



Local Services Programme Wethersfield

September 2026

Document History

Version	Author & Job Title	Date of Change	Paragraph No.	Purpose/Change
1.0	Asylum Accommodation Programme (Non-Detained)	14 January 2025	All	First version submitted to and approved by MHCLG 31/01/2025
2.0	Asylum Accommodation Programme	September 2026	All	V1.0 Updated to reflect increase in permanent occupancy from 800 to 1,245 Service Users and address representations from statutory partners on impact of the increase.

The reviewer sign-off shall signify the recommendation for acceptance of this document.

Reviewed By	Role/Grade	Date
	Site Operator	29/09/2026

Document Status

This Local Services Programme Wethersfield (September 2026) (LSP) has been developed in line with Condition 26 of The Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum-Seekers etc.) Special Development Order 2024.

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1. Introduction

This document is being submitted by the Secretary of State for the Home Department ‘the Home Secretary’ for approval by the Secretary of State for Housing, Communities and Local Government.

The Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum Seekers etc.) Special Development Order 2024¹ (SDO) specifies a Local Services Programme (LSP). The submission of the LSP, and any material changes to it is a condition of the SDO and must be complied with to continue to accommodate up to 1245 service users.

This document forms the LSP as defined by Condition 26(1) of the SDO, which states the following:

Local services programme

26.-(1)

“local services programme” means a programme that sets out arrangements made by the Home Secretary—

(a) in connection with relevant local services;

(b) that are designed to avoid or mitigate local service impacts,

and stating the period of time that those arrangements cover;”

Version 1 of the LSP (see Annex B), including a Local Services Impact Summary, was approved on 31 January 2025, on condition that no more than 1245 service users may be accommodated on the Order land at any one time. Occupancy was capped at 800, and Local Services were invited to identify impacts based on that number of SUs. The LSP and its annexed Impact Summary has been revised to reflect a proposed increase in year-round occupancy to 1245. In accordance with the Order, it is submitted for approval.

1.1. Context

RAF Wethersfield was identified as part of the ‘pathfinder’ programme for large sites and vessels to house asylum seekers, to support fulfilment of the Home Secretary’s legal obligations².

Planning permission to utilise the site at Wethersfield as asylum accommodation was initially secured under Class Q emergency Crown Development planning provisions. The Home Office was permitted to use the site for non-detained asylum

¹ [The Town and Country Planning \(Former RAF Airfield Wethersfield\) \(Accommodation for Asylum-Seekers etc.\) Special Development Order 2024 \(legislation.gov.uk\)](#)

² [Wethersfield: factsheet - GOV.UK \(www.gov.uk\)](#).

accommodation for a period of 12 months, until April 2024. The Home Office extended planning permission for the temporary use of the site as asylum accommodation for a further three years by way of an SDO, with an additional period of up to six months for decommissioning.

The site at Wethersfield began accommodating asylum seekers from 12 July 2023, and provides non-detained accommodation for single adult male asylum seekers aged 18 to 65, who would otherwise be destitute.

This LSP addresses operation at a permanent, year-round occupancy of up to 1,245 and should be read alongside the Operational Management Plan, Phasing Scheme, engagement report and other approved condition documents.

1.2. Definitions and Scope

“local services impact” means any material adverse impact that the accommodation of service users on the Order land may be expected to have on relevant local services;

“local service provider” means a person or body that is—

- (a) represented on the Multi-Agency Forum, and*
- (b) responsible for the provision of a relevant local service;*

“relevant local service” means any service that is provided locally, on a statutory basis and at public expense, to persons living in the vicinity of the Order land, and on which the accommodation of service users on the Order land may reasonably be expected to have a material adverse effect, including—

- (a) health care, including acute care, other in-patient hospital care, physiotherapy, diagnostics, and ambulance transport;*
- (b) policing, including policing on and in the immediate vicinity of the Order land;*
- (c) social care for children;*
- (d) public health services and control of the spread of infectious diseases.*

The SDO provides the necessary definitions to identify the ‘relevant local services’ that form the subject of the LSP. These are found under Condition 26(1):

As defined above, relevant local services are those which, through the accommodation of SUs on the Order land, may reasonably be expected to have a material adverse effect. For the purposes of this exercise and consideration of the mitigations, the Home Office considers material adverse effect or impact to be one where the accommodation of asylum seekers at the site might cause a significant reduction in access to, or greater demand upon, relevant local services.

The SDO specifies a non-exhaustive list of four local services which are considered in this programme:

- health care including acute care, other in-patient hospital care, physiotherapy, diagnostics, and ambulance transport;
- policing, including policing on and in the immediate vicinity of the Order land;
- social care for children; and
- public health services and control of the spread of infectious diseases.

As part of the engagement with local service providers, the Home Office has also considered the site impact on other relevant local services, including the provision of:

- waste management;
- highways and transportation; and
- recreational facilities and library services.

The Home Office considers that there could be a material adverse impact on these local services owing to the accommodation of Service Users (SUs) at Wethersfield if appropriate mitigations were not implemented.

