# **Public Document Pack**



# Adults and Health Committee Agenda

Date: Monday, 22nd September, 2025

Time: 5.30 pm

Venue: Council Chamber, Municipal Buildings, Earle Street, Crewe

CW1 2BJ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

# PART 1 - MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

# 1. Apologies for Absence

To note any apologies for absence from Members.

### 2. Declarations of Interest

To provide an opportunity for Members and Officers to declare any disclosable pecuniary interests, other registerable interests, and non-registerable interests in any item on the agenda.

# 3. **Minutes of Previous Meeting** (Pages 5 - 16)

To approve as a correct record the minutes of the previous meeting held on 23 June 2025.

For requests for further information

**Contact**: Sam Jones **Tel**: 01270 686643

**E-Mail:** CheshireEastDemocraticServices@cheshireeast.gov.uk

# 4. Public Speaking/Open Session

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the <u>Constitution</u>, a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

Petitions - To receive any petitions which have met the criteria - <u>Petitions Scheme</u> <u>Criteria</u>, and falls within the remit of the Committee. Petition organisers will be allowed up to three minutes to speak.

# 5. First Financial Review of 2025/26 (Pages 17 - 88)

To note and comment on the First Financial Review and Performance Position of 2025/2026.

# 6. Accommodation with Care Contract: Decision to Recommission (Pages 89 - 96)

To consider a report which seeks approval from Members to recommission the 'Accommodation with Care' contract (Residential and Nursing Care Homes) ahead of the contract expiry date 31<sup>st</sup> March 2026.

# 7. Future Options for Catering in Oakmere and Willowmere Extra Care Housing (Pages 97 - 164)

To consider a report which outlines actions taken to understand the resident's catering needs, assess market interest in delivering a service in the schemes, and identifies a preferred future service model.

# 8. **Recommissioning of Sexual Health Service** (Pages 165 - 176)

To consider a report which seeks approval to proceed with the recommission of the Integrated Sexual Health Service in Cheshire East.

# 9. Adult Social Care Transformation Plan Update (Pages 177 - 204)

To receive a report which provides an update on the progress of the Adult Social Care Transformation Programme as outlined in a report to January 2025 committee.

# 10. Smoking Cessation Incentive Scheme Update (Pages 205 - 218)

To consider a report which presents an evaluation of the Cheshire East Smoking in Pregnancy Incentives Scheme and recommends the transition to the National Smoke-Free Pregnancy Incentive Scheme.

# 11. **Safeguarding Adults Review - BELLA** (Pages 219 - 280)

To receive a report which informs the Adults and Health Committee about the Safeguarding Adults Review regarding "BELLA".

# 12. Minutes of the Cheshire East Health and Wellbeing Board (Pages 281 - 286)

To receive the minutes of the Cheshire East Health and Wellbeing Board – 1 July 2025.

# 13. **Work Programme** (Pages 287 - 290)

To consider the Work Programme and determine any required amendments.

**Membership:** Councillors L Anderson (Vice-Chair), S Adams, C Bulman, N Cook, S Corcoran, S Gardiner, R Moreton, H Moss, J Place, J Rhodes (Chair), L Wardlaw, S Holland and A Kolker



# CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee** held on Monday, 23rd June, 2025 in the Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

# **PRESENT**

Councillor J Rhodes (Chair)
Councillor L Anderson (Vice-Chair)

Councillors S Adams, C Bulman, J Clowes, N Cook, S Corcoran, S Gardiner, R Moreton, H Moss, J Place and L Wardlaw

### **OFFICERS IN ATTENDANCE**

Helen Charlesworth-May, Executive Director of Adults, Health and Integration Jill Broomhall, Director of Adults Social Care Nikki Wood-Hill, Lead Finance Business Partner Roisin Beressi, Principal Lawyer Dan Coyne, Head Integrated Commissioning Dan McCabe, Head of Integrated Urgent Care Alex Jones, Better Care Fund Programme Lead Professor Rod Thompson, Director of Public Health Sam Jones, Democratic Services Officer

# 1 APOLOGIES FOR ABSENCE

There were no apologies for absence from Members.

