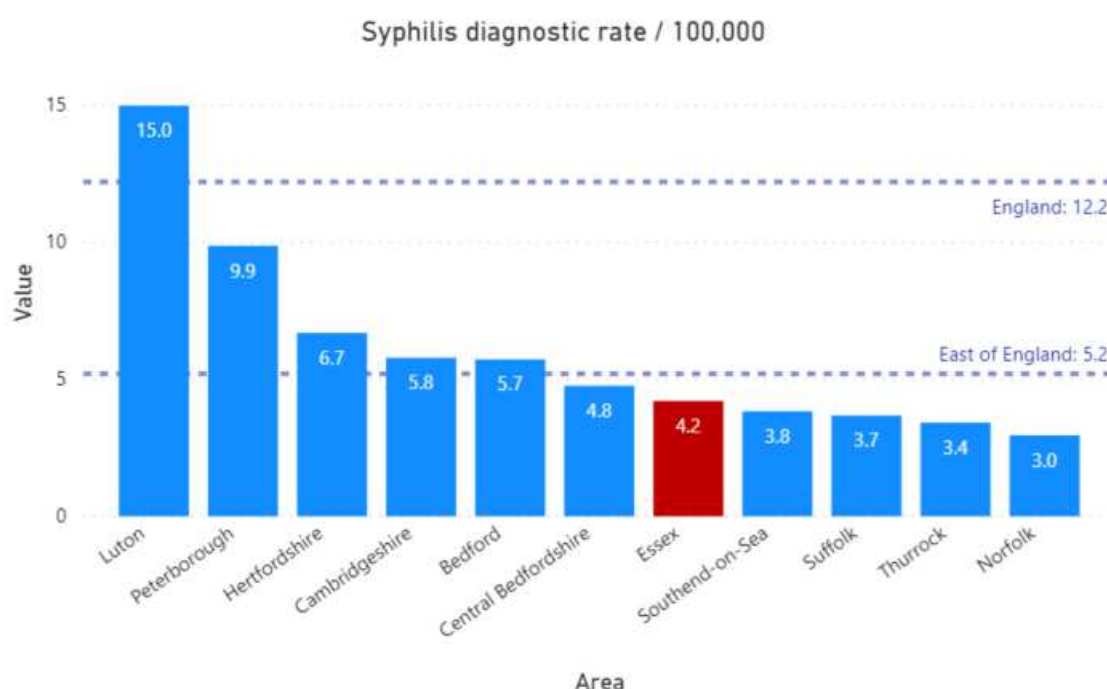
Diagnosis rates for Chlamydia may be affected by the proportion of the population tested. Since 2012 Essex's proportion of 15-24 year olds screened for Chlamydia has been below the England average. However it is important to note that the Chlamydia screening programme is changing from 2021 and will now be based on a harm reduction approach, opportunistically testing young females as opposed to the previous blanket approach for anyone 15-24years old.

Chlamydia diagnosis rates in Essex are consistently lower than the England average, however the proportion of the population between 15-24 (highest risk age range) screened is also below the England average. In 2019 Chlamydia diagnosis rate in those aged 25+ (583 per 100,000) were significantly less than the England average (900 per 100,000).

Syphilis

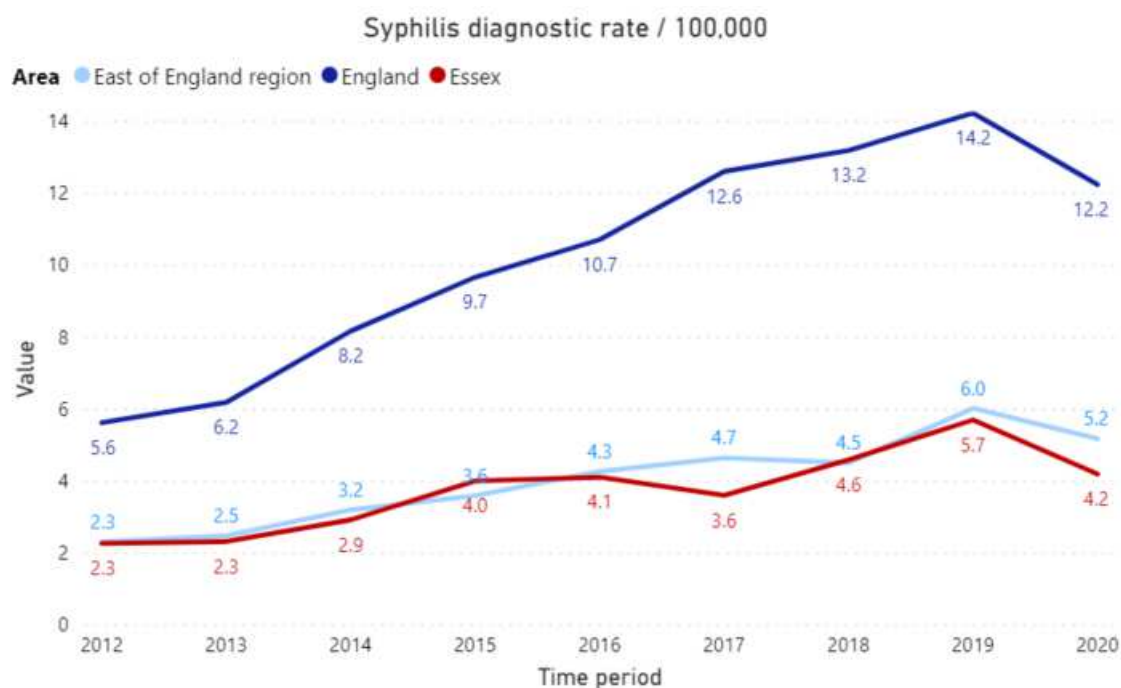
Syphilis is a bacterial infection, it can usually be treated with antibiotics however the symptoms are not always obvious. Men who have sex with men (MSM) have increased risks of syphilis among whom incidence has increased over the past decade, however there are also cases in those who identify as heterosexual. The below graph shows diagnostic rates vary across the East of England, with Essex having a lower diagnostic rate than the England average but statistically similar to regional neighbours.

Fig 13: 2019 Syphilis diagnostic rate per 100,000 in East of England by Upper Tier Local Authorities



Syphilis diagnosis is lower in Essex than the England average, the below graph shows that this has historically been the case, however it is important to note that both the national and regional and local trend is upwards.

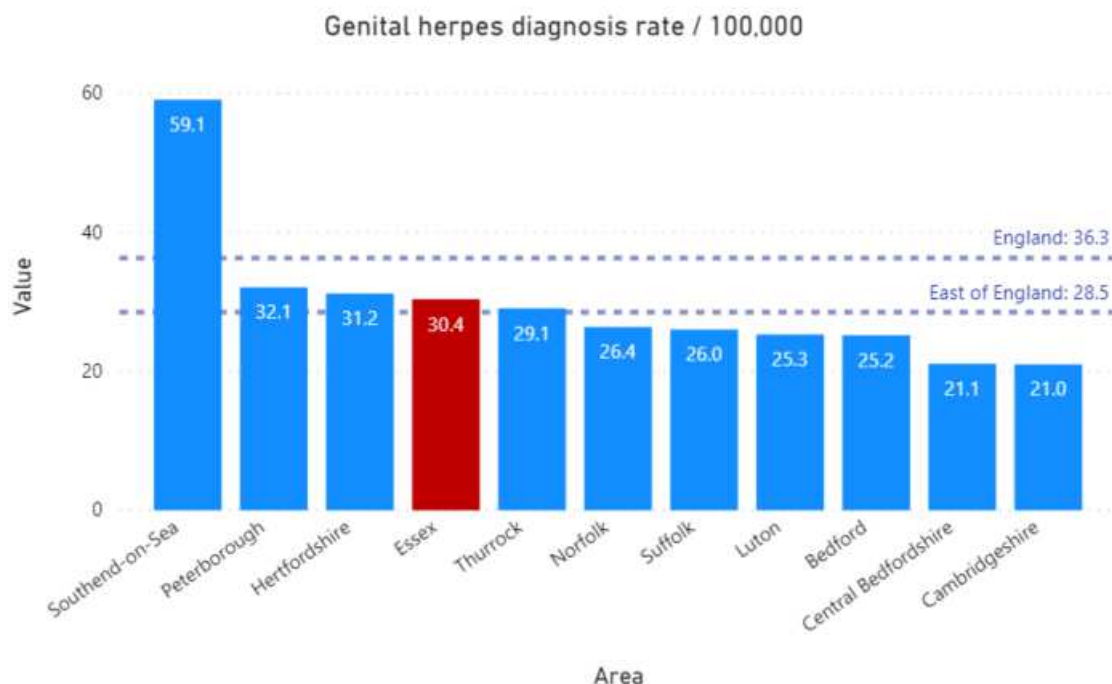
Fig 14: Syphilis diagnostic rate per 100,000 in Essex between 2012-2019



Genital Herpes

Genital Herpes is a viral infection, it is the most common ulcerative STI seen in England, recurrent infections are common and patients often require multiple treatments. In Essex Herpes diagnosis rates are lower than the England average, however compared to the East of England, Essex's diagnostic rates were significantly higher during 2019.

Fig 15: 2019 Genital Herpes diagnostic rate per 100,000 in East of England by Upper Tier Local Authority



Herpes diagnosis rates have fluctuated between 61.3 and 44.2 per 100,000 in Essex over the past 7 years, however it has been below the England average for the past 4 years. However, compared to the East of England region Essex has had higher rates of diagnosis over the past 3 years.

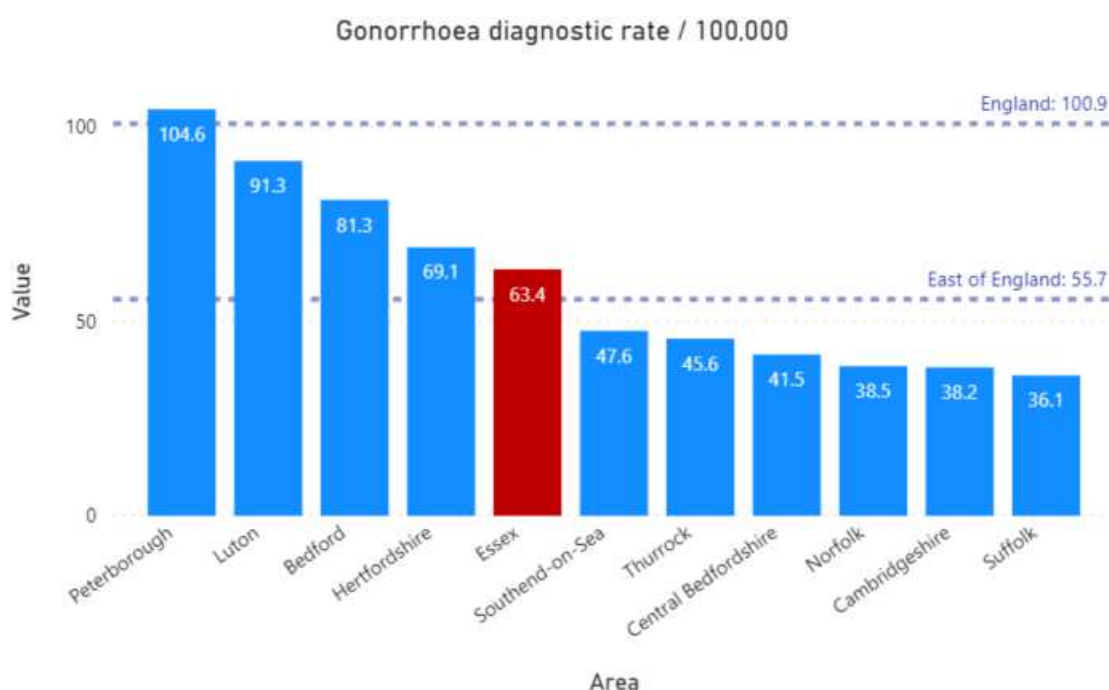
Gonorrhoea

Gonorrhoea is a bacterial infection with similar long term risks to Chlamydia (pelvic inflammatory disease or infertility if not treated). Infections with gonorrhoea are more likely than chlamydia to result in symptoms.

Gonorrhoea is on the rise in England and across the East of England Region. Compared to the England average Essex currently has a statistically significantly lower diagnosis rate. However compared to the East of England average, diagnosis rates are significantly higher in Essex.

