



Essex County Council

Cabinet

10:15	Tuesday, 18 October 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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Essex County Council and Committees Information

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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	5 - 5
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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 2022-23 Financial Overview as at the Half Year Stage (FP/304/02/22) 15 - 41

5 Better Care Fund Plan 2022-23 (FP/482/08/22) 42 - 68

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

6 Decisions taken by or in consultation with Cabinet Members (FP/504/09/22) 69 - 73

7 Date of next meeting

To note that the next meeting of the Cabinet will take place at 10.15am on Tuesday 15 November 2022 at County Hall, Chelmsford, CM1 1QH.

8 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.

9 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 July 2022

Present:

Councillor	Cabinet Member Responsibility
Councillor K Bentley	Leader of the Council (Chairman)
Councillor L McKinlay	Deputy Leader and Cabinet Member for Community, Equality, Partnerships and Performance (via Zoom)
Councillor B Egan	Children's Services and Early Years
Councillor Lee Scott	Highways Maintenance and Sustainable Transport
Councillor J Spence	Health and Adult Social Care
Councillor L Wagland	Economic Renewal, Infrastructure and Planning
Councillor C Whitbread	Finance, Resources and Corporate Affairs

Councillor G Butland, Cabinet Member for Devolution, the Arts, Heritage and Culture was present for some parts of the meeting and was therefore not included in the quorum.

Councillors M Durham, M Mackrory, B Massey, M Platt, A Sheldon and P Schwier were also present. Councillors I Henderson, D King, C Pond attended remotely, via Zoom.

Andrew Summers, Transport East, was also in attendance and addressed the Cabinet under Agenda Item 8 (Endorsement of the Transport East Transport Strategy) – minute 8 below refers.

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. Apologies for absence had been received from Councillors Tony Ball, Cabinet Member for Education Excellence, Life-Long Learning and Employability, Malcolm Buckley, Cabinet Member for Waste Reduction and Recycling, Graham Butland, Cabinet Member for Devolution, the Arts, Heritage and Culture and Gavin Jones, Chief Executive, for whom Nicole Wood, Executive Director, Corporate Services, attended.
3. Councillor Bentley, Leader of the Council, declared a non-registerable interest in respect of item no. 8 – Endorsement of the Transport East Strategy, as he was the Chairman of Transport East. Councillor Bentley left the room for the duration of the item and did not participate in the debate or subsequent vote.

2. Minutes of Previous Meeting

The Minutes of the meeting held on 21 June 2022 were approved as a true record and signed by the Chairman.

3. Questions from the public

None.

4. 2022-23 Financial Overview as at the First Quarter Stage (FP303/02/22)

The Cabinet received a report setting out the current forecast financial position of Essex County Council's (ECC) revenue and capital budgets as at the first quarter stage of the 2022/23 financial year. The report highlighted that, while there is a small forecast over spend of 0.5% against a net revenue budget of £1.1bn, the short to medium term outlook remains incredibly challenging, with demand uncertainty, market volatility and rising inflation alongside cost of living impacts.

The Leader of the Council, the Cabinet Member for Finance, Resources and Corporate Affairs, the Cabinet Member for Health and Adult Social Care, the Cabinet Member for Highways Maintenance and Sustainable Transport responded to questions from Councillors Mackrory, Henderson, King and Pond in relation to:

- Savings related to the proposal to exit from County Hall;
- Backlogs for assessments within Adult Social Care, the impact on hospital discharge rates and the delivery of savings not reflected in the forecast;
- The underspend within Highways Maintenance and Sustainable Transport and how the Council sought to encourage bus use since the pandemic;
- The breakdown of the additional inflation pressures and related risks for the current year and beyond;
- The assumptions made in relation to salary costs;
- The possibility of ringfencing the underspend within Passenger Transport to encourage use of public transport;
- The under recovery of income for the Park and Ride service.

Resolved:

1. To draw down funds from reserves as follows:
 - i. £2.2m from the Adults Transformation Reserve to the Adult Social Care and Health portfolio for the following Programme costs: Meaningful Lives Matter £1.3m, Newton Connects £367,000, Choice & Control £330,000, Physical and Sensory Impairment £170,000 and Transforming Community Care & Dementia £102,000 (section 5.1.v)

- ii. £1.5m from the General Risk Reserve to the Highways Maintenance and Sustainable Transport portfolio to cover increased energy prices from September 2022 (section 5.9.iii)
- iii. £1.2m from the Essex Climate Change Commission Reserve to the Leader portfolio towards the costs of implementing a programme to respond to the recommendations in the Essex Climate Action Commission Interim Report and to deliver the Essex Green Infrastructure Strategy. This is as per the previously approved CMA FP/898/11/20 which has now time lapsed (section 5.10.ii)
- iv. £999,000 from the General Risk Reserve to the Finance, Resources and Corporate Affairs RSSS portfolio to fund increased energy costs in 2022/23 owing to current energy price rises, inflation and new contract rates (section 5.15.iii)
- v. £964,000 from the Adults Transformation Reserve to the Adult Social Care and Health portfolio relating to investment in Business Support staff in the Countywide Duty Team, Welfare Independent Practitioners social work posts to support the tackling of the backlogs and increased volumes in activity (section 5.1.v)
- vi. £940,000 from the Covid Equalisation Reserve to the Economic Renewal, Infrastructure and Planning portfolio (£571,000) and the Education Excellence, Life Long Learning and Employability portfolio (£369,000). This relates to the Economic Recovery Programme, previously approved in Cabinet Member Action (CMA) FP/844/10/20 but has since time lapsed, as follows: Economic Growth £468,000, Employability and Skills £369,000 and Sector Development £103,000 (section 5.5.ii and 5.7.ii)
- vii. £818,000 from the Covid Equalisation Reserve to the Highways Maintenance and Sustainable Transport portfolio to cover the income shortfall as a result of the pandemic on the Park and Ride service (section 5.9.iii) Page 21 of 204
- viii. £665,000 from the Private Finance Initiatives (PFI) Equalisation Reserves to the Education Excellence, Life Long Learning and Employability portfolio in relation to Debden PFI (£495,000) and Clacton secondary schools PFI (£170,000) (section 5.7.ii)
- ix. £583,000 from the Covid Equalisation Reserve to the Finance, Resources and Corporate Affairs RSSS portfolio in relation to Covid pressures on: Transformation and Delivery service £218,000 originally approved via CMA FP/856/10/20 but has since time lapsed, People and Transformation service centre £143,000, Business Support £131,000 and Resource Strategy staffing £91,000 (section 5.15.iii)
- x. £562,000 from the Everyone's Essex Reserve to the Devolution, the Arts, Heritage and Culture portfolio for payments due to successful

bidders who have been awarded funding from the Arts and Culture Grant Fund. This relates to CMA FP/250/12/21 Arts and Cultural Fund which was previously approved but has since time lapsed (section 5.4.ii)

- xi. £439,000 from the Adults Transformation Reserve to the Adult Social Care and Health portfolio relating to the following projects; expenditure for Bedfinder £199,000, Mental Health staffing £86,000, Mental Health accommodation resource £80,000 and My Care Record £74,000 (section 5.1.v)
- xii. £324,000 from the Technology and Digitisation Reserve to Finance, Resources and Corporate Affairs RSSS portfolio for the Azure Technology £300,000 and for project staffing £24,000 (section 5.15.iii)
- xiii. £99,000 from the Community Initiatives Fund Reserve to the Community, Equality, Partnerships and Performance RSSS portfolio to fund payments to community groups that have been awarded small grants (section 5.13.ii)
- xiv. £85,000 from the Adults Transformation Reserve to the Adult Social Care and Health portfolio relating to the resourcing of the Adults Digital Programme (section 5.1.v)
- xv. £76,000 from the Children's Transformation Reserve to the Children's Services and Early Years portfolio in order to fund an Anti-Racism Service Manager (section 5.2.ii)
- xvi. £70,000 from the Covid Equalisation Reserve to the Leader RSSS portfolio relating to the Communications and Marketing team for pandemic related activity (section 5.16.ii)
- xvii. £40,000 from the Covid Equalisation Reserve to the Adult Social Care and Health portfolio for additional resources relating to the Specialist Page 22 of 204 Sensory Support Services contract with Essex Cares Limited (ECL) (section 5.1.v)
- xviii. £22,000 from the Adults Risk Reserve to the Adult Social Care and Health portfolio for Market Support expenditure (section 5.1.v)
- xix. £22,000 from the Quadrennial Election Reserve to the Community, Equality, Partnerships and Performance RSSS portfolio relating to costs of the May 2021 elections (section 5.13.ii)

2. To appropriate funds to reserves as follows:

- i. £3.8m to the Transformation Reserve from the Highways Maintenance and Sustainable Transport portfolio to support future work in the Passenger Transport service (section 5.9.iii)

- ii. £151,000 to the Private Finance Initiatives (PFI) Equalisation Reserves from the Education Excellence, Lifelong Learning and Employability portfolio in relation to Building Schools for the Future (section 5.7.ii)
 - iii. £114,000 to the Commercial Investment in Essex Places Reserve from the Finance, Resources and Corporate Affairs portfolio to protect against tenancy voids (section 5.8.ii)
3. To approve the following adjustments:
- i. Vire £465,000 from within the Highways Maintenance and Sustainable Transport portfolio from Essex Highways Operations to Essex Highways Commissioning, following the Essex Highways re-organisation (sections 5.9.iii)
 - ii. Adjust the profile of spend of the Children and Families Covid-19 Response as originally set out and approved in CMA FP/072/05/20 to £1.9m in 2022/23 and £132,000 in 2023/24 in order to reflect the current anticipated spend
 - iii. Adjust the profile of spend of the Impacts of Covid ASC as originally set out and approved in CMA FP/886/11/20 to £1m in 2022/23 in order to reflect the current anticipated spend
 - iv. To amend the capital budget as shown in Appendices C (i) and C (ii) which allows for capital slippage of £4m, with £3.7m slipped into 2023/24 and £324,000 into 2024/25. Capital budget additions of £10.9m, capital budget reductions of £17m and advanced works of £663,000 (£4.8m to be advanced from 2024/25, £663,000 into 2022/23 and £4.1m into 2023/24 (see section 7.2).

5. Procurement of Social Care Case Management Platform (FP/406/05/22)

The Cabinet received a report seeking approval to procure an integrated social care case management platform for adults, children and finance to satisfy all the Council's social care case management requirements.

The Cabinet Member for Finance, Resources and Corporate Affairs and the Cabinet Member for Health and Adult Social Care responded to a question from Councillor Mackrory in relation to the length of the contract and the absence of a break clause.

Resolved:

1. Agreed to procure an integrated Social Care Case Management Platform (SCP) for adults, children and finance to satisfy all the Council's social care case management requirements.

2. Agreed that the contract length will be seven years with the opportunity to extend for up to a further three years.
3. Agreed that the contract will be procured using the restricted procurement procedure and that the high-level evaluation criteria will be 20% price: 80% quality (of which 5% of the quality score will assess social value).
4. Agreed that Executive Director, Adult Social Care, is authorised to approve the detailed evaluation model.
5. Agreed to drawdown the following funding from the Technology and Digitisation Reserve to procure and implement the new Social Care Platform: 2022/23 £1.846m 2023/24 £6.123m 2024/25 £3.551m.
6. Agreed to ring-fence an additional £1m from the Technology and Digitisation Reserve for contingency for the programme, which, if required, would be subject to a further decision to draw down.
7. Agreed that the Cabinet Member for Finance, Resources and Corporate Affairs is authorised to agree the terms of, and award the contract to, the successful supplier following completion of the procurement process.

6. Health and Care Act 2022 – Adult Social Care Reforms (FP/421/05/22)

The Cabinet received a report which set out the Council's proposals to prepare for two elements of the reforms to be introduced by the Health and Care Act 2022, specifically the charging reforms and the new national assurance regime. Approval was sought for investment to ensure that the Council can implement these changes successfully and for the benefit of Essex residents.

The Cabinet Member for Health and Adult Social Care responded to questions from Councillors Henderson, Mackrory, King and Pond in relation to:

- The one-off funding required through to October 2023 and the impact on the Medium Term Resource Strategy;
- The review to the Council's fees and charges policies and whether the scrutiny function should consider this matter;
- The potential impact should the Government proposals to increase National Insurance contributions not be proceeded with.
- The modelling undertaken in relation to the Fair Cost of Care cap and the impact on the Council.

The Cabinet Member for Health and Adult Social Care also agreed to provide a written response to Council King in relation to the funding gap figures provided in the report.

Resolved:

1. Agreed to the drawdown of £2m from the Adult Transformation Reserve for the purpose of funding resources to support the Council to prepare for the

changes arising from the Health and Care Act 2022 in relation to charging reform and the CQC assurance framework related to Adult Social Care as set out in section 6.1.3

2. Agreed to the drawdown of £3.3m from the Council's Transformation Reserve for the purpose of funding resources to support the Council to prepare for the changes arising from the Health and Care Act 2022 in relation to charging reform and the CQC assurance framework.
3. Noted that any further government funding received in relation to implementation of these reforms will be applied to replenish the draw on the Corporate Transformation Reserve.
4. Noted the scale of work required to prepare for, and implement, these reforms and that any ongoing resource requirement will be considered as part of the future MTRS work once the final guidance is fully understood and learning from our implementation is able to inform future need.

7. Beaulieu Park Railway Station – Commissioning of Network Rail GRIP Stages 6-8 (FP/434/06/22)

The Cabinet received a report seeking approval for an updated Procurement Strategy, designed to bring it in line with the Everyone's Essex priorities.

The Cabinet Member for Economic Renewal, Infrastructure and Planning responded to questions from Councillors Pond and Mackrory in relation to options to maximise travel to the station by public transport, the risk to the Council should costs overrun, the financial liability of the Council should usage of the station not meet expectations and the naming of the station.

Resolved:

1. Agreed subject to paragraph 2.2 of report FP/434/06/22, to authorise the Director, Highways and Transportation, in consultation with the section 151 officer and the Director, Legal and Assurance to enter into the Implementation Agreement (IA) with Network Rail for GRIP (Governance in Rail Investment Projects) stages 6 to 8.
2. Agreed that the authorisation in paragraph 2.2 of report FP/434/06/22 does not apply until the final GRIP Stage 4 total project Anticipated Final Cost (AFC) has been ascertained and is equal to or less than £157.07m.
3. Noted the risks set out in report FP/434/06/22.

8. Endorsement of the Transport East Strategy (FP/409/05/22)

The Cabinet received a report seeking formal endorsement for the Transport East Transport Strategy.

The Cabinet Member for Economic Renewal, Infrastructure and Planning responded to questions from Councillors Henderson, Pond and Mackrory in relation to:

- The suggestion that plans for the A120 / A12 Link Road to Braintree had been discontinued;
- The use of shipping to alleviate pressures on road and rail travel;
- The Government's lack of prioritisation for reopening rail stations;
- The consideration given to cross border issues and engagement with Local Enterprise Partnerships;
- How the promotion of air traffic could be reconciled with Net Zero ambitions.

Resolved:

Agreed that Essex County Council endorses the Transport East Transport Strategy in the form appended to report FP/409/05/22.

9. Decisions taken by or in consultation with Cabinet Members (FP/414/06/22)

The Cabinet Member for Highways and Sustainable Transport responded to a question from Councillor Mackrory in relation to points raised by bus operator in respect of the implementation of 20mph speed limits. The report was noted.

10. Date of the next meeting

The next meeting of the Cabinet was scheduled at 10.15am on Tuesday 13 September 2022 at County Hall, Chelmsford, CM1 1QH.

11. Urgent Business

There was no urgent business.

Exclusion of the Press and Public

Resolved:

That the press and public be excluded from the meeting during consideration of the remaining item of business on the grounds that it involves the likely disclosure of exempt information as specified in paragraph 3 of Schedule 12A of the Local Government Act 1972 – information relating to the financial or business affairs of any particular person).

12. Confidential Appendix: Procurement of Social Care Case Management Platform (FP/406/05/22)

The confidential appendix to report FP/406/05/22, to which minute 5, above, refers, was agreed.

13. Urgent Exempt Business

There was no urgent exempt business.

There being no further business, the meeting closed at 12.05pm.

**Chairman
18 October 2022**

Forward Plan Reference Number: FP/304/02/22

Report title: 2022/23 Financial Overview as at the Half Year Stage	
Report to: Cabinet	
Report author: Cllr Christopher Whitbread, Cabinet Member for Finance, Resources and Corporate Affairs	
Date: 18 October 2022	For: Decision
Enquiries to: Nicole Wood, Executive Director, Corporate Services Nicole.wood@essex.gov.uk and Adrian Osborne, Head of Strategic Finance and Insight email Adrian.osborne2@essex.gov.uk	
County Divisions affected: All Essex	

1 Everyone's Essex

- 1.1 The Everyone's Essex Annual Plan and Budget was set for 2022/23 at Council in February 2022. The plan set out the Everyone's Essex strategic aims and commitments, alongside a budget to enable delivery of our aims, while also maintaining the financial sustainability of the Council.
- 1.2 The purpose of this report is to set out the current forecast financial position of Essex County Council's (ECC) revenue and capital budgets as at the half year stage of the 2022/23 financial year. The report highlights that, while there is a small forecast over spend of **£2.9m** (0.3%) against a net revenue budget of **£1.1bn**, **the underlying over spend before one off funding from reserves is closer to £14m**. The short to medium term outlook remains incredibly challenging, with demand uncertainty, market volatility and rising inflation and interest rates alongside cost of living impacts.
- 1.3 The £2.9m over spend is a favourable movement since the Quarter 1 report of **£2.2m**. This is driven by changing interest rates and the impact of capital slippage on borrowing and interest payable, partially offset by increasing use and costs of placements in Children's Services. **Further details on movements are set out in section 5.**
- 1.4 The financial year has started in unprecedented circumstances. Inflation is now at 9.9%, with the expectation it will pass 10% by the end of the year, over double the council tax rise applied this year, and the potential for a longer peak than previously anticipated. The forecast currently reflects additional inflation pressures of circa £17.4m, crossing a number of areas. It is likely further inflation pressures will arise as we progress through the year, as well as other unknowns, including any further impacts of the Covid-19 pandemic and ongoing demand for services, as well as rising interest rates. These will be carefully monitored, and are likely to result in ongoing volatility of expenditure as we move through the year, making it difficult to produce an accurate forecast.