# 2 DECLARATIONS OF INTEREST

In the interest of openness and transparency, the following declaration was made:

In relation to Item 13, Councillor Corcoran declared that he was the Chair of the Health and Wellbeing Board.

# 3 MINUTES OF PREVIOUS MEETING

Councillor Gardiner requested it be noted that at the meeting of the Adults and Health Committee on 24 March 2025, Councillor Sewart was present as substitute for Councillor Clowes.

# **RESOLVED:**

That the minutes of the meeting held on 24 March 2025 be approved as a correct record and signed by the Chair.

# 4 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers registered.

# **5 FINAL OUTTURN 2024/25**

The committee considered a report which provided an overview of the Cheshire East Council final outturn for the financial year 2024/25, from Nikki Wood-Hill, Lead Finance Business Partner.

The Committee were updated that there had been an improvement in the finances, with the Adults and Health Committee having a smaller pressure of £17.6 million; it was highlighted that external care costs continued to be the main driver for the pressure. It was noted that the recommendation for Council is that the full level of exception financial support was to be utilised to support the transformation plan and add to the council's reserves.

Members were updated that in 24/25 the Adults, Health and Integration directorate had not recognised the full year impact of the pressures from 23/24, as these had occurred towards the end of the year, as the council was going through close down process. The bulk of overspend from 24/25 related to the full year effect of 23/24, plus some one off expenditure funding from 23/24 which was not recurrent in 24/25. As a result, in 24/25 the council tracked expenditure closely, and at the end of quarter 3, when approving the 25/26 budget, a "most likely case" scenario was factored in. It was noted that the report stated that during the last three months of 24/25, activity dipped unexpectedly, so for 25/26 the council have recognised all of the recurrent costs from 24/25. In addition, the council had set aside funding for pay inflation in commissioned care costs to a level which it has not done previously.

Members were updated that, at this moment in time, there was no obvious reason as to why there should be an overspend in 25/26; the transformation plan for Adults Social Care was explicitly intended to address the key drivers of the overspend over the last 2-3 years.

It was noted that the first year of the transformation programme would look at how Cheshire East Council could get better control of care packages for working age adults to reduce the costs, and would be looking into the models of care and associated pricing models to identify how the council could better support people with the budgets available in order to reduce costs. In year 2 of transformation plan the council would look to remodel care and housing to deliver it in a more efficient way. Cheshire East Council were comfortable that plans were in place to ensure that that over the next two years the Adults Social Care budget reflects levels that which could be reasonably expected, given the nature of the aging population within the borough.

However, it was noted that there were items over which the council did not have control, such as the budgetary pressures facing the NHS, and it was possible that the council would see the NHS asking local authorities to pick up costs which the council is no responsible for.

Members were updated that Cheshire East Council would not purchase care packages from providers where the quality of care was not appropriate and had developed a set of quality assurance ratings which it used to review care quality; this was done on a routine basis. It was noted that the council only worked with providers which it viewed delivered a quality of care which was acceptable; where the council were worried about quality, it took active steps to support providers.

Members requested details of the Earmarked Reserves. Officers committed to sharing the minutes of the Corporate Policy Committee which took place on the 12 June 2025 concerning the Earmarked Reserves, so that members could see the discussion and the proposed amendments to the recs which took place there. The details were contained within the Corporate Policy Minutes available here on page 2.

It was noted that there was no capital programme for the Adults and Health Committee at present, and there was a requirement that the Public Health Reserve be kept separate.

Members thanked officers for their work to date in reducing the overspend for the Adults and Health Committee.

It was noted that that recommendation four contained within the report was not associated with the Adults and Health Committee, and Members would not vote on it.

Councillor John Place joined the meeting at 1055.

# **RESOLVED (Unanimously):**

That the Adults and Health Committee:

- 1. Consider the overall financial performance of the Council in the 2024/25 financial year, as contained within the report, as follows:
- a) A Net Revenue Overspend of £17.6m against a revised budget of £365.8m (4.8% variance) funded by conditional Exceptional Financial Support (Capitalisation Direction) via borrowing.
- b) General Reserves closing balance of £6.3m.
- c) Capital Spending of £88.4m against an approved programme of £215.8m (59% variance).
- 2. Consider the contents of Annex 1.