1.3. Structure of the Programme

The LSP comprises this document and the Local Services Impact Summary at Annex A. Together, these address Condition 26 by identifying relevant local services, the potential impacts of the site, the arrangements already made by the Home Secretary to avoid or mitigate those impacts, and the way those arrangements will be monitored as permanent occupancy increases from 800 to 1,245.

2. Phasing Considerations

2.1. Phasing Scheme

The SDO grants permission (subject to the satisfactory discharge of conditions) for up to 1,700 SUs to be accommodated on site³, supported with services and facilities, from 11 April 2024⁴. This projected number of SUs formed the basis for which the LSP was designed. Under Condition 26(2), the LSP must have regard to the phasing scheme.

Local services programme

26.-(2)

“A local services programme must take account of, and describe the arrangements that are consistent with, the phasing scheme approved under condition 21 (phasing scheme).”

The arrangements outlined in this document are consistent with the phasing scheme, as detailed in Condition 21 of the SDO, as produced below.

³ (n 1) at Condition 23(2).

⁴ (n 1) at Article 3(1).

Condition 21 of the Order restricted occupancy to 580 Service Users until such time as a phasing scheme had been submitted and approved. That condition was formally discharged on 31 January 2025, permitting a maximum occupancy of 1245. The Home Office chose to cap occupancy from this date at 800, temporarily increasing occupancy to 1245 in times of high demand. From autumn 2026, the Home Office will increase regular occupancy from 800 SUs to 1245 SUs. The Phasing Scheme has been revised to illustrate the operational phasing approach for running the site at 1,245 Service Users as the permanent Business as Usual (BAU) capacity, including the way in which facilities and services will be reviewed and adjusted as occupancy increases.

Condition 21(1)(b) notes that phasing must consider potential adjustments to the arrangements in place. Specific detail has been provided under each of the relevant local services sections within the Local Services Impact Summary at Annex A.

Phasing impact will be assessed throughout the operation of the site through the monitoring of service user inflow and through Inflow Impact Review Meetings. This will enable the Home Office to review any effect of onboarding SUs, ensuring the site remains stable while safeguarding the needs of those being accommodated.

2.1.1. Inflow of Service Users

Occupancy will be increased in a controlled manner in accordance with the approved Phasing Scheme. A weekly Inflow Impact Review will assess site safety, stability, health provision, safeguarding, isolation capacity, security, catering, transport, utilities, staffing and local-service intelligence before the following week's inflow is confirmed. Regular inflow is expected to be managed within agreed daily and weekly limits. A stabilisation review will be undertaken at approximately 1,000 occupants before occupancy progresses towards 1,245.

2.1.2. Reviewing Local Services Impact

In addition to monitoring the inflow of SUs, the Home Office has in place a process in which impact to local services can be ascertained. The Multi-Agency Forums (MAFs), as required by Condition 25 of the SDO, provide a mechanism through which local service providers can discuss any impact to local services. The MAFs, which commenced under Class Q, continue to be a key feature of stakeholder engagement and have provided a structured and routine forum for discussions.

The Wethersfield MAF initially convened weekly and now convenes monthly. There are also three MAF sub-groups, which convene monthly and focus on the following areas:

- Communications and Engagement;

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- Health and Social Care⁵; and
- Operations.

With agreements from participants, the Policing and Community Safety Sub-Group which convened fortnightly has been dissolved and merged with the monthly Site Operations Meeting (which form part of the MAF Operations Sub-Group). This ensures effective collaboration is maintained as policing and community safety is included as a regular agenda item at these meetings.

Those in attendance at the MAF and associated sub-groups are listed in Table 2.1. below.

Table 2.1: Wethersfield Multi-Agency Forum and Associated Sub-Groups

Group	Attendees
Wethersfield Multi-Agency Forum	Braintree District Council, Essex County Council, Integrated Care Board, NHS England, UK Health Security Agency, Department of Health and Social Care, Strategic Migration Partnership, Essex Fire, Essex Police, Clearsprings Ready Homes (CRH), Migrant Help
Communications and Engagement Sub-Group	Braintree District Council, Essex Fire, Essex Police, Essex County Council, East of England Local Government Association, NHS, Mid Essex Clinical Commissioning Group, UK Health Security Agency, Parliamentary Representative, Strategic Migration Partnership
Health and Social Care Sub-Group	Essex Police, Essex County Council, East of England Local Government Association, NHS, Department for Health and Social Care, Braintree District Council, UK Health Security Agency, Integrated Care Board, Strategic Migration Partnership
Operations Sub-Group	UK Health Security Agency, East of England Local Government Association, Essex Police, Essex Fire, NHS, Essex County Council, Essex Highways, Braintree District Council, Strategic Migration Partnership, Clearsprings Ready Homes (CRH), Migrant Help

These groups provide a forum through which any impact or concern regarding local services and phasing can be raised.

⁵ Formerly titled the Health and Children's Services Sub-Group.

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The High-Level Plan-on-a-Page (POAP), which can be found at Annex A of the Local Services Impact Summary, outlines the past, current and future engagement with local service providers as part of the LSP. This engagement will remain and be used as a forum for discussion about the increase in occupancy to 1245.

The diamond-shaped milestones indicate points at which services or decisions were either agreed or commenced, and the bars demonstrate the continuation of these services for the duration of the LSP at the Wethersfield Site. The methods of engagement include strategic forums, such as the MAFs, and specific engagement pieces which have been undertaken to address identified local services.

The steps and stages outlined in this plan highlight engagement which enables both local service providers and the Home Office to reflect on the impact and mitigations made, providing both with the opportunity to evaluate the provisions in place. This will invariably apply to any change in SU numbers on-site at Wethersfield.

The POAP may be subject to change over time.

**Annex A: Local Services Impact Summary: Wethersfield
(September 2026)**



Local Services Impact Summary: Wethersfield

September 2026

1. Introduction

This Local Services Impact Summary forms part of the Local Services Programme for Wethersfield. It has been prepared in accordance with Condition 26 of the Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum-Seekers etc.) Special Development Order 2024 and should be read alongside the main Local Services Programme, the Phasing Scheme, the Condition 26 Engagement Report and the High-Level Plan-on-a-Page.

This document sets out:

- the relevant local services identified in the SDO and their statutory basis;
- the potential local service impacts arising from operation of Wethersfield at a permanent occupancy of up to 1,245 Service Users;
- the arrangements and mitigations already implemented by the Home Office;
- the additional impacts, risks and mitigation measures identified through statutory-partner engagement;
- phasing considerations as occupancy increases; and
- the approach to monitoring, review and escalation.

Following the decision to increase regular occupancy from 800 to 1,245, the Home Office wrote to local service providers on 19 August 2026. Providers were given the period required by Condition 26 and asked to respond by 2 September 2026. They were invited to comment on:

1. the local service impacts arising from operation at a regular occupancy of 1,245;
2. the effectiveness of arrangements currently in place to avoid or mitigate those impacts;
3. any additional impacts, risks or concerns that should be considered; and
4. any further mitigation measures that should be explored or implemented.

Responses to the 2026 engagement were received from:

- NHS Mid and South Essex Integrated Care Partnership;
- the East of England Strategic Migration Partnership;
- the East of England Ambulance Service NHS Trust;
- National Highways;
- the Police, Fire and Crime Commissioner for Essex;
- Essex County Council;
- the UK Health Security Agency;
- Braintree District Council; and
- NHS England – Migrant Health Commissioning.

The representations have informed the updated assessment of impacts, arrangements already implemented, additional actions and phasing considerations in the sections below. Copies of the correspondence will be retained with the supporting Condition 26 documentation.

2. Health Care

2.1. Relevant Local Service

The provision of health care is identified in Condition 26(1) of the SDO as a relevant local service and includes acute care, other in-patient hospital care, physiotherapy, diagnostics and ambulance transport. Asylum seekers are eligible for NHS healthcare on the same basis as other residents. The Home Office has worked with NHS England, the Department of Health and Social Care, the Integrated Care Board, the on-site healthcare provider and other health partners to establish a bespoke on-site primary-care model intended to meet routine needs and reduce avoidable demand on local NHS services.

Potential impacts include additional demand on primary, urgent, emergency and secondary care; mental-health and trauma-informed services; ambulance transport; interpreting; diagnostics and pathology; tuberculosis and other infectious-disease pathways; referral and safeguarding arrangements; and the financial and operational capacity of local NHS services. The statutory-partner responses emphasised early health screening, the needs of arriving cohorts, continuity of care and assurance that on-site provision scales with occupancy.

2.2. Impacts and Mitigations

The Home Office recognises that accommodating asylum seekers on site at Wethersfield may impact local health care provisions, due to an increase in demand. In order to effectively address or avoid any potential adverse impact, the Home Office has implemented several mitigations

2.2.1. Demand on Local Health Services

Suitability Criteria

The Allocation of Asylum Accommodation policy is used before transfer to assess whether an individual can safely and appropriately be accommodated at Wethersfield. The assessment considers known complex health and care needs, including active tuberculosis or another active communicable disease, serious mental-health needs involving a high risk of suicide, serious self-harm or risk to others, chronic disease and other conditions requiring care that cannot reasonably be delivered on site.

Suitability remains under review throughout a Service User's residence. Where a need emerges or an individual can no longer be safely supported at Wethersfield,

the established safeguarding, clinical and re-accommodation process is used to identify and secure more suitable accommodation and support continuity of care.

Health care provision at Wethersfield

An on-site Medical Centre has operated since Service Users were first accommodated at Wethersfield. It provides initial assessment and screening for new arrivals together with ongoing primary care for residents. The service is available Monday to Friday, normally between 09:00 and 17:00, with hours capable of being varied by the Medical Centre Manager in response to operational need.

The existing multidisciplinary medical team comprises:

- a healthcare assistant;
- a mental-health nurse;
- a general nurse;
- an advanced nurse practitioner; and
- a general practitioner.

The Medical Centre currently provides:

- health screening when a Service User first arrives;
- assessment and treatment of routine primary-care needs;
- immunisation for people with uncertain or incomplete vaccination history;
- a system for prescribing and collecting medicines;
- low-level trauma-informed mental-health support;
- confidential health advice;
- clinical referral to off-site NHS services where required; and
- access to interpreting to support assessment, treatment and informed decision-making.

Service Users are informed about the Medical Centre and how to access it during their induction. The on-site team maintains referral pathways with local health partners for services that cannot be delivered at Wethersfield, including diagnostics, pathology, tuberculosis services, psychological therapies, specialist mental-health support, hospital care, dentistry and ophthalmology, subject to clinical need and NHS availability.

A vaccination schedule guided by the UK Health Security Agency is already in place for individuals with uncertain or incomplete immunisation status. Depending on age and vaccination history, Service Users may be offered tetanus, diphtheria and polio; meningococcal ACWY; measles, mumps and rubella; and seasonal vaccines such as influenza.

The site also has an infectious-diseases management plan, access to advice from the UK Health Security Agency and established reporting and escalation routes. Twenty-eight dedicated isolation bedspaces are available. Their use is monitored

through operational governance, and the accommodation layout provides flexibility to increase isolation provision if demand requires it.

On-site provision includes a mental-health nurse and low-level trauma-informed support. The clinical and welfare teams use established safeguarding and referral pathways where a Service User presents with more complex mental-health, self-harm, suicide, substance-misuse or welfare needs. The Global Mental Health Assessment Tool is used on site to support assessment, with referral to specialist NHS services where clinically required.

Where secondary, urgent or specialist healthcare is required, Service Users are referred into local NHS pathways in accordance with clinical need. The accommodation provider arranges demand-led transport to planned off-site appointments. This arrangement is intended to support attendance, continuity of care and appropriate use of ambulance and emergency services.

Health provision is supported through an established funding arrangement under which the Home Office provides funding to the Department of Health and Social Care on a per-bed tariff basis agreed with health partners. Use of services, funding and healthcare provision are reviewed with the Department of Health and Social Care, NHS England, the UK Health Security Agency and the Integrated Care Board. The Integrated Care Board and other health partners also participate in the Multi-Agency Forum, the Health and Social Care Sub-Group and weekly inflow-readiness arrangements.

Arrangements already implemented

- The on-site Medical Centre, multidisciplinary clinical team and weekday service are established and operational.
- New-arrival health screening, vaccination, medicines management, confidential advice and ongoing primary care are provided on site.
- Suitability is assessed before transfer and throughout residence, with re-accommodation available where needs cannot safely be met.
- Mental-health, safeguarding, infectious-disease and isolation arrangements are in place, including 28 isolation bedspaces.
- Referral pathways, interpreting and demand-led transport support access to off-site NHS care.
- Health funding and multi-agency governance arrangements are established and kept under review.

Additional action and monitoring for 1,245

As occupancy increases to 1,245, the Home Office will work with the East of England Ambulance Service NHS Trust, the Integrated Care Board, the on-site medical provider and other health partners to monitor ambulance and urgent-care demand. This will include 999 and NHS 111 activity, emergency conveyances, mental-health,

safeguarding and welfare incidents, hospital handovers, response pressures and any effect on ambulance availability for surrounding communities. Particular regard will be given to EEAST's assessment that site-related call activity was 8.5% above the expected average for the comparable age group and that the increase in occupancy could ordinarily generate around 50 additional calls each year. Existing on-site primary care, mental-health support, referral pathways and management of lower-acuity needs will continue to be reviewed to reduce avoidable ambulance call-outs and emergency-department attendance. Adult Social Care referrals, safeguarding interventions and care-and-support needs will also be monitored with Essex County Council. Suitability checks, established referral pathways and re-accommodation arrangements will be used where needs cannot be safely met on site. Any emerging pattern of demand, service pressure or additional cost will be escalated through the Health and Social Care Sub-Group, the Multi-Agency Forum and relevant health governance so that proportionate operational, commissioning or funding action can be considered.

2.3. Phasing Considerations

Healthcare readiness will be considered before each inflow decision. The review will consider workforce availability, appointment capacity, medicines, interpreting, mental-health pathways, ambulance and hospital activity, isolation availability and any cohort-specific needs. Where provision is not sufficient for planned inflow, corrective action will be agreed and inflow adjusted.

3. Police and Fire Services

3.1. Relevant Local Service

Policing on and in the immediate vicinity of the Order land is identified in Condition 26(1) of the SDO as a relevant local service. The Home Office has also considered the potential impact on Essex County Fire and Rescue Service because fire safety, emergency response and access are integral to safe operation of the site. Essex Police, Essex Fire and Rescue Service and the Police, Fire and Crime Commissioner participate in established multi-agency arrangements for Wethersfield.

3.2. Impacts and Mitigations

3.2.1. Additional Demand on Police Service Resource

The Home Office recognises that additional pressure may be placed on the 'business-as-usual' resource of the local police force, particularly in terms of the preservation of public order and potential increases in crime⁶.

Recorded crime associated with the operation of the site has remained comparatively low. However, the Home Office recognises that recorded crime

⁶ [Large sites for asylum accommodation: support for police forces policy \(16 June 2023\)](#)

provides only one measure of policing impact. The operation of the site may also generate demand associated with community tensions, public perception, fear of crime, protest activity, public-order planning, visible policing, community engagement and reassurance.