- 1.5 Despite these challenges, our focus remains on prioritising our resources to achieve the strategic aims outlined in Everyone's Essex. £1.9m was recently prioritised to Deliver Digital Essex, which will support the deployment of digital connectivity infrastructure and the adoption of digital technology.

2. Recommendations

Approval is sought for the following:

2.1 To draw down funds from reserves as follows:

- i. **£2.7m** from the Covid Equalisation Reserve to the following portfolios due to Covid related expenditure: Adult Social Care and Health portfolio **£1.7m**, Community, Equality, Partnerships and Performance RSSS portfolio **£501,000**, Finance, Resources and Corporate Affairs RSSS portfolio **£211,000**, Highways Maintenance and Sustainable Transport portfolio **£179,000** and Leader RSSS portfolio **£70,000**. Further detail can be found in section 5 (sections 5.1.v, 5.13.ii, 5.15.iii, 5.9.iii and 5.16.ii)
- ii. **£1.8m** from the Transformation Reserve to the following portfolios: Highways Maintenance and Sustainable Transport portfolio; **£850,000** mitigating the Local Highways Panels saving included within the Medium Term Resource Strategy (MTRS) and **£917,000** to reimburse bus service operator losses related to escalating fuel costs as per FP/437/06/22 (section 5.9.iii). **£25,000** to the Community, Equality, Partnerships and Performance RSSS portfolio relating to Experian Licences (section 5.13.ii)
- iii. **£550,000** from the Adult Social Care Risk Reserve to the Adult Social Care and Health portfolio relating to short stay isolation beds for older adults (section 5.1.v)
- iv. **£344,000** from the Children's Transformation Reserve to the Children's Services and Early Years portfolio for the Tendring Multi-Disciplinary Team to continue funding the pilot project in that region. (section 5.2.iii)
- v. **£384,000** from the Adults Transformation Reserve to the Adult Social Care and Health portfolio relating to costs for Business Support posts **£302,000** and Transforming Community Care and Dementia (TCCD) **£82,000** (section 5.1.v)
- vi. **£68,000** from the Community Initiatives Fund Reserve to the Community, Equality, Partnerships and Performance portfolio to fund payments to community groups that have been awarded small grants (section 5.3.iii)

2.2 To appropriate funds to reserves as follows:

- i. **£1.4m** to the Carry Forward Reserve for use in 2023/24 from the following portfolios:

- Other Operating Costs **£600,000** (section 5.12.ii)
 - Devolution, the Arts, Heritage and Culture **£400,000** (section 5.4.ii)
 - Finance, Resources and Corporate Affairs RSSS portfolio **£232,000** (section 5.15.iii)
 - Highways Maintenance and Sustainable Transport **£86,000** (section 5.9.iii)
 - Community, Equality, Partnerships and Performance RSSS **£60,000** (section 5.13.ii)
 - Community, Equality, Partnerships and Performance **£50,000** (section 5.3.iii)
- ii. **£535,000** to the Technology and Digitisation Reserve from the Finance, Resources and Corporate Affairs RSSS portfolio to support future work relating to the Cloud Modernisation Programme (section 5.15.iii)
- iii. **£260,000** to the Reserve for Future Capital Funding from the Finance, Resources and Corporate Affairs portfolio for the lift replacement costs within the Commercial Property portfolio (section 5.8.iii)
- iv. **£118,000** to the Private Finance Initiatives (PFI) Equalisation Reserves from the Education Excellence, Lifelong Learning and Employability portfolio in relation to the Debden PFI (section 5.7.iii)
- v. **£94,000** to the Transformation Reserve from the Finance, Resources and Corporate Affairs RSSS portfolio towards the Workforce Strategy project (section 5.15.iii)

2.3 To approve the following adjustments:

- i. Vire **£47,000** from the Highways Maintenance and Sustainable Transport portfolio to the Leader RSSS portfolio for a Highways Communications officer (sections 5.9.iii and 5.16.ii)
- ii. Vire **£36,000** from the Economic Renewal, Infrastructure and Planning portfolio to the Highways Maintenance and Sustainable Transport portfolio to fund a secondment from Development Management to the Transport Strategy and Engagement Team (sections 5.5.iii and 5.9.iii)
- iii. Amend the capital budget as shown in Appendices C (i) and C (ii) which allows for capital slippage of **£33m**, with £27.1m slipped into 2023/24, £4.7m into 2024/25 and £1.2m 2025/26. Capital budget additions of **£20.4m**, capital budget reductions of **£14.9m** and advanced works of **£5.2m** (£13.4m to be advanced from 2026/27, £904,000 from 2023/24, £5.2m into 2022/23, £5.6m into 2024/25 and £3.5m into 2025/26) (see section 7.2).

3. Executive Summary: Revenue

3.1 Appendix A summarises the revenue budgets and forecast outturn for each portfolio. There is a full year forecast over spend of **£2.9m (0.3%** against a net budget of **£1.1bn)**. The overall over spend position is driven by pressures within the Adult Social Care and Health, Children's Services and Early Years and the Finance, Resources and Corporate Affairs RSSS portfolios, partially offset by Other Operating Costs and specifically:

- i. Adult Social Care and Health **£3.9m** where there are significant over spends in Residential Care, Nursing Care and Reablement, driven by demand and cost pressures, market capacity issues and potential non-delivery of savings.
- ii. Finance, Resources and Corporate Affairs RSSS **£2.3m** predominantly due to delays in achieving property rationalisation savings.
- iii. Children's Services and Early Years **£1.3m** due to increased placement costs because of increased numbers of children being supported.
- iv. Offset by Other Operating Costs (OOC) of **£5.2m** due to the positive impact of increasing interest rates on interest receivable and the impact of capital slippage on borrowing and interest payable.

3.2 The Council finds itself in an economic environment of inflation at a 40 year high, with an expectation this will increase further in the short term, a level which will be potentially sustained for an extended period of time. For context, when the budget for 2022/23 was set, inflation predictions were for a peak of 5.5%. Recent interest rate rises, and the expectation they will rise further will impact on capital borrowing in the medium term, as the cost of borrowing increases. Alongside this, we continue to face uncertain levels of demand for many of the services we deliver, in what are difficult circumstances. The recent government announcement to cap energy prices for the public sector for 6-months from October is welcome, and work is underway to assess the impact. All of these factors will require careful monitoring and are likely to result in ongoing volatility of forecasting as we move through year, which makes it difficult to produce an accurate forecast.

3.3 Within the forecast position, inflation pressures of £17.4m have been identified, impacting Transport providers and fuel costs, energy costs for street lighting and the ECC estate, and Adult Social Care. As we progress through the year these pressures will likely increase, as we gain better insight on actual and potential inflation impacts through procurement activity and supplier interactions. In the second quarter a decision was taken to use a further £4.5m of the General Risk reserve to support the increasing cost of electricity, bringing total support from reserves for electricity to £9.5m in the current year in addition to the budget originally set. This leaves capacity to fund further pressures as they develop through the remainder of the year,

although this only provides one-off support – higher prices will impact our medium term plans.

- 3.4 The impact of Covid is still being felt on demand for our broad range of services, as well as with capacity of providers to deliver our requirements. We still face pressures, and continue to provide support to markets, particularly in Adult Social Care with staffing recruitment and retention. Within this report recommendations are included for £2.7m of drawdowns from the Covid Equalisation Reserve, predominantly to support the sustainability of the care provider market as it faces demand issues, staffing challenges and increased financial pressures, through the Covid Resilience Fund. Further drawdowns will occur throughout the year as further pressures develop, or we see new waves of the pandemic that impact on the financial position.
- 3.5 The position reported in section 5 is after proposed adjustments in this report, set out in sections 2.1 to 2.3.

4. Executive Summary: Capital

- 4.1 The original capital programme for 2022/23 as set by Full Council in February 2022 was **£283.6m**. The forecast outturn is **£265.6m**, before adjustments proposed within this report. This represents an under spend of **£22.2m** against latest budget of **£287m**. After taking account of budget change requests in this report, there is a residual over spend of **£105,000** More detail is set out in Section 7.
- 4.2 The **£22.2m** under spend in the 2022/23 Capital Programme position relates to the following requests in this report:
- 2022/23 Slippage: **£33m** (£27.1m into 2023/24, £4.7m into 2024/25 and £1.2m 2025/26)
 - Additions: **£20.4m**
 - Reductions: **£14.9m**
 - 2022/23 Advanced Works: **£5.2m** (£13.4m to be advanced from 2026/27, £904,000 from 2023/24, £5.2m into 2022/23, £5.6m into 2024/25 and £3.5m into 2025/26)
- 4.3 Appendix C (i) summarises current year forecasts and changes to the Capital Programme for 2022/23 since approval of the original programme in the Budget Report to Council in February 2022. Appendix C (ii) contains the detail of the budget adjustments seeking approval.

5. Revenue Position

- 5.1 **Adult Social Care and Health – £3.9m (0.8%) over spend**

- i. Adult Social Care continues to feel the consequences of paused work and backlog on teams, and of reviews and assessments, changing demographics projections and the demand for services. The care market also manages the impact with both resident population and staff recruitment and retention a factor. The service is adversely affected by shortfalls in domiciliary capacity and this is causing people to go into more expensive and less independent care. These elements continue to create a challenge in being able to accurately predict future demand. The Hospital Discharge Pathway funding ceased at the end of 2021/22 and there remain significant risks around the cost and demand for Adult Social Care (particularly in Nursing Care) at the point of Discharge from Hospital.
- ii. The Adult Social Care forecast is based on volume growth being in line with trend assumptions and price uplifts continuing for the remainder of the year in line with trend seen this year. There is uncertainty around the risk of future energy costs and other inflation factors and the impact this will have on Residential and Nursing Care prices. The forecast makes no prediction about further savings delivery over and above that already validated. The service is actively pursuing the delivery of savings not reflected in the forecast, these savings are focussed on efficiencies that do not have a detrimental impact on the service provided. Should these savings come through, they will be used to offset the risks set out above.
- iii. Public Health shows a forecast on-line position. Within this position, there is a balance of £2.8m of Contain Management Outbreak funding (COMF) that has been carried forward from 2021/22, the current guidance being that there will be no further roll forward of these monies beyond this financial year. We are awaiting guidance from UK Health Security Agency (UKHSA) as to the appropriate use of the remaining funds or any clawback that UKHSA may introduce. Of the £2.9m self-isolation grant funding awarded to ECC, £1.5m was unspent as at the end of 2021/22. This grant has been used to support various activities such as Citizens Advice Bureau, food banks and bereavement support, but there is no further scope for expenditure of this grant due to there being no further requirement to self-isolate.
- iv. There are a number of under and over spends across the different types of care provision where the actual current demand for services is either greater or less than the predictions made when setting the budget.
- v. Approval is sought in this report for the following:
 - **£1.7m** from the Covid Equalisation Reserve to support the sustainability of the care provider market, as it faces demand issues, staffing challenges and increased financial pressures, through the Covid Resilience Fund
 - **£550,000** from the Adult Social Care Risk Reserve relating to short stay isolation beds for older adults as recommended within the Chief Officer Action 128-01-08-22 for the contract with Cedars Care Home

- **£384,000** from the Adults Transformation Reserve to fund various projects such as Transforming Community Care and Operational Delivery.

5.2 Children's Services and Early Years:

- **Non DSG - £1.3m (0.9%) over spend**
 - **DSG – £1.2m under spend**
- The Non DSG over spend position reflects the impact of increasing costs of placements, driven by the difficulty in identifying suitable residential placements (sufficiency) and the rising costs of individual packages. Demand is expected to be sustained and so there is a risk that the over spend may increase if stable placements continue to be difficult to source, therefore the position will be kept under review. The movement from Quarter 1 is an increase of **£2.2m**, driven by the increase in semi-independent living (both volume and cost) and the increasing use of unregistered placements (due to lack of sufficiency of residential accommodation).
 - The DSG under spend has arisen due to an increase in Early Years funding from the DfE, which was based on latest available census numbers. This amounted to **£2.7m** which has been partly offset by spending plans of **£1.5m**
 - Approval is sought in this report for the following:
 - Draw down of **£344,000** from the Children's Transformation Reserve for the Tendring Multi-Disciplinary Team, to continue funding the pilot project in that region.

5.3 Community, Equality, Partnerships and Performance - **£647,000 (2.5%) over spend**

- The portfolio reports an over spend of **£647,000** which is mainly attributable to an under recovery of income of **£816,000** in libraries as a result of a reduction in demand for fee paying services, offset by small under spends across the portfolio within staffing.
- This is an adverse movement of **£155,000** since Quarter 1 due to the under recovery of income within the Library service, offset by a vacancy within the Youth Service.
- Approval is sought in this report for the following:
 - Drawdown **£68,000** from the Community Initiatives Reserve for payments to Community groups to undertake various community projects following successful bids
 - Transfer **£50,000** to the Carry Forward Reserve in relation to savings in 2023/24.

5.4 Devolution, Art, Heritage and Culture – on line

- i. This forecast on line adjusted position represents a favourable movement of **£60,000** since Quarter 1 due to the revised forecast security costs within Gypsy and Travellers at the Severalls site.
- ii. Approval is sought in this report for the following:
 - Transfer **£400,000** to the Carry Forward Reserve to support the Country Stewardship scheme. £750,000 was originally carried forward into 2022/23 and now £400,000 of this is needed in 2023/24 to support wood pasture and grasslands restoration.

5.5 **Economic Renewal, Infrastructure and Planning - £229,000 (2.1%) under spend**

- i. The forecast under spend of **£229,000** within this portfolio is mainly due to:
 - **£170,000** forecast under spend within Development Management which is due to higher than budgeted planning income that has been received
 - **£138,000** forecast under spend within Housing Strategy, Development and Investment which relates to the recharged strategic support services to the LLP for using ECC internal support services. This is now understood to be an on-going annual recharge.
 - **£77,000** forecast over spend within Environmental Planning where the forecast income is insufficient to cover the forecast costs for the year.
- ii. This is a favourable movement of **£176,000** since Quarter 1 which is attributable to higher than anticipated planning income that has been received within Development Management.
- iii. Approval is sought in this report for:
 - Vire **£36,000** to the Highways Maintenance and Sustainable Transport portfolio to fund a secondment from Development Management to the Transport Strategy and Engagement Team.

5.6 **Education Excellence, Lifelong Learning and Employability (DSG) - £8.7m under spend**

- i. An in year **£8.7m** under spend is reported which results from the increase in funding for 2022/23.
- ii. This an adverse movement of **£2.5m** since Quarter 1 mainly attributable to **£2.1m** in the Schools Block where a higher than anticipated Growth Fund allocation previously reported as an under spend is now fully committed as spending plans have been finalised

- iii. The High Needs Block (HNB) funding was increased by the Government by **£20.8m** (post recoupment) for 2022/23. The HNB is expected to remain in surplus this financial year and plans to utilise this are being developed.
- iv. However significant pressures exist within the forecast and are as follows:
 - **£2m** over spend for Education Health and Care Plans (EHCPs) where the volume and cost exceeds what was included in the budget
 - **£1.1m** over spend for Individual Pupil Resource Allocations (IPRA) where costs are increasing
 - Independent Schools are forecasting a **£463,000** over spend, an 8.8% increase in expenditure compared to 2021-22. The 2022-23 budget is **£28m**, an increase of 8.9% from 2021-22, following expenditure of **£26m** resulting in a **£1m** over spend last year.
 - **£366,000** increase in the cost of SEN top ups due to the number of school days being under estimated in the budget

5.7 Education Excellence, Lifelong Learning and Employability (Non DSG) - **£358,000 (1.5%) over spend**

- i. The **£358,000** over spend is due to:
 - Non staffing costs forecasting higher than budgeted - £250,000
 - A forecast over spend in staffing - £127,000 mainly due to the SEND posts funded through the Covid Reserve being extended to March 2023 with the additional costs funded through existing resources in the Education Function. It should be noted that across the Education Function the vacancy factor is forecasting to be fully achieved.
- ii. This is an adverse movement of **£343,000** since Quarter 1 is mainly attributable to staffing pressures.
- iii. Approval is sought in this report for:
 - **£118,000** returned to the PFI Equalisation reserves relating to the Debden PFI scheme.

5.8 Finance, Resources and Corporate Affairs - **£274,000 (2.1%) under spend**

- i. The forecast under spend reported is due to vacancy factor already materialising across customer services, together with less assessment activity than expected for Blue Badges
- ii. There has been a small adverse movement of **£12,000**
- iii. Approval is sought in this report for:
 - **£260,000** to the Reserve for Future Capital Funding for the lift replacement costs within the Commercial Property portfolio

5.9 Highways Maintenance and Sustainable Transport - £223,000 (0.2%) under spend

- i. The forecast under spend predominantly relates to in-year staffing vacancies which are under recruitment. There is a favourable movement of **£65,000** since Quarter 1.
- ii. There is a net unadjusted over spend of **£9.4m**, which is largely made up as follows:
 - An over spend of **£917,000** in Passenger Transport, Concessionary Fares reflecting ECC's commitment to reimburse operators for losses due to reduced patronage since Covid-19 as per governance paper FP/437/06/22. This will be drawn down from the Transformation Reserve
 - A net under recovery of income within the Park & Ride service **£179,000** which is to be funded by reserves
 - An over spend of **£2m** in Roads & Footways to support investment in Highways Infrastructure through the creation of a new Pothole fund to be funded by reserves
 - An over spend of **£5.8m** in Street Lighting, Tackling congestion, Bridges, Winter & Depots relating to energy purchased at a price up to 79p per kw/h. There may be an opportunity arising from forward purchases of energy, and the implications of the government announcement on energy support for Local Authorities, which are both currently being evaluated. Due to the continued uncertainty and volatility in the energy market, any further ask to fund pressures from reserves will be requested later in the year.
 - An over spend of **£850,000** within Local Highways Panels in relation to savings in the MTRS, for which a permanent delivery solution is to be found, which is to be covered by the Transformation Reserve for 2022/23 only.

These pressures are offset by staffing under spends across a number of policy lines.

- iii. Approval is sought in this report for the following:
 - **£917,000** from the Transformation Reserve to reimburse bus service operator losses as per FP/437/06/22
 - **£850,000** from the Transformation Reserve mitigating the Local Highways Panels saving included within the MTRS
 - **£179,000** from the Covid Equalisation Reserve due to income losses within Park and Ride
 - **£86,000** to the Carry Forward Reserve to recruit a Dynamic Purchasing officer on a fixed term basis

- Vire **£47,000** to the Leader RSSS portfolio for a Highways Communications officer.
- Vire **£36,000** from the Economic Renewal, Infrastructure and Planning portfolio to fund a secondment from Development Management to the Transport Strategy and Engagement Team

5.10 **Leader - £97,000 (1.8%) under spend**

- The portfolio reports a residual under spend of **£97,000** representing a small favourable movement of **£23,000** since Quarter 1. The under spend and movement are attributable to the Corporate Management and Leadership policy line. This under spend is due to additional (unbudgeted) income being forecast in relation to the Chief Executive's work with Slough. The figure has been refined since Quarter 1, hence there has been a small movement.

5.11 **Waste Reduction and Recycling – on line**

The Waste Reduction and Recycling portfolio is reporting an online position to budget. Within this position, the following should be noted:

- As we de-mobilised the IWHC contract and designed a new internal service to haul waste and manage the recycling centres, we built a cost base that was heavily reliant on assumptions, many of which were reflective of the cost base established by Veolia under their contractual arrangements. There is a risk that these assumptions are out of date and not reflective of the actual service now being delivered, especially in light of the current macroeconomic environment.
- The actual costs being incurred are being monitored closely and any variation to the original financial model that underpinned the budget will be investigated and the impact assessed for materiality.
- Actual tonnage information for the period to date is not yet wholly reflected in the forecast position. This is because there is a time lag in the provision of data related to tonnage disposed of for certain waste streams. This is normal practice and is not reflective of any specific issues.
- The 2022/23 budget is overstated as it includes additional tonnage for the impact of covid which is not crystallising and work is almost complete to validate this with trends now coming through in 2022/23.

5.12 **Other Operating Costs – £5.2m (6.3%) under spend**

- Previously, due to the currently volatile economic conditions, we were unable to take a view on the impact on Other Operating Costs budgets and had therefore reported as on line. As at the Half Year stage, this has

changed. This under spend position and movement since Quarter 1 of £5.2m is due to the changing interest rates compared to budget as well as the impact of capital slippage on borrowing and interest payable.

- ii. Approval is sought in this report for the following:
 - **£600,000** to the Carry Forward Reserve in order to support the one-off ICRA saving in 2023/24.

5.13 Community, Equality, Partnerships and Performance Recharged Strategic Support Services - £47,000 (0.3%) over spend

- i. The forecast over spend of **£47,000** is reported after proposed adjustments. This position and the movement of **£13,000** since Quarter 1 is attributable to unbudgeted staffing costs in Equality and Diversity of **£41,000** and Democratic Services of **£7,000**.
- ii. Approval is sought in this report for the following:
 - **£501,000** from the Covid Equalisation Reserve to support temporary Registrations posts, originally approved via FP/065/05/21 Additional Funding for Registrations Service CMA, now time lapsed
 - **£60,000** to the Carry Forward Reserve in relation to savings in 2023/24
 - **£25,000** from the Transformation Reserve in relation to Experian licences.

5.14 Economic Renewal, Infrastructure and Planning Recharged Strategic Support Services – on line

- i. The portfolio reports an on line position with no change from the position reported at Quarter 1. However, it has been identified that the income budget is unachievable as this was due to be generated via commercial income by selling services to third parties. This is due to the service no longer delivering projects for the Department for Education (DfE), and the impact of Covid on the construction industry. This is being mitigated by in-year staffing vacancies, recharges to capital projects and lower than anticipated activity spend. However, there is a risk of **£200,000** being reported and this will be closely monitored through the year.

5.15 Finance, Resources and Corporate Affairs Recharged Strategic Support Services - £2.3m (2.8%) over spend

- i. The portfolio forecasts an over spend of **£2.3m** representing a favourable movement since the Quarter 1 report of **£247,000**. This is almost wholly in relation to pressures within Facilities Management where CPI contract pressures, utility costs and the saving in relation to property realisation that was already in the MTRS have caused substantial issues.

- ii. These are slightly offset by favourable forecasts in relation to staffing across the remainder of the portfolio.
- iii. Approval is sought in this report for the following:
 - **£535,000** to the Technology and Digitisation Reserve to support future work relating to the Cloud Modernisation Programme
 - **£232,000** to the Carry Forward Reserve in relation to savings in 2023/24
 - **£211,000** from the Covid Equalisation Reserve in relation to Covid pressures on the People and Transformation service centre **£143,000** and towards the Flu vaccine project **£68,000**
 - **£94,000** to the Transformation Reserve towards the Workforce Strategy project

5.16 Leader Recharged Support Services – on line

- i. This position is reported as on line.
- ii. Approval is sought in this report for the following:
 - **£70,000** from the Covid Equalisation Reserve relating to the Communications and Marketing team for pandemic related activity.
 - Vire **£47,000** from the Highways Maintenance and Sustainable Transport portfolio for a Highways Communications officer.

6. Trading Activities

- 6.1 Trading activities as a whole are reporting an achievement of target against the budgeted surplus of **£304,000**.
- 6.2 Place Services is reporting an achievement of the planned target of **£300,000** which will be appropriated to County Reserves
- 6.3 Music Services is reporting an on line position after the **£4,000** appropriation to County Reserves to repay the remaining Music Pension deficit.
- 6.4 These forecast positions will leave a net residual surplus in reserves of **£1.5m**, of which **£1.3m** relates to Place Services
- 6.5 Appendix B shows the position by each Trading Activity.

7. Capital

7.1 An under spend of **£22.2m** (7.7%) is forecast against the latest capital budget of **£287.7m**. After taking account of budget change requests in this report there is a residual over spend of **£105,000**

7.2 Approval is sought for:

- i. Slippage of **£33m** (£27.1m into 2023/24, £4.7m into 2024/25 and £1.2m 2025/26)
- ii. Budget additions of **£20.4m**
- iii. Budget reductions of **£14.9m**
- iv. Advanced works of **£5.2m** (£13.4m to be advanced from 2026/27, £904,000 from 2023/24, £5.2m into 2022/23, £5.6m into 2024/25 and £3.5m into 2025/26)

7.3 The key points to note are listed below, and the detailed requests are shown at Appendix C(ii).

7.4 Adult Social Care and Health – on line

- i. There is no variance to budget

7.5 Children’s Service and Early Years – £20,000 under spend

- i. Approval is sought to re-profile **£31,000** into 2024/25 in relation to the Dry Street Early Years’ scheme
- ii. Approval is sought to add **£4,000** into the programme

7.6 Community, Equity, Partnerships and Performance – on line

- i. There is no variance to budget

7.7 Devolution, Art, Heritage and Culture – £1,000 over spend

- i. There is an immaterial variance to budget

7.8 Economic Renewal, Infrastructure and Planning - £12.3m under spend

- i. Essex Housing LLP loans is reporting an under spend of **£6.7m** predominately due to delays on the Essex County Hospital and Purford Green schemes as the projects are having to be re-tendered. As a result approval is sought for **£800,000** to be re-profiled into 2023/24 and a reduction of **£5.9m**.
- ii. An under spend of **£3.5m** is reported across the Highways Infrastructure Fund (HIF) schemes, specifically Chelmsford North East Bypass (**£3m**) and A133-A120 Link Road (**£2.5m**) mainly due to land ownership issues. Across the HIF schemes, approval is sought to re-profile **£5.5m** into

2023/24, reductions of **£1.8m** (with a corresponding addition on the Cambridge Road scheme). Advanced works of **£3.8m** (£3.1m from 2023/24 and £718,000 from 2024/25) is sought in relation to Harlow STC which is ahead of schedule.

- iii. Economic Growth is reporting an under spend of **£2.2m** primarily in relation to the Colchester Grown on Space scheme due to delays caused by archaeological issues. Approval is sought to re-profile **£3.2m** (£2m into 2023/24, £1.1m into 2024/25 and £22,000 into 2025/26). Approval is also sought for additions of **£1.9m** in relation to the successful bid for Colchester Towns Fund grant and reductions **£974,000**.
- iv. In total across the portfolio approval is sought for;
 - i. Slippage of **£17.1m** from 2022/23, £13.3 into 2023/24, £2.6m into 2024/25 and £1.2m into 2025/26
 - ii. Additions of **£8.6m**
 - iii. Reductions of **£8.9m**
 - iv. Advanced works of **£5.2m** into 2022/23, **£5.6m** in to 2024/25 and **£3.5m** into 2025/26 from 2026/27 (£13.4m) and £854,000 from 2023/24

7.9 Education Excellence, Lifelong Learning and Employability - **£9.4m under spend**

- i. An under spend of **£4m** is reported on Special Schools schemes, specifically Fairview PRU (£2.5m), White Bridge (£250,000) and White Hall (£224,000) where the projects are in their early stages and updated cash flow forecasts require budget to be re-profiled into 2023/24 (£3.9m) and 2024/25 (£459,000).
- ii. An under spend of **£2.3m** relates to Harlow Primary Basic Need due to delays with the land transfer for Harlowbury Primary School. Approval is sought to re-profile **£2.3m** from 2022/23, **£1.5m** into 2023/24 and **£782,000** into 2024/25.
- iii. Maldon Secondary Basic Need is reporting an under spend of **£2.2m** due to delays caused by on-going funding negotiations on the Plume School Project. Approval is sought to slip £2.2m into 2023/24.
- iv. An under spend of **£1.1m** relates to Chelmsford Primary Basic Need as the procurement for Beaulieu Primary is now complete and an updated cashflow forecast has been received from the contractor which requires £636,000 to be re-profiled into 2024/25. Planning has been awarded for Trinity Road Primary which has provided greater certainty on the forecast which requires £469,000 to be re-profiled into 2023/24.
- v. Within Schools Capitalised Building Maintenance, the School Condition Allocation grant for 2022/23 is higher than anticipated so approval is sought for an addition of £1.6m to recognise the new funding. This is

offset by a reduction of £1.6m in relation to a decarbonisation project that is in the Core Estate Building Maintenance budget within the Finance, Resources and Corporate Affairs Portfolio.

- vi. In total across the Portfolio, approval is sought for:
 - i. Slippage of **£11m** from 2022/23, £8.9m into 2023/24 and £2.1m into 2024/25
 - ii. Additions of **£4.1m**
 - iii. Reductions of **£2.8m**
 - iv. Advanced Works of **£50,000** from 2023/24

7.10 Finance, Resources and Corporate Affairs – £3.7m over spend

- i. An over spend of £4.1m is forecast in relation to SALIX funded Property Maintenance schemes primarily in relation to the newly awarded Public Sector Decarbonisation schemes (PSDS) funding from Salix, for which approval is sought for an addition of £4.8m, with £1.2m being re-profiled into 2023/24.
- ii. Approval is sought for a reduction of £1.3m against the core estate capitalised building maintenance project, with corresponding additions to various Salix property projects within the Portfolio to provide additional contributions to the schemes.
- iii. In total across the Portfolio, approval is sought for;
 - i. Slippage of **£1.4m** into 2023/24
 - ii. Additions of **£7.6m**
 - iii. Reductions of **£2.3m**

7.11 Highways Maintenance and Sustainable Transport - £4.2m under spend

- i. Approval is sought to re-profile **£2.4m** into 2023/24 in relation to the Local Highways Panels due to resourcing issues meaning that works cannot be delivered in this financial year as intended. Furthermore, **£1.1m** slippage is requested in relation to the Transport Advertising project into 2023/24 as legal services are unable to resource the work needed to launch the procurement until the autumn.
- ii. Approval is sought for a reduction of **£749,000** on cycle asset renewal with a corresponding addition to Cycling Infrastructure (within the Economic Renewal, Infrastructure and Planning portfolio) to cover the cycleway works at Broomfield Hospital and to cover the maintenance works on Bunny's Walk and Kings Hall Meadow.

7.12 Leader – on line

- i. There is no variance to budget

7.13 Controlled Elsewhere – £270,000 over spend

i. Approval is sought to add £167,000 into Devolved Formula Capital

- 7.14 **Appendix C** provides a comparison of approved and forecast outturn capital payments by Portfolio and sets out the variance plan which summarise the proposals for addressing the forecast budget variances.

8. Policy context and Outcomes Framework

This report is an assessment of the financial position of the County Council, which itself is a representation of the corporate plan. The budget and Annual plan were approved in parallel in February 2022.

9. Reserves

- 9.1 A summary of the forecast balances on reserves is provided in **Appendix D**.
- 9.2 Of the recommendations requested in this report the most significant is to appropriate **£2.7m** from the Covid Equalisation Reserve for various pandemic related expenditure or income losses.
- 9.3 Approvals totalling **£1.4m** are sought in this report to appropriate to the Carry Forward Reserve to support the 2023/24 budget and specific risks. The breakdown of what this relates to specifically can be found in section 5.3.iii, 5.4.ii, 5.9.iii, 5.12.ii and 5.13.ii and 5.15.iii.

10. Financial Implications

Finance and Resources Implications (Section 151 Officer)

- 10.1 The report is provided by the Section 151 Officer. There are no further comments.

11. Legal Implications

- 11.1 The Council is responsible for setting the budget each year. Once agreed the executive then have to implement the policy framework and keep within the budget, subject to the limits set by Financial Regulations.

12. Equality and Diversity implications

- 12.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when ECC makes decisions it must have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (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.
- 12.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.
- 12.3 The equality implications are assessed as part of budget setting process and as part of individual schemes.
- 12.4 There are no equality and diversity or other resource implications associated with this report.

13. List of Appendices

Appendix A	Revenue Forecast Outturn
Appendix B	Trading Activities
Appendix C (i)	Capital Forecast Outturn
Appendix C (ii)	Capital Variance Plan
Appendix D	Balance Sheet - Earmarked Reserves
Appendix E	Treasury Management
Appendix F	Prudential Indicators

(Available at www.essex.gov.uk if not circulated with this report)

14. List of Background Papers

Budgetary control reports.

Appendix A

Revenue

Portfolio	Latest Budget £000	Half Year Forecast Variance £000	% of Latest Budget	First Quarter Variance £000	Movement £000	Direction of Travel
Adult Social Care and Health	480,902	3,918	0.8%	3,369	549	↓
Children's Services and Early Years DSG	(401)	(1,169)	291.5%	0	(1,170)	↑
Children's Services and Early Years Non DSG	139,103	1,289	0.9%	(927)	2,216	↓
Community, Equality, Partnerships and Performance	25,686	647	2.5%	492	155	↓
Devolution, the Arts, Heritage and Culture	6,165	(0)	(0.0%)	60	(60)	↑
Economic Renewal, Infrastructure and Planning	11,030	(229)	(2.1%)	(53)	(176)	↑
Education Excellence, Life Long Learning and Employability DSG	(2,607)	(8,660)	332.2%	(11,200)	2,539	↓
Education Excellence, Life Long Learning and Employability Non DSG	24,708	358	1.5%	15	343	↓
Finance, Resources and Corporate Affairs	12,876	(274)	(2.1%)	(285)	12	↓
Highways Maintenance and Sustainable Transport	114,669	(223)	(0.2%)	(157)	(65)	↑
Leader	5,324	(97)	(1.8%)	(74)	(23)	↑
Waste Reduction and Recycling	86,727	-	0.0%	-	-	→
Other Operating Costs	82,482	(5,198)	(6.3%)	2	(5,200)	↑
Community, Equality, Partnerships and Performance RSSS	18,093	47	0.3%	60	(13)	↑
Economic Renewal, Infrastructure and Planning RSSS	1,097	-	0.0%	-	-	→
Finance, Resources and Corporate Affairs RSSS	82,166	2,325	2.8%	2,572	(247)	↑
Leader RSSS	1,863	-	0.0%	-	-	→
Total	1,089,884	(7,265)	(0.7%)	(6,123)	(1,141)	
DSG Offset	(3,008)	(9,829)	326.8%	(11,199)	1,370	
Total Excluding DSG	1,092,892	2,564	0.2%	5,076	(2,511)	
Funding		301		-	301	
Revised Total	1,092,892	2,865	0.3%	5,076	(2,210)	

Traded Services

	Revenue reserve 1 April 2022	Income	Budget Expenditure (Surplus) /Deficit		Income	Forecast Expenditure	Forecast (Surplus) / deficit	Final Outturn position	To County Revenue Account	To Trading Activity reserve	Final Outturn position	Variance Plan Proposals to/(from) reserves	Revenue reserve 31 March 2023
Traded Services	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Place Services	(1,252)	(3,515)	3,215	(300)	(3,581)	3,281	(300)	-	(300)	-	-	-	(1,252)
Music Services	(261)	(4,088)	4,084	(4)	(4,255)	4,251	(4)	-	(4)	-	-	-	(261)
Total	(1,513)	(7,603)	7,299	(304)	(7,836)	7,532	(304)	-	(304)	-	-	-	(1,513)