Essex is following the same increasing trend over the past 3 years as almost every other local authority in the East of England.

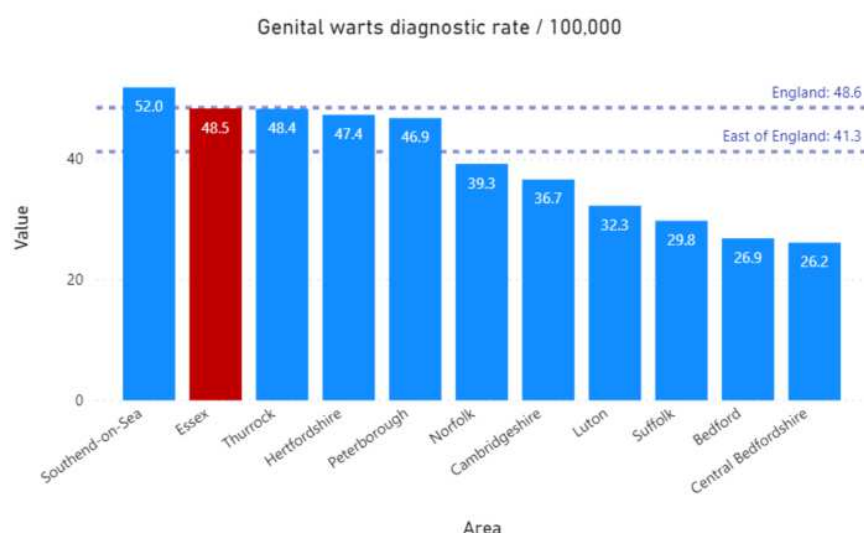
Figure 16: 2019 Gonorrhoea diagnostic rate per 100,000 in East of England by upper tier Local Authority



Genital Warts

Genital warts are caused by a virus (HPV) there are many types of HPV with a small number of them being linked to cervical cancer. Genital warts diagnosis rate is falling across England and the East of England region, the situation is similar in Essex with a falling trend that is significantly lower than the England average. However the 2019 data does show Essex having a statistically higher diagnostic rate than the East of England average.

Figure 17: 2019 Genital Warts diagnostic rate per 100,000 in East of England by upper tier Local Authority



Emerging Threats: Drug resistant STIs and Mgen

Increasing resistance and decreasing susceptibility to antimicrobials used to treat STIs has reduced treatment options for some STIs. This is particularly the case for gonorrhoea, as there are no classes of antimicrobials to which gonorrhoea has not developed resistance. As a result of this, first-line gonorrhoea treatment in the UK was recently changed from dual therapy of ceftriaxone with azithromycin, to monotherapy with ceftriaxone at a higher dose.

Fortunately, ceftriaxone resistance remains rare in the UK. However, in 2018, there were 3 cases of extensively drug-resistant gonorrhoea detected in the UK, which included ceftriaxone resistance.

Mycoplasma genitalium (Mgen) is a bacterial infection that can cause non-specific urethritis in males and pelvic inflammatory disease in women. The infection doesn't always have symptoms and historically hasn't been routinely tested for by sexual health services. However, testing capability is improving which may see diagnosis (and therefore recorded prevalence) increase.

Conclusions:

- STI testing rate generally lower than the England Av, but similar to East of England (EoE) average
- STI positivity rate generally lower than England Av but similar to EoE
- STI diagnosis rates generally lower than England Av but similar to EoE
- Colchester and Harlow have a higher STI diagnosis rate than other Essex districts (close to England Av)
- Testing rates vary, Colchester and Harlow have higher testing rates
- Harlow and Tendring have higher test positivity rates
- Essex's STIs profile is similar to England and East of England
- Increases in Syphilis diagnosis is a national, regional and local issue of concern
- Increases in Gonorrhoea also a concern that should be monitored
- Increasing threat of Drug Resistant strains of STIs and *Mycoplasma genitalium* (Mgen) need to be monitored as areas of increasing concern.

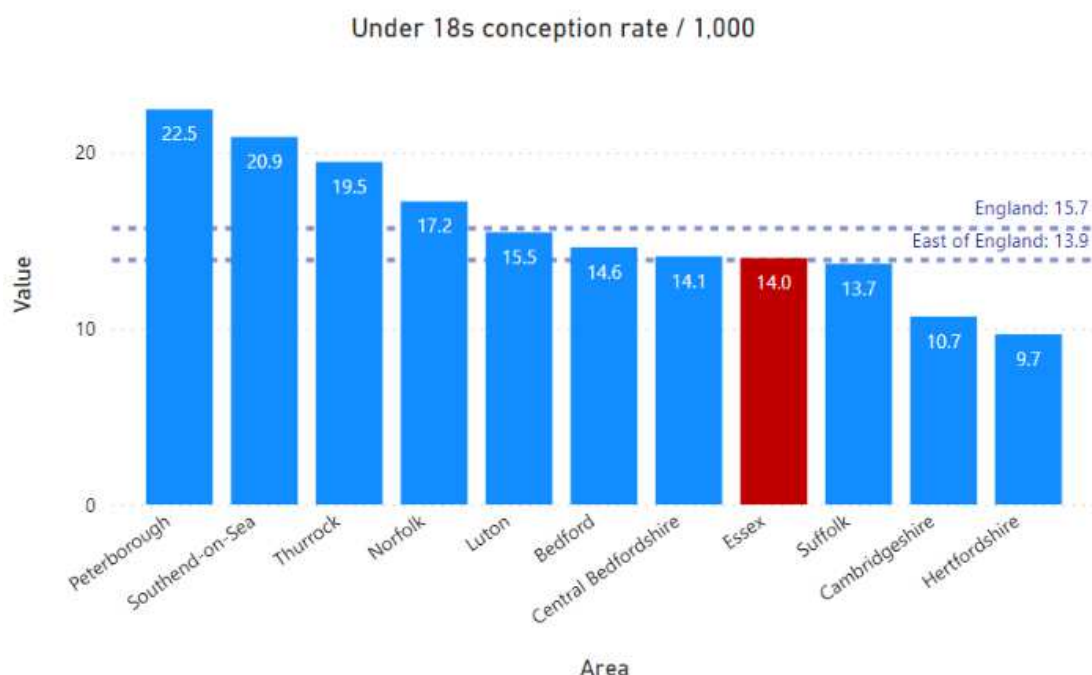
U18 Conception:

Conceptions

Under 18 Conception rate is falling nationally, however young people in England still experience higher teenage birth rates than their peers in Western European countries⁵¹, teenagers remain at highest risk of unplanned pregnancy⁵², inequalities in rates persist between and within local authorities⁵³, and outcomes for young parents and their children are still disproportionately poor⁵⁴, contributing to inter-generational inequalities. Essex has had a similar reduction and in 2019 had statistically fewer under 18 conceptions per 100,000 15-17 year old females.

The graph below illustrates variation between local authorities in the East of England for Under 18 conceptions during 2019. Essex's rate is statistically lower than the England average, but just above East of England.

Fig 18: 2019 Under 18 conceptions per 1,000 in East of England by upper tier Local Authority

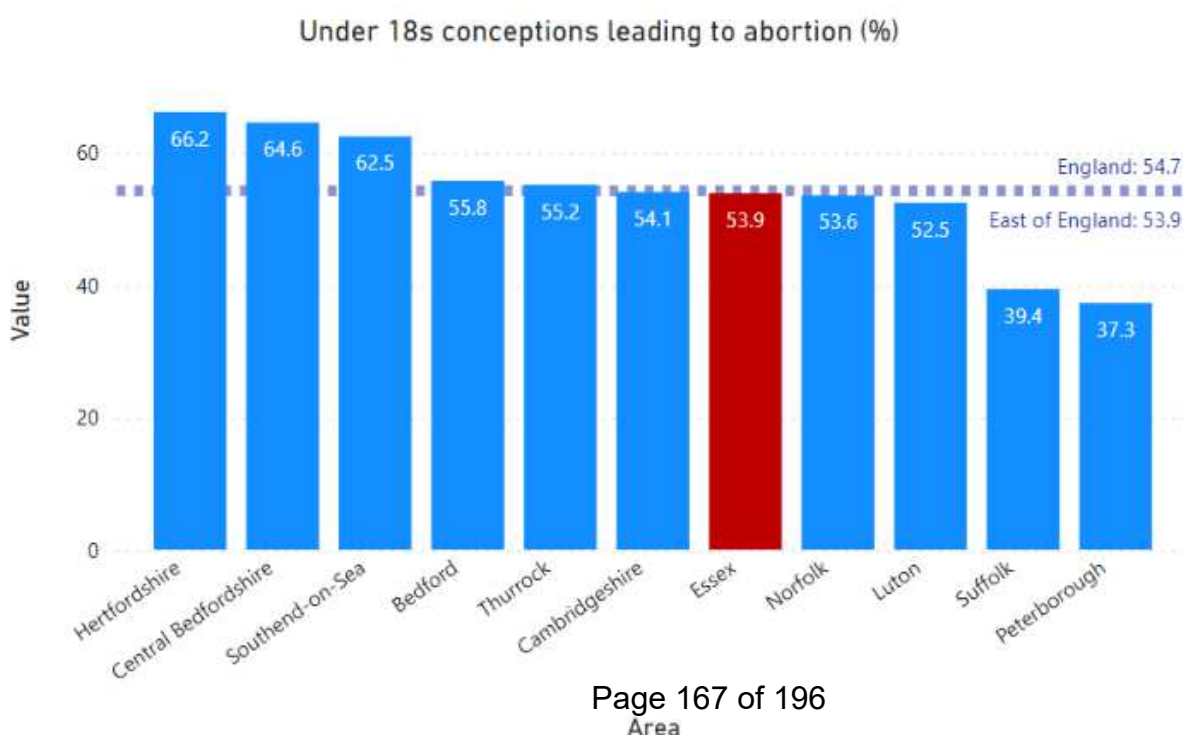


Conceptions leading to abortion

The proportion of under 18 conceptions that lead to abortion has been increasing both nationally and in Essex. However, in 2019 Essex saw a significant drop from 61% to 53.9%, which goes against the England increasing trend and is now lower than the England average (54.7%) and level with the East of England average.

The graph below illustrates variation between local authorities in the East of England for Under 18 conceptions leading to abortion during 2019. Essex's rate now ranks 5th lowest in the region, having been much higher the previous year.

Figure 19: 2019 Percentage of under 18 conceptions leading to abortion in East of England by upper tier Local Authorities

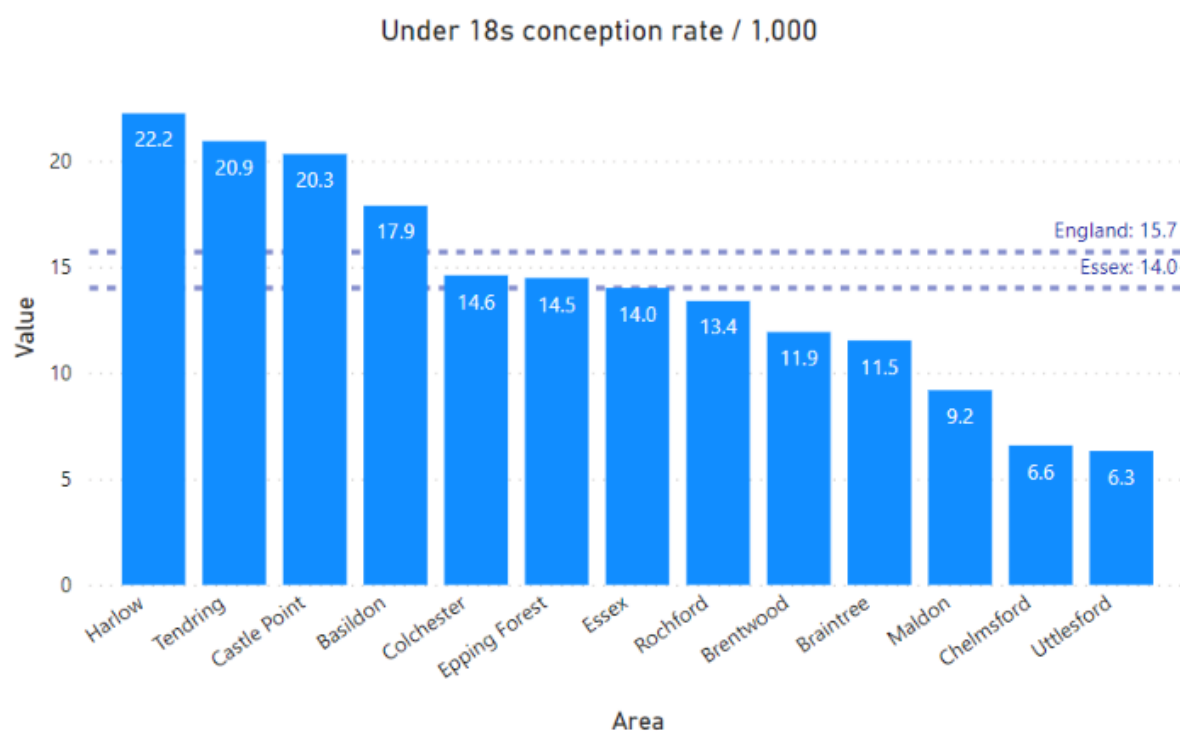


U25 repeat abortions

Over a quarter of abortions in under 25's in England are repeat abortions. This may be an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method. The proportion of repeat abortions in Essex (30.7%) is statistically similar to the England average. In 2018 and 2019 the proportion in Essex increased to become statistically significantly higher than the East of England average, however in 2020 this returned to similar levels to the regional average.

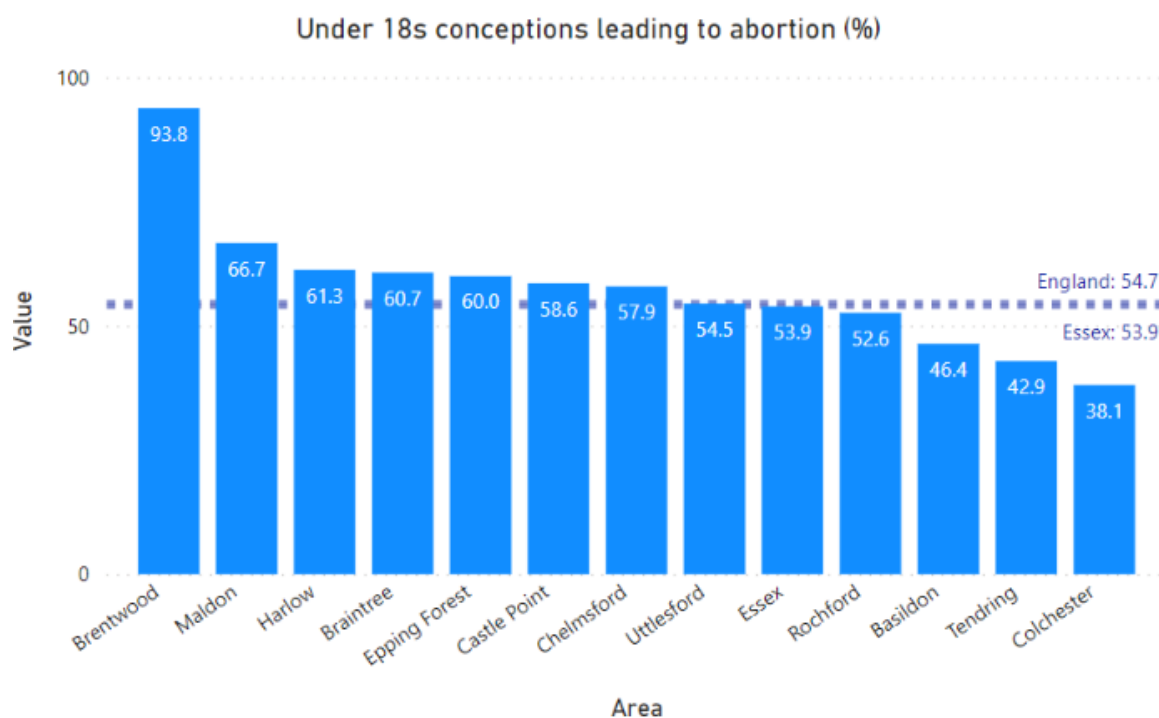
There is significant variation within Essex in regards to under 18 conception. The graph below shows conception rates per district, however it is important to note that these are relatively small numbers.

Fig 20: 2019 under 18 conception rate per 100,000 by Essex District



The graph below shows the proportion of U18 conceptions leading to abortion in districts. Abortion is a complex decision with multiple determinant factors and whilst there appears to be a national and local trend that is slightly increasing proportion of under 18 conceptions leading to abortion it is important to consider that these are small numbers when making inferences from the data.

Figure 21: 2019 Proportion of under 18 conceptions leading to abortion in Essex by district



Conclusions:

- Nationally Under 18 conception rates have been declining since the mid-2000's
- Essex has a under 18 conception rate that is significantly lower than the England average and similar to the East of England average.
- Rates of Under 18 conception are significantly higher in Harlow and Tendring than the Essex average
- There is stable Under 18 abortion rate across Essex but 2019 rates are significantly higher than England average in Brentwood
- Abortion % is generally quite volatile due to low numbers at district level- Rochford, Uttlesford, Epping Forest, Brentwood, are potential outliers when looking at the last 10 years of data.
- Info sharing between providers including maternity services could improve care and support for those under 18 who conceive.

HIV

HIV (human immunodeficiency virus) is a virus that damages the cells in the immune system. When diagnosed early there are very effective drug treatments that enable most people with the virus to live a near-normal lifespan in good health. However, when diagnosis is late the prognosis and associated care costs are significantly worse.

The below graphs show HIV diagnosed prevalence in 2019 at County level and districts within Essex.

Figure 22: HIV diagnosed prevalence 2019 in East of England by upper tier Local Authority

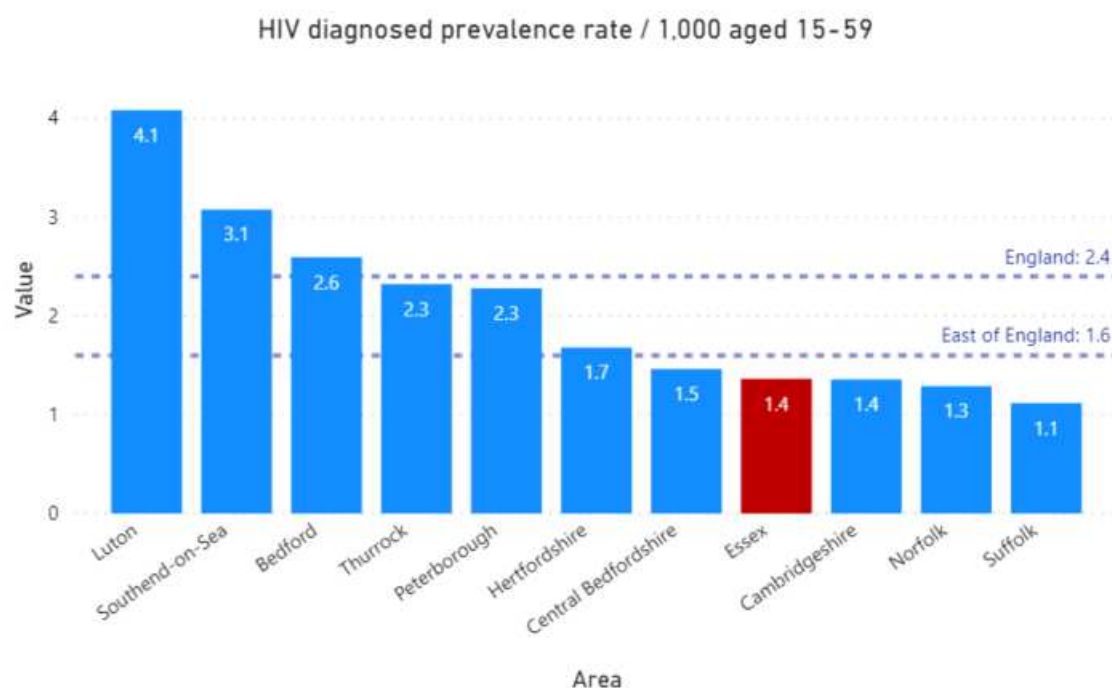
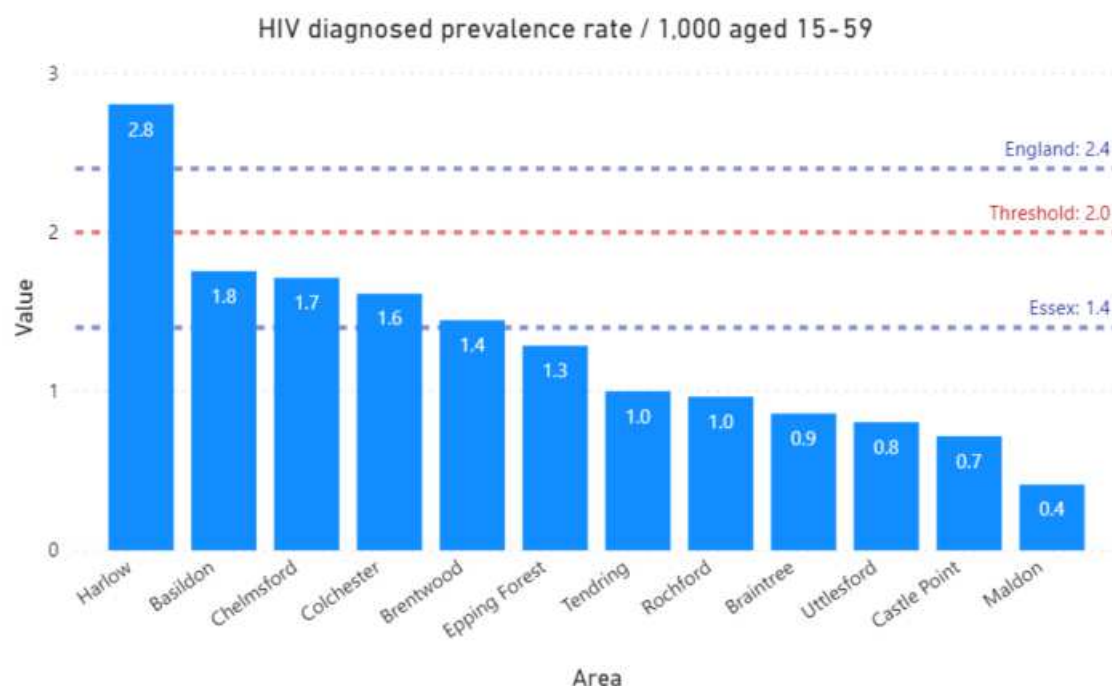


Figure 23: HIV diagnosed prevalence 2019 in Essex by district authority.

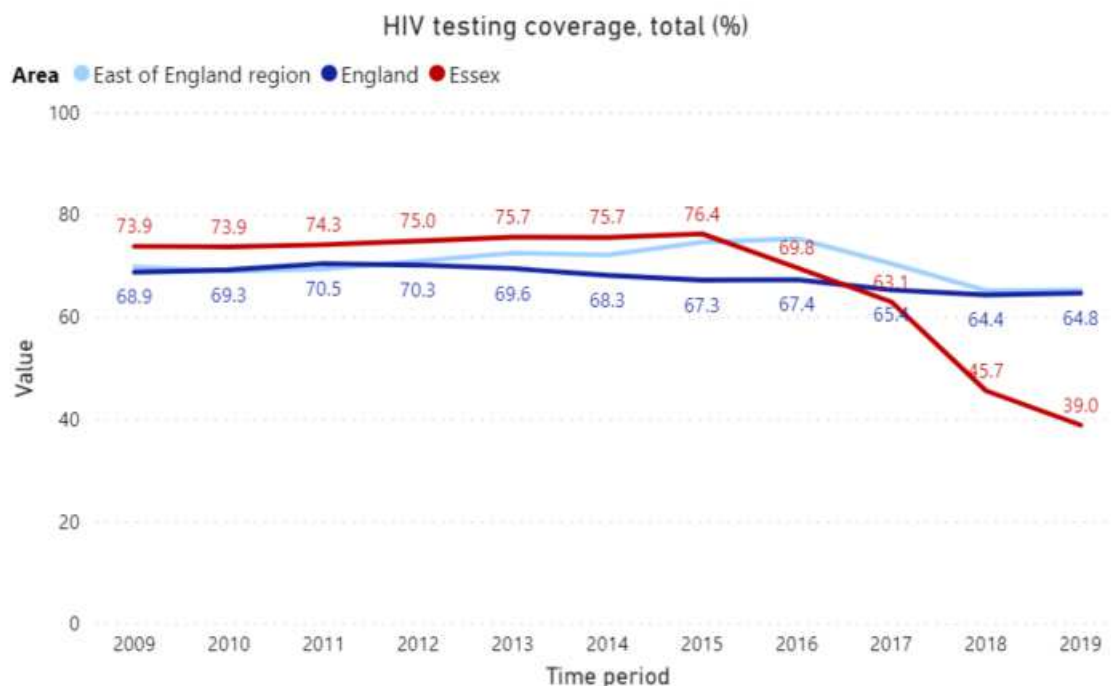


HIV Testing and Diagnosis

Essex has historically had testing coverage that is similar to the England average, however in the last three years the nationally published data has shown a reduction and suggests that Essex has lower testing coverage than the England average. Testing coverage is an important measure as low testing coverage could result in individuals not knowing their HIV status and increased risk of late diagnosis (when individuals seek treatment once symptomatic, usually with worse outcomes). In 2019, 11,793 tests were completed, this equates to 39% of eligible attendees in whom a HIV test was accepted. However, reviewing this data has uncovered some potential coding issues that may mean that the below data is inaccurate, this is being reviewed by the sexual health provider and commissioners and may result in retrospective adjustment. The early findings of this review suggest that the 2019 figure would be

adjusted to 90.8% which would put Essex above the England average. The below graph shows the official data from the Public Health Outcomes Framework and shows a reduction in testing compared to the England average.