The Police, Fire and Crime Commissioner for Essex reported that 15 protests associated with Wethersfield had required police deployment at the date of its August 2026 response. Although protest activity has remained limited, the Home Office recognises that changes in occupancy may affect the nature or level of community tension and associated policing demand. This will continue to be monitored with Essex Police and other partners.

The Home Office also recognises concerns regarding hostility, criticism or intimidation directed towards charities, volunteers and organisations supporting service users. Such activity may affect the ability of voluntary organisations to operate safely and sustain their support. Engagement is ongoing with non-governmental organisations to explore what services can be delivered on site. Relevant concerns may be raised through the established policing, community-safety and multi-agency arrangements.

On-site security

A 24-hour, 365-day security presence is already provided. Security personnel are licensed by the Security Industry Authority and appropriately vetted. [REDACTED]

[REDACTED] These arrangements support safety on site, reduce the need for routine police patrols and allow incidents to be identified and escalated promptly.

Policing and community safety

Essex Police participates in the Multi-Agency Forum and operational meetings, enabling the Home Office, site operator and police to share intelligence on crime, protests, public order, community tensions and access requirements. Joint liaison and escalation routes are used to coordinate proportionate responses, reassurance activity and any adjustment required to site security or transport.

Police funding

The Large Sites for Asylum Accommodation support policy provides a mechanism through which the Police, Fire and Crime Commissioner may seek grant funding for reasonable additional policing costs attributable to the site. Eligible costs may include staffing, overtime, mutual aid, premises, vehicles and equipment. Applications are evidence based, subject to appropriate scrutiny and kept under review.

3.2.2. Additional Demand on Fire and Rescue Resource

Fire-safety arrangements already include building-specific fire risk assessments, fire-detection and alarm systems, trained fire marshals, weekly alarm testing, periodic fire drills, multilingual evacuation information, emergency procedures and access for emergency vehicles. Fire-risk actions are tracked through the site's management arrangements and liaison continues with the responsible fire-safety bodies.

There is ongoing engagement between HO and Essex County Fire and Rescue Services to consider the adequacy of firefighting-water arrangements through the relevant fire-risk, emergency-planning and operational-review processes. Water pressure on site is known to be low. In the event of water being required for firefighting purposes, bowzers and pumps will be used at the site. Any identified requirement for further mitigation will be considered on the basis of operational evidence, professional fire-service advice and the arrangements required for regular occupancy of 1,245 SUs

Site-specific emergency preparedness, evacuation, business-continuity and multi-agency response arrangements will be kept under review to ensure that they remain proportionate to regular occupancy of 1,245 SUs. This will include consideration of incidents such as fire or evacuation, infectious-disease outbreaks, safeguarding events, public-order incidents and incidents involving multiple casualties.

Taking account of the existing fire-safety measures and the continued review of emergency preparedness and firefighting-water arrangements, the Home Office considers that potential impacts on the Fire and Rescue Service can be monitored and managed through the established operational and multi-agency arrangements.

Arrangements already implemented

- Twenty-four-hour security, controlled access, CCTV and incident reporting are operational.
- Police and community-safety liaison is embedded in multi-agency and site-operations governance.
- The police grant mechanism is available for evidenced additional costs attributable to the site.
- Fire risk assessments, trained marshals, alarms, drills, evacuation arrangements and emergency access are established.
- Security staffing and site controls are capable of being adjusted in response to occupancy and intelligence.

Additional action and monitoring for 1,245

Police and security demand will be reviewed using crime, incident, protest, public-order and community-tension information. Any evidenced effect on neighbourhood policing or additional cost may be raised through the MAF and the police grant process. Security staffing, access arrangements and liaison will be adjusted where

required. Fire-safety assurance, emergency planning, emergency access and firefighting-water resilience will remain under review with Essex County Fire and Rescue Service and the responsible infrastructure and fire-safety parties.

3.3. Phasing Considerations

Before each phase of inflow, the weekly review will consider police and security intelligence, planned protest activity, recent incidents, available security staffing, fire-safety assurance and emergency access. Where intelligence indicates that additional occupancy would create an unmanaged public-order, security or fire-safety risk, inflow will be adjusted until proportionate controls are in place.

4. Social Care for Children

The safeguarding and wellbeing of children is of the utmost importance to the Home Office, in light of its duty under section 55 of the Borders, Citizenship and Immigration Act 2009⁷. The Allocation of Asylum Accommodation policy provides that asylum seekers under the age of 18 are not accommodated on sites forming part of the large sites programme.

4.1. Relevant Local Service

Social care for children is identified in Condition 26(1) of the SDO as a relevant local service. Essex County Council is responsible for children's services and age-assessment functions. Wethersfield accommodates single adult males only; children are not intended to be accommodated at the site. Potential impacts principally arise where an individual claims to be under 18 after arrival or where safeguarding information requires local authority involvement.

4.2. Impacts and Mitigations

The Home Office introduced an age-dispute mitigation strategy when the site opened. Individuals who have claimed to be a child at any stage are not routinely routed to Wethersfield, even where they have subsequently been assessed as over 18.

Where a resident claims to be under 18 after arrival, staff follow the established safeguarding and age-dispute process and liaise with the Home Office and Essex County Council as required. The site operator's child and vulnerable-adult safeguarding framework, trained staff, designated leads, modern-slavery pathways and accessible reporting arrangements support identification and referral of concerns. Where continued placement is unsuitable, re-accommodation may be arranged.

The Strategic Migration Partnership has raised a concern that an increase in occupancy could result in additional age-dispute referrals to Essex County Council and place pressure on its children's services, including its capacity to support the

⁷ [Borders, Citizenship and Immigration Act 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2009/14/section/55).

National Transfer Scheme. The Home Office will continue to apply the established routing policy, under which individuals who have claimed to be under 18 at any stage are not routed to Wethersfield. Where an individual claims to be under 18 after arrival, the existing safeguarding and age-dispute processes will continue to apply.

The number and pattern of age-dispute referrals will be kept under review as occupancy increases. Any emerging impacts, risks or concerns may be raised through the established Multi-Agency Forum and its relevant sub-groups and through the weekly Inflow Impact Review Meetings. These forums will continue to provide an opportunity for the Home Office, the Local Authority and other partners to review available evidence, assess operational impacts and identify any proportionate action required.

Arrangements already implemented

- The site is designated for single adult males and the allocation policy excludes known child claimants.
- Pre-transfer and ongoing suitability checks are in place.
- An age-dispute process and referral route to Essex County Council are established.
- The site operator maintains a child and vulnerable-adult safeguarding framework.
- Staff receive safeguarding training and residents can report concerns through accessible routes.
- Modern-slavery, welfare, health and re-accommodation pathways support residents whose needs cannot safely be met on site.

Additional action and monitoring for 1,245

Age-dispute, safeguarding and children's-services referrals will be monitored with Essex County Council as occupancy increases. Any emerging pattern, pressure on assessment or accommodation duties, or concern regarding screening quality will be considered through the Health and Social Care Sub-Group, the MAF and weekly inflow reviews. The inflow profile, staff resource, referral pathways and operational practice will be adjusted where evidence identifies an unmanaged risk.

The Home Office recognises the concerns raised regarding the allocation of funding and the potential costs incurred by different tiers of local government in carrying out their statutory responsibilities. Funding and grant arrangements are kept under review and will continue to be considered through the relevant departmental governance and funding processes. Local service providers may raise evidence of emerging pressures and associated impacts through the established engagement and escalation routes.

4.3. Phasing Considerations

Safeguarding readiness will be reviewed before each phase. The review will include the quality of pre-transfer suitability checks, any age-dispute or safeguarding referrals, staff capacity and training, referral-pathway performance and information from local authority partners. A significant or unexplained increase in referrals will trigger review of the inflow profile and may result in a reduced or paused inflow.

5. Public Health

5.1. Relevant Local Service

Public health services and control of infectious disease are identified in Condition 26(1) of the SDO as relevant local services. The Home Office has also considered sanitation, potable water, drainage, sewage, land condition, noise and other environmental-health matters. Relevant partners include the UK Health Security Agency, Essex County Council, Braintree District Council, the Integrated Care Board and Anglian Water.

5.2. Impacts and Mitigations

5.2.1. Transmission of Infectious Diseases

An infectious-diseases management plan is incorporated into the site's operational arrangements. New arrivals receive screening and people with a known active infectious disease are managed through suitability and clinical pathways. The on-site medical team, UKHSA advice, vaccination programme, infection-prevention signage, cleaning arrangements and reporting routes support prevention, early identification and outbreak management.

The site has 28 dedicated isolation bedspaces. Isolation, health-centre and laundry arrangements have been subject to infection-prevention review, and identified recommendations have been progressed. The accommodation layout provides flexibility to increase isolation supply if operational evidence shows this is required.

On-site medical provision and vaccination schedule

On-site medical facilities are available to treat a range of needs and conditions which may arise as part of the accommodation programme, including appropriate processes and facilities to manage those who require medical isolation.

The Home Office receives advice and guidance where needed from the UKHSA Health Protection Team on the management of individuals and contacts with suspected infectious diseases. The Home Office will continue to engage with regional and local health protection teams, local public health and environmental health and local infection prevention and control leads on obtaining site-specific advice, where needed.

Accommodation, healthcare and communal areas will continue to be managed to support appropriate ventilation in accordance with the relevant building, operational and infection-prevention requirements. Any material ventilation concerns identified through inspection or incident review will be addressed through the site maintenance process

Forming part of the on-site health provision is a vaccination schedule for individuals with uncertain or incomplete immunisation status, which is guided by the UK Health Security Agency. Under this schedule SUs are currently being offered, Tetanus, diphtheria and polio (Td/IPV), Meningococcal groups A, C, W and Y (MenACWY) and Measles, mumps and rubella (MMR). The vaccination provision is dependent on the age and history of the service user (SU). Seasonal vaccines such as influenza will also be available and will be offered.

5.2.2. Sanitation

Existing buildings use established utilities and the modular accommodation is served by additional foul-drainage infrastructure. Holding tanks regulate discharge from modular accommodation before transfer into the existing network and onward treatment. Potable water is supplied by the utility provider. Water testing, flushing, chlorination and management of redundant pipework are used to control water-hygiene and Legionella risks.