Appendix C (i)

Capital

	Year to date			Budget Movement		Full Year		
	Budget	Actuals	Variance	Original Budget	In year approved changes	Revised Budget	Outturn	Variance
	£000	£000	£000	£000	£000	£000	£000	£000
Adult Social Care and Health	337	10	(327)	910	254	1,164	1,164	-
Children's Services and Early Years	1,809	587	(1,221)	2,014	2,304	4,318	4,298	(20)
Community, Equality, Partnerships and Performance	52	22	(30)	100	125	225	225	0
Devolution, the Arts, Heritage and Culture	115	7	(107)	121	18	139	141	1
Economic Renewal, Infrastructure and Planning	35,285	16,614	(18,672)	124,523	454	124,977	112,660	(12,317)
Education Excellence, Lifelong Learning and Employability	19,181	17,869	(1,312)	59,832	(2,666)	57,166	47,809	(9,357)
Finance, Resources and Corporate Affairs	2,253	2,912	660	5,845	1,866	7,711	11,423	3,712
Highways Maintenance and Sustainable Transport	40,087	37,339	(2,748)	89,998	206	90,204	86,028	(4,176)
Leader	648	(0)	(649)	280	1,556	1,836	1,836	-
ECC Capital Programme	99,767	75,360	(24,407)	283,623	4,118	287,741	265,584	(22,157)

Financed by:

	Budget Movement		Full Year		
	Original Budget	In year approved changes	Revised Budget	Outturn	Variance
	£000	£000	£000	£000	£000
ECC Capital Programme					
Grants	123,776	5,055	128,831	129,520	689
Reserves	6,000	-	6,000	6,050	50
Developer & Other contributions	17,484	(1,360)	16,124	11,164	(4,960)
Capital receipts	5,000	-	5,000	5,000	-
Unsupported borrowing	131,363	402	131,765	113,590	(18,175)
ECC Capital Programme	283,623	4,097	287,720	265,324	(22,396)
Grants	-	21	21	260	239
Unsupported borrowing	-	-	-	-	-
School Balances	-	21	21	260	239
Total ECC & Schools Capital Funding	283,623	4,118	287,741	265,584	(22,157)

Appendix C(ii)

Capital Variance Plan

Portfolio	Approved changes					Variance Plan (2022/23)					
	Slippage	Additions	Reductions	Advanced Works	Approved changes	Slippage	Additions	Reductions	Advanced Works	Residual Variance	Total Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Adult Social Care and Health	254	4	-	(4)	254	-	-	-	-	-	-
Children's Services and Early Years	221	2,160	(77)	-	2,304	(31)	4	-	-	8	(20)
Community, Equality, Partnerships and Performance	125	-	-	-	125	-	-	-	-	0	0
Devolution, the Arts, Heritage and Culture	18	-	-	-	18	-	-	-	-	1	1
Economic Renewal, Infrastructure and Planning	5,616	9,482	(15,377)	732	453	(17,089)	8,575	(8,943)	5,130	10	(12,317)
Education Excellence, Lifelong Learning and Employability	(1,148)	12,202	(13,396)	(324)	(2,666)	(11,036)	4,280	(2,833)	50	182	(9,357)
Finance, Resources and Corporate Affairs	1,929	193	(128)	(128)	1,866	(1,410)	7,551	(2,334)	-	(95)	3,712
Highways Maintenance and Sustainable Transport	1,343	76,923	(76,339)	(1,721)	206	(3,453)	27	(749)	-	(0)	(4,176)
Leader	-	1,621	(65)	-	1,556	-	-	-	-	-	-
ECC Capital Programme	8,358	102,585	(105,382)	(1,445)	4,116	(33,019)	20,435	(14,859)	5,180	105	(22,157)

Variance plan - Future years

Portfolio	2023/24		2024/25		2025/26		2026/27		2027/28		Total Variance
	Slippage	Advanced Works	Slippage	Advanced Works	Slippage	Advanced Works	Slippage	Advanced Works	Slippage	Advanced Works	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Services and Early Years	-	-	31	-	-	-	-	-	-	-	31
Economic Renewal, Infrastructure and Planning	13,274	(854)	2,608	5,648	1,207	3,475	-	(13,401)	-	-	11,957
Education Excellence, Lifelong Learning and Employability	8,945	(50)	2,091	-	-	-	-	-	-	-	10,986
Finance, Resources and Corporate Affairs	1,410	-	-	-	-	-	-	-	-	-	1,410
Highways Maintenance and Sustainable Transport	3,453	-	-	-	-	-	-	-	-	-	3,453
ECC Capital Programme	27,082	(904)	4,730	5,648	1,207	3,475	-	(13,401)	-	-	27,837

Appendix C(ii) cont'd

Portfolio & Scheme	Slippage	Additions	Reductions	Advanced Works	2022/23 Changes
	£000	£000	£000	£000	Requested
EARLY YEARS	(31)	4	-	-	(27)
Children's Services and Early Years	(31)	4	-	-	(27)
A133-A120 LINK HIF	(2,500)	-	-	-	(2,500)
CHELMSFORD NORTH EASTERN BYPASS	(3,000)	-	-	-	(3,000)
HARLOW STC NTH/STH (Ph1:GILSTON TO TC) (HIF)	-	-	(1,785)	3,778	1,993
A120 MILLENNIUM WAY SLIPS	(70)	-	-	-	(70)
ACTIVE TRAVEL	-	177	-	-	177
ARMY AND NAVY RAB, CHELMSFORD	-	-	-	1,340	1,340
CAMBRIDGE ROAD JUNCTION	(3,503)	1,785	-	-	(1,718)
CHELMSFORD GROWTH AREA	-	574	-	-	574
COLCHESTER TOWNS FUND LCWIP4	(2,678)	2,883	-	-	205
CYCLING INFRASTRUCTURE	(619)	449	-	-	(170)
ABBERTON RURAL TRAINING	-	-	(28)	-	(28)
BDUK ESSEX SUPERFAST PROGRAMME PHASE 4	-	778	(324)	-	454
COLCHESTER GROW ON SPACE	(2,936)	-	-	-	(2,936)
COLCHESTER TOWNS FUND	(214)	1,929	(100)	-	1,615
ESSEX PEDAL POWER (TENDRING)	-	-	(54)	-	(54)
LABWORTH CAR PARK, CANVEY	-	-	(2)	-	(2)
LAINDON PLACE, BASILDON	-	-	(790)	-	(790)
LOUGHTON LIBRARY	(44)	-	-	-	(44)
SHENFIELD LIBRARY	(500)	-	-	-	(500)
ST PETERS ILOP - INV	(225)	-	-	-	(225)
MOULSHAM LODGE	-	-	-	13	13
EH LLP LOAN ECH	(400)	-	(2,689)	-	(3,089)
EH LLP LOAN SHERNBROKE	-	-	(389)	-	(389)
EH LLP LOAN PURFORD	-	-	(2,782)	-	(2,782)
EH LLP LOAN HARGRAVE	(400)	-	-	-	(400)
Economic Renewal, Infrastructure and Planning	(17,089)	8,575	(8,943)	5,131	(12,326)
SCHOOLS CAPITALISED BUILDING MAINTENANCE	-	1,599	(1,575)	-	24
BASILDON PRIMARY BASIC NEED	(344)	-	-	-	(344)
BASILDON SECONDARY BASIC NEED	(110)	-	-	-	(110)
HARLOW PRIMARY BASIC NEED	(2,290)	-	-	-	(2,290)
EPPING FOREST PRIMARY BASIC NEED	(420)	-	-	-	(420)
EPPING FOREST SECONDARY BASIC NEED	(16)	16	(503)	48	(455)
COLCHESTER PRIMARY BASIC NEED	-	79	(10)	-	69
COLCHESTER SECONDARY BASIC NEED	-	10	(14)	-	(4)
BRAINTREE PRIMARY BASIC NEED	-	77	-	-	77
MALDON SECONDARY BASIC NEED	(2,221)	-	-	-	(2,221)
TENDRING PRIMARY BASIC NEED	(80)	-	-	-	(80)
UTTLESFORD PRIMARY BASIC NEED	(20)	65	(65)	-	(20)
CHELMSFORD PRIMARY BASIC NEED	(1,104)	-	-	-	(1,104)
ACL DIGI HUB	-	789	-	-	789
SPECIAL SCHOOLS	(4,382)	1,005	(600)	-	(3,977)
TEMPORARY ACCOMMODATION	(50)	474	(66)	2	360
Education Excellence, Lifelong Learning and Employability	(11,037)	4,114	(2,833)	50	(9,706)
SALIX PSDS3A	(1,200)	4,798	-	-	3,598
CORE ESTATE CARBON REDUCTION FUND	-	750	-	-	750
SALIX GRANT WITHAM ACL	-	224	(165)	-	59
SALIX GRANT GOODMAN HOUSE	-	-	(142)	-	(142)
SALIX GRANT ERO	-	845	-	-	845
SALIX GRANT CORE ESTATE SOLAR	-	11	-	-	11
SALIX GRANT CORE ESTATE WINDOW	-	485	(750)	-	(265)
SALIX GRANT GREAT NOTLEY CP	-	12	-	-	12
CAPITALISED BUILDING MAINTENANCE	-	165	(1,276)	-	(1,111)
LIFT REPLACEMENTS CLARENDON ROAD	(210)	260	-	-	50
Finance, Resources and Corporate Affairs	(1,410)	7,550	(2,333)	-	3,807
CYCLE ASSET RENEWAL	-	-	(749)	-	(749)
LOCAL HIGHWAYS PANELS	(2,400)	-	-	-	(2,400)
PT TRANSPORT ADVERTISING	(1,053)	-	-	-	(1,053)
SECTION 106	-	27	-	-	27
RFM VEHICLE PURCHASE	-	-	(1)	-	(1)
Highways Maintenance and Sustainable Transport	(3,453)	27	(750)	-	(4,176)
ECC Capital Programme	(33,019)	20,270	(14,859)	5,180	(22,428)
Devolved Formula Capital	-	167	-	-	167
Total Capital Programme	(33,019)	20,435	(14,859)	5,180	(22,263)

Portfolio & Scheme	2023/24		2024/25		2025/26		2026/27	
	Slippage £000	Advanced Works £000	Slippage £000	Advanced Works £000	Slippage £000	Advanced Works £000	Slippage £000	Advanced Works £000
EARLY YEARS	-	-	31	-	-	-	-	-
Children's Services and Early Years	-	-	31	-	-	-	-	-
A133-A120 LINK HIF	2,500	-	-	-	-	-	-	-
CHELMSFORD NORTH EASTERN BYPASS	3,000	-	-	-	-	-	-	-
HARLOW STC NTH/STH (Ph1:GILSTON TO TC) (HIF)	-	(3,060)	-	(718)	-	-	-	-
A120 MILLENNIUM WAY SLIPS	-	-	70	-	-	-	-	-
ACTIVE TRAVEL	-	-	-	-	-	-	-	-
ARMY AND NAVY RAB, CHELMSFORD	-	2,219	-	6,366	-	3,475	-	(13,401)
CAMBRIDGE ROAD JUNCTION	3,503	-	-	-	-	-	-	-
CHELMSFORD GROWTH AREA	-	-	-	-	-	-	-	-
COLCHESTER TOWNS FUND LCWIP4	121	-	1,373	-	1,185	-	-	-
CYCLING INFRASTRUCTURE	619	-	-	-	-	-	-	-
ABBERTON RURAL TRAINING	-	-	-	-	-	-	-	-
BDOUK ESSEX SUPERFAST PROGRAMME PHASE 4	-	-	-	-	-	-	-	-
COLCHESTER GROW ON SPACE	1,836	-	1,100	-	-	-	-	-
COLCHESTER TOWNS FUND	170	-	21	-	22	-	-	-
ESSEX PEDAL POWER (TENDRING)	-	-	-	-	-	-	-	-
LABWORTH CAR PARK, CANVEY	-	-	-	-	-	-	-	-
LAINDON PLACE, BASILDON	-	-	-	-	-	-	-	-
LOUGHTON LIBRARY	-	-	44	-	-	-	-	-
SHENFIELD LIBRARY	500	-	-	-	-	-	-	-
ST PETERS ILOP - INV	225	-	-	-	-	-	-	-
MOULSHAM LODGE	-	(13)	-	-	-	-	-	-
EH LLP LOAN ECH	400	-	-	-	-	-	-	-
EH LLP LOAN SHERNBROKE	-	-	-	-	-	-	-	-
EH LLP LOAN PURFORD	-	-	-	-	-	-	-	-
EH LLP LOAN HARGRAVE	400	-	-	-	-	-	-	-
Economic Renewal, Infrastructure and Planning	13,274	(854)	2,608	5,648	1,207	3,475	-	(13,401)
SCHOOLS CAPITALISED BUILDING MAINTENANCE	-	-	-	-	-	-	-	-
BASILDON PRIMARY BASIC NEED	150	-	194	-	-	-	-	-
BASILDON SECONDARY BASIC NEED	110	-	-	-	-	-	-	-
HARLOW PRIMARY BASIC NEED	1,508	-	782	-	-	-	-	-
EPPING FOREST PRIMARY BASIC NEED	420	-	-	-	-	-	-	-
EPPING FOREST SECONDARY BASIC NEED	16	(48)	-	-	-	-	-	-
COLCHESTER PRIMARY BASIC NEED	-	-	-	-	-	-	-	-
COLCHESTER SECONDARY BASIC NEED	-	-	-	-	-	-	-	-
BRAINTREE PRIMARY BASIC NEED	-	-	-	-	-	-	-	-
MALDON SECONDARY BASIC NEED	2,221	-	-	-	-	-	-	-
TENDRING PRIMARY BASIC NEED	80	-	-	-	-	-	-	-
UTTLESFORD PRIMARY BASIC NEED	-	-	20	-	-	-	-	-
CHELMSFORD PRIMARY BASIC NEED	468	-	636	-	-	-	-	-
ACL DIGI HUB	-	-	-	-	-	-	-	-
SPECIAL SCHOOLS	3,923	-	459	-	-	-	-	-
TEMPORARY ACCOMMODATION	50	(2)	-	-	-	-	-	-
Education Excellence, Lifelong Learning and Employability	8,946	(50)	2,091	-	-	-	-	-
SALIX PSDS3A	1,200	-	-	-	-	-	-	-
CORE ESTATE CARBON REDUCTION FUND	-	-	-	-	-	-	-	-
SALIX GRANT WITHAM ACL	-	-	-	-	-	-	-	-
SALIX GRANT GOODMAN HOUSE	-	-	-	-	-	-	-	-
SALIX GRANT ERO	-	-	-	-	-	-	-	-
SALIX GRANT CORE ESTATE SOLAR	-	-	-	-	-	-	-	-
SALIX GRANT CORE ESTATE WINDOW	-	-	-	-	-	-	-	-
SALIX GRANT GREAT NOTLEY CP	-	-	-	-	-	-	-	-
CAPITALISED BUILDING MAINTENANCE	-	-	-	-	-	-	-	-
LIFT REPLACEMENTS CLARENDON ROAD	210	-	-	-	-	-	-	-
Finance, Resources and Corporate Affairs	1,410	-	-	-	-	-	-	-
CYCLE ASSET RENEWAL	-	-	-	-	-	-	-	-
LOCAL HIGHWAYS PANELS	2,400	-	-	-	-	-	-	-
PT TRANSPORT ADVERTISING	1,053	-	-	-	-	-	-	-
SECTION 106	-	-	-	-	-	-	-	-
RFM VEHICLE PURCHASE	-	-	-	-	-	-	-	-
Highways Maintenance and Sustainable Transport	3,453	-	-	-	-	-	-	-
ECC Capital Programme	27,083	(904)	4,730	5,648	1,207	3,475	-	(13,401)
Devolved Formula Capital	-	-	-	-	-	-	-	-
Total Capital Programme	27,083	(904)	4,730	5,648	1,207	3,475	-	(13,401)

Reserves

	2022/23 movements				Adjustments proposed in quarterly report included within this position £000
	Balance at 1 April 2022 £000	(Contributions)/ Withdrawals agreed £000	Future commitments £000	Estimated Closing balance £000	
Long Term Contractual Commitment					
PFI Reserves					
A130 PFI	(28,181)	10,308	-	(17,873)	
Building Schools for the Future PFI	(1,237)	-	(949)	(2,186)	
Debden School PFI	(1,743)	-	173	(1,570)	(118)
Clacton Secondary Schools' PFI	(960)	-	312	(647)	
Waste Reserve	(114,870)	6,209	3,728	(104,933)	
Grant Equalisation Reserve	(36,839)	-	2,628	(34,211)	
Trading Activities (not available for use)	(1,514)	304	(408)	(1,618)	
Partnerships and Third Party (not available for use)	(2,376)	-	-	(2,376)	
Schools (not available for use)	(49,212)	-	-	(49,212)	
General Balance	(68,096)	-	-	(68,096)	
Reserves earmarked for future use					
Adults Digital Programme	(275)	-	247	(28)	
Adults Risk	(14,221)	-	3,487	(10,734)	550
Adults Transformation	(12,718)	-	6,086	(6,632)	384
Ambition Fund	(6,523)	(8,800)	10,506	(4,817)	
Bursary for Trainee Carers	(338)	-	338	-	
Capital Receipts Pump Priming	(4,034)	(6,000)	2,500	(7,534)	
Carbon Reduction	(982)	114	192	(676)	
Carry Forward	(24,742)	-	23,314	(1,428)	(1,428)
Childrens Risk	-	(2,500)	625	(1,875)	
Childrens Transformation	(7,188)	-	2,174	(5,013)	344
Collection Fund Risk	(7,587)	(9,497)	-	(17,084)	
Commercial Investment in Essex Places	(15,658)	170	686	(14,802)	
Community Initiatives Fund	(376)	(350)	350	(376)	68
Covid Equalisation Reserve	(42,393)	1,831	24,951	(15,612)	2,674
EES Pension Risk	(4,000)	-	-	(4,000)	
Emergency	(17,564)	(9,094)	12,637	(14,021)	
Emergency Planning	(300)	-	-	(300)	
Equalities Fund Reserve	(261)	-	-	(261)	
Essex Climate Change Commission	(4,331)	-	2,533	(1,798)	
Essex Crime and Police	(73)	-	-	(73)	
Everyones Essex	(47,273)	(1,000)	17,102	(31,171)	
Future Capital Funding	(14,437)	(14,674)	16,223	(12,888)	(260)
General Risk	(13,858)	-	6,946	(6,912)	-
Health and Safety	(4,657)	-	103	(4,554)	
Insurance	(6,260)	-	-	(6,260)	
Newton	(149)	-	-	(149)	
Property Fund	(1,303)	-	260	(1,043)	
Quadrennial Elections	(999)	(500)	22	(1,477)	
Renewal Fund	(2,523)	-	273	(2,250)	
Social Distancing & Hygiene	(900)	-	-	(900)	
Technology and Digitisation	(11,640)	(10,000)	9,747	(11,894)	(535)
Transformation	(48,506)	(11,823)	12,500	(47,829)	1,698