Figure 24: HIV testing coverage in Essex 2009-2019

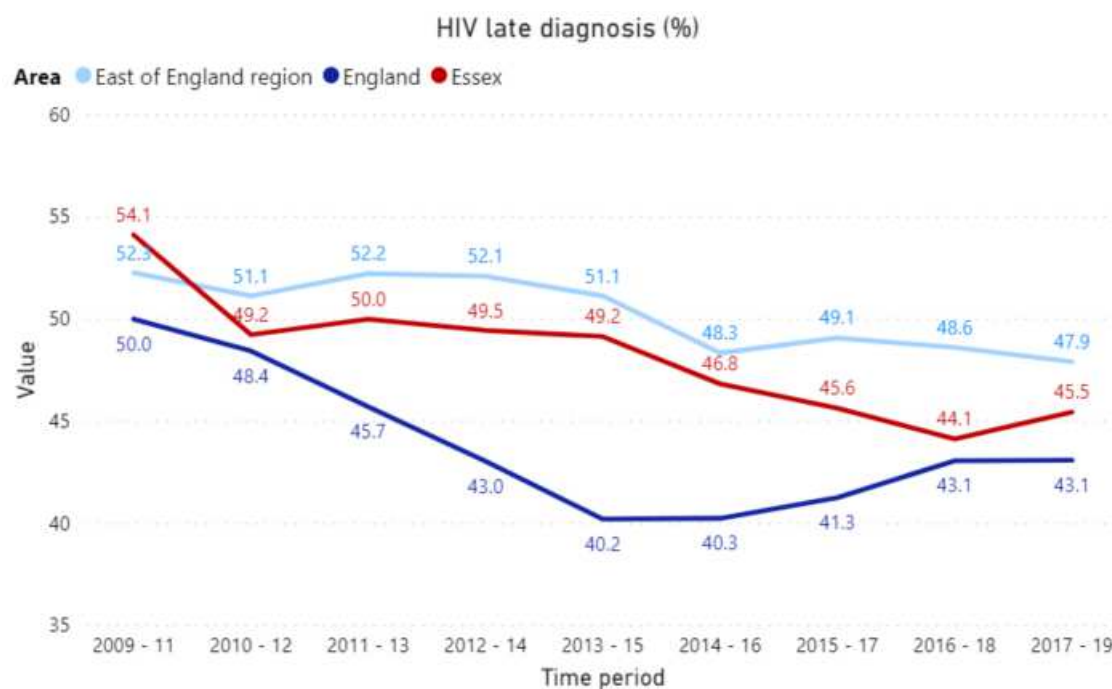


It is important that this reduction in testing does not result in an increase in individuals with un-diagnosed HIV, which can lead to increased transmission of disease and increased late diagnosis of HIV, both of which have significant public health impacts.

Late Diagnosis

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly. When diagnosed late the outcomes for those with HIV infection are significantly worse and the health costs are significantly worse. The below graph shows HIV late diagnosis trends in Essex plotted against the England average. In 2019 late diagnosis was similar to the England average and the East of England average.

Figure 25: HIV late diagnosis in Essex between 2009-2019



Between 2017-2019 late diagnosis in heterosexual men (57.9%) and women (51.4%) was significantly higher than late diagnosis in MSM (32.6%). There is some district variation in late diagnosis however due to relatively small numbers it is difficult to make inferences from this.

Conclusions:

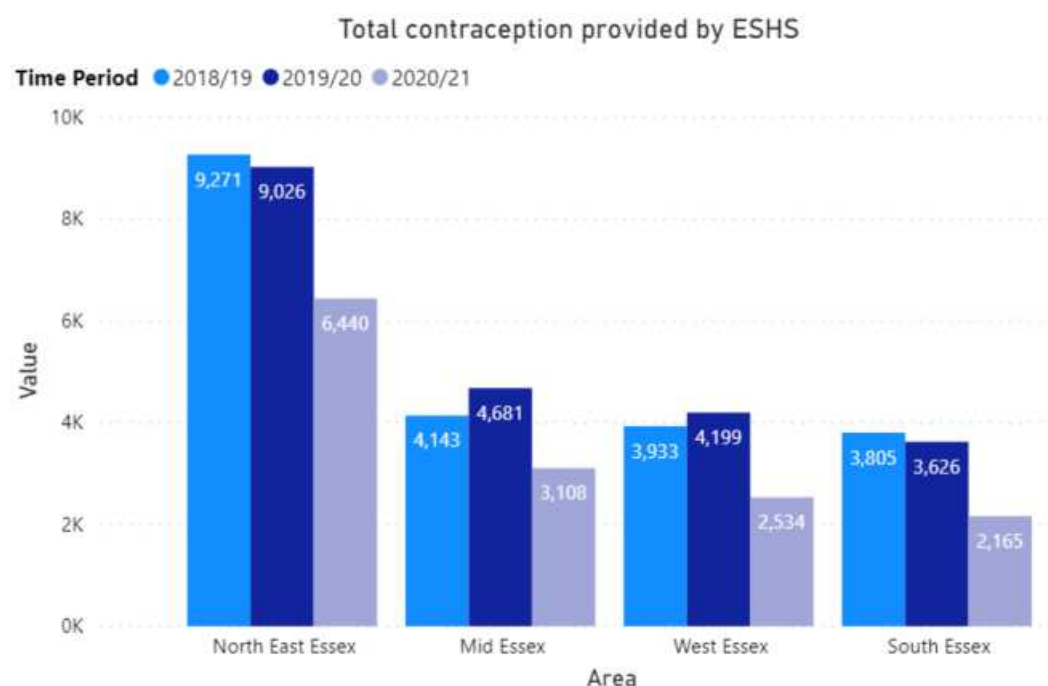
- A change in testing approach by the Essex Sexual Health Service doesn't appear to have impacted late diagnosis figures, but we should closely monitor this, starting with activity to further understand potential coding issues in reporting.
- Any late diagnosis is a demonstration of failure of the system- costs are high for the patient and healthcare system. Late diagnosis should be retrospectively looked back to understand themes/trends in missed opportunities: <https://www.bhiva.org/file/ZMUIAWemzIPrG/PositionStatementLateDiagsFinal.pdf>
<https://www.bhiva.org/LateDiagnosesDeaths>
- Harlow is above the 2% prevalence threshold which should trigger more significant testing effort.
- Geographical areas with poorer performance for late diagnosis may be opportunities to improve early recognition of disease.

Contraception

The provision of contraception is widely recognised as a highly cost-effective public health intervention^{55,56}. This is because it reduces the number of unplanned pregnancies which bear high financial costs to individuals, the health service and to the state^{57,58}.

The Essex Sexual Health Service and primary care provide publicly funded contraception across the County. The data report shows distribution of various types of contraception by quadrant (four geographies within Essex; South, West, North East and Mid). This data demonstrates higher provision of contraception regardless of type in the North East. This is summarised below through total items. Contraception provision in 2020/21 dropped across Essex as a result of the Covid-19 pandemic, it is not known how much this drop is due to reduced demand vs reduced availability.

Figure 26: Total contraception provided by ESHS by quadrant 2018/19- 2020/21



The data above does not take into account condoms distributed as part of the eC-Card scheme. The scheme is a condom distribution scheme providing free condoms to young people aged 16-24 (and under 16s after an assessment), there is a mobile app to support effective and appropriate use. Table 5 shows eC-Card registrations (numbers of people signing up to the scheme) and transactions (number of requests for condoms from those who are registered) between April 2018 and March 2021.

Table 5: eC-Card Registrations and Transactions between April 2018-March 2021

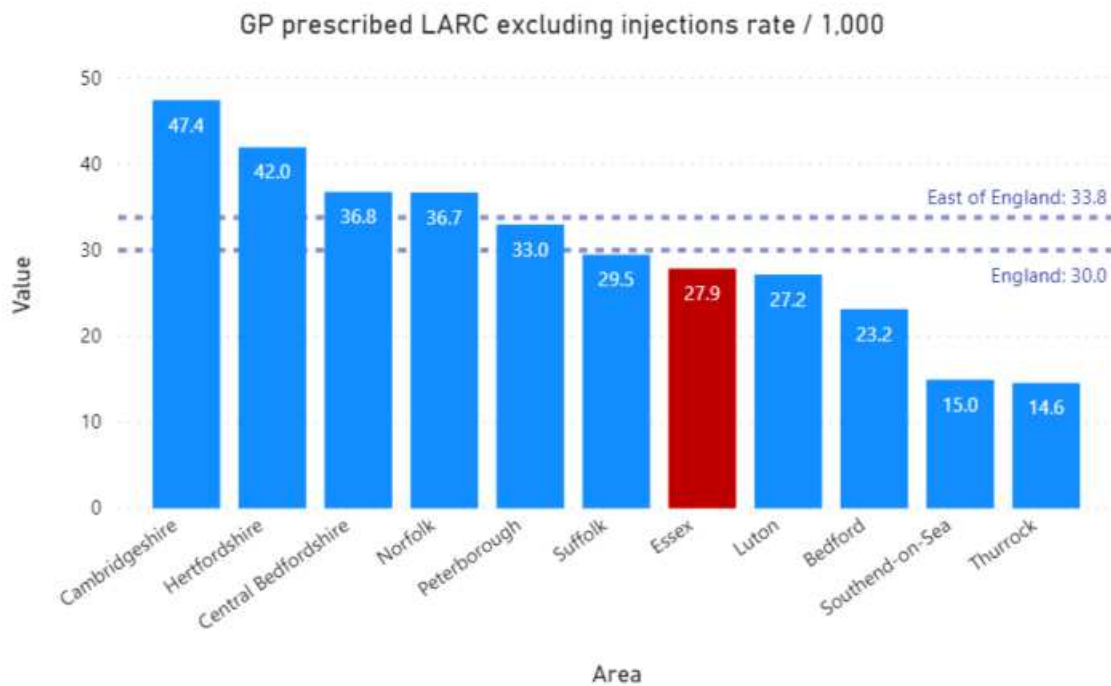
	18-19	19-20	20-21*
eC-Card Registrations	339	346	178
eC-Card Transactions	437	881	416

*The 2020-21 year will have been impacted by Covid lockdowns.

Current eC-Card outlets have been mapped using the SHAPE tool (see data pack).