- 3. Approve the new Reserves in the Reserves Section (Annex 1, Section
- 5, Table 1) which includes proposed movements to reserves.

### 6 CONNECT TO WORK FUNDING

The committee considered a report which sought approval from the Adults and Health Committee for the Connect to Work delivery proposals, and for a recommendation to be made to Full Council for approval to receive and spend the grant.

The Committee were updated that the Connect to Work programme would be delivered by three neighbouring local authorities (Cheshire East Council, Cheshire West and Chester Council (CWAC) and Warrington Borough Council) who already had strong working relationships and collaborate on skills, employment and growth.

It was noted that the governance arrangements for the programme were not expected to be complete until August 2025.

The committee were updated that CWAC were the lead for programme, and this had been decided by the Department for Work and Pensions (DWP), and they have lead accountable status. It was noted that the full allocation of the programme, across the three local authorities was in region of £14.3 million over five years. It was noted that CWAC would receive a higher proportion of funding due to the current resourcing levels within their Supported Employment Team, and therefore higher target for job starts, however Cheshire East Council would deliver the same quality of service and would be working closely with colleagues in the Children and Families directorate to ensure beneficial delivery.

Members were updated that officers would be looking to target those individuals in harder to reach rural areas, and this would form part of the action plan. It was noted that several methods would be used to ensure that as many people as possible could be reached with this programme and Members stated the importance of helping those with disabilities to get back into work.

It was noted that CWAC would be responsible for the commissioned element of the programme, and there would be some associated project management and outsourced fees and elements, however benchmarking had taken place in relation to the expected figures. It was noted that the £500,000 received from the UK Shared Prosperity Fund would not need to be paid back, and that the DWP had set the yearly allocations, with the peak being towards the middle of the programme.

Members requested details of the successes the Cheshire East Supported Employment Team had had over recent years, and details of the 55 sustainments in paragraph 7 of the report. Officers committed to provide a written response.

Members requested details of the levels of referrals Cheshire East was taking, and how the investment made by Cheshire East Council differs from that of CWAC and Warrington Borough Council. Officers committed to provide a written response to this.

Councillor Gardiner proposed an amendment to add a fourth recommendation to the report:

"Request officers to bring a further paper to the Adults and Health Committee which sets out performance monitoring and management information to enable the committee to make further decisions on governance."

This amendment was seconded by Councillor Moss and accepted by the committee as a friendly amendment.

# **RESOLVED (Unanimously):**

That the Adults and Health Committee:

- 1. Agree that the funding be accepted and approve the proposed spend to use this additional funding as set out in para 20-23.
- 2. Approve the proposed "Connect to Work Action Plan" as set out in Appendix 1.
- 3. Recommend to Council the approval of a Supplementary Revenue Estimate (SRE) of the value of £2,090,769 referenced in para 35 over the 2025-2030 financial years.
- 4. Request officers to bring a further paper to the Adults and Health Committee which sets out performance monitoring and management information to enable the committee to make further decisions on governance.

# 7 BETTER CARE FUND PLAN 2025-26

The committee considered a report which provided a summary of the Better Care Fund planning guidance for 2025/26 and requested approval from the committee.

The Committee were updated that the objectives of the fund reflected the national targets:

- Provide more care closer to home.
- Increase the focus on prevention so that people can living healthier and more independent lives.
- Harness digital technology to transform care.
- Provide stability through the winter period 2025/26.
- Review our approach to Discharge to assess.

 Ensure that our local programme provides value for money, good outcomes, are impactful and bring about meaningful change to people's lives.

It was noted that the Better Care Fund plan will not be used for the national switchover from analogue to digital telecare provision.

The Disabled Facilities Grants would fund adaptations to people's homes to make it easier for them to remain living at home rather than being moved into residential care. The improvements could be adaptations such as a stairlift or providing a downstairs shower room. It was noted that there was a programme in place to look to recover any equipment which was no longer of use.

Members were updated that due to national and regional timelines which were not within the Council's control, they were being asked to approve a plan for 2025 / 2026 a number of months into the municipal year. Officers acknowledged this and would look into this for the future.