TREASURY MANAGEMENT SUMMARY - 2022/23

	Actual Balance 1 April £000	Movements			Balance at 31 March £000	Interest payable / (earned) to date £000
		Raised £000	Repaid £000	Net movement £000		
Borrowing						
Long Term	592,859	-	(11,231)	(11,231)	581,628	20,094
Temporary	7,156	5,631	-	5,631	12,787	50
Total External Borrowing (A)	600,015	5,631	(11,231)	(5,600)	594,415	20,144
Investments						
Long Term	10,000	-	-	-	10,000	(210)
Temporary	562,523	1,102	(336,500)	(335,398)	227,125	(2,273)
Total External Investments (B)	572,523	1,102	(336,500)	(335,398)	237,125	(2,483)
Net indebtedness (A-B)	27,492	4,529	325,269	329,798	357,290	17,661

Borrowing	
Average long term borrowing over period to date (£000)	575,901
Opening pool rate at 1 April 2022	3.42%
Weighted average rate of interest on new loans secured to date	N/A
Average pool rate for year	3.44%

Investments	
Average daily cash balance over period to date (£000)	602,891
Average interest earned over period	1.02%
Benchmark rate - average 1 month SONIA rate	0.75%

Appendix F

Prudential Indicators - Summary

		Approved Indicator	Provisional Outturn
Affordability			
Incremental impact on Council Tax of 2022/23 and earlier years' 'starts'	£	£107.37	£105.38
Ratio of financing costs to net revenue streams	%	8.6%	8.8%
Prudence			
Net borrowing and Capital Financing Requirement		Net borrowing is below the medium term forecast of the CFR	
Capital Expenditure			
Capital expenditure	£m	284	266
Capital Financing Requirement (excluding credit arrangements)	£m	1,134	1,099
External Debt			
Authorised limit (borrowing only)	£m	1,060	N/A
Operational boundary (borrowing only)	£m	890	N/A
Actual external borrowing (maximum level of debt during year)	£m	N/A	600
Treasury Management			
Interest rate exposures			
Upper limit for exposure to fixed rates			
Net exposure	£m	1,060	553
Debt		100.0%	99.3%
Investments		100.0%	69.7%
Upper limit for exposure to variable rates			
Net exposure	£m	318	230
Debt		30.0%	2.2%
Investments		100.0%	87.3%
Maturity structure of borrowing (upper limit)			
Under 12 months	%	40.0%	1.9%
12 months and within 24 months	%	40.0%	2.0%
24 months and within 5 years	%	40.0%	9.5%
5 years and within 10 years	%	40.0%	16.7%
10 years and within 25 years	%	75.0%	26.8%
25 years and within 40 years	%	40.0%	30.1%
40 years and within 50 years	%	20.0%	0.0%
50 years and above	%	20.0%	13.0%
Total sums invested for more than 364 days			
Authorised limit	£m	30	N/A
Actual sums invested (maximum position during year)	£m	N/A	10
Summary			
All Treasury Management activities have been undertaken in accordance with approved policies and procedures.			
External debt is within prudent and sustainable limits.			
Credit arrangements have been undertaken within approved indicators			
Maturity Structure of borrowing: maturity dates for market loans are based on the next review date, not the final maturity date.			

Forward Plan reference number: FP/482/08/22

Report title: Better Care Fund Plan 2022-23	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Adult Social Care and Health	
Date: 18 October 2022	For: Decision
Enquiries to: Peter Fairley, Director Strategy, Policy and Integration, email - peter.fairley@essex.gov.uk	
County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1 Promoting health, care and wellbeing for all the parts of our population who need our support is one of the priority aims in the Council's *Everyone's Essex* strategy. The Council has set out 5 commitments to support the achievement of:
- i. Healthy lifestyles
 - ii. Promoting independence
 - iii. Place-based working
 - iv. Supporting Carers
 - v. Levelling-up health
- 1.2 Thousands of Essex residents and their carers rely on health and care services to support them. By working more closely with partners in the NHS, integrating our approaches, we can provide services in a more joined-up way. Doing this well can then lead to better outcomes for residents across Essex.
- 1.3 The Better Care Fund (BCF) is a national requirement for councils and NHS and was created to bring together funding pooled between the NHS and, in our case, Essex County Council, to spend together on services and support, providing a more integrated approach to health and social care services
- 1.4 By developing a more integrated approach to services and the spending of public money, these proposals will contribute strongly to ECC's strategic ambitions in *Everyone's Essex*, notably around Equality and Levelling Up – working with our health partners to improve outcomes for Essex residents – particularly those more vulnerable, who depend on effective local health and care services to enable them to lead a more independent and good-quality life.

2. Recommendations

- 2.1 Agree to adopt the Better Care Fund Plan for Essex in the form appended to this report.

- 2.2 Agree to authorise the Executive Director for Adult Social Care to vary the section 75 agreements to reflect the agreed Plan.

3. Purpose of Report

- 3.1 Local health and care systems have to submit their Better Care Fund (BCF) plans for 2022-23 to NHS England by 26 September 2022. The BCF plan for Essex covers the Essex health and wellbeing board area, which includes the Essex elements of the 3 Integrated Care Boards (covering Hertfordshire and West Essex, Suffolk and North East Essex, and Mid and South Essex) and 5 local health and social care Alliances that cover the former Clinical Commissioning Group (CCG) areas.
- 3.2 The Plan comprises a Narrative Plan that sets out the overall approach and a Planning Template that sets out detailed financial commitments. Plans must be agreed by NHS Integrated Care Boards (ICBs) and the local authority, as well as be endorsed by the Health and Wellbeing Board. The 2022/23 Plan had to be submitted to NHS England by 26 September 2022 and was endorsed by the Essex Health and Wellbeing Board on 21 September. The national guidance sets out four conditions that all plans must meet to be approved. These are:
- I. A jointly agreed plan between local health and social care commissioners and signed off by the health and wellbeing board.
 - II. NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
 - III. Invest in NHS commissioned out-of-hospital services
 - IV. Implementing the BCF policy objectives.
- 3.3 The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The national metrics for the BCF in 2022-23 are:
- (a) proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement);
 - (b) older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes);
 - (c) unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital);
 - (d) improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence).
- 3.4 This report seeks the adoption of the plan by the Council and to agree the delegation to vary the section 75 agreements to reflect the agreed Plan.

4. Summary of Issue

- 4.1 The first BCF was announced by Government in June 2013. It was intended to provide an opportunity to transform local services through better integrated care and support. Health and Wellbeing Boards have been obliged to submit BCF

Plans since then that meet mandated minimum financial values and demonstrate achievement of a series of NHS England national conditions. The BCF is overseen by the Health and Wellbeing Board and quarterly status reports are submitted to NHS England on performance. The Better Care Fund incorporates funding to support local authority social care (the Improved Better Care Fund (iBCF) and Winter Pressures) which are subject to conditions that it be pooled into the BCF and used to ease pressures in the health and care system.

4.2 Since 2017 the iBCF has been included as part of the wider BCF. It is a grant provided for the purposes of Adult Social Care and must be focused on:

- i. Sustaining Adult Social Care
- ii. Supporting activity to ease health pressures
- iii. Sustaining the Care Market

4.3 The Essex BCF Plan brings together NHS and local government funding worth £173m in 2022/23 to provide vital services that support Essex residents with health and care needs. The Plan includes expenditure of:

- a) £46m on adult social care services (via NHS allocations), including contributing towards the costs of funding care services in a person's home (domiciliary care); reablement services that enable people to recover their strength, confidence and independence; and support to carers.
- b) £69m on NHS community services funding a range of health services that support people with complex needs to live as independently as possible and enjoy quality of life.
- c) £12m via district/borough/city councils on adaptations to homes to meet the needs of people living with disabilities (Disabled Facilities Grant)
- d) £10m on schemes that support hospital discharges and help address pressures that typically result from higher demand during winter (such as investment in 'bridging' services that provide interim support for a person between leaving hospital and being able to return home); investment in support to the care market (such as training and quality improvement); and investment in services that support people with sensory impairments.
- e) £36m contribution to the costs of meeting social care needs arising from higher prices and demand for services, as well as maintaining investment in discretionary services that have a benefit to social care and NHS partners (iBCF grant).

4.4 Although the BCF covers 2022/23, the national guidance for the BCF Plan was only released at the end of July 2022 with a requirement for plans to be submitted to NHS England by 26 September 2022. This is a challenging timetable since local NHS organisations are in the middle of a transformation and explains the regrettable post facto request for agreement by the Cabinet of Essex County Council. This report outlines the key elements of Essex's Plan.

5. National Conditions:

All BCF plans must meet four national conditions:

5.1 National Condition 1 – The plan must be jointly agreed - The proposed plan meets that condition. The BCF plan will be presented to Cabinet on 18 October and

each ICB will take the plan through its governance before 26 September. The plan was endorsed by Essex Health and Wellbeing Board on 19 September 2022.

5.2 National Condition 2 – NHS contribution to Social Care is maintained in line with the uplift to NHS minimum contribution. The proposed plan confirms that the total amount from the Better Care Fund NHS minimum contribution allocated for supporting social care in 2022-23 is £45.568m and represents a 5.66% increase in line with the national guidance. The proposed plan meets that condition.

5.3 National Condition 3 – Invest in NHS commissioned out of hospital services. The proposed plan confirms that the total amount to be invested in NHS commissioned out of hospital care in Essex will exceed the minimum ringfence required by national guidance. In Essex this minimum is £32.534m.

5.4 National Condition 4 – Implementing the BCF policy objectives, which for 2022-23 are:

- I. **Enable people to stay well, safe and independent at home for longer -**
This objective seeks to improve how health, social care and housing adaptations are delivered to promote independence and address health, social care and housing needs of people who are at risk of reduced independence, including admission to residential care or hospital. BCF plans for 2022-23 should set out how BCF funding (including any voluntarily pooled funding) aligns in support of this objective.
- II. **Provide the right care in the right place at the right time -** BCF plans should set out how ICB and social care commissioners will continue to:
 - a. Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
 - b. Carry out collaborative commissioning of discharge services to support this. Systems should have regard to the guidance on collaborative commissioning published by the LGA, in partnership with the BCF Programme, and guidance produced following the evaluation of the Hospital Discharge Policy and Discharge to Assess.

5.5 The narrative plan (Appendix 1) sets out how Essex health and social care services are working to meet these objectives (pages 8-11) through personalised care and asset-based approaches; joined-up approaches to population health management; multidisciplinary teams at place or neighbourhood level; investment in intermediate care and improving discharge processes.

6. Additional requirements for the 2022/23 financial year

6.1 The BCF plan must now include an overview of how BCF funding is supporting unpaid carers (with particular reference to how funding in the NHS minimum contribution to fund carer's breaks and local authority duties to support carers under the Care Act 2014 is being used). The proposed plan is at appendix 1 and sets out how ECC and partners are doing this with reference to the *All Age Carers Strategy 2022-23* and specific commissioned services (pages 11-12).

6.2 Areas are also asked to develop plans that outline expected capacity and demand for intermediate care services in the area (pages 5-6). This must cover demand for services to support people to stay at home (including admissions avoidance) and hospital discharge pathways, for quarters 3 and 4 of 2022-23 across health and social care. This should cover both BCF and non-BCF funded activity.

6.3 As a first step, we must develop a single picture of intermediate care needs and resources for the Essex health and wellbeing board area. **There is no expectation that the BCF should be used to fund all services within this capacity and demand plan.**

7. Metrics

7.1 As with previous BCF plans there are national metrics used to measure progress.

7.2 Metric 1: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

We want people to be as independent as possible and to be able to live in their own home as far as is possible.

- (a) Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can improve their situation and will always be necessary in some situations.
- (b) The target in Essex for 2022/23 is 430 per 100k. In 21/22 Essex had an actual rate of 478 per 100k so this is targeting an improvement.

7.3 Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

- (a) This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.
- (b) The proposed target in Essex for 2022/23 is 87% a slight increase in average performance over the last few years and a return to performance levels just before the pandemic.

7.4 Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions

- (a) This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency.
- (b) The proposed target in Essex for 2022/23 is 183 per 100,000 population (732 cases annually). This would maintain performance from 21/22 which was 730.

7.5 Metric 4: Discharge to usual place of residence

- (a) This measures the number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence. This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services. Maximising the proportion of people who return to their usual place of residence at the point of discharge enables more people to live independently at home.
- (b) **The proposed target in Essex for 2022/23 is 93%.** This would be an improvement on the 2021/22 figures where the Essex average was 92.9%.

8. Options

Option 1: Approve the Plan and agreed delegation of the section 75 agreements

- 8.1 The proposed plan is focussed on the national conditions set by NHSE. It has been developed with partners and reflects our shared priorities for the BCF. Approval of the plan will support delivery of these shared priorities.

Option 2: reject the plan and delegation of the section 75 agreements

- 8.2 Rejecting the plan would require notifying NHSE that we are seeking to change the agreements with partners and potentially put the funding at risk.

9. Links to Essex Vision

- 9.1 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
- Develop our County sustainably
- Connect us to each other and the world
- Share prosperity with everyone

For more information visit www.essexfuture.org.uk

9.2 This links to the following strategic aims in Everyone's Essex

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

10. Issues for consideration

10.1. Financial Implications

10.1.1 ECC is the pooled fund host for the Essex BCF. The planning requirements for the 2022/23 financial year were not published by NHS England until 19 July 2022, and so interim arrangements were agreed in March 2022 (Cabinet decision FP/286/01/22) to ensure continuity of funding from NHS partners.

10.1.2 The approval of the BCF plan will allow the relevant section 75 agreements (section 75 of the NHS Act 2006 enables joint commissioning and commissioning of integrated health and social care services) to be drawn up, including the revised payment schedules for NHS contributions. These must be signed and in place by 31 December 2022.

10.1.3 The tables below summarise the funding sources and planned expenditure at a countywide and NHS system level for 2022/23. Expenditure on all schemes including those specific to each ICB are outlined in the attached BCF plan.

Funding Source	HWE £m	MSE £m	SNEE £m	DLUHC £m	Total £m
NHS Contribution	23.8	64.3	26.5		114.5
iBCF				46.4	46.4
DFG				11.9	11.9
Total BCF Pooled Budget	23.8	64.3	26.5	58.3	172.8

Expenditure Plan	HWE £m	MSE £m	SNEE £m	County- wide £m	Total £m
Social Care (min NHS contribution)	9.3	26.0	10.3		45.6
Community Services	14.4	38.3	16.1		68.9
iBCF Meeting Social Care Needs				36.1	36.1
iBCF Countywide & Locality Schemes	0.2	0.4	0.1	9.6	10.3
DFG funded	2.1	6.0	3.8		11.9
Total BCF Plan	26.0	70.7	30.4	45.7	172.8

10.2 Legal implications

10.2.1 In Essex, the BCF is established by means of bilateral partnership agreements under section 75 of the National Health Service Act 2006 between

the Council and each of the ICB operating within Essex, together with a multilateral partnership section 75 agreement between each ICB and the Council, which contains the improved better care fund iBCF).

10.2.2 The Section 75 agreements will need to be varied to reflect the proposals set out in this report and also to reflect the fact that ICBs have replaced Clinical Commissioning Groups (CCGs).

11. Equality and Diversity implications

11.1 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.

11.2 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).

11.3 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.

12. List of appendices

Appendix 1 - BCF 2022-23 Narrative Plan

Appendix 2 - Equality Comprehensive Impact Assessment

13. List of Background papers BCF Planning Template

Essex Better Care Fund 2022-23 narrative plan

Essex Health and Wellbeing Board

Bodies involved in preparing the plan:

Local authority:	Integrated care boards (ICBs):	Five Place Based alliances:	Wider Alliance representatives including:
<p>Essex County Council</p> <p>Essex Health and Wellbeing Board</p>	<ul style="list-style-type: none"> Hertfordshire and West Essex ICB Mid and South Essex ICB Suffolk & North East Essex ICB 	<ul style="list-style-type: none"> North East Essex Mid Essex West Essex Basildon & Brentwood Castle Point & Rochford 	<ul style="list-style-type: none"> Hospital Trusts CVS District & Borough Councils GPs / PCNs / Primary Care Community Health Providers Ambulance Trust Hospices

How have you gone about involving these stakeholders?