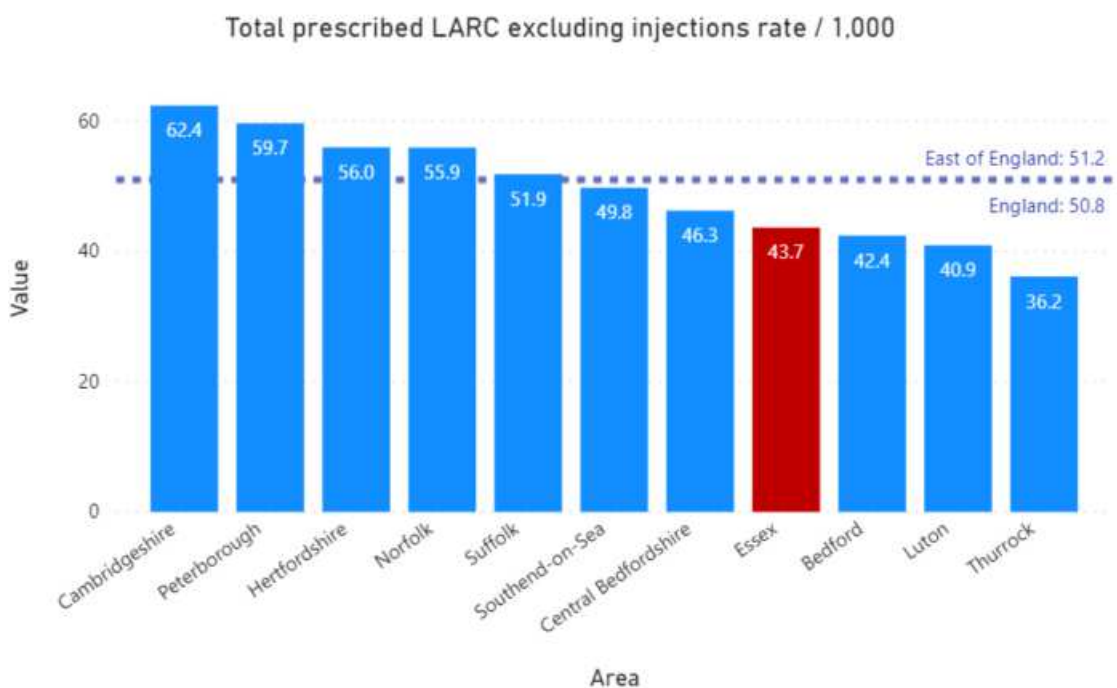
Long Acting Reversible Contraception (LARC)

LARCs are the most effective methods of contraception and are also reversible, meaning that once you stop using that method fertility returns. LARC delivery is often prescribed by primary care providers, delivering care close to home for residents. Essex has a lower rate of LARC prescribing in both primary care and by sexual health services than the England average?. The graph below shows Essex primary care prescribed LARC rates in 2019 compared to England and East of England local authorities. Historically the rates in Essex have been fairly stable, either similar to or just below the England average.



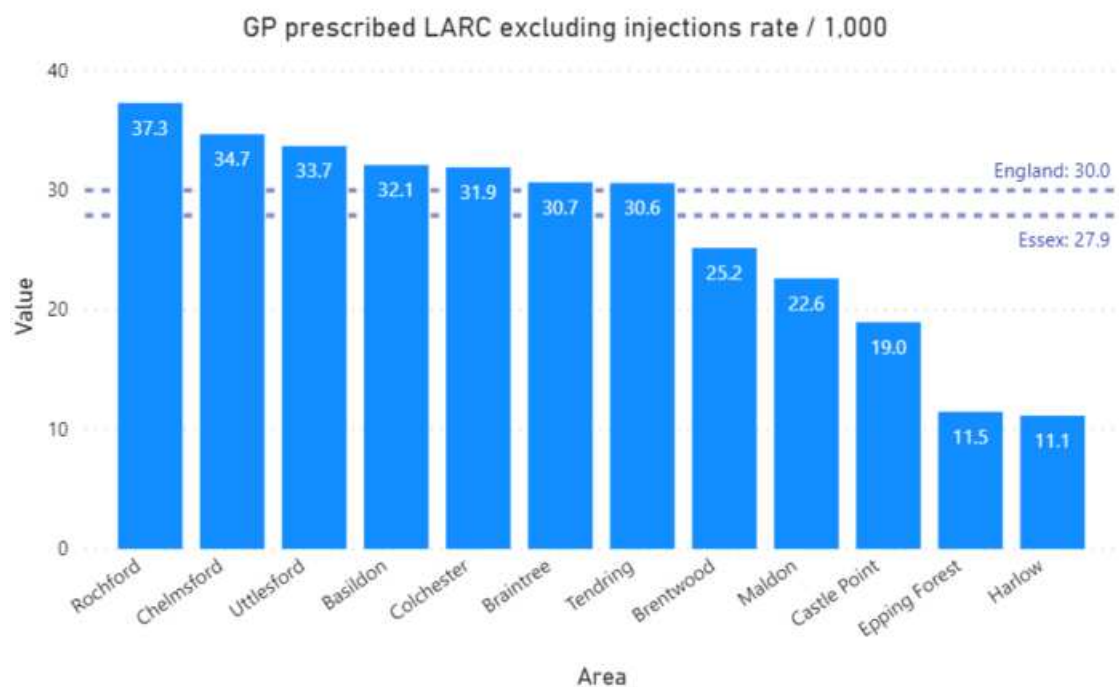
The graph below shows total LARC (primary care and SHS prescribed), in each of the previous 5 years Essex has been below the England average and East of England average.

Figure 28: 2019 Total LARC excluding injections per 1,000 in East of England by upper tier Local Authority



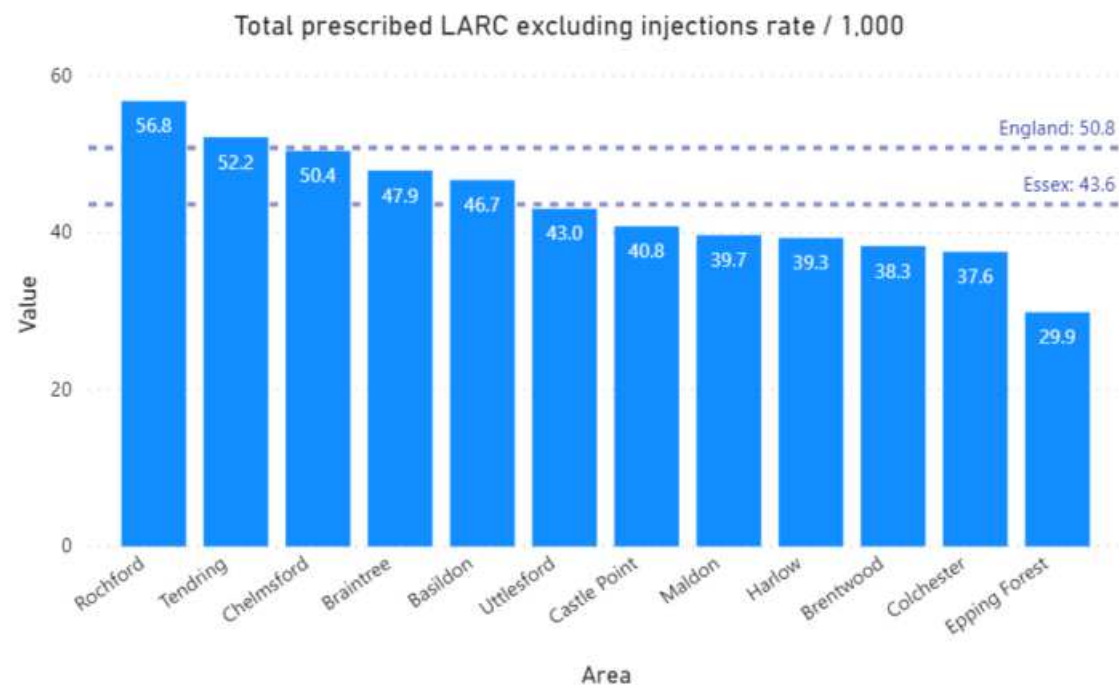
There is significant variation in the rates of LARC prescribed in primary care within Essex. Harlow has seen a reducing trend in GP prescribed LARC over the last 4 years and now has the lowest rate in Essex. Epping Forest and Castle Point and Maldon have consistently been below the England average.

Figure 29: 2019 GP prescribed LARC excluding injections per 1,000 in Essex by District



When primary care LARC is combined with Sexual Health Service provided LARC there is less variation, however there are still some stand out geographies with low rates and most districts are below the England average (50.8 per 1000 females aged 15-44). Epping Forest, Harlow, Maldon, Castle Point and Brentwood have historically been below the England average for this indicator. Colchester and Uttlesford had reductions in their rates during 2019.

Figure 30: 2019 Total prescribed LARC excluding injections per 1,000 in Essex by District

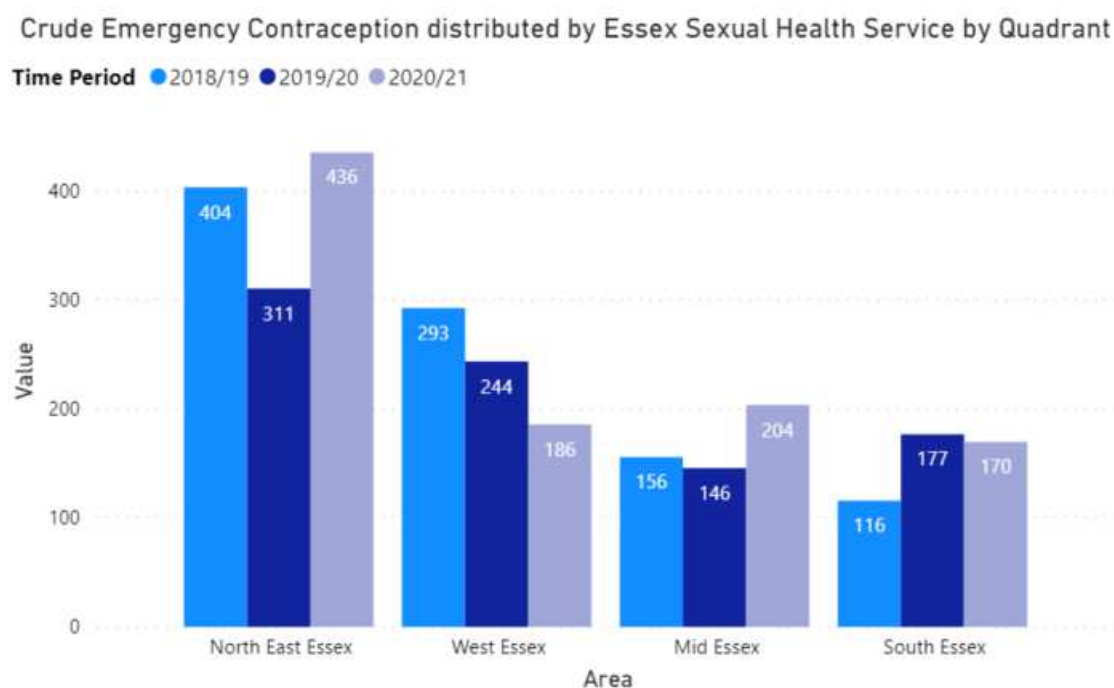


Both of the above LARC measures exclude injections due to the repeat nature of injected LARC.

Emergency Hormonal Contraception (EHC)

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception you have used has failed. The EHC recorded data below does not provide a full picture of all EHC use across Essex as there is further provision from pharmacies, hospitals and EHC purchased over the counter.

Figure 31: Crude EHC distributed by ESHS by quadrant between 2018/19-2020/21



Conclusions:

- LARC provision appears to vary across Primary Care in Essex, Sexual Health Service activity moderates some of the apparent inequity however it doesn't do this fully
- There appears to be significant variation between contraception provision across the four quadrant areas that the sexual health service covers, reasons for this this should be explored further.
- Contraception use is very much a personal choice (both whether it is used and what type) qualitative insight from Essex residents may be helpful to understand need further.

Qualitative insight:

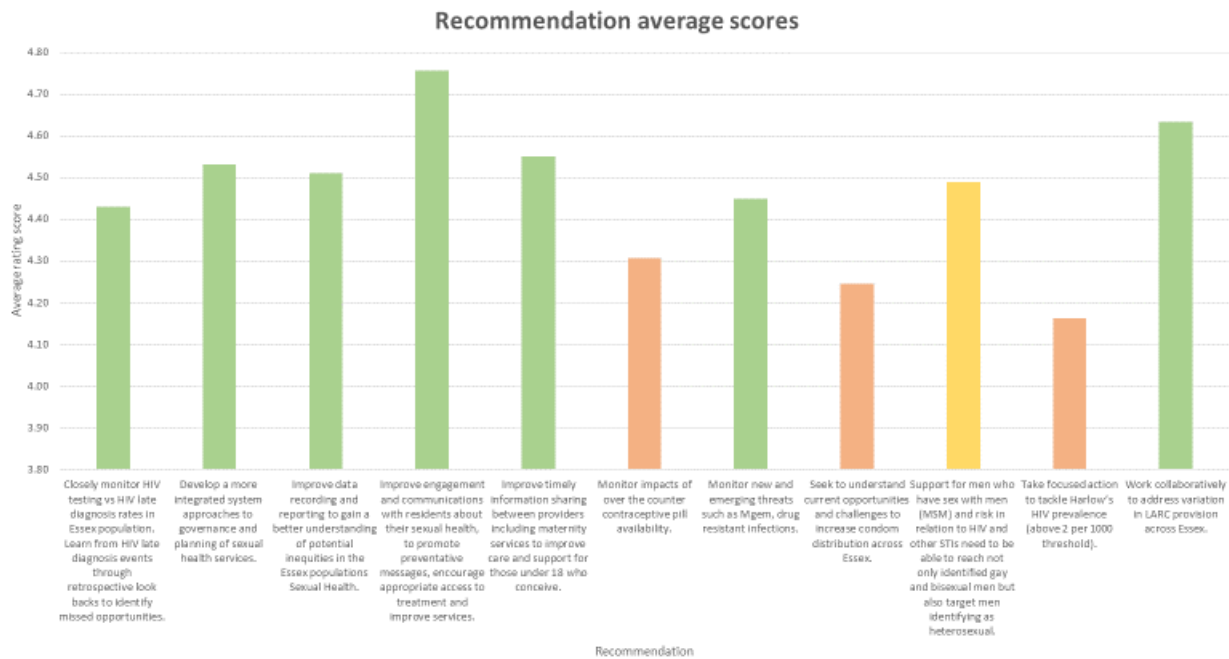
Stakeholder Engagement:

As part of the corporate needs assessment we facilitated 2 staff workshops with the sexual health service and 3 wider stakeholder workshops with a range of organisations represented by professionals who work in Essex. These workshops were delivered online via MS Teams and aimed to sense-check the emerging recommendations from data, identify any areas that we have missed and identify barriers and enablers to implementing the recommendations.

Opinions of emerging recommendations:

Figure 32 shows the scores that each recommendation received across 55 questionnaires. There was a wider range in those recommendations with lower average scores (indicating that whilst they were important to some respondents they may not be important to all). These findings should be considered if there is a need to prioritise implementation of recommendations.

Figure 32: Recommendations average scores from workshop participants

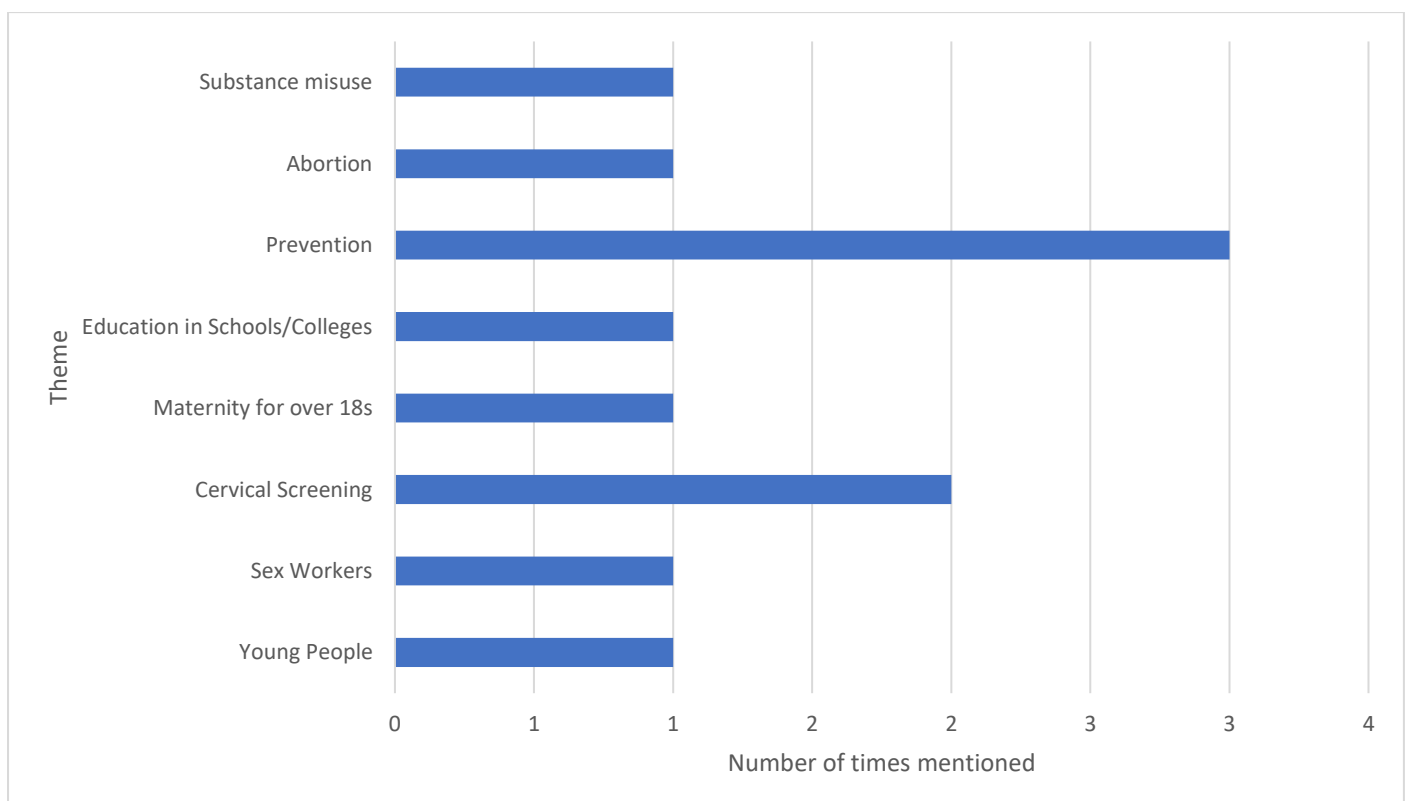


*Green = 3-5 range, yellow= 2-5 range, red= 1-5 range

Thematic Analysis of discussions

The discussions that took place and free text responses to the Slido survey were grouped into these around area's that hadn't been picked up in the recommendations ("Areas we've missed") and barriers and enablers to implementation of the recommendations. The below graphs show some of the topics that were common within discussions. These will be considered within the short, medium and long term action plans that are in response to the health needs assessment.

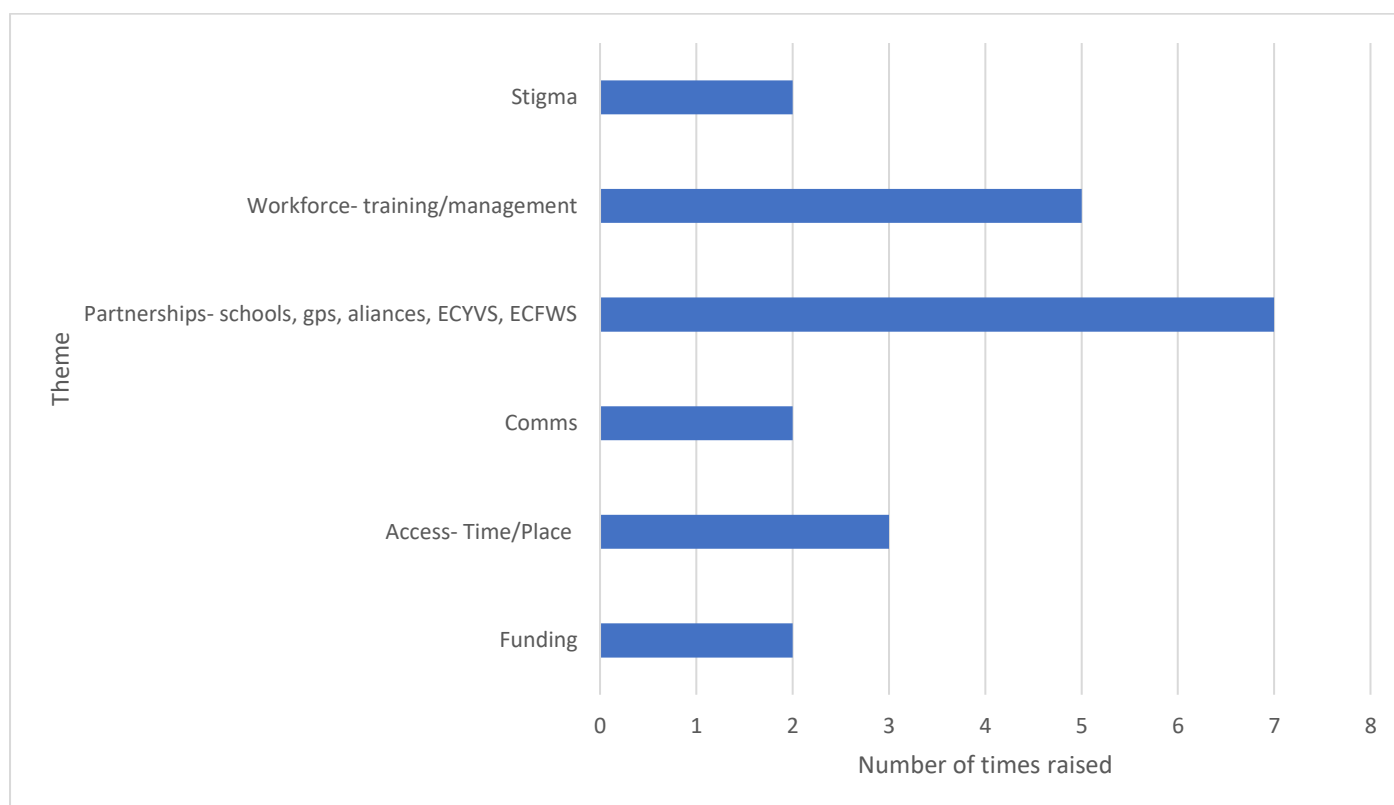
Figure 33: Thematic analysis- "Areas we've missed"



Discussions around prevention concluded that prevention should be a cross cutting theme across all sexual health workstreams.

Opportunities for sexual health services to deliver cervical screening when appropriate should be picked up by commissioners as part of wider governance ambitions.

Figure 34: Thematic Analysis: Enablers and Barriers to implementation:



Many of the factors discussed above were identified as potential barriers as well as enablers, emphasising the need to maintain and develop strong partnerships and consider the training competencies for the wider public health workforce.

Young peoples survey:

From July-September 2021 Essex County Council conducted a survey for young people aged 16-25, on the topic of relationships and sex education. This survey sought to gather views around young people's sexual health needs within Essex, what further information they would like regarding sexual health and relationships, and where they like to get this information.

The survey received 251 respondents, 22% of which were from Castle Point. The majority of respondents were 16-18 (84%) and 63% disclosed their sex as female.

The table below shows the headline findings from the survey:

Young people look to online sources (including social media) for information on most topics. However they are most likely to turn to friends/family for information on healthy relationships, puberty and menstruation, and to schools for information on STIs, and contraception methods.
Young people would most like to know more about 'steps to take after unprotected sex', followed by 'healthy and respectful relationships'. (<i>N.B. Interpretations of 'steps to take after unprotected sex' may include info about STIs and choices around pregnancy</i>). Most free text comments around additional themes young people would like to learn more about related to more comprehensive education in schools, consent, tackling stigma and unrealistic ideas from pornography, LGBTQ+ relationships, contraception, and women's sexual health and experiences.
Condoms are the contraceptive method which young people are most aware of how to access, with IUS and IUDs being the least known methods.
The GP and pharmacy is where young people felt most comfortable accessing contraception, however this varies for males and females. Young people felt least comfortable accessing contraception from the School Nurse.
Most respondents felt fairly confident that they would know how to access contraception after unprotected sex, but around 20% said they would not feel confident in knowing how to do this.
Responses suggest most young people have not needed to access emergency contraception, but of those who have, most found it very easy or fairly easy.

Evidence of what is effective

Relationships and Sex Education:

There is good international evidence that relationships and sex education, particularly when linked to contraceptive services, can have a positive impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates^{59,60,61}.

In England compulsory relationships education for primary pupils and RSE was introduced for secondary pupils from September 2020. This measure lays the foundations for universal prevention - equipping all children and young people to make safe, well-informed decisions about relationships, pregnancy and sexual health. It also signals a fantastic opportunity for councils to work closely with schools and parents in their local areas to ensure high quality RSE gives children and young people age-appropriate knowledge and information on contraception, safe sex and healthy relationships.

Parents / Carers and other Trusted adults all have a role to play in the education of children and young people and this is particularly relevant when it comes to RSHE and teaching young people about healthy relationships, looking after themselves and staying safe.

The Local Government Association (LGA), RSE Hub, Sex Education Forum and PHE published a briefing providing more detail of how councils can help⁶².

Condom Distribution

Condoms are the only contraception that can prevent the transmission of STIs and reduce the number of unwanted pregnancies. Easily accessible condoms to young people and at-risk adults are an important intervention to protect health and reduce unwanted pregnancies. Condom distribution within educational settings and locations that target young people can provide a good introduction to wider sexual and reproductive health services⁶³.

Condom distribution schemes (CDS) need to be targeted so that they are available for local populations who are at increased risk of contracting a STI. For young people, multi-component schemes including condoms, lubricant and information and/or training are recommended. Condom provision should include reliable information about sexual and reproductive health and clear pathways into services should be available.

PHE research in 2017 investigated the provision of Page 179 of 196
Condom distribution schemes across England⁶⁴. The research looked at all CDS, but separated them into C-Card (a distribution scheme aimed at young people aged under 25 years) and

other CDS, including single and multi-component schemes. Most areas in England have a CDS. The C-card schemes are particularly attractive for young people, with 78% of scheme users being 15-19 year olds. There was lower uptake than expected in the 20-24 age range. The research found that there was good repeated uptake of the scheme but fewer new registrations in 2015. Pharmacy was the most popular venue. There was low uptake in the transgender community. The other types of CDS explored in the research were targeted at a range of groups that were at a greater risk of STIs, such as men who have sex with men, sex workers etc. These schemes were mainly run out of GP surgeries.

Condom distribution through a multi-component scheme is cost effective when taking into account the costs of treating STIs. A model containing chlamydia, gonorrhoea, syphilis and HIV incidence in a target group of 13-18 year olds showed that a CDS prevented 1,373 STIs, leading to a cost saving of £758,947. The incremental cost effectiveness ratio was £45,856. When expanding the target group to 13-25 year olds, the ICER reduced to £17,411, when considering STIs only. This reduction is due to the increased number of STIs diagnosed in this group. Including training to reduce condom breakage reduces the ICER again to £14,469, illustrating the benefits of including training in multicomponent distribution schemes.

Contraception

There are a range of contraception methods available including barrier methods and oral contraception, and long acting reversible contraception (LARC), which is not dependent on the user once in place.

Type	What is it	Effectiveness	Advantage	Disadvantage
Long Acting Reversible Contraception				
Contraceptive implant	A small flexible rod placed under the skin of the upper arm that released progestogen	Perfect use: >99% Typical use: .99%	Works for several years	Requires a small procedure to fit and remove it
Intrauterine device (IUD)	A small plastic and copper device placed in the uterus (womb)	Perfect use: >99% Typical use: >99%	Works for 5 or 10 years depending on type but can be taken out earlier	Periods may be heavier, longer and more painful
Intrauterine System (IUS)	A small, T-shaped, progestogen-releasing plastic device placed in the uterus (womb)	Perfect use: >99% Typical use: >99%	Works for 3,4 or 5 years but can be taken out sooner. Periods often become lighter, shorter and less painful.	Irregular bleeding or spotting is common in the first 6 months.
Contraceptive injection	An injection of progestogen	Perfect use: >99% Typical use: >94%	Works for 8 or 13 weeks.	Cannot be removed from the body so side effects may continue whilst it works and for some time afterwards.
User Dependent Methods				
Contraceptive patch	A small patch stuck to the skin that releases estrogen and progestogen.	Perfect use: >99% Typical use: >91%	Can make bleeds regular, lighter and less painful.	May be seen and can cause skin irritation.
Combined pill (COC)	A pill containing estrogen and progestogen, taken orally	Perfect use: >99% Typical use: >91%	Often reduces bleeding and period pain, and may help with premenstrual symptoms	Missing pills, vomiting or severe diarrhea can make it less effective
Progestosterone-only pill (POP)	A pill containing only progestogen, taken orally	Perfect use: >99% Typical use: >91%	Can be used if you smoke and are over 35	Late pills, vomiting or severe diarrhea can make it less effective

Source: Sexwise, 2018⁶⁵

Women should be provided with information regarding the range of contraception available, and be supported to select a contraception to meet their needs. NICE guidance regarding the provision of long-acting reversible contraception⁶⁶ outlines that LARC is more cost-effective than other user dependent contraception and increasing uptake of LARC will reduce the numbers of unwanted pregnancies. All providers of contraception should provide LARC or have suitable pathways into a provider that does. All healthcare professionals fitting LARC should have adequate training and experience.

The provision of contraception to young women is particularly important in relation to reducing unplanned pregnancies. The NICE public health guidelines focusing on contraception services for under 25s⁶⁷ recommends that commissioners work across localities to ensure that comprehensive, open access contraception services are available at convenient locations. These services should also have pathways to other sexual and reproductive health services,

maternity and termination services and other support services. Schools and colleges should work closely with providers to signpost to services or provide access to contraception within the education setting.

NICE have produced a Quality Standard in relation to contraception⁶⁸ that provides a route to maintain an oversight of contraception provision across all sexual and reproductive health services. Services should be targeted to young people and it is particularly important that young women living in poorer areas are able to access services, both through appropriate advertising and non-judgmental staffing. Services must also allow adequate time to talk through contraception options with young people, with reference to protecting against STIs and emergency contraception as appropriate.

Healthcare professionals should discuss contraception with pregnant women to support the choice of a contraception to use once baby is born, and this choice of contraception should be provided before women leave maternity services. Contraception should also be provided as part of termination of pregnancy services.

Public Health England have undertaken work to quantify the economic benefits of contraception⁶⁹. Modelling by PHE suggests that the number of births in England would increase by 11.1% (based on 2016 birth numbers and equating to 73,720 additional live births in one year) if publicly funded LARC provision was replaced with condom and oral contraceptive pill use.

The return on investment (ROI) figures are outlined in Table 8, which shows that the ROI in public funded sectors during the 10 years for every £1 spent on publicly funded contraception.

Table 8: ROI of publicly funded contraception in healthcare, non-healthcare and total public sectors over 1, 5 and 10 years based on an investment of £1.

Time Horizon	Sector		
	Healthcare	Non-Healthcare	Total Public
1 year	£1.51	£0.36	£1.86
5 year	£2.82	£1.82	£4.64
10 year	£3.68	£5.32	£9.00

It is important to note that these figures are based on assumptions regarding changes in behaviour should contraception no longer be available, however this analysis illustrates that contraception is therefore an important evidence-based, cost-effective intervention.

The third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3) explored a range of sexual and reproductive health questions, some of which involved contraception. This study⁷⁰ shows that males and females were accessing contraception from a range of venues (during 2010-2012). Of women who had had vaginal sex in the previous 12 months, 59.1% obtained their contraception from primary care and this was the most popular venue. Retail sites were the second most popular venue (28.6%), with pharmacy being the main outlet used. Men were less likely to access primary care (15.3%) than women (59.1%). Community clinics were accessed less than primary care and retail venues by both men (21.3%) and women (23.0%). However, the groups accessing these community venues were younger and at greater risk of poor sexual health. It is important to consider the impact of Covid-19 on primary care and clinic access in the immediate and medium term future.

Emergency Contraception:

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception in use has failed, such as a broken condom or missed oral contraceptive pill. Emergency contraception is available both orally (EHC), and through an IUD. The IUD is the most effective method of emergency contraception and should be recommended for consideration by all suitable women who have had unprotected sex and do not want to conceive⁷¹. EHC can be available in pharmacies and IUDs are only available through specialist services or primary care. If women access a

pharmacy and request an IUD, there should be a pathway into primary care or specialist sexual health services to enable this. Pharmacies are an important component of sexual and reproductive health services as they can increase access and reduce inequalities⁷², especially where pharmacies are the main healthcare providers within a deprived area. However, it is important to ensure that these services are quality assessed and that there is an effective distribution of providers within a locality to meet need.

Teenage Pregnancy:

Measures to reduce teenage pregnancy need to be both universal and targeted. Although two-thirds of young people do not have sex before 16 years, by 20 years, 85% will have experienced vaginal intercourse, so all young people need good RSE and access to services to prevent early pregnancy and look after their sexual health.

Universal prevention programmes are also essential to reduce rates by a substantial margin. Some young people, however, will be at greater risk of early pregnancy and require more intensive RSE and contraceptive support, combined with programmes to build resilience and aspiration providing the means and the motivation to prevent early pregnancy. Reaching young people most in need, involves looking at area and individual level associated risk factors. Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates. At an individual level, the factors most strongly associated with pregnancy before 18 years are free school meal eligibility, persistent school absence by age 14 years, poorer than expected academic progress between ages 11-14 years, and being looked after or a care leaver. Other associated risk factors include first sex before 16 years, experience of sexual abuse or exploitation, alcohol use, and experience of a previous pregnancy. Young people who have experienced a number of these factors will be at significantly higher risk.

The NICE Public Health Guideline (3): [sexually transmitted infections and under-18 conceptions: prevention](#) covers one to one interventions to prevent sexually transmitted infections (STIs) and under-18 conceptions. The aim is to reduce the transmissions of chlamydia and other STIs, and reduce the rate of pregnancies among women aged under 18⁷³.

More background information and advice on tackling teenage pregnancy is provided in Public Health England's joint paper with the Local Government Association (LGA) published January 2016 'Good progress but more to do - Teenage pregnancy and young parents'⁷⁴. They have also produced two documents to support councils in making further progress, A teenage pregnancy prevention framework⁷⁵, and a framework for supporting teenage mothers and young fathers⁷⁶. These frameworks suggest 10 key factors of effective local strategies to reduce under 18 teenage conceptions as per Figure 35 below.



Source: PHE and LGA

Sexual Health Screening:

The aim for STIs is to maximise the prevention and reduction of the incidence and prevalence of each STI to the lowest level possible. Incidence refers to the number of new cases of a disease over a particular time e.g. the number of new cases of chlamydia in 2018-2019. Prevalence is the number of people living with a condition at a given time e.g. the number of people with HIV in 2018. Government guidance suggest this can best be achieved through collaborative whole system commissioning on the following areas.

- open access to SHSs, in person or online
- relationships and sex education (RSE)
- PHE's national HIV Prevention and Sexual Health Promotion programme
- the [National Chlamydia Screening Programme \(NCSP\)](#)
- the [National HPV Immunisation Programme](#)
- the [Syphilis Action Plan](#)
- Condom distribution schemes
- Management of local STI outbreak and incidents

Current guidelines recommend ⁷⁷

- Annual STI screening (inc. HIV testing) for all who have condomless sex with new or casual partners.
- Chlamydia screening for all sexually active under 25 year olds annually and on change of sexual partner.
- Annual STI (inc HIV testing) for all gay, bisexual and other men who have sex with men and every three months if having condomless sex with new or casual partners.

The first two recommendations are listed as for "all" attenders at sexual health services. A specific target is listed only for MSM. This recommends that 97% of men should be offered an STI screen at each new episode of care.

UK National Guidelines for HIV Testing 2008 recommended that Local Authority and NHS bodies consider implementing routine HIV testing for all general medical admissions as well as new registrants in primary care where the diagnosed HIV prevalence exceeds 2 in 1,000 population aged 15 to 59 years⁷⁸.

In 2017, guidelines were updated by [NICE HIV testing guidelines](#), which is co-written with Public Health England. This guidance defines high HIV prevalence local authorities as those with a diagnosed HIV prevalence of between 2 and 5 per 1,000 and extremely high prevalence local authorities as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years⁷⁹. When this is applied to national late HIV diagnosis data, it shows that two-thirds of late HIV diagnoses occur in high-prevalence and extremely-high-prevalence local authorities. This means that if this recommendation is successfully applied in high and extremely-high-prevalence areas, it could potentially affect two-thirds of late diagnoses nationally.

Testing frequency varies depending on risk, BHIVA/BASHH/BIA adult HIV testing evidence based guidelines⁸⁰ suggest a range of test frequencies for different cohorts including annual testing and quarterly (every 3 months). Those cohorts that the evidence suggest quarterly tests include MSM reporting:

- Condomless anal intercourse with partner(s) of unknown or serodifferent HIV status, where the contact is not known to be virologically suppressed (i.e. not protected by Treatment as Prevention (TaSP)), over the last 12 months;
- Multiple or anonymous partners since the last HIV test;
- More than 10 sexual partners, over the last 12 months;
- Drug use during sex in the last 6 months.

Those diagnosed late incur twice the direct medical costs for HIV care in the first year after diagnosis compared with those diagnosed early. This is largely due to increased inpatient hospital care costs, which are 15 times higher for those diagnosed late. Subsequent HIV care costs, for those diagnosed late, remain 50% higher in the years following diagnosis due to increased rates of hospital admission and increased costs of providing treatment⁸¹.

Point of care testing (POCT) is a type of HIV test that is undertaken with the patient present, it is recommended by NICE in areas with high levels of HIV late diagnosis. Blood is taken from a finger prick and results are ready between approximately one and 20 minutes⁸². There are a number of benefits to POCT, namely that the results are received straight away and if positive, the person is not alone for the diagnosis. There is a smaller margin for technical error resulting in a more accurate test result, although a full confirmatory test would still be required. Rapid tests are a cheaper method for testing and have shown to be effective⁸³. NICE has advocated for expanding testing outside clinical settings by engaging community organisations, developing local strategies to increase testing, and by providing rapid HIV tests. Testing in non-medical settings such as community HIV testing, self-sampling and self-testing for HIV broadens the options available to people wishing to take an HIV test.

Local stakeholders should learn from “look backs” of episodes of late and very late HIV diagnosis. The BHIVA standards of care for people living with HIV suggest that services should undertake a review of all patients diagnosed late (CD4 count ,350 cells/mm³) or very late (CD4 count ,200 cells/mm³ or an AIDS-defining event within 3 months of diagnosis), with “look back” of previous engagement with healthcare services. This review should include provision of summary information to commissioners to aid greater understanding of interventions to reduce late diagnosis. Whilst this will be voluntary, there is a nationally standardised approach developed by BHIVA and PHE.

Pre-exposure prophylaxis (PrEP) when used consistently by individuals at risk of HIV infection is highly effective at preventing HIV acquisition. When taken daily, PrEP is highly effective at preventing HIV transmission from sex or injection drug use. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily^{84,85,86}. It is very probable that this scale-up of PrEP use will have a substantial effect at reducing underlying HIV incidence, however there are some concerns that it may lead to a rise in other STI's due to potential reduction in condom use.

Online sexual health services include the provision of health promotion information, online ordering of contraception or STI testing kits and signposting to in-person sexual health services.

The Faculty of Sexual and Reproductive Health (FSRH) and BASHH have endorsed these innovations for their potential to enable and empower users to access their healthcare in ways other than a traditional face to face consultation. The UK government has similarly endorsed online SRH services on the basis that the open access model may facilitate more rapid treatment and partner notification and thus reduce the risk of STI complications and infection spread.⁸⁷

Online services may also help manage demand for services, particularly among lower risk and asymptomatic patients.

FSRH and BASHH have outlined five standards for providers of online SRH services to maintain in order to ensure any new commissioned online services are provides good quality care⁸⁸. They recommend that services must be

- 1) Safe: This encompasses the requirement for services to have appropriate processes and procedures in place around safe remote prescribing, safeguarding, staff training and risk management.
- 2) Effective: This requires providers to consider capacity and consent of service users. It also covers the need for appropriate information governance, record keeping and advertising standards.
- 3) Caring: Services must be accessible to all and treat users with kindness, respect, compassion, dignity and confidentiality.
- 4) Responsive: Providers must show engagement and responsiveness to user concerns, complaints and suggestions.
- 5) Governance and leadership: Providers must demonstrate that services are well led with strong corporate governance and aim for a culture of learning and innovation.

Chlamydia screening programme:

The National Chlamydia Screening Programme (NCSP) changed in August 2021 to focus on reducing reproductive harm of untreated infection in young women.

Opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women (including cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy), combined with:

- reducing time to test results and treatment
- strengthening partner notification
- re-testing after treatment

In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.

Everyone can still get tested if needed, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

Current interventions in Essex

Essex Sexual Health Service:

Provide has been the service provider in Essex county since 2016, they lead a consortia of providers who work collaboratively to deliver the service. In 2019-20 there were 61,828 first appointments completed in sexual health service clinics supporting residents around a range of sexual health issues.

The Integrated Sexual Health Service model aims to improve sexual health by providing easy access to services. The service delivers open access, where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations. The service was designed to be provided using a 'Hub and Spoke' model. This means that there will be central 'hubs' providing a full range of services from Level 1 to Level 3, and a number of additional 'spoke' clinics that provide a minimum of Level 1 and Level 2 services, spread across Essex.

Pre-level 1 Self-managed care e.g. health promotion, condom distribution, asymptomatic opportunistic chlamydia screening

Level 1 Basic – Primary care e.g. contraception provision by GPs and Pharmacies

Level 2 Intermediate – delivery in spoke clinics e.g. asymptomatic and symptomatic STI provision including HIV testing and uncomplicated contraception provision

Level 3 Complex – delivered in the hub e.g. complicated and recurrent STI provision and complicated contraception.

The Service's 'dual-trained' contraception and sexual health staff are able to provide a seamless 'one-stop-shop' that enables service users to receive all the services they need, whether contraception, sexual health, or both in one appointment. The central booking system and triage system implemented has meant that the service has moved away from what was historically a service that operated on a predominately 'drop-in' basis to a service that is able to prioritise individuals based on their level of need/risk and offer appointments as appropriate.

The Sexual Health Service deliver a range of Relationships and Sex Education related topics in schools. They also offer a range of bespoke RSE training aimed at Professionals, Voluntary Youth Workers, Parents/Carers and Foster Carers.

Teenage Pregnancy Action Plan:

The Essex Teenage Pregnancy Prevention group is a multi-agency partnership focusing on reducing unplanned teenage pregnancy across the County. The group has developed a whole system action plan to reduce teenage conceptions and terminations whilst also ensuring support for pregnant teenagers and young parents. The group's focus is based on the 10 domains from within the teenage pregnancy prevention framework.

Essex Healthy Schools:

The Essex Child and Family Wellbeing Service delivered by HCRG Care Group and Barnardos. The service currently supports 88% of schools in Essex to take actions to improve the health and wellbeing of children and young people. The programme is currently being reviewed and updated but will continue to focus on pertinent issues including delivery of high quality PSHE and Emotional Wellbeing. The aim for the new programme will be to increase engagement further, particularly amongst secondary schools.

Next steps for Essex

This Health Needs Assessment will inform future commissioning and strategy for Sexual Health in Essex. The below recommendations will be useful to develop a strategic ambition for sexual health in Essex, this should include aspirations for services and system wide approaches to prevention, early identification and treatment of sexual health issues. These strategic ambitions will be realised over the long term, however there are some opportunities in the short to medium term to improve services and partnerships to deliver improvements in population sexual health.

Overarching Recommendations:

1. Develop more integrated system approaches to governance, planning of sexual health services
2. Improve engagement and communications with residents about their sexual health, to promote preventative messages, encourage appropriate access to treatment and improve services.

Partnership and Integration

3. Improve timely information sharing between providers including maternity services to improve care and support for those under 18 who conceive.
4. Take focused action to tackle Harlow's HIV prevalence (above 2 per 1000 threshold)
5. Work collaboratively to address variation in LARC provision across Essex

Prevention

6. Support for men who have sex with men (MSM) and risk in relation to HIV and other STIs need to be able to reach not only identified gay and bisexual men but also target men identifying as heterosexual.
7. Seek to understand current opportunities and challenges to increase condom distribution across Essex.

Equity

8. Improve data recording and reporting to gain a better understanding of potential inequities Sexual Health outcomes across Essex
9. Closely monitor HIV testing vs HIV late diagnosis rates in Essex population. Learn from HIV late diagnosis events through retrospective look backs to identify missed opportunities.
10. Monitor impacts of over the counter contraceptive pill availability
11. Monitor new and emerging threats such as Mgen and drug resistant infections

Conclusions

Overall the sexual health of Essex is good when compared to England and is similar to East of England. However, there appears to be variation within Essex and burden of sexual ill health is likely to be disproportionate across the population; young people, black and ethnic minority groups and MSM are more likely to suffer sexual ill health.

Rates of under 18 conceptions leading to abortion in Essex has fluctuated between being similar to or higher than England average in the past, there is some variation between districts across Essex (note small numbers which may make small random changes make large changes to rates at a district level)

Changes in HIV testing approach in last 3 years by SHS doesn't appear to have impacted late diagnosis figures but we should monitor this closely. Any late diagnosis is a demonstration of failure of the system- costs are high for the patient and healthcare system.

There appears to be significant variation between contraception provision across the four quadrant areas that the sexual health service covers, reasons for this this should be explored further. LARC provision appears to vary across Primary Care in Essex, Sexual Health Service activity moderates some of the apparent inequity however it doesn't do this fully.

There is a need to improve partnerships from both a strategic and operational perspective, focused improvement on these relationships will allow opportunities to increase preventative activity, improve equity in access to testing and treatment which can improve outcomes.

Appendix 1: Data Pack

Further backing data used in the development of this Health Needs Assessment



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Forward Plan Ref No. FP/368/04/22

Report title: Decisions taken by or in consultation with Cabinet Members	
Report author: Secretary to the Cabinet	
Date: 24 May 2021	For: Information
Enquiries to: Emma Tombs, Democratic Services Manager, 03330 322709	
County Divisions affected: All Essex	

The following decisions have been taken by or in consultation with Cabinet Members since the last meeting of the Cabinet:

Leader of the Council

FP/394/05/22	ECL Medium Term Business Plan update 2022-23
FP/395/05/22	Essex Cares Limited – Approval by Shareholder of updated Code of Conduct
FP/396/05/22	Essex Cares Limited – Approval by Shareholder of Anti-Financial Fraud Policy
FP/397/05/22	Essex Sensory Service Contract extension
FP/400/05/22	Changes to Deputy Cabinet Members
*FP/382/04/22	Extension to the Household Support Fund: Funding to Support Families and Vulnerable Adults

Cabinet Member for Children's Services and Early Years

FP/392/04/22	Early Years and Childcare Funding Panel Recommendations
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Cabinet Member for Economic Renewal, Infrastructure and Planning

- FP/381/04/22** Tindal Square Public Realm – Traffic Regulation Orders
- FP/389/04/22** ECC response to the Tendring Colchester Borders Garden Community Draft Plan - Regulation 18 consultation (Spring 2022)
- FP/405/05/22** Homes England Grant Funding to support the programme of Garden Community work in Essex

- With Cabinet Member for Finance, Resources and Corporate Affairs

- FP/398/05/22** Acquisition of Former Bus Depot, Queen Street, Colchester

Cabinet Member for Education Excellence, Life Long Learning and Employability

- FP/380/04/22** Appointment and Re-Appointment of School Governors by Essex LA - Schedule 402
- FP/385/04/22** Appointment and Re-Appointment of School Governors by Essex LA - Schedule 403
- FP/407/05/22** Appointment and Re-Appointment of School Governors by Essex LA - Schedule 404

Cabinet Member for Finance, Resources and Corporate Affairs

- FP/383/04/22** Drawdown from the Ambition Fund Reserve: Funding for the Budget Introduction Statement
- FP/384/04/22** Council Tax Sharing Agreement for 2022/23
- FP/390/04/22** Drawdown from the Ambition Fund Reserve for Funding to Implement the Safety Advisory Group Recommendations
- FP/391/04/22** Drawdown from the Covid Equalisation Reserve for the purposes of funding temporary support to review and reduce social care debt
- *FP/220/11/21** Procurement of Commercial Vehicles and associated maintenance services

Cabinet Member for Health and Adult Social Care

***FP/296/02/22** Uplift Proposal for AWD Supported Living Services

***FP/297/02/22** Uplift Proposal for AWD Residential, Mental Health
Accommodation and Extra Care Services

- With Cabinet Member for Finance, Resources and Corporate Affairs

FP/408/05/22 Integrated Residential Nursing (IRN) Block Bed Contract Extension
and Void Funding, 2022-23

Cabinet Member for Highways Maintenance and Sustainable Transport

FP/386/04/22 Community Transport Funding for the financial years 2022/23
and 2023/24

*** Key Decisions 4**

Exempt from 28-day period and call in: 1