

Forward Plan reference number: FP/555/11/22

Report title: Proposed Extension of Contract: Essex Child and Family Wellbeing Service	
Report to: Cabinet	
Report author: Councillor Beverley Egan, Cabinet Member for Children’s Services and Early Years and Councillor John Spence, Cabinet Member for Adult Social Care and Health	
Date: 21 March 2023	For: Decision
Enquiries to: Christopher Martin - Director, Strategic Commissioning & Policy chris.martin2@essex.gov.uk or Lucy Wightman – Director, Wellbeing, Public Health and Communities lucy.wightman@essex.gov.uk	
County Divisions affected: All Essex	

1. Everyone’s Essex

- 1.1 Our ambition is that we will work to strengthen family resilience and stability, as part of thriving communities, by embedding an approach that tackles the drivers of family instability and provides support to low income, vulnerable and working families.
- 1.2 The Essex Child and Family Wellbeing Service (ECFWS) contract will ensure that Essex residents most at risk of not achieving good wellbeing and early learning outcomes continue to benefit from targeted tailored support
- 1.3 ECC has created a ‘service without walls’ which enables services to be taken out into the community as well to deliver local support either in family homes or local venues that parents were already accessing, rather than relying on parents to travel to buildings that were either not necessarily convenient for them to travel to or were a barrier in them accessing support.
- 1.4 Specific outcomes delivered via the ECFWS contract include increasing family resilience, reducing the number of children who are not school ready, helping children and families feel safe and improving children’s emotional wellbeing and supporting the levelling up outcomes for families by focusing on those demonstrating poorer wellbeing outcomes. All of which supports the strategic aim for making Essex a good place for children and their families to grow.
- 1.5 The existing contract is deemed by councillors and officers alike to have been highly successful. By extending the contract to the maximum 3 years allowed, we ensure continued working with a proven provider and this is deemed preferable to going out to market at this stage. But over the coming months, work will begin on identifying the nature of the contract we will require from 2027

2 Recommendations

- 2.1 Agree to extend the pre-birth to 19 contract with HCRG Care Limited by three years from 1 April 2024 to 31 April 2027.
- 2.2 Agree to implement a three-year extension and vary the contract to allow for an increased contract price of £95.943m over 3 years, effective from 1 April 2024 to 31 March 2027. This is a net increase of £5.256m, to provide additional capacity in the service to deal with unforeseeable impacts of demand created by the number of refugees in Essex and the impact of the pandemic upon some young children.
- 2.3 Note that although this increase does not affect the budget for 2023-24 it will exceed the indicative budget figures included in the Council's Medium Term Resource Strategy by £2.256m over this period, therefore increasing the overall budget gap and that the Children and Families Service will seek to find funding to address the budget pressure created by this decision to bring overall budgets back in line with the MTRS.

3 Background and Proposal

- 3.1 The current Essex Child and Family Wellbeing Service contract was awarded on 1 April 2017 for seven years until 31 March 2024 and included an option to extend for an additional three years up to 31 March 2027.
- 3.2 This contract combines the previously separately ECC commissioned services of 0-19 years Public Health services and 0-5 years Children's Centres services. Also included as part of this contract are the West Essex children's therapy services. This means that Hertfordshire and West Essex ICB, as the successor to West Essex CCG, commissions this contract jointly with ECC.
- 3.3 This means that the ability of the Hertfordshire and West Essex ICB to continue to commission their children's therapy services in the current way is reliant on ECC agreeing to extend this contract for an additional 3 years.
 - 3.3.1 Bringing these services together into a pre-birth to 19 family hub model was a direct result of intensive research and deep dive into children and families' experiences of the support system across Essex, which highlighted a need for better join up between services, for families to tell their story only once, to reduce social isolation of families, and to have access to a consistent practitioner who could help them navigate a complex system of services. Following a collaboration of working with partners across the Essex early years system to create an outcomes-based specification, a robust procurement process was undertaken and the contract was awarded to Virgin Care (now known as HCRG Care Limited (HCRG) and commenced on 1 April 2017.
 - 3.3.2 The combining of multiple services into this one integrated service secured an initial saving of £2.5 million at the start of the contract, at a flat rate for the duration of the contract with no annual uplift to the contract price.

- 3.4 On 1 December 2021, Virgin Care Limited changed its name to HCRG Care Limited following a change of ownership.
- 3.5 During the duration of this contract, ECC has had contact and visits with over 30 Local Authorities, previous Childrens Ministers, Dept of Health Chief Childrens Nurse, Royal College of Paediatrics and Child Health and other national organisations to see this outcomes based integrated service in practice. The Department for Education commissioned ECORY to undertake an independent national review of five Local Authority commissioned children's community services and described Essex's service integration and outcomes focus as a 'mature model'.
- 3.6 As a result of the ECFWS contract, ECC is also starting to develop methodology with the Local Government Association to put children and family outcomes discussion on a national stage.
- 3.7 During discussions with the provider relating to the extension of this contract, the changes being proposed are focused on continuing to optimise the total resource available, to reflect the increased caseload complexity. These include:
- Changes to the skills mix and the requirement to have higher qualification and experience level practitioners, which increases the cost of the workforce.
 - Fast-tracking the investment into a digital platform front door, to offer virtual bespoke support to families.

These changes optimise the service delivery to be as efficient as possible to provide required services, whilst reflecting the increased case complexity

- 3.8 Since the HCRG contract was awarded on 1 April 2017, there have been significant unforeseen events which could not have been foreseen at the start of this contract, which have created significant additional need and significant additional caseload pressure. These are set out in more detail in the following paragraphs, but include the covid pandemic, post pandemic emotional wellbeing and family impact of post pandemic clinical implications, including long covid, cost of living crisis, refugees and asylum-seeking families, and high need out of area families housed in office blocks converted to accommodation since 2018. As well as the impact of covid on families themselves, covid has disrupted the availability of support services to children and families, reducing face to face contacts with professionals, as well as considerable disruption to social interaction with other children and families. This requires considerably more resource and a certain level of professional expertise well above and beyond the requirements of a typical caseload profile.

Increase in Number of Refugee Families, Children and Unaccompanied Minors

- 3.9 Due to the numbers of refugees and asylum seekers arriving in the UK and a shortage of accommodation, the government have been housing them in hotels.

As a result, there has been a significant increase in the number of refugee families and unaccompanied minors being housed in Essex since 2019. This has continued to increase and more hotels across the County are being opened to provide accommodation for these families and young people. The demand further increased during 2022 following the Ukrainian conflict, where families were placed with 'host' families. We do not know how long families will remain. . Some of these families require a lot of intense support to enable them to access services as they are not used to the UK's health service.

- 3.10 It is not possible to accurately quantify total and cumulative effects of all these various unforeseen events, but by way of example intensive support is being provided to 352 refugee families in refugee hotels alone, not including Ukrainian families in private residences, and 155 high need families in former office block accommodation. To support these families, the provider has needed to redeploy staff to prioritise this work which is causing staffing pressures which at present the provider is absorbing. The table in paragraph 3.15 shows the cumulative impact of this for the contract extension period.

Out of area families being housed in converted office blocks

- 3.11 In 2018 we saw the first group of office blocks being converted to house out of area families in West Essex. Since this time, there has been an increase in office blocks being converted across Essex to provide housing for mainly out of area families, further impacting the service HCRG are providing causing an unplanned population increase that could not have been calculated as part of the original bid offer or contract. Due to the location of the office blocks being away from local amenities, these families tend to be isolated and vulnerable, often with multiple complex needs. This has increased the number of child protection meetings attended and levels of intense support required to keep these families safe. The table in 3.16 shows the projected cumulative impact of this for the contract extension period.