The plan is developed through a mixture of Essex-wide discussions and local place-based alliance discussions. Essex-wide forums include the Greater Essex Operational Tactical Co-ordination Group, where system flow and resilience plans are discussed and developed.

At a place level, our BCF Plan is co-produced through local Partnership meetings, where priorities for local alliances form the basis of decisions to invest. Local alliances / ICPs determine the best approach for investing the delegated BCF Budget in their area.

The Essex Health and Wellbeing Board have considered and been asked to endorse the plan.

Executive summary

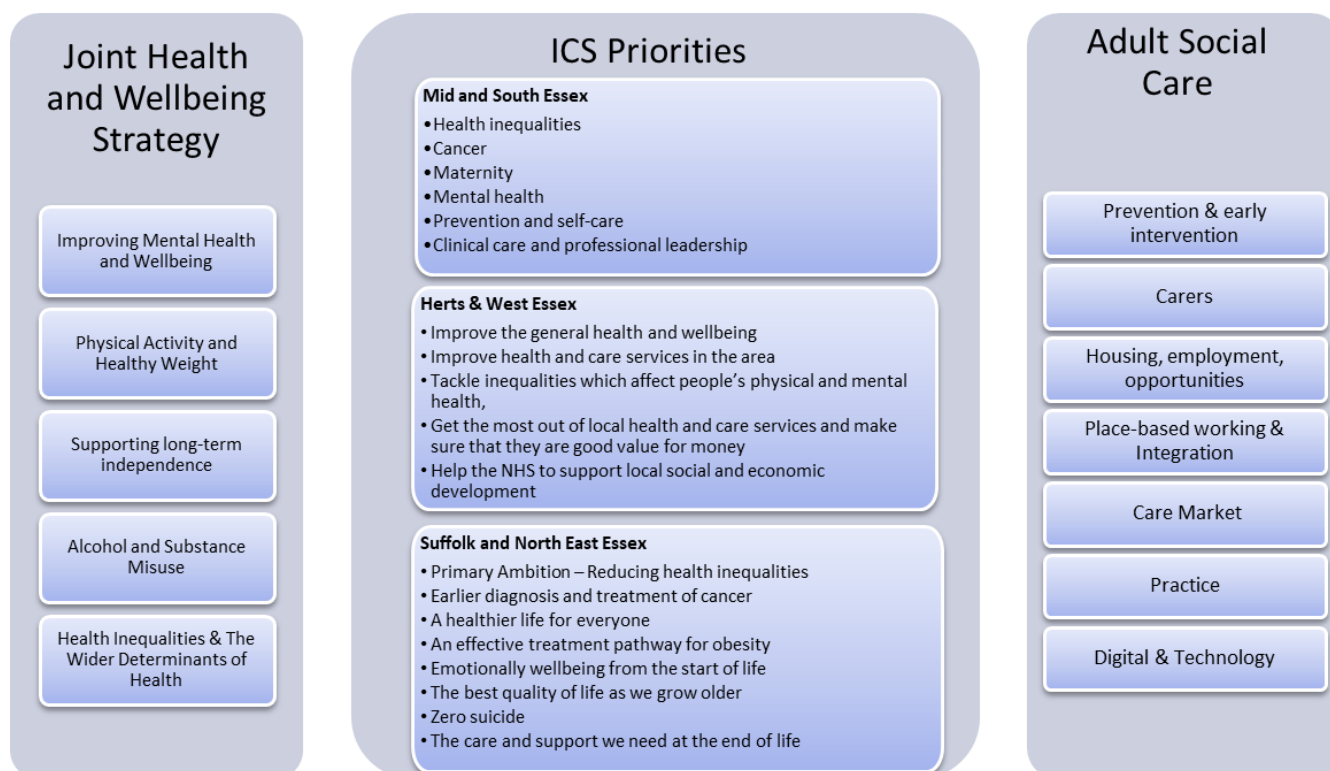
Essex is one of the largest and most complex health and care systems in the country. This year has seen the introduction of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), with Essex part of three Integrated Care Systems (ICSs) which overlap with other local authority boundaries (Southend, Thurrock, Suffolk and Hertfordshire).

The Essex system is committed to working through these new arrangements to build and empower strong and inclusive place-partnerships, joining up care and support with local partners, including NHS, local authorities including district councils, schools and communities, and the local voluntary and community sector.

Since the 2021/22 plan, Essex have updated our Joint Health and Wellbeing Strategy (JHWS) which sets out refreshed priorities and an increased focus on addressing the wider determinants of health and health inequalities. It sets a vision to improve the health and wellbeing of all people in Essex by creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

As partners across the Essex system, we will work together to deliver on this vision, our ambitions for integration and shared priorities, and our duties set out in the Care Act.

Priorities for 2022-23



The diagram above sets out the priorities of partners within the Essex System.

It includes the priorities from:

- Essex County Council Adult Social Care Strategy which defines key areas of focus through to 2025
- Integrated Care System (ICS) priorities
- The priorities from the Essex Joint Health and Wellbeing Strategy (2022-26).

To deliver against these shared priorities we will focus our work through the Better Care Fund 2022/23 on:

- Intermediate Care
- Care Market Development
- Communities and Early Help
- Discharge to Assess
- Alliance Development
- Neighbourhood teams and PACTs (PCN-aligned community teams)
- Carers

Summary of Finances:

Funding Source	HWE	MSE	SNEE	DLUHC	Total
	£m	£m	£m	£m	£m
NHS Contribution	23.8	64.3	26.5		114.5
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Expenditure Plan	HWE	MSE	SNEE	County-wide	Total
	£m	£m	£m	£m	£m
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Community Services	14.4	38.3	16.1		68.9
iBCF Meeting Social Care Needs				36.1	36.1
iBCF Countywide & Locality Schemes	0.2	0.4	0.1	9.6	10.3
DFG funded	2.1	6.0	3.8		11.9
Total BCF Plan	26.0	70.7	30.4	45.7	172.8

Governance

The Essex Health & Wellbeing Board provides strategic leadership and direction for decision-making and joint commissioning across Essex. The Board is consulted and asked to endorse the Essex Better Care Fund Plan. The HWB receives quarterly reports on progress.

Sitting beneath the Health and Wellbeing Board, the Greater Essex Integrated Health and Care Liaison Group (IHC Liaison Group) acts as the lead partnership forum for the development, and management of, the Essex Better Care Fund plan. This group consists of the Director of Adult Social Services for Essex, the ICS chief executives, and the Director of Public Health for Essex. The group also includes representatives from Southend and Thurrock, but does not act as the BCF partnership board for those unitary local authorities.

The Essex BCF is governed by a section 75 between the County Council and the three integrated care boards. It has 6 pools – a countywide pooled fund, and 5 local pooled funds, one for each place-based alliance.

The BCF is governed at a local level through locality BCF Partnership Management Boards. In some localities these Partnership Management Boards are free standing Boards and in others they have been incorporated into wider alliance/ICP discussions.

Transformational plans and programmes are formally discussed and approved by existing local authority Governance processes and within each ICB's governing bodies. As the ICP arrangements develop locally, the best mechanisms for discussing the BCF and supporting partner engagement in the BCF will be reviewed, to ensure we have open and transparent decision-making processes and that we maximise the opportunities for collaboration.

Within Essex the Better Care Fund has one overarching S75 that incorporates all agreements for delegating BCF locally. ECC and the CCGs (prior to the introduction of ICBs) have agreed use of all pooled budgets in a joint and transparent manner, through jointly agreed governance routes. Decisions about use of funding are based on a clear and shared understanding of the allocation of resources across different areas of Essex, how this relates to population need, the services that will be supported and the outcomes that will be delivered.

In addition to the locality management and monitoring of the BCF, ECC is providing Programme Management and PMO resource to support the Health and Wellbeing Board with its responsibilities to agree and submit plans and quarterly reports to NHS England.

Overall BCF plan and approach to integration

Context

Essex has an ageing and growing population and has a higher proportion of the population aged over 65 than the England average. The recent census showed that Essex has seen a 44% increase in the population aged 70-74 over the last decade, compared with 37% increase of the same age group nationally.

Essex is also a diverse county; from rural villages and market towns, to urban New Towns and metropolitan centres, to our coastline. While the county is relatively healthy and wealthy, this masks areas of significant deprivation. Essex has the most deprived neighbourhood in the whole of England and the proportion of the Essex population living in the 20% most deprived communities nationally almost doubled between 2007 and 2017.

Each area within Essex is unique with its own challenges and opportunities. There are significant differences between our communities, their needs and how we work together to address them. For example, the

provision of services in rural areas, the deprivation in coastal communities and its impact on health outcomes, and tailoring our approaches to the assets in each community.

Alongside this, Essex operates in arguably the most complex health and care system in the country. The county is split across three integrated care systems (Mid and South Essex; Hertfordshire and West Essex; and Suffolk and North East Essex) and works with 12 district/borough/city councils, 5 acute hospital sites, 3 NHS community providers and 2 providers of mental health services (covering childrens and adults).

The complex geography of Essex and the various organisational and strategic footprints mean that while the overarching vision, and ICSs, will guide our work on integration, how this looks locally will take different forms and progress at differing rates.

Approaches to integration & joint/collaborative commissioning

A one size fits all model will not suit the varying needs of our communities across the whole of Essex. We are focussed on building inclusive place-based partnerships as the bedrock of how we work to improve health and care outcomes in a local place.

However, through each of these place-based partnerships and at a county and ICS level we will be working towards common commitments:

- A greater focus on prevention and maintaining independence
- A common commitment to Discharge to improve the timeliness of transfers of care but also the quality of service received – with a focus on Home First
- Creating closer working between all partners to improve outcomes for the population of Essex.
- Implementing the changes from the Health and Care Act and the ambitions set out in the integration white paper
- Population Health Management approaches to support better risk stratification and preventative work
- Addressing and reducing Health inequalities
- Improving the support to carers.

Ultimately our long-term ambition is to take collective responsibility for resources and population health and to provide joined up, better coordinated care for the benefit of the Essex population, with a shared understanding of those solutions best created a local level, at Integrated Care System (ICS) level, and at Essex level.

We will also look to advance integration on the ground where it can be done quickly and beneficially without the need for complex new organisational structures and / or commissioning and contractual arrangements.

Joint Integration & BCF Priorities:

- I. **Intermediate Care** - the BCF and iBCF is utilised to fund reablement services, as well as a range of bridging and short-term care support to provide intermediate care and support system flow. It is an essential part of how we deliver on National Condition 4 - Approach to providing the right care in the right place at the right time. Service contracts are in place providing block capacity of over 13,000 hours per week of reablement with an average of 80 adults supported each week through reablement contracts, and a further 30 per week supported by our In Lieu of Reablement (ILOR) arrangements totalling over 5500 people each year. In addition, approximately 120 adults are supported in bridging services at any one time. Demand that cannot be met through these contracts is met through spot purchasing of reablement, which is funded by ECC outside of the BCF.

Below is a summary of forecast expenditure and funding streams for the areas of intermediate care managed by ECC.

Forecast Expenditure	2022/ 23 £m
Reablement at Home	18.3
Additional Reablement Capacity / In Lieu of Reablement	4.9
Spot Purchased Reablement	5.9
Bridging	3.6
Total Intermediate Care (ECC managed)	32.8

Funding Source	2022/ 23 £m
BCF 2022/23	12.0
iBCF 2022/23	7.3
Other sources (recurrent)	6.3
Other sources (non-recurrent)	7.2
Total Intermediate Care (ECC managed)	32.8

We are working in partnership with the NHS and with the provider market on a medium to long term approach for re-shaping the intermediate care system and bringing together reablement services, bridging services, short-term care home provision, as well as NHS intermediate care services, to improve outcomes for people and ensure a joined up and integrated approach to service delivery.

In the short-term this requires an interim step to secure additional reablement provision to replace in-lieu-of-reablement (ILOR) services across the county and to procure bridging services. This will drive consistency and improvements in our reablement and bridging capacity, aimed at driving the cross-system collaboration needed as we move toward an integrated model for intermediate care services. To support with this, the Council has created the Connect programme which is refining the process flows and system intelligence to support better delivery of reablement outcomes.

- II. **Care Market Development** – the BCF and iBCF is utilised to support the care market. For example, it funds care quality improvement initiatives and training, and is also utilised to fund incentive payments to support fast track discharges.

Since the pandemic we have seen increased challenges in the care market. The key area of supply difficulty is domiciliary where levels of unsourced care have been high for the past 12 months, as the

domiciliary care sector has struggled to compete with other sectors of the economy for workforce. From engagement we know that the key challenge is workforce, so we have several initiatives in place to help providers retain and recruit staff. Essex is currently refreshing its market shaping strategy.

- III. **Communities and Early Help** – Our place-based alliances (bringing together local government, the NHS and voluntary and community sector) provide a means for us to engage with and shape our communities. We are committed to building community assets (based on an understanding of what assets exist and what the gaps are against our priority outcomes) and how we can jointly work together at place level to provide early help and maximise benefits of the local community assets. This is a key part of local approaches to levelling-up, demand management and tackling health inequalities.
- IV. **Discharge to Assess** – a review has shown there are 5 different approaches across Essex and identified four areas of focus that would benefit from being addressed in terms of the D2A guidance; Leadership, Transfer of Care Hubs, Community pathways and Post Discharge community reviews. Improving hospital discharges is a priority for addressing through 2022-23.
- V. **Alliance Development** - At a local level, there is some consistency across our alliances and partnerships in the priorities we are focussing on at place level. Many parts of Essex have adopted the Live Well Framework e.g. Start Well, Be Well, Feel Well, Age Well, Stay Well, Die Well, which provides a flexible framework for developing outcomes across the life spectrum.

Alliance Development is also a common theme across many parts of the Essex system with several alliances looking to strengthen change management and programme delivery capacity at place level to focus on integrated projects such as “**Connected Places**”.
- VI. **Neighbourhood teams and PACTs (PCN-aligned community teams)** – Across Essex in each locality we are bringing health and social care resources together closer to the community to co-ordinate management of people with complex needs and improve well-being and outcomes for the local populations. These teams working across health, social-care, housing and non-paid services with team members having an understanding of the local assets in the place that can support people.
- VII. **Unpaid Carers** – Essex has developed and launched a new carers strategy which sets out 6 commitments to support unpaid carers. This is set out in more detail later in the plan.

The diagram below provides an overview of our shared priorities at county and place level.



How BCF funded services are supporting our approach to integration

Area	Activity Summary
Countywide	<p>The BCF and iBCF is continuing to strengthen relationships between partners and support improved outcomes at a county level. It supports a number of county wide initiatives to address key challenges in the system including securing the provision of reablement services, bridging and in-lieu of reablement services to support system flow. The countywide fund has also funded incentive payments to facilitate fast-track discharges and to reduce unmet need in the community. Countywide funding has invested in the award-winning Connect programme which consists of 5 key projects looking at reablement, discharge outcomes, supporting independence, admission avoidance and community hospital bed flow.</p> <p>The BCF also continues to support us to increase the quality of services and therefore system capacity by reducing suspended services and those that service users reject through a range of Countywide Care Market Quality Initiatives.</p> <p>It also supports Integrated Dementia Commissioners who have recently produced a new partnership dementia strategy for Southend, Essex and Thurrock. The dementia team have also led on an intergenerational programme connecting young & people living with Dementia to support building a 'Dementia-Friendly Generation'.</p>
Suffolk and North East Essex ICS	
North Essex	<p>To realise the Alliance Neighbourhood ambition in North East Essex the BCF will support test and learn activity and the development of community hubs and community models of working as part of the Neighbourhood teams project. It will also support the continuation of work on Community Micro Enterprises (CMEs) and using an Asset Based approach to the provision of care and support services in the local area. Providing greater choice and control for local residents.</p> <p>The partnership is investing in Alliance Delivery Leads connecting these leads to key alliance programmes, to create additional delivery capacity.</p> <p>The partnership is also investing in discharge support programmes aimed to improve a residents opportunities to access reablement care via a trial to support on a ward pre discharge and a project to ensure step down from hospital can be to a supported care facility rather than a care home to increase the changes of returning to independent living for residents.</p>
Mid and South Essex ICS	
Mid Essex	<p>In addition to the continuation of several existing programmes funded through the BCF this year partners in Mid Essex have agreed to take forward the Supporting Wellbeing Outreach Team. Provided by Chelmsford CVS, this service supports Adults returning home from hospital with low-level issues such as equipment, house clearing, shopping etc to ensure successful hospital discharge and avoid unnecessary readmission.</p> <p>The partnership is investing in Alliance Delivery Leads – learning from North Essex and connecting these leads to key alliance programmes, to create additional delivery capacity.</p> <p>Virtual ward link workers, to provide focussed support with each frailty virtual ward from social care to support Adults moving through the model and ensuring that they receive the most appropriate input from social care to maximise opportunities for independence.</p>
South East Essex	<p>In South East Essex the BCF has supported programmes including the Aging Well Intensive Carers, an integrated programme with health and community teams to aid discharge from hospital to own home or most appropriate care facility. It will also continue to support Research into Readmissions & Avoidable Admissions - commission deep dive analysis to offer clear reasons for readmission.</p> <p>As a result of the BCF we have also been able to extend Dementia support (Dementia Community Support Team) working in partnership with Southend.</p>

South West Essex	<p>We are working to further strengthen our alliance working and, building on learning from North Essex, we are creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance and supporting local system transformation.</p> <p>We are also exploring the use of the Gemima Risk Stratification Tool - Implementing a Risk Stratification Tool for primary care to inform care plan discussions at MDT across health and social care and to identify service users with high/multi complex needs</p> <p>At a neighbourhood level the BCF has is supporting Neighbourhood Co-ordinators to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood.</p>
Herts and West Essex ICS	
West Essex	<p>In West Essex the BCF continues to provide support for the care co-ordination centre to manage all discharges from the hospital and priorities system capacity to meet the demands on the system and proactive management of the adult through their pathway.</p> <p>Alongside this our work continues on the implementation of PCN Aligned Community Teams (PACTs) bringing health and social care resources together supported by its own leadership team for co-ordinated management of people with complex needs, improved access to health and care support delivered at home or within local PCN aligned geographies and managing the growth and demand across health and care services.</p>

A full list of current place-based initiatives is available in Annex A

Implementing the BCF Policy Objectives (national condition four)

Approach to enabling people to stay well, safe and independent at home for longer

I. Personalised care and asset-based approaches

Our approach to personalisation starts within the communities that people live in. At Alliance, County and ICS level we have built excellent partnerships with CVS's to drive our focus and approach to working alongside local and hyper-local communities at 'place' level. This is underpinned by our neighbourhood / PCN aligned model which works closely with system partners to fundamentally know, understand, and support people in the place that they call home.

In the North of the county partners across the alliance have undertaken **Asset Based Community Development (ABCD) training** and embedded those principles in how they work. We are also continuing our work on **Community Micro Enterprises (CMEs)** to help provide greater choice and control for people in ow their needs are meet local through the assets that exist in their local area.

In South Essex, in Basildon and Brentwood and Castle Point and Rochford we are exploring how **social prescribing** can help build stronger resilience and enable people and their families to maintain their independence. The social prescribers work to link individuals with early interventions and prevention support within the community.

In Mid Essex '**Connected Places**' is a joint pilot project between Mid Essex Community Health and ASC exploring ways to integrate personalised health and social care services and drive outcomes for people living in the Dengie peninsular, a rural area of Essex. This is providing a more joined-up localised response with community nursing, ASC and domiciliary care working as a neighbourhood team together with a network of other professionals wrapped around them. We are now looking at how we can take the learning from this pilot and extend it to other communities in Mid Essex supported by **Alliance Delivery Leads**

II. Joined-up approaches to population health management

Work is ongoing as a part of the development of each of our 3 ICS systems to embed population health management and the use of data and intelligence to support commissioning, planning and strategic decision-making. Approaches are being developed in each ICS system.

Mid and West Essex were both selected to take part in the ICS Place Development Programme to accelerate and embed adoption of Population Health Management (PHM) and further the development of our alliance, ways of working and approach to neighbourhood teams. Following the completion of the programme we will be taking forward work on developing our roadmap to further embed the PHM approach in these areas creating the mechanisms for effective information and data sharing to help identify and understand local needs and develop effective solutions.

As part of ECC's support of the developing PHM programmes, investment has been made to **increase the analytical capacity to generate health and care insight** to enable ECC to drive engagement with each system. The increased analytical capacity will enable ECC to help resource PHM projects and embed a PHM approach in the new ICS Intelligence Functions and across the systems.

In Mid and South Essex, ECC and the NHS are currently embedded in some key **PHM test projects including a PCN focussed frailty trial** involving the use of linked data to drive machine learning models in the identification of those at risk of hospital admission. Through improved insight individuals can be targeted for evidence-based interventions to prevent, reduce or delay health deterioration and improve outcomes. Other projects include the linking of adult social care data and hospital waiting lists to improve prioritisation and address health inequalities, this also involves the testing of data platforms for future data sharing opportunities. ECC is also **implementing new digital infrastructure to enable modern data architecture and analytics**, paving the way for ECC to utilise linked NHSD commissioning datasets for the developing PHM programme.

Across our 3 ICSs we are working in partnership on several PHM projects including:

<p>Suffolk and North East Essex ICS</p> <p>Vulnerability Index</p> <ul style="list-style-type: none"> Working with partners and their multiple data inputs to develop an index of vulnerability (physical, social, financial) to support targeted interventions. <p>Demand and Capacity Model</p> <ul style="list-style-type: none"> Supporting a system effort with data and knowledge to model various scenarios on the driving pressures for health and care demand and the required capacity to meet it. <p>Learning Disabilities</p> <ul style="list-style-type: none"> The sharing of adult social care data for those supported for learning disabilities needs with ESNEFT*, to link with hospital waiting lists to aid prioritising care and addressing health inequalities. Initial one off data flow with potential for regular provision.
<p>Mid and South Essex ICS</p> <p>Connected Neighbourhoods (Frailty Segmentation) An embedded ECC analyst in a project with 5 PCNs to accelerate the delivery of anticipatory care for people living with frailty, understanding the factors that drive increased health & care needs, working closely with practitioners to design model of care changes to improve outcomes.</p> <p>Hospital Waiting Lists & Inequity Linking adult social care data with hospital waiting lists to develop a methodology for priorities care and tackling health care inequity.</p>
<p>Herts and West Essex</p> <p>Population Segmentation</p> <ul style="list-style-type: none"> Contributing to the development of a population segmentation model and outcomes framework to support population health management methods. Exploring the addition of social care data to advance the model. <p>Health Inequalities programme</p> <ul style="list-style-type: none"> Mapping and profile insight provided for the Health Inequalities Committee's work in addressing inequality and inequity around the determinants of health; social, behaviours, environment and service access.

III. Multi-disciplinary teams at place or neighbourhood level

Each of our alliances within integrated care systems is working on models of integrated health and care and physical and mental health teams at neighbourhood level.

For example, in North Essex - **Live Well Neighbourhood Teams** bring together representatives from local organisations (local voluntary sector, communities, leaders, boroughs and district councils and health and social care) to provide a single point of contact within a locality to provide a coordinated care response for people, underpinned by prevention, self-care, early intervention, reablement and rehabilitation, (including people living in nursing and care homes). Citizens that are supported by the LNT will benefit from a broad range of expertise, support and the improved inter organisational relationships that develop through neighbourhood working.

In South West Essex, our neighbourhood teams are led by Locality Development Managers who take an operational and strategic lead on the development of a population health focused system that will improve well-being and outcomes for the locality populations working across health, social-care, housing and non-paid services.

In West Essex partners are working together through the **Care Coordination Centre**, a Multi- agency team across health and social care providing a single referral hub for partners to access services using Trusted Assessor Assessment and Referral models. Work is also continuing on developing **PCN Aligned Community Teams (PACTs)** for co-ordinated management of people with complex needs, improved access to health and care support.

Approach to providing the right care in the right place at the right time

Investment in bridging, ILOR and reablement surge capacity continues as we reshape our intermediate care offer to ensure we provide the right care at the right time.

Through our existing arrangements we currently provide 13,000 hours per week of reablement and support over 5500 people each year through our reablement, ILOR and bridging services. Investment in these services continues to increase as we seek to ensure that people receive the right care in the right place at the right time.

Expenditure*	2019/20 Actual £m	2020/21 Actual £m	2021/22 Actual £m	2022/23 Forecast £m
Reablement at Home	14.2	17.2	18.4	18.3
Additional Reablement Capacity / In Lieu of Reablement	3.8	3.5	4.3	4.9
Spot Purchased Reablement	2.0	2.2	3.2	5.9
Subtotal Reablement	20.1	22.8	25.8	29.1
Bridging			3.1	3.6
Total Intermediate Care (ECC managed)	20.1	22.8	28.9	32.8

* Also includes non-BCF funding sources such as hospital discharge funding.

However, we also know that there is scope for improvement in the arrangements and opportunities to maximise the effectiveness and efficiency of our approach through greater collaboration. Over the next two years we are undertaking a significant programme of work to transform our intermediate care provision across the county bringing together reablement services, bridging services, short-term care home provision, as well as NHS intermediate care services, to improve outcomes for people and ensure a joined up and integrated approach to service delivery. The programme will build on learning from successful initiatives such as the **Connect Programme and the North Essex Integrated Community Services (NICs) arrangements** which have brought together various community health provision such as community beds, UCRT, cardiology, audiology, strength and balance.

In the short-term this requires an interim step to secure additional reablement provision to replace in-lieu-of-reablement (ILOR) services across the county and to procure bridging services in North-East Essex and West Essex. This will drive consistency and improvements in our reablement and bridging capacity.

Our ambition for the programme is:

- To have a seamless, integrated pathway that gives the best possible experience to individuals, carers and stakeholders (all partners understand each other's involvement with each adult)
- To support people within the community to prevent the need for hospital admissions and refocus delivery towards the areas of greatest need
- Ensure all partners meet their statutory responsibilities, but remain focused on the holistic needs of the individual
- Seek to improve the inclusivity of our provision
- To embed the core principle of 'home first' ensuring that home is the default option for people; this means beds are only considered where the individual's needs or circumstances do not allow them to safely stay at/return home
- Adults accessing the right service at the right time and drawing on services delivered in the community, linking in with system wide services e.g. community health, voluntary sector, primary care.
- **To collaborate and use all available resources across the system to best support adults, being flexible as their needs change but always involving them in decision making**

We are making improvements to our **Information Advice and Guidance** so that people better understand the services offered at local level, how these can be accessed at the right time, and the funding options available. We will address this through delivery of All-Age Carers Strategy, Early Help Offer, and Digital and Care Technology Programmes.

Outside of the Better Care Fund, the council has invested in a new **Care Technology service**, which launched in 2021. This is supporting over 4,700 people to improve outcomes and maintain their independence and we have been working to increase the uptake of technology at the points it can have the greatest impact. This includes the introduction of early MDTs for adults using our reablement services and strengthening the link and impact of our care technology arrangements by offering training to all reablement assessors and care delivery staff. In addition, pilot studies include trialling a range of technologies such as the use of GPS devices to support falls prevention; Memo Minder; voice-activated sensors for people with memory loss; and using Alexa to support independence. The service has expanded to include prescribers across health including: hospital discharge teams, community health teams, GP care advisors, social prescribers and many more. Our Monitoring and Response provider has a falls pick-up service and is linked into the local Urgent Community Response Teams across Essex, avoiding 67 unnecessary ambulance call-outs in one year, and is working to develop further pathways including virtual wards.

Plans for improving discharge and ensuring people get the right care in the right place

In September 2021 Essex County Council commissioned Newton Europe to undertake a **review of the Discharge to Assess processes** across the County. Although the review was commissioned by ECC it was supported and engaged with by partners from Health, Voluntary sector and our provider market. The review was an opportunity to hold a mirror up at the 5 discharge systems across Essex and consider how aligned they are to National policy and best practice, and the **High Impact Change Model**. The review output was shared

across Partners and with Place based Alliances at the start of 2022. The review highlighted inconsistencies in approach to discharge across the County and identified four areas of focus that would benefit from being addressed in terms of the D2A guidance; Leadership, Transfer of Care Hubs, Community pathways and Post Discharge community reviews. Each of the five Place based Alliances across Essex agreed the gaps were a priority and adopted a high level roadmap of activity to address these gaps.

Each Place is now working at its own pace to deliver against the roadmap. Transfer of Care Hub design is happening across all five localities and the majority have appointed a single system coordinator to drive this work. A maturity matrix has also been developed and in the process of being adopted across the County to monitor progress. The Matrix is based upon the review output and aligns to the **LGA High Impact Change Model**.

ECC and NHS partners are also continuing our **Connect programme** outlined in our previous BCF Plan. The programme consists of 5 key projects looking at reablement, discharge outcomes, supporting independence, admission avoidance and community hospital bed flow. The programme has been shortlisted for three national awards and improvements include 1 in 5 people previously discharged to an out-of-hospital bed in MSE now go home instead.; and 55% of people plan to go home from an interim placement with the support of our D2A pilot (previously 25%).

Supporting unpaid carers

ECC recently published the [All-Age Carers Strategy 2022-26](#) which outlines how the council and partners will support unpaid carers and sets out six commitments:

- To ensure carers can easily access the information, advice, guidance and support when they need it, early into their caring role;
- To develop professional practice and processes to improve identification and support to carers;
- To improve transitions for carers as they move through specific phases or life events in their caring role;
- To ensure carers have increased opportunity to access good quality support, including opportunities for breaks, to maintain their own wellbeing and those they care for;
- To ensure carers' needs and rights will be understood and recognised across Essex communities;
- To recognise that carers will be the experts that influence, shape and be involved in the decisions that are intended to improve their support and wellbeing.

The BCF is commissioning the **Time for You** project in which **Essex Carers Support** works with the carer to develop strategies to reduce the impact of their caring responsibilities. The project is funded for 2 years until August 2023. Each carer is supported to reflect on their circumstances and ways that they currently achieve a break (or not) and then develop strategies to reduce the impact of their caring role, increase resilience or improve their health and wellbeing. Grants enable carers to arrange activities, breaks or other solutions that reflect their own interests and preferences. The Provider is expected to engage with communities and the wider health and care system to source a broad range of support and activities for carers to access.

Action for Family Carers provide a dedicated, free **counselling service** for unpaid carers, which is also funded by the BCF until 2023. The service has grown to cover the whole county having started in mid Essex in 2012 and is highly valued by carers with many reporting that it has been a lifeline. Demand for the service rose by 15% during the pandemic and the Service has adapted to provide counselling sessions over the telephone and via Zoom. Carers receive an initial consultation session and six counselling sessions for up to one hour. If required, more than six sessions can be authorised. The service supports carers to maintain their mental and physical health and wellbeing, enabling them to continue caring and reducing demand for GP appointments or social care. It also helps to reduce pressure on statutory mental health services by providing early intervention, delaying need and preventing escalation to more intensive therapeutic services. The service also provides bereavement support for carers.

ECC commission **Carers First** to provide a **single point of contact** for carers for information, advice and support, including support and advice about accessing personalised breaks and about making contingency plans and plans for the future. The service provides proactive support, including “follow up” contact and connects carers to training and appropriate services and networks. It provides face to face support for carers who need this. The Service actively promotes **networks of support** for carers, including linking carers with similar needs, experiences and interests; supporting existing groups to access expert information and advice and providing expert facilitation if needed. The service also works with employers, providing advice and support about how to support employees with caring responsibilities and how to ensure their services are accessible to carers. The service works with GP practices to identify carers and signpost them to the right support and works with Hospitals to ensure carers are informed about support available when people are discharged and ensure appropriate support is in place for the carer.

Disabled Facilities Grant (DFG) and wider services

DFGs are grants provided to all District and Borough councils to make adaptations to the home for residents to live as independently as possible. The allocation of funds differ between each authority. The Government, through the BCF, has allocated to Essex for the 2022/2023 financial year; £11,885,443 for DFGs. The highest allocation amount is for Tendring with £2,320,471 and the lowest amount is for Uttlesford with £235,576 with an average of £990,454. The agreed allocations have been passed on to district councils in their totality.

An MOU sets out that Essex Districts, County Council, Health and Care partner organisations need to work better together and commits to supporting and delivering housing solutions that have a positive impact on residents and sets out:

- Our shared commitment to joint action across health, social care and housing sectors in Essex;
- Principles for joint working to deliver better health and wellbeing outcomes and to reduce health inequalities;
- The context and framework for cross-sector partnerships, nationally and locally, to design and deliver:
 - healthy homes, communities and neighbourhoods
 - integrated and effective services that meet individuals’, carers’ and their family’s needs
 - A shared action plan to deliver these aims.

Working together, we aim to:

- Establish and support local dialogue, information exchange and decision-making across health, social care and housing sectors
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Promote the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; ‘making every contact count’; and safeguarding.

Oversight and delivery of this agreement is through the Essex Well Homes Group, which will be the operational arm of the action plan with further oversight by local Health and Wellbeing Boards. The Essex Well Homes Group meets quarterly and has membership from each local authority, including ECC, as well as Housing OTs. In this forum, all DFG matters are discussed, looking at short-, medium- and long-term plans to ensure the DFG funding is being utilised as well as possible.

ECC and Essex district and borough councils have invested in 4 Senior OTs in Housing roles to ensure assessments are made in people’s homes and that DFG applications are passed to the relevant local authority

in a timely manner. Timely discharges from hospital are made possible through the DFG, shortening the amount of time people remain in hospital. Progress is monitored through these early returns to home.

Housing for older and disabled people

Whilst not funded by BCF, housing and accommodation play a key role in achieving many of our aims and priorities.

Essex Housing, ECC's in-house housing developer was established in 2016 to address housing need by building general, specialist and affordable housing and to provide assets that deliver social value.

To date Essex Housing has delivered 3 schemes (Norton Road, Moulsham Lodge and Goldlay Gardens) that provide apartments for adults with learning disabilities to live independently, delivering 23 units in total. Essex Housing is working on 4 further schemes in Maldon, Epping Forest, Colchester and Castle Point that will deliver a further 28 apartments for adults with learning disabilities, including adults with high needs. There is an ambition to identify and deliver more of these schemes in future to meet identified needs.

The Essex Housing programme is forecast to deliver 420 Independent Living for Older People apartments across Maldon, Rochford, Epping Forest, Tendring, Harlow, Chelmsford and Colchester, with planning secured for 180 of these already (in Rochford, Tendring and Epping Forest).

This programme of specialist housing is designed to promote independence and has a strong focus on accessibility. The design of private sale and affordable homes, as well as new community assets such as libraries, also has a key focus on accessibility, with apartments delivered to date including design considerations such as the inclusion of lifts and double-width corridors.

The next Essex Housing scheme to be delivered is the former Shernbroke Hostel in Waltham Abbey which achieved planning permission earlier in 2022 for 26 flats, including 10 specialist homes for adults with learning disabilities. Essex Housing is now on-site at Shernbroke with development due to be completed in 2023.

The **Independent Living programme** is one strand of ECC's work to provide the right housing, at the right time, with the right care and support. Also known as Extra Care, Independent Living provides specialist accommodation for older adults and adults with disabilities with varying care and support needs. Extra Care housing is recognised as an excellent alternative to residential care, where appropriate, or staying at home in unsuitable accommodation.