Cleaning, laundry, pest control, food safety and sanitation procedures operate across the site. Drainage and sewage surveys, repair activity, ground and gas investigations and environmental monitoring are used to identify and manage risks relating to land condition, noise, drainage and statutory nuisance.

The Home Office will continue to manage potential environmental-health impacts arising from the operation of the site, including matters relating to land condition, noise and other statutory nuisances. Relevant investigations, monitoring and operational controls will be reviewed where necessary as occupancy increases, and any material concerns may be raised through the established operational and multi-agency arrangements

The Home Office will as a matter of course be taking action to monitor the condition of facilities and services at the site and take action as required.

Arrangements already implemented

- New-arrival screening, vaccination and infection-prevention advice are operational.
- An infectious-diseases management plan and public-health escalation routes are established.
- Twenty-eight isolation bedspaces and flexible contingency arrangements are available.
- Water testing, flushing, chlorination and Legionella controls are in place.

- Foul-drainage holding and controlled-discharge infrastructure serves the modular accommodation.
- Cleaning, laundry, pest-control, food-safety and sanitation procedures operate across the site.
- Environmental investigations, surveys, repairs and monitoring are undertaken where required.

Additional action and monitoring for 1,245

Isolation use, outbreak intelligence, vaccination, sanitation, water quality, drainage performance, sewage infrastructure, land condition, gas, noise and other environmental indicators will continue to be reviewed as occupancy increases. Accommodation will not be brought into use until required water-hygiene and readiness checks are complete. Where an outbreak, isolation constraint, sanitation failure or environmental issue cannot be safely managed, corrective action will be taken and inflow may be reduced or paused.

5.3. Phasing Considerations

Before accommodation is brought into use, the required water-hygiene, cleaning, environmental and accommodation-readiness checks will be completed. The weekly inflow review will consider infectious-disease intelligence, isolation availability and any other areas that may be impacted. Inflow will be adjusted where safe controls or sufficient isolation capacity are not available.

6. Waste Management

6.1. Relevant Local Service

Although waste management is not expressly listed in Condition 26, it is a local statutory service that could be affected if adequate arrangements were not in place. Braintree District Council has statutory waste functions, while waste generated by Wethersfield is managed through contracted on-site and commercial arrangements so that it does not rely on routine household collection services.

6.2. Impacts and Mitigations

General and recyclable waste is separated using designated bins and transferred to large on-site containers. A contracted waste provider collects general waste [REDACTED] Clinical waste is placed in locked containers and collected on a separate schedule. Food waste is stored in suitable containers and removed by the contractor. Cleaning teams, site management and the contractor monitor segregation, storage, collection performance, pests and any missed collections.

Arrangements already implemented

Dedicated general, recyclable, food and clinical-waste systems, large storage containers and contracted collections are operational.

Additional action and monitoring for 1,245

Waste volumes, bin capacity, collection frequency, clinical-waste demand, storage and pests will be reviewed during ramp-up. Collection frequency or container capacity will be increased where necessary, including review of whether clinical-waste collections need to move from [REDACTED]

6.3. Phasing Considerations

Before each occupancy phase, site management will confirm that container capacity, collection frequency and contractor resource are sufficient for the planned population. Waste volumes, storage conditions, segregation, pests and missed collections will be reviewed during stabilisation. Any shortfall will be rectified before further inflow.

7. Highway Safety and Transport

7.1. Relevant Local Service

Essex County Council is the local highway and transport authority, with National Highways responsible for the strategic road network. Wethersfield's rural location, limited public-transport connectivity and absence of suitable walking and cycling routes mean that unmanaged movements could affect highway safety, public transport, site access and town-centre destinations.

7.2. Impacts and Mitigations

The site has been designed to reduce unnecessary journeys by providing accommodation, three meals a day, healthcare, welfare, communal, faith and recreation facilities on site. New residents receive induction information about the risks of rural roads. High-visibility clothing and head torches are available at the gate for residents who choose to leave on foot.

Free managed shuttle services already operate to Braintree, Colchester and Chelmsford. The existing model provides three round trips to each destination each day, using a fleet of 16-seat vehicles. Timetables are displayed in accommodation blocks and residents do not need to book. Separate demand-led transport is arranged for planned healthcare appointments.

Arrangements already implemented

- On-site catering, healthcare, welfare, faith and recreation provision reduces avoidable journeys.
- Residents receive road-safety information during induction.
- High-visibility clothing and head torches are available for residents leaving on foot.
- Free shuttle buses operate daily to Braintree, Colchester and Chelmsford.

- Vehicle capacity, routes, timetables and use are monitored and can be adjusted.
- Demand-led transport is arranged for planned healthcare appointments.
- Police and security intelligence can be used to adjust movements where protest or public-order risk arises.

Additional action and monitoring for 1,245

Passenger demand, vehicle occupancy, timetable performance, destinations, walking movements, site access, town-centre footfall, healthcare journeys and protest-related disruption will be monitored during ramp-up. Additional vehicles, journeys, adjusted timetables or changes to on-site provision will be considered where evidence identifies crowding, unsafe movement or a material impact on local transport or highway safety.

7.3. Phasing Considerations

Transport readiness will be confirmed before each phase by reviewing vehicle capacity, timetable performance, route and destination demand, access arrangements, healthcare journeys and relevant protest or community-tension intelligence. Service frequency or destinations will be adjusted where monitoring identifies crowding, unsafe movement or a material impact on local transport or town centres.

If the site is proposed to remain in use beyond the end date of the SDO, transport and highway matters will be reviewed and assessed again as part of the relevant planning and operational arrangements.

Any emerging transport or highway concerns, issues or evidence of impact may be raised through the established Multi-Agency Forums and relevant sub-groups, and through the weekly Inflow Impact Review Meetings. These forums will continue to provide an opportunity for the Home Office, local service providers and other partners to monitor impacts and consider whether any proportionate action is required

8. Recreational Facilities and Library Services

The provision of recreational facilities⁸ and library services⁹ are local statutory services which may be impacted by the use of Wethersfield as an accommodation site for asylum seekers. They are not, however, considered to be 'relevant local services' under Condition 26 of the SDO, due to the lack of material adverse impact.

⁸ [Local Government \(Miscellaneous Provisions\) Act 1976 \(legislation.gov.uk\)](#), at s19(1) – duty is expressed as a discretionary, rather than mandatory duty on the Local Authority, to provide 'such recreational facilities as it thinks fit'

⁹ [Public Libraries and Museums Act 1964 \(legislation.gov.uk\)](#), s7(1), there is a duty on a Library Authority, namely the Local Authority, 'to provide a comprehensive and efficient library service for all persons'.

The local service provider, in respect of these services is Essex County Council, who is represented on the Wethersfield Multi-Agency Forum.

8.1. Relevant Local Service

Essex County Council has statutory responsibilities for library services and discretionary powers relating to recreation provision. These services are not expressly listed in Condition 26, but have been considered because residents may otherwise use publicly funded community, leisure and library facilities. The principal mitigation is the established range of on-site facilities and activities.

8.2. Impacts and Mitigations

The Home Office does not foresee the increased capacity of 1245 on site at Wethersfield to pose a material impact on local services in respect of community assets for recreation and library services.

Indoor provision includes fitness and sports areas, recreation rooms, pool and table-tennis equipment, televisions, internet connectivity and printed reading material. Outdoor provision includes football pitches, a cricket wicket, a baseball field and wider grassed space for sport and exercise. Equipment can be made available to residents through managed sign-out arrangements.

Existing activities include English-language classes, mathematics tuition, food-preparation courses, gardening, football and cricket. Other activities have included art, karaoke, sports competitions and weight training. Service Users are introduced to facilities and activities during induction and familiarisation.

Charities, volunteers and community organisations also contribute to welfare, advice and activities. Delivery is coordinated with relevant organisations, taking account of resident and volunteer safety, sustainability and the effect on local communities. Established MAF and engagement routes allow concerns about demand, cohesion or access to be discussed.

Arrangements already implemented

Indoor and outdoor recreation space, sports equipment, internet access, reading material, education, ESOL, skills, faith, welfare and advice activities are available on site. Residents are informed about provision through induction, and partner and voluntary-sector delivery is coordinated through established governance.

Additional action and monitoring for 1,245

Activity space, equipment, staffing, participation, resident feedback, internet access, voluntary-sector capacity, community-tension information and demand for off-site facilities will be reviewed. Existing areas capable of adaptation will be considered where additional recreation or activity space is required.

The Home Office will continue engagement with residents, parish and town councils, elected representatives, local authorities, statutory partners, charities and voluntary organisations through established forums and communications channels.

Community-tension information will be reviewed alongside protest, policing, transport and safeguarding data. Communications will aim to provide timely factual information, address misinformation where appropriate, and protect residents, staff, volunteers and service providers from harassment or intimidation.

The Home Office recognises the contribution made by charities, volunteers and community organisations to the welfare and support of service users. The location and delivery of activities will continue to be coordinated with relevant organisations, taking account of the safety of service users and volunteers, the sustainability of voluntary-sector provision and any impact on local communities and services.

8.3. Phasing Considerations

Before each phase, site management will review activity space, staffing, the range of education and recreation available, participation levels and any evidence of additional demand on local facilities. Provision will be increased or adapted where occupancy growth would otherwise leave insufficient meaningful activity or create an avoidable local-service impact.

8.4. Summary

The established on-site recreation, education, connectivity, reading, welfare and advice offer is intended to minimise demand on local recreational and library services while supporting resident wellbeing. Provision will be scaled and adapted in response to occupancy, participation and partner feedback.

Annex A: Plan on a Page

The High-Level Plan on a Page outlines the past, current and future engagement with local service providers in light of the Local Services Programme. The method of engagement includes both strategic forums, such as the MAFs, but also specific engagement pieces which have been undertaken to address identified local services.

The Plan is subject to change over time – see over.

 Milestone

Note: LSP report supplements and provides details on the mitigations

Local Services & Programming (Sep 2020)

Annex B: Local Services Programme V1.0



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