Support for SEND Families

- 3.12 During the Covid 19 pandemic, the provider workforce continued to provide a full service, within the guidelines dictated by NHS England. As requested by ECC, they did not redeploy any of their front line staff who were providing a service to children, families and young people.
- 3.13 However, all of the other health providers across Essex did redeploy their workforce, resulting in waiting lists for children's services being closed and an inability, therefore for the provider to refer any child/young person for services such as speech and language support, ADHD and ASD assessments, hearing and vision concerns or fine/gross motors issues. These services are now being re-instated, albeit slowly and with very long waiting lists. This has led to the provider being left holding many more families on the SEND pathway, who would otherwise be receiving a service elsewhere. These families require significant support to navigate the health system and benefits system resulting in more team around the family meetings being needed to support these families and ensure

they are getting the right support for all agencies involved. The table in 3.16 shows the projected cumulative impact of this for the contract extension period

Increased complexity in caseload, including schools readiness impact

3.14 Population wide pandemic implications include the fact that babies born during the pandemic have missed out on the variety of social interaction and stimuli which babies born before the pandemic will have experienced. Academic research from a number of sources, and internal ECC reports on school readiness, have highlighted that this considerable disruption is likely to have had an impact on emotional and social development of young children, particularly delays in language and cognitive development which in turn is impacting upon reduced school readiness. The impact of parental stress and mental health problems also poses serious risks to children's later development, including increased risk of poor emotional wellbeing, depression and anxiety in later life. Essex service providers, including schools have also reported that impact of lockdowns and cessation of social interactions of older children and families is also manifested in a much increased caseload requiring support to address poor emotional wellbeing. Presentations to the service include:

- longer, more complex contacts, for extended periods of time for such programmes of support from ECFWS.
- increased referrals required by colleagues to other partners to get the most appropriate level of support needed for families
- increased expectation and requests from other services within the system, to support their own depleted workforce and increased pressures. For example, specialist services requesting repeat assessments due to length of time children and young people have been on waiting lists for higher intervention support
- more children, young people and families with increasing levels of anxiety and dysregulation post pandemic. Dysregulated parents make children feel unsafe and for some children/young people it can actually mean they are unsafe, leading to issues with domestic abuse, poor school attendance, increased demand for parental support, increased behaviour issues and neurodiversity presentation and family relationship breakdown

3.15 Because it is difficult to quantify the total impact of unforeseen caseload complexity, overall population growth has also been factored in to projected service demand, recognising that there are post pandemic service demands which have created service pressures at large population level, such as post pandemic poor mental health. This means that the increasing population is likely to have greater need than if Covid, or other world events, had not happened. Under these circumstances it would be expected that the provider would absorb basic population increase as part of usual contract provision. The table in 3.16 shows the cumulative impact of this for the contract extension period

3.16 The demand on which staffing pressures are calculated, are based on current known demand in February 2023 and represents a prudent estimate for 2024/25 to 2026/27. Demand is likely to increase, not just in terms of volume and is not one off, and will have a cumulative effect as per the table below:

	2024/25	2025/26	2026/27	Total
	£000	£000	£000	£000
Refugee Families, Children, unaccompanied Minors and Ukrainian Families	816	906	1,005	2,727
Out of area families housed in office blocks	604	670	744	2,018
Support for SEND families	437	485	539	1,462
Increased complexity in PB19 service	506	562	624	1,691
Total Demand Increase	2,363	2,623	2,912	7,898

It is expected that, following joint work with commissioners, HCRG will continue to contain the additional unforeseen demand pressures in the final year of the current contract period pre extension (2023/24).

- 3.17 Whilst every effort has been made by the provider to deploy resource based on relative need, the sheer scale and complexity of need, combined with the requirement for mandated universal support, has meant that the current contract financial envelope is insufficient to discharge the commissioned services and deliver the necessary wellbeing support, across the prebirth to 19 spectrum that the contract is designed to do.
- 3.18 The provider's workforce transformation to maximise the skills mix available to provide more effective and affordable staffing options has absorbed these challenges for the past few years, but the compound effect of these unforeseen pressures, including covid, post covid, holding many more families on a SEND pathway due to long waiting list for referrals, who would otherwise be receiving a service elsewhere. and refugee and asylum seeker workloads, along with the recent and ongoing cost of living crisis, mean that this is now unsustainable within the current resource.
- 3.19 Discussions with HCRG on how to manage this considerable and unforeseen increase in caseload complexity have increased the overall risk for the caseload, because of an increasing number of higher need children and families. This has resulted in a more complex and intensive support being required For example, a considerable increase in numbers presenting with poor emotional wellbeing need, and high need refugee families.
- 3.20 Providing additional funding, by increasing the contract value for the three year extension period, will ensure that the intense level of support needed for the families affected by the unforeseen circumstances set out above, will continue and also ensure that all of the original service specification support will continue to be offered, including the healthy child programme mandated checks and children's centre services. The additional funding is needed to increase overall capacity to support low level need and thereby further release of more specialist resource to focus on the increased in high end and intensive caseload. It is envisaged that this will be achieved in a number of ways:
- Increasing the qualification and experience level of the workforce to ensure that the right level of expertise is available within the contract to meet the

increased complexity of the caseloads. This in turn increases the cost of the delivery the service

- Supporting training and recruitment of additional staff, for example working with Essex Universities to grow overall capacity of the workforce with an envisaged 20% increase in support for low level need. This will enable greater focus by of higher qualified staff that have the skills and experience to support more complex need within the families and communities, including holding waiting lists of children who should be being transferred onto other specialist services. This work is being planned with other parts of the Essex wide children and young people system, and there are interdependencies with other agencies. For example, the work that the provider is doing with the emotional wellbeing board to grow low level emotional wellbeing support.
- Incentives to retain existing staff who are managing large and complex caseloads, who have only seen an increase in caseload since the covid pandemic and other pressures.
- Further development of enhanced digital support for relatively low level need to enable families to seek information, advice and guidance to support their needs and therefore freeing up staff time.
- Further development of a community asset based approach which maximises support available at hyper local level, in addition to professional support.

3.21 The additional funding is to maintain the levels of service required in the face of the increased demand and caseload complexity. Not having this increased funding would risk delivery of mandated service provision. The contract price not being increased to reflect the additional service pressures will lead to the provider having to re-prioritise services to the community groups referenced previously due to their vulnerabilities and lead to a significant reduction in support available to the wider community. This in turn will impair the ability to provide support to those who need it whilst fulfilling the Council's statutory duties for the mandated checks and associated children's centre service.

3.22 The Council has worked closely with the provider to maximise capacity and optimally deploy skill mix, but further investment is now required in order to provide the necessary support to children and families. Due diligence has been undertaken to get the best balance between the continued need for a universal service, changing demand profile and a finite resource envelope. The provider has undertaken a service review and as a result of this has identified they are able to contribute £881,000 per year to the increased demand pressures for the three year contract extension. This report proposes a further £1m annual funding will also be applied from the Public Health Grant which is awarded each year, thus reducing the financial impact on the Council. The detail of the funding is set out in section 6.

3.23 The service reviews undertaken by the provider seek to minimise the financial impact of the unforeseeable pressures they are facing but they do not change the service, present any risks to the delivery of any of the Local Authority statutory responsibilities discharged through this contract or trigger any requirement for consultation through change of use to Childrens Centres.

3.24 It is therefore proposed to agree a three-year contract extension with HCRG on a capped, increased contract price to reflect the increased caseload complexity set out above.

4 Links to our Strategic Ambitions

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

- Provide an equal foundation for every child
- Strengthen communities through participation
- Connect us to each other and the world

4.2 This report links to the following ECC strategic priorities:

- Help keep vulnerable children safer and enable them to fulfil their potential
- Improve the health of people in Essex
- Help to secure stronger, safer and more neighbourly communities
- Health wellbeing and independence for all ages
- A good place for children and families to grow

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

4.4 By continuing to offer local services, this will ensure families will not be required to drive far to access support

5 Options

5.1 Option 1 - continue with the current provider for the three-year contract extension period at an increased contract price of £95.943m over 3 years (2024/25 – 2026/27) – recommended.

5.1.1 Ensures service delivery continues for remaining 3 years of the contract at a set price for extension period. The contract is performing well in terms of satisfaction with the services

5.2 Option 2 – continue with the current provider for the three-year contract extension period at the original contract price of £90.687m (2024/25 – 2026/27) not recommended

5.2.1 This option would not adequately cover the resources pressures the provider is currently facing, due to the increased caseload complexity. Although we have the right to extend the contract, the provider can serve a counter notice terminating it. It is unknown whether or not they would do so but it represents a significant risk. This, in turn would lead to the need to run a full procurement to seek a new provider from April 2024. The advantage of this option is that the provider may not decide to terminate, and if they do terminate the 'no fault' termination payment would not apply.

5.3 Option 3 - Not extend the contract with the current provider and re-procure the services – not recommended

5.3.1 If no notice of extension is given by 31 March 2023 the contract will end on 31 March 2024 and we would have to undertake a new tender process to procure the services.

5.3.2 The services could be reprocured, however considering pressures such as inflation, demographic complexities of children, families and young people the service offer would be likely to need to be significantly reduced or the budget increased in order to secure bids.

5.3.3 This option would lead to additional costs and time pressures being incurred by ECC, as well as leaving ECC liable to pay the provider a no-fault termination cost.

5.3.4 The Hertfordshire and West Essex ICB West Essex element of the contract would be affected by this option.

5.4 Option 3 – Exit the contract and not extend for the 3 years – not recommended

5.4.1 Issue the required 12 month notice period to the current provider by 1 April 2023 for the contract to end on 31 March 2024

5.4.2 This option would mean a significant loss of service to children and families across Essex and would mean that ECC would not be compliant with fulfilling its statutory duties.

5.4.3 The Hertfordshire and West Essex ICB West Essex element of the contract would be affected by this option

5.5 Option 4 – Exit the current contract and only re-procure agreed elements of the services – not recommended

5.5.1 Issue the required 12 month notice period to the current provider by 1 April 2023 for the contract to end on 31 March 2024 and advertise individual services.

5.5.2 It would be difficult to effectively disaggregate the current integrated offer, including premise, staffing details, which has been built upon for the last 6 years of the contract to be able to tender as separate lots.

5.5.3 Delivering statutory services in isolation would result in a breakdown of the service offer framework, on which the contract was predicated.

5.5.4 Bidder would price to cover unknown costs, which would result in the procurement being too expensive.

5.5.5 The Hertfordshire and West Essex ICB West Essex element of the contract would be affected by this option.

5.6 Option 5 – bring the contract and associated workforce inhouse to the Council – not recommended

5.6.1 Due to the fact the majority of the workforce in this contract are on NHS terms and conditions, it is highly likely and desirable that any new employer would need to be registered with the Care Quality Commission (CQC). The Council are not CQC registered for this service, and achieving registration is a lengthy and complex process.

6 Financial implications

6.1 The current Essex Child and Family Wellbeing Service contract (contract number PB19 HWFS 0169) was awarded on 1 April 2017 for seven years until 31 March 2024 at a total cost to ECC of £210.845m. In addition, there is a Local Incentive Scheme whereby the achievement of key performance indicators and specific outcome measures trigger an additional payment over and above the £210.845m totalling £7.661m, which to date have been fully achieved. In addition to these there is also the West Essex ICB contribution of £31.472m.

6.2 The table below sets out the spend for years 1-7 and also includes, for completeness, the element of the contract with West Essex Clinical Commissioning Group (WECCG) now the Hertfordshire and West Essex ICB:

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Yrs 1-7
	£m	£m	£m	£m	£m	£m	£m	£m
ECC	31.479	30.063	30.218	29.810	29.655	29.810	29.810	210.845
West Essex ICB	4.202	4.354	4.479	4.621	4.604	4.606	4.606	31.472
	35.681	34.417	34.697	34.431	34.259	34.416	34.416	242.317
ECC KPI	0.000	1.421	1.100	1.246	1.402	1.246	1.246	7.661

6.3 In relation to the Services commissioned by West Essex ICB the expected annual contract is updated in accordance with the most recent published NHS inflator, deflator and efficiency savings as published each year by NHS

6.4 The contract is funded 80% Public Health Grant, from the Department of Health and Social Care, with the remaining balance and key performance indicators funded from ECC base budget (for 2022/23: £23.983m Public Health Grant and £7.073m ECC base budget).

6.5 Included in the contract is an option to extend for an additional three years up to 31 March 2027. This recommendation, as per option 1, is to agree to implement the three-year extension in line with the 'provision to extend clause', within the current Essex Child and Family Wellbeing Service contract, effective from 1 April 2024 to 31 March 2027.

6.6 Option 1 is also recommending an uplift to the original contract price by a cumulative net £5.256m to reflect the unprecedented demand that the contract is now experiencing from an increase in caseload complexity, population growth and refugee and asylum seekers. The updated contract price will total a cumulative £95.943m for ECC across 2024/25 to 2026/27, whilst the Council's Medium Term Resource Strategy (MTRS) anticipates a budget requirement of £90.687m.

6.7 The Hertfordshire and West Essex ICB values have again been included for completeness. The table summarises the proposed spend for years 8-10.

	2024/25	2025/26	2026/27	Total
	Year 8	Year 9	Year 10	Yrs 8-10
	£m	£m	£m	£m
Original Contract cost	30.229	30.229	30.229	90.687
Demand Increase	2.363	2.623	2.912	7.898
HCRG Cost Review	(0.881)	(0.881)	(0.881)	(2.642)
ECC Updated Contract cost	31.712	31.972	32.260	95.943
West Essex ICB	4.606	4.606	4.606	13.818
	36.318	36.578	36.866	109.761
KPI	1.264	1.264	1.264	3.792

6.8 The incentivised key performance indicators and specific outcome measures will continue in this extension, which if achieved trigger an additional cumulative payment totalling £3.792m. This sum is budgeted for within the MTRS.

6.9 The demand increase of £7.898m will in part be mitigated through service reviews identified by HCRG of £881,000 per year, therefore reducing the total cost pressure by £2.642m. These reviews are not expected to have any impact on the statutory service delivery of the contract. A £1m annual funding contribution will also be applied from the Public Health Grant which the authority is awarded from the Department of Health and Social Care, further reducing the total cost pressure by £3m.

6.10 The cost and funding mitigations covered in 6.9 do not fully offset the financial impact of the demand pressure and there is a residual cumulative pressure of £2.256m that will need to be added to the authority's Medium Term Resource Strategy 2024/25 to 2026/27, effectively increasing the authority's funding gap. The distribution of the budget pressure is set out in the table below. This will have to be addressed as part of 2024/25 budget setting.

	2024/25	2025/26	2026/27	Total
	Year 8	Year 9	Year 10	Yrs 8-10
	£m	£m	£m	£m
Original Contract cost	30.229	30.229	30.229	90.687
Demand Increase	2.363	2.623	2.912	7.898
HCRG cost review	(0.881)	(0.881)	(0.881)	(2.642)

Updated Contract cost	31.712	31.972	32.260	95.943
Net increase cost of contract	1.483	1.743	2.031	5.256
Funded:				
Public Health Grant	1.000	1.000	1.000	3.000
Pressure to be added to MTRS	0.483	0.743	1.031	2.256
Total	1.483	1.743	2.031	5.256

7 Legal implications

- 7.1 The contract was let for an initial seven year period which expires on 31 March 2024. There is a clear term which allows it to be extended for three further years, but at least one year's notice has to be given.
- 7.2 The legal risks with this report come not with the extension, but with the proposed changes to the contracts which are also proposed.
- 7.3 Regulation 72 of the Public Contracts Regulations 2015 provides that a contract may be varied, in this case to increase the contract price. The contract was awarded on a fixed price basis and we would expect the contractor to honour that price. However, the wholly unforeseeable increase in demand from refugees and in the impact of the pandemic on the lack of school readiness is putting a strain on those services meaning that an increased number of more expensive employees are needed.
- 7.4 The variation will not change the nature of the contract which will remain a fixed price contract with no additional funding due for any reason and the increase in contract price is very low compared to the overall value of the contract.
- 7.5 The interpretation of regulation 72 can be uncertain as there is limited case law and any variation to a contract involves some risk of challenge. That said if a court is satisfied of the unforeseeability of the pressures we should succeed.

8 Equality and Diversity Considerations

- 8.1 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.

- 8.2 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).
- 8.3 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 request to increase the budget for this contract will address any negative impacts on service users caused by increased case load complexities by ensuring there is sufficient funding to continue to provide these services.

9 List of Appendices

Appendix A – ECFWS Outcome Measures

Appendix B – Case for contract extension - How has the Essex Child and Family Wellbeing Service performed?

Appendix C – Equalities Comprehensive Impact Assessment

10 List of Background Papers

None