Independent living schemes offer contemporary apartments rented or owned by residents, with shared communal areas such as cafés, wellbeing rooms, and lounge / activity areas to socialise and form a welcoming community. There is onsite meal provision for residents and each resident will also have a kitchen within their apartment to make their own meals if they wish. There is a care provider on site 24/7 to give residents and their families peace of mind. Individual care packages are also provided to meet assessed need. This planned care can either be provided by the onsite care team or another care provider as appropriate and in line with the resident's wishes.

Research has shown that independent living schemes provide a significant reduction in isolation, loneliness, anxiety and depression; reduce visits to GPs / hospitals for older residents and can delay or even reverse frailty. Scheme design reduces the risk of falls and provides full wheelchair accessibility. New schemes seek the highest levels of energy efficiency ensuring the homes within them are well insulated. Schemes can also be used as "community assets" where the wider community benefits from the facilities, social activities and support provided.

ECC aims to develop 11 new Independent Living Extra Care schemes, providing 712 apartments with ECC nomination rights into 530 of these. Two of the 11 schemes have been successfully developed to date with one opening in 2020 (in Uttlesford) and another in 2022 (in Braintree). ECC has worked over the last year

with the landlords of all Extra Care schemes in Essex to which it has nomination rights, to adopt and embed flexible referral criteria into schemes, based on extra care suitability to meet need rather than age, care hours or cohort. This has resulted in extra-care communities becoming more inclusive and meeting the needs of adults who have a learning disability or physical and sensory needs.

Equality and health inequalities

The importance of tackling the causes of inequality in health outcomes is widely recognised across the system in Essex and reflected in our new Joint Health and Wellbeing Strategy where we have committed to creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

The strategy recognises that tackling health inequalities for any cohort who may experience them from young carers to single person households, to those at risk of or experiencing homelessness requires the support of the wider system, and this is reflected in the membership of our health and wellbeing board and local alliances including local authorities, health, wider public sector and voluntary sector organisations.

It sets out the outcomes we want to achieve for this priority including:

- Worked to ensure that all children have access to quality parenting, early years provision and education that provide the foundations for later in life.
- Helped to address food poverty and ensure that all children can access healthy food.
- Improved access to employment, education and training for adults and young people in our most deprived and disadvantaged communities.
- Embedded the use of health impact assessments in planning practice to ensure new planning proposals do not negatively impact on health, health services or widen health inequalities.
- Supported residents who are digitally excluded, either by lack of equipment, connectivity, skills, cost, or confidence to be able to access services and information to benefit their education, career development, access to clinical services and personal wellbeing.
- Reduced barriers to accessing health and care services for families with low-incomes, children and young people who are in or who have been in care, people with learning disabilities, and other cohorts at greatest risk of poor health outcomes.

Our commitment to tackling inequalities extends beyond the scope of the BCF and we are also working with ICS partners on the use of funding for health inequalities that the ICSs received, linking plans to the core20plus5 model. In some areas, such as West Essex, a dedicated health inequalities committee has been set-up, which oversees work and reports to the West Essex One Health and Care Partnership.

Since our last BCF plan work has also begun on delivering our levelling up programme in Essex. We know that Essex is often seen as prosperous. We have a £40bn economy, support 700,000 jobs, and are home to nearly 75,000 businesses. However, there are gaps in how and where this prosperity is experienced with disparities in opportunity across the county. 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. There is on average a 12 year life expectancy gap between the most and least deprived areas of the county. Health outcomes among the residents of the most deprived areas of the county are significant worse: 87% higher instance of Respiratory progressive diseases (COPD); 69% increase of mental health conditions; and adult obesity is 53% higher.

The reality is that it does make a difference where you live and who your parents are to the success you enjoy in life. The Councils strategy “Everyone’s Essex” sets out an approach to change that.

Working with partners across the county the council will be focusing on both place-based and cohort inequalities and developing setting out how they will work together to widen opportunities for left behind areas and disadvantaged communities across the county.

Anchors

For many partners a key component of how they will be levelling up economic outcomes in their local area is through an anchor approach harnessing the potential of large public sector organisations as procurers, employers and local land and asset owners. An Essex Anchor Network is helping to share learning across the system by addressing some of the socio-economic influencing factors. Local Networks have also formed to take forward initiatives in their area. Partners have worked to develop an ideas book to help share good practice across the county and a series of learning events have been held. The ideas book and recordings of the learning events are shared through the Future of Essex website and are available here <https://www.essexfuture.org.uk/boards-networks/anchor-institutions/anchor-resources/>

In Mid and South Essex, partners have been working together across Essex on anchor-related work including successful partnership work between ECC and MSEFT to bring employment opportunities to local residents, including internships for young people with learning disabilities in Mid and South Essex. All partners have signed up to an ICS Anchor Charter. Similarly, Herts & West Essex has formed a West Essex Anchors Group with local partners, including colleges, and also leads the Essex-wide workstream on Employability in the public sector. Suffolk and North East Essex ICS has brought partners together through an ICS Anchors Programme. The Anchor Programme Board, comprises stakeholders from organisations, Alliances, and a variety of ICS groups and forums to provide strategic oversight and to ensure an effective, joined-up whole system approach aligned to our Primary Ambition of 'enable health equality for everyone'. NHS and wider health and care organisations have signed up to an ICS Anchor Charter that underlines their commitment and a dashboard to monitor progress is being developed.

ANNEX A – Local BCF Projects

NE Locality Initiatives	Description
NEE Neighbourhoods	To realise the Alliance Neighbourhood ambition, costs will be attached to test and learn activity, management roles and external evaluation.
Change and Domain Delivery	Development of data dashboards for each Live Well Domain and Alliance Delivery Lead roles (4) to support the Domain programmes of work.
System Resilience	Supporting Winter and system pressures.
Reablement Support	Admission Avoidance Social Workers to support people to remain at home where possible.
Transfer of Care Hub (TOCH)	Management roles to support the development of the TOCH.
Bridging	The service promotes prompt discharge from hospital where adults are awaiting medically optimised for discharge but awaiting the commencement of an Intermediate Care service.
Stepping Stone Home Flats	Housing provision for adults who want to live independently but need short-term alternative housing and care and support with an enablement focus to achieve this.
West Locality Initiatives	Description
Admission Avoidance	To support the adult to remain in the community and their own home during a period of crisis. This supports adults who may have turned up at Emergency Departments or need an intervention in their own home and without this service it would have led to the adult having a 24–48hrs assessment period or admission within an acute setting
Impartial Assessor	This service acts as an intermediary between the care home and acute hospital and will support the adult's discharge back to the care home including undertaking nursing needs assessment on behalf of the care.
Therapy Review	To undertake a review of all therapy services across acute, community and social care to redesign the service to support better outcomes for the adult and better integrated OT interventions
Care Co-ordination Centre Development	Support the development of the workforce in the Care Co-ordination Centre that will manage all discharges from the hospital and prioritise system capacity to meet the demands on the system and proactive management of the adult through their pathway
PACTs / Care Co-ordination Centre implementation	To support the development of the workforce for the implementation of the PACTs to ensure appropriate skilled workforce available
Intermediate Care Commissioning Strategy Development	To develop future commissioning options for potential adoption by the West Essex system.
Place-based working	Health and Care Partnership Development – to support the continuing development of the Health & Care Partnership.
SW Locality Initiatives	Description
Alliance Development	Alliance Delivery Lead roles – building on learning from North Essex and creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance.
Neighbourhood Teams	Neighbourhood Co-ordinators to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood. Key activities: Develop a locality workforce identity. <ul style="list-style-type: none"> • Pilot a new model of care. • Map assets and review commissioning arrangements. • Cultivate inclusive locality leadership. • Revised activity post covid restrictions
Associate Director	Funding for Joint role of NELFT and Health and Social Care to deliver a locality, neighbourhood plan. With the view for integrated delivery and building collaboration to support system needs.
Trust Links	A charity running a garden scheme in the area has requested support for a site in Vange, Basildon. Funding has been secured from the CCG, Sport England LDP, Basildon Health and Wellbeing Board, 'ECC Strengthening Communities' budget and a few smaller sources of money.
Projects in development / discussion	Early Intervention with Families Concept: Social Prescribers to support GPs with signposting on the local, community support that exists for Parents, Children and Families, Young Carers, Parents of SEND children, children of those with mental health issues. Gemima Risk Stratification Tool - Implementing a Risk Stratification Tool for primary care to inform care plan discussions at MDT across health and social care and to identify service users with high/multi complex needs

SE Locality Initiatives	Description
Neighbourhood Teams	The Locality Development Managers will take an operational and strategic lead on the development of a population health focused system that will improve well-being and outcomes for the locality populations working across health, social-care, housing and non-paid services.
Dementia Support	Bespoke support pre-diagnosis through to end of life for people living with dementia and their carers. Forming part of an integrated service that wraps around people, enabling them to live the life they would like with their diagnosis, including hospital inpatient stays and residential care. It is also the crucial link to all health, social care and community support in the area. The Team also includes support for Older People's Mental Health and Frailty.
Bridging Service	'Bridges the gap' between hospital discharge and reablement or domiciliary care support in people's homes. Coverage includes 17 starts flexed across the area. Commissioned by the CCG (delivered by the Acute Trust) this has proved to be highly effective in South Essex providing vital link and enabling smooth discharge to a home setting.
Care Coordination	Enhance the offer of the existing EPUT 'Care Coordination service' to undertake gait and balance assessments for patients on their caseload through the employment of Physio Therapists to undertake this role. Due to come to an end Dec 21.
Mid Locality Initiatives	Description
Alliance Development	Alliance Delivery Lead roles – building on learning from North Essex and creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance.
Trusted Assessors	Trusted Assessor posts at Broomfield Hospital to support with increased discharge time of Adults into ECL reablement.
CHC Social Worker	Social worker post to support with leading on continuing healthcare assessments in Mid Essex, supporting with decreased discharge times, access to CHC funding and integration with health partners involved with continuing healthcare.
DISS	Contribution towards the Dementia Intensive Support Service (DISS) to provide link social worker posts within the neighbourhood teams and overall senior social worker coordination.
EOL	ASC contribution towards the overall End of Life service in Mid Essex provided through Farleigh Hospice.
SWOT	Supporting Wellbeing Outreach Team. Provided by Chelmsford CVS, this service supports Adults returning home from hospital with low-level issues such as equipment, house clearing, shopping etc to ensure successful hospital discharge and avoid unnecessary readmission.
Projects in development / discussion	<ul style="list-style-type: none"> • Therapy support for the new Additional Reablement Capacity (ARC) contract in Mid Essex, to fully utilise the intermediate care offer in the area and improve Adult outcomes. • Virtual ward link workers, to provide focussed support with each frailty virtual ward from social care to support Adults moving through the model and ensuring that they receive the most appropriate input from social care to maximise opportunities for independence. • Way Back in Extra Care settings. We have already paid for licences but would want to build into evaluation to determine its value to the residents and whether it is worth rolling out wider. • Supported living, dementia & modifiable risks factors, The aim being to increase the numbers of people being able to stay in their homes (supported living) as they age (therefore reducing the costs, improving quality of people's lives)

Report title: Decisions taken by or in consultation with Cabinet Members	
Report author: Secretary to the Cabinet	
Date: 18 October 2022	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/470/07/22	Support for the Submission of Borough/District-led Levelling Up Funding Bids in Essex
FP/475/07/22	ECL Procurement Regulations
*FP/288/02/22	Registered emergency provision for looked after children
FP/483/08/22	Service Level Agreement between ECC and CBC regarding delivery of ECC-led Town Deal projects
*FP/460/07/22	Entering into a Memorandum of Understanding for the 'Multiply' adult numeracy programme
*FP/477/08/22	Army and Navy Sustainable Transport Package
*FP/469/07/22	Section 75 Partnership Agreement: New agreement with Essex Partnership University NHS Foundation Trust
*FP/474/07/22	Purchasing of Voice and Data Network Services
FP/520/09/22	Intervention into Thurrock Borough Council: ECC's Role

Deputy Leader & Cabinet Member for Community, Equality, Partnerships and Performance

FP/464/07/22	Amendments to Community Challenge Fund (CCF) eligibility criteria and upper grant award limit
FP/486/08/22	Household Support Fund: Funding to Support Pension Households
FP/503/09/22	Local Levelling Up Fund: First round of funding proposals
FP/522/10/22	Allocation of part of the Household Support Fund to provide free school meal vouchers for October 2022 half term

Cabinet Member for Economic Renewal, Infrastructure and Planning

FP/505/09/22 Review of the Essex Minerals Local Plan 2014 – Extension of Review

***FP/393/05/22** Levelling Up Fund Bid: Bid for Transport Improvements in the Tendring Area

- **With Cabinet Member for Finance, Resources and Corporate Affairs**

***FP/436/06/22** Delivering Digital Essex

FP/511/09/22 Rationalisation of Property Assets; The Spangles Site and The Peter Kirk Site, Stansted

Cabinet Member for Education Excellence, Life Long Learning and Employability

***FP/369/04/22** Proposed expansion of Tendring Primary School from September 2023 - Final Decision

***FP/158/09/21** An expansion to Hillhouse Church of England Primary School to take additional pupils from September 2023

FP/462/07/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 408

FP/463/07/22 Replacement of two temporary class bases at Dr Walker Primary School with new permanent accommodation

FP/473/07/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 409

***FP/021/03/21** Proposed expansion of Barling Magna Primary Academy, Rochford

FP/480/08/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 410

FP/495/08/22 Replacement of temporary class bases at Great Bardfield Primary School with new permanent accommodation

FP/512/09/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 411

***FP/490/08/22** Closure of Essex Teacher Training Programme

FP/523/10/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 412

Cabinet Member for Finance, Resources and Corporate Affairs

FP/506/09/22	Resourcing to support Levelling Up
FP/472/07/22	Applying the Accelerated Payment Rebate Scheme to Works and Social Care Contracts
*FP/387/04/22	Corporate Print Services
FP/485/08/22	Award of contract for commercial vehicle leasing, associated maintenance services and short-term hire
FP/487/08/22	ECC Levelling Up funding of Active Essex healthy and active best start projects in Canvey Island
FP/488/08/22	Award of new energy supply contracts – Draw Down From Reserves
FP/493/08/22	Extension of Passenger Transport Services Dynamic Purchasing Framework Agreement
FP/494/08/22	Drawdown of funding from the Covid Equalisation Reserve for additional resources in SEND services
FP/496/08/22	Adult Community Learning – Canvey Levelling Up- drawdown from Reserves
FP/497/08/22	Adult Community Learning – Colchester Levelling Up- drawdown from Reserves
FP/498/08/22	Adult Community Learning – drawdown from Reserves Harwich & Dovercourt Levelling Up
FP/499/08/22	Adult Community Learning – Rural Braintree Levelling Up- drawdown from Reserves
FP/517/09/22	Drawdown from Covid Equalisation Reserve - Entry to Work Initiative
FP/518/09/22	Levelling Up funding of Early Years best start project on Canvey Island

- With Cabinet Member for Health and Adult Social Care

FP/479/08/22	Centre of Excellence for Care and Nightingale Care Bursary
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Cabinet Member for Health and Adult Social Care

FP/461/07/22	Amendment to Cabinet Member Action for “Adult Social Care Transport Arrangements 2022 to 2024” dated 20 th May 2022
*FP/402/05/22	Adult Social Care Workforce and Market Support Scheme
FP/467/07/22	Award of contracts for, and re-procurement of, accommodation-based support for people with mental health needs
FP/492/08/22	Procurement of Additional Reablement and Bridging Services Capacity
*FP/481/08/22	Award of Contracts for Block Purchase of Domiciliary Care in Uttlesford and Braintree

Cabinet Member for Highways Maintenance and Sustainable Transport

*FP/143/08/21	Implementation of Public Rights of Way Hierarchy and Public Rights of Way (PRoW) Maintenance Inspections Strategy
*FP/437/06/22	Revised ENCTS reimbursement payments to bus service operators 2022/2023
*FP/414/05/22	Sawyers Hall Lane Parking Restrictions, Brentwood
*FP/416/05/22	Active Travel Fund 2 – Proposed Implementation of ‘20mph Speed Limit’, Various Roads, Braintree
*FP/456/07/22	Host County for Ride London Essex 2023 Cycle event
*FP/043/04/21	Clacton to Jaywick Infrastructure & Essex Pedal Power Project (Tendring Bikes & Cycle Infrastructure)
FP/489/08/22	Variation to local bus contract for buses serving Saffron Walden and Audley End Station
*FP190/10/21	Harlow and Gilston Garden Town Transport Strategy
FP/501/08/22	Proposed implementation of ‘One Way’ restriction with the exception of pedal cycles, St. Nicholas Street, Colchester
FP/502/08/22	Proposed Zebra Crossing – relocation of ‘No Stopping except buses’ restriction, and revocation of ‘No Stopping Mon-Fri 8am-9.30am and 2.30pm-4pm on entrance markings’ B1018 Cressing Road, Witham

FP/507/09/22	Proposed revocation of a section of 'Resident Permit Parking Area C1' to implement 'Disabled Parking Bay' on Portland Road, Colchester
*FP/371/04/22	Active Travel Fund 2 - Proposed Implementation of '20mph Speed Limit', Various Roads, Brentwood
FP/510/09/22	Proposed implementation of 'Signal Controlled Pedestrian Crossings' on Springfield Road and Navigation Road, Chelmsford and, 'No Entry' Restriction on Springfield Road, Chelmsford.
*FP/415/05/22	Active Travel Fund 2 – Nevendon Road, Wickford
FP/521/09/22	Proposed No Waiting at Any Time Restrictions and No Loading & Unloading Restrictions on Point Road, Castle Point
FP/525/10/22	Proposed 'No Waiting at Any Time' Restrictions - Channels Development, Chelmsford

*** Key Decisions 23**

Exempt from 28-day period and call in: 1