Members were updated that the term "high intensity user" was an individual who was accessing adult health and social care services on a frequent basis, and that the Mental Health Intensive Support Team were an external provider who supported those who had been discharged from hospital, working with individuals for between two and four weeks from their point of discharge on rehabilitation, and how to settle back in to own homes.

Members queried details in the table provided on page 147 of the agenda pack and officers committed to providing a written response.

Councillor Moreton was not present for the vote.

# **RESOLVED (Unanimously):**

That the Adults and Health Committee:

1. Approve the Better Care fund plan for Cheshire East for 2025/26.

# 8 APPOINTMENTS TO SUB-COMMITTEES, WORKING GROUPS, PANELS, BOARDS AND JOINT COMMITTEES

The committee received a report which sought to appoint members to Sub-Committees, Working Groups, Task and Finish Groups, Panels, Boards and Joint Committees.

The committee considered the report which sought approval from the Adults and Health Committee to appoint the bodies referred to in the report and to nominate members to them. The annual report was presented which all Service Committees receive respective to their sub-committees

and working groups. The committee were asked to make appointments as follows:

• Cheshire East Health and Wellbeing Board. This is a joint board to which this Council appoints three councillors as voting members. The terms of reference were set out within the Constitution. The Corporate Policy Committee, Adults and Health Committee and Children and Families Committee are required to appoint x1 nominee each.

Councillor Jill Rhodes had been nominated as the Adults and Health Committee Member for the year 2025-26.

 Joint Extra Care Housing Management Board. This is a joint board of Cheshire East Council and Cheshire West and Chester Council, with each Council appointing three Members. The Corporate Policy Committee, Finance Sub Committee and Adults and Health Committee are required to appoint x1 nominee each.

Councillor John Place had been nominated as the Adults and Health Committee Member for the year 2025-26.

Where nominations had been put forward, the committee were asked to approve these nominations as set out, as recommendation 1 of this report, and for any positions which are yet to be filled, nominations should be submitted to the Head of Democratic Services, Brian Reed, as recommendation 2 of this report.

Councillor Moreton was not present for the vote.

# **RESOLVED (By Majority):**

That the Adults and Health Committee:

- 1. Appoints the sub-committees, working groups, panels, boards and joint committees for 2025-26, and the member appointments to them, as set out within this report.
- 2. Where appropriate, agrees to submit member nominations to the bodies below to the Head of Democratic Services.

# 9 RECOMMISSION OF EXTRA CARE HOUSING AND CARE AT HOME CARE AND SUPPORT SERVICES

The committee received a report regarding the merging of the care and support services delivered across Care at Home and Extra Care Housing into one contract and one service offer, which provided details of how the new care model would support the needs of the borough both now and in the next seven years.

The Committee were updated that the Care at Home Recommission was closely linked the Council's Transformation Plan. It was noted that Adult

Social Care Services currently work with 63 commissioned providers and work was underway to assess the recommended number of providers, but the details were not yet ready. It was noted that the current contracts were supporting users and meeting their needs, but there was a need to significantly reshape and redesign the care which the council provided in order to maximise the capacity and ensure that it was operating in the most efficient way; by involving the community and voluntary sectors. The new model would look to ensure that voluntary sector were funded in a way to ensure sustainable and successful delivery.

The committee were updated that officers had engaged with an external organisation which had profiled demand and capacity for Cheshire East to ensure that the eight care communities would have the appropriate resources in place; there was significant planning and scrutiny being undertaken to ensure that the growing demand in the borough, due to the large aging population in Cheshire East, can be managed. It was noted that issues of social isolation would be addressed in connecting individuals to their community to aid their support.

The committee were updated that it was necessary to look at how care could be strategically commissioned to make use of local providers to make a more efficient use of resources throughout the borough. It was noted that officers were currently engaging with local education establishments in the areas, such as Staffordshire University. As well as this, the Council would review individual care packages to ensure that they were still appropriate and look into how assisted technology could help provide the same quality of care with reduced resource.

The committee were updated that the next People Panel Session would be held in August 2025 and feedback had been collated from the previous sessions to build on this.

Members noted the importance of communications to ensure that this does not cause increased anxiety to service users.

Councillor Rhodes proposed an amendment to recommendations 1, 2, 3, 4 and 5 to change the wording from "support" to "approve". This amendment was seconded by Councillor Cook and accepted as a friendly amendment by the committee.

# **RESOLVED (Unanimously):**

That the Adults and Health Committee:

- 1. Approve the justification for the final extension request and subsequent approval for the Care at Home and Extra Care Housing Contracts.
- 2. Approve the merging of Care at Home and Extra Care Housing care and support services.

- 3. Approve the transformational approach of these services over the contracts three seven year implementation, working in a manner that contributes and works alongside the savings targets associated with this workstream.
- 4. Approve resident-focused and financially sustainable service design principles.
- 5. Approve the Council's long term intention to move to a localities-based model of care delivery, reducing the number of home care providers that we are contracted to work with and enhancing the lives of residents by improving access to our services, supporting independence and resilience, reducing the need for services, and promoting community growth.

# 10 CQC LOCAL AUTHORITY ASSURANCE OUTCOME BRIEFING

The committee received a report which detailed the outcome of the Local Authority assurance visit by the Care Quality Commission during week beginning 20 January 2025.

The Committee were updated that as a result of the CQC Assessment, Cheshire East Council's Adults Social Care department was reviewed as GOOD across all care quality statements; one of the highest ratings currently awarded nationally to local authorities. In comparison to other local authorities who had received a GOOD rating, very few had been rated as high as Cheshire East Council for their "care assessment" process.

It was noted that the CQC assessment report detailed further areas of improvement for the directorate, which were already areas which officers were aware of, and there was now an Improvement Plan and Progress Tracker in place to assist the authority with further progress.

Members and officers praised the hard work of the social care staff and leadership and commended the good result.

### **RESOLVED:**

That the information contained within the report be considered and noted.

# 11 PREVENT AND CHANNEL PANEL STATUTORY RESPONSIBILITIES

The committee received a report on the changing landscape and statutory responsibilities in relation to PREVENT.

The committee were updated that local authorities were legally required to coordinate Channel Panel and PREVENT across their borders. As a result of missed opportunities prior to recent events, such as the Southport killings in 2024 and the death of David Ames MP in 2021, significant changes had been made to the Channel Panel and PREVENT, and local

strategies and policies had been updated to reflect national changes. Cheshire East Council relied on partners within the Police to provide information on those who hold firearms licenses within the borough.

It was noted that Cheshire East Council was subject to an annual assessment by the Home Office on their PREVENT duties, and Cheshire East had exceeded or met every assessment level.

It was noted that most referrals received were regarding children aged 11 – 17, and since the Southport killings, the referral rate had increased by about 35%.

Cheshire East Council was to submit a funding bid to Home Office to allow for the provision of training in schools and colleges to make students more aware of the risks of accessing extreme content online, and would extend this training to older individuals with learning difficulties in higher educational establishments. It was noted that the Home Office provided training materials which Cheshire East council could access, but the authority also produced their own.

It was noted that if any Members, or a member of the public had concerns, then these could be raised by making a referral to the Police Counter Terrorism Unit.

# **RESOLVED:**

That the information contained within the report be considered and noted.

Councillor Moreton left the meeting at 13:40 and did not return.

# 12 ADULTS SERVICE SCORE CARD 2024 (QUARTER 4)

The committee received a report which provided the Adults and Health Committee members with an overview of key activity and performance in Adults Social Care Services for Quarter 4 2024.

The Committee were updated on the key figures of the report:

- There were 19 fewer individuals aged 65+ in permanent residential and nursing placements who were being supported compared to the previous year.
- Every week 844 additional hours of domiciliary care were being provided.
- There had been a 35% increase in contacts to the "front door", however this had not led to a significant rise in those which were going on to receive an assessment, as their needs had been met without formal care and support.
- There had been an increase in individuals completing reablement without requiring ongoing care.

It was noted that the numbers of individuals entering residential care were reducing, but those accessing domiciliary care had gone up, but higher numbers had been expected.

It was noted that there had been an increase in safeguarding concerns and S42 enquiries, which was positive as it showed that issues were being identified at an earlier stage, and work was ongoing to reduce inappropriate referrals.

The committee were updated that work was being undertaken with regards to telecare services and "smart speakers" in order to see if they could be a useful assistant to those who required help at home. The committee were updated that officers were currently working on a new Accommodation Strategy, which would review all forms of care accommodation and would form a source document for planning colleagues to draw on when considering planning applications for care homes. It was noted that this strategy would need to be an addendum to the Local Plan to allow the local authority to be better placed to resist these planning applications where necessary.

It was noted that a project was underway regarding self-funders, where individuals who believed that they required residential care services could come to the Council to ask for advice on the best solution for them. It was noted that to date, none of these individuals had been advised that long term residential care was the best option for them; the Council was looking for solutions to keep people in their own homes for longer where appropriate.

# **RESOLVED:**

That the information contained within the report be considered and noted.

# 13 MINUTES OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD

# **RESOLVED:**

That the minutes of the Cheshire East Health and Wellbeing Board held on 18 March 2025 be received and noted.

# 14 WORK PROGRAMME

The committee considered the Work Programme.

Members were asked to review the work programme and contact the Chair or Democratic Services with any suggestions of scrutiny items that they would like to put forward for the Committee.

# Page 16

It was noted that the Work Programme detailed a report for noting, the "Adults Social Care Performance Score Card 2024 (Quarter 4)" which was an error as this report was brought to the committee meeting for scrutiny.

# **RESOLVED:**

Members requested that the following items be added to the Work Programme:

- Connect To Work Governance Report
- CQC Improvement Plan Report
- Extra Care Housing Report

Members requested that officers consider whether the Better Care Fund Report would be received by the Adults and Health Committee or the Health and Wellbeing Board.

The meeting commenced at 10.30 am and concluded at 2.20 pm

Councillor J Rhodes (Chair)



**OPEN** 

# **Adults and Health Committee**

22 September 2025

First Financial Review of 2025/26

Report of: Executive Director of Resources, Section 151 Officer

Report Reference No: AH/01/25-26

Ward(s) Affected: Not applicable

For Decision or Scrutiny: Both

# **Purpose of Report**

- This report provides the current forecast outturn for the financial year 2025/26 based on our income, expenditure and known commitments as at the end of June 2025. It also identifies actions that are being taken to address adverse variances to urgently address our financial sustainability.
- The report provides the forecast outturn for all services, to provide Members with contextual information on the position for the whole Council. Members are asked to focus their scrutiny on the forecasts and supporting information relating to services within the remit of the Committee whilst understanding the overall context.
- The report highlights any changes and external pressures that are impacting the Council since setting the budget in February 2025.
- As set out in previous Financial Reviews, the requirement to continue to identify further actions to bring the Council back to a position where we are living within our means remains, and it will be important that these actions are closely monitored, and appropriate action taken to manage our resources. This report includes information on the actions that are currently underway.
- Reporting the financial forecast outturn at this stage, and in this format, supports the Council's vision of being an effective and enabling Council as set out in the Cheshire East Plan 2025-2029.
- The report also requests member approval for amendments to the Council's budget in line with authorisation levels within the Constitution.

The full report to Finance Sub Committee on 10 September 2025 includes additional information on debt, Council Tax and Business Rates collection, Treasury Management and Prudential Indicators. The report can be found here: Finance Sub Committee meeting 10/9/2025.

# **Executive Summary**

- This is the First Financial Review monitoring report (FR1), showing the forecast outturn position for the 2025/26 financial year.
- 9 The report provides the current forecast outturn position for the revenue budget, capital budget and Dedicated Schools Grant (DSG) for the financial year 2025/26 based on our income, expenditure and known commitments as at the end of June 2025.
- The First Financial Review (FR1) forecast revenue outturn is an **adverse variance of £3.1m** (after the application of planned use of conditional Exceptional Financial Support **£25.3m** as set out in the approved budget in February 2025). Further details are shown in **Table 1** in paragraph 23.
- All Directorates continue to work on mitigation plans to improve the overall forecast overspend position and in doing so, are highlighting any risks associated with mitigations currently reflected in the reported £3.1m overspend.
- 12 The value of additional mitigation plans not yet reflected as delivered at FR1 are estimated at £2.8m, giving a potential improved overall forecast of £0.3m overspend. However, should the current mitigations included in the FR1 forecast not materialise, alongside further risks identified, then the forecast overspend position could increase to £18.7m adverse. Further updates will be provided at FR2.
- Each Directorate have plans underway to deliver approved budget changes (growth and savings) identified as part of the 2025/26 approved budget per MTFS line see paragraph 31 below and **Annex 1, Section 2** of the report.
- The opening DSG deficit is £112.1m with an in-year projected movement of £33.5m to forecast a year end deficit of £145.6m refer to paragraphs 40-42 for further details. Further reporting on the DSG Management Plan is being taken to the next Children's and Families Committee which outlines the plan to stabilise the DSG and start reducing the deficit.
- The capital programme for the current year is forecasting expenditure of £205.5m in year, an underspend of £3m against a budget of £208.4m at Outturn. This is an increase against the approved MTFS budget of £173m due to increases in Supplementary Capital Estimates (SCEs) of £22.3m as well as some reprofiling of projects.
- The overall forecast revenue overspend of £3.1m remains a significant financial challenge for the Council when considered in addition to the planned use of Exceptional Financial Support (EFS) of £25.3m. Reserves at out-turn were £29.4m, being £6.3m of General Fund Reserves and £23.1m of Earmarked

Reserves. A planned net use of Earmarked Reserves and the General Fund Reserve is forecast at £3.3m leaving £26.1m total available reserves. The Council's level of reserves is therefore insufficient to cover the current forecast revenue outturn for the year without further action. Further details are also available in the following Annexes to the main report.

# Annex 1: Detailed First Financial Review 2025/26

- Section 1 2025/26 Forecast Outturn
- Section 2 2025/26 Directorate Revenue Commentary and update on 2025/26 Approved Budget Change Items
- **Section 3** Revenue Grants for approval
- Section 4 Capital
- Section 5 Reserves

# **Annex 2: Detailed Capital Programme 2025/26**

# RECOMMENDATIONS

The Adults and Health Committee to:

- 1. Review the factors leading to a forecast adverse Net Revenue financial pressure of £3.1m against a revised budget of £440.5m (0.7%). To scrutinise the contents of **Annex 1, Section 2** and review progress on the delivery of the MTFS approved budget policy change items, the RAG ratings and latest forecasts, and to understand the actions to be taken to address any adverse variances from the approved budget.
- 2. Review the in-year forecast capital spending of £205.5m against an increased capital budget of £208.5m. This was adjusted at outturn following an approved MTFS budget of £173m.
- 3. Approve the Supplementary Revenue Estimate Request for Allocation of Additional Grant Funding over £500,000 and up to £1,000,000 as per **Annex 1, Section 3, Table 2.**
- 4. Note the available reserves position as per **Annex 1**, **Section 5**

# Background

17 The Council operates a financial cycle of planning, review, management and reporting. This report ensures that we review where we are and provide a forecast outturn position for the 2025/26 financial year, whilst also identifying the actions that need to be taken to manage our overall resources. The information in this report also supports planning for next year's budget by identifying issues that may have medium term impacts.

- The Council set its 2025/26 annual budget in February 2025. The budget was balanced, as required by statute, with planned use of EFS, by way of a capitalisation direction, totalling £25.3m, plus £24.3m of transformation savings to achieve in year, and included important assumptions about spending in the year. The budget is part of the Medium-Term Financial Strategy (MTFS) 2025 to 2029.
- 19 This single view of the financial picture of the Council provides the overall financial context.
- The management structure of the Council is organised into the following directorates:
  - Adults, Health and Integration
  - Children's Services
  - Place
  - Resources
  - Chief Executive's Office
  - Governance, Compliance and Monitoring
- The Council's reporting structure provides forecasts of a potential year-end outturn within each directorate during the year, as well as highlighting activity carried out in support of each outcome contained within the Cheshire East Plan. Budget holders are responsible for ensuring they manage their resources in line with the objectives of the Council and within the approved budget.
- For the purposes of each committee, these directorate budgets are aligned to a specific committee and the appendices to this report provide information at a level that should enable the committee to scrutinise the causes of any variations in budget and appropriate actions needed to bring the Council back into line in terms of managing its resources.

# 2025/26 Revenue Outturn – Financial Review 1 (FR1)

Overall, the First Financial Review (FR1) forecast revenue outturn is an adverse variance of £3.1m (after the application of planned use of conditional Exceptional Financial Support £25.3m as set out in the approved budget in February 2025). Further details are shown in **Table 1 below.** 

Table 1 2025/26 FR1	Revised Budget	Forecast Outturn	Forecast Variance
	£m	£m	£m
Service Committee			
Adults and Health	167.257	166.962	(0.295)
Children and Families	97.352	106.350	8.998
Corporate Policy	43.671	43.734	0.062
Corporate Policy- Cross Transformation	(13.452)	(3.821)	9.631
Economy Growth	28.741	26.456	(2.285)
Environment and Communities	43.670	41.125	(2.545)
Highways and Transport	17.151	17.265	0.114
Total Service Budgets	384.390	398.071	13.681
Finance Sub:			
Central Budgets	56.068	45.535	(10.533)
Funding	(415.197)	(415.197)	-
Total Finance Sub	(359.129)	(369.662)	(10.533)
Exceptional Financial Support	(25.261)	(25.261)	-
TOTAL	0.0	3.147	3.147

- All Directorates continue to work on mitigation plans to improve the overall forecast overspend position and in doing so, are highlighting any risks associated with mitigations currently reflected in the reported £3.1m overspend.
- The value of additional mitigation plans not yet reflected as delivered at FR1 are estimated at £2.8m, giving a potential improved overall forecast of £0.3m overspend (see Optimistic forecast Table 2). However, should the current mitigations included in £3.1m FR1 forecast not materialise, then the pessimistic forecast position could increase to £18.7m (see Table 3). Further updates will be provided at FR2.

# 26 Table 2 Optimistic position

Table 2 – Optimistic position 2025/26 FR1	Revised Budget	Forecast Outturn	Forecast Variance
	£m	£m	£m
Service Committee			
Adults and Health	167.257	166.562	(0.695)
Children and Families	97.352	105.050	7.698
Corporate Policy	43.671	43.734	0.062
Corporate Policy- Cross Transformation	(13.452)	(3.821)	9.631
Economy Growth	28.741	26.456	(2.285)
Environment and Communities	43.670	40.125	(3.545)
Highways and Transport	17.151	17.265	0.114
Total Service Budgets	384.390	395.371	10.980
Finance Sub:			
Central Budgets	56.068	45.400	(10.668)
Funding	(415.197)	(415.197)	-
Total Finance Sub	(359.129)	(369.797)	(10.668)
Exceptional Financial Support	(25.261)	(25.261)	-
TOTAL	0.0	0.313	0.313

# 27 Table 3 Pessimistic position

Table 3 – Pessimistic position 2025/26 FR1	Revised Budget (NET)	Forecast Outturn	Forecast Variance
	£m	£m	£m
Service Committee			
Adults and Health	167.257	171.862	4.605
Children and Families	97.352	108.050	10.698
Corporate Policy	43.671	43.734	0.062
Corporate Policy- Cross Transformation	(13.452)	(0.821)	12.631
Economy Growth	28.741	26.456	(2.285)
Environment and Communities	43.670	41.525	(2.145)
Highways and Transport	17.151	17.265	0.114
Total Service Budgets	384.390	408.071	23.681
Finance Sub:			
Central Budgets	56.068	51.083	(4.985)
Funding	(415.197)	(415.197)	-
Total Finance Sub	(359.129)	(364.114)	(4.985)
Exceptional Financial Support	(25.261)	(25.261)	-
TOTAL	0.0	18.696	18.696

- As indicated above in Table 1, the forecast overspend of £3.1m remains a significant financial challenge for the Council when considered in addition to the planned use of EFS of £25.3m. Reserves levels are insufficient to cover this level of overspending and should not be used as an alternative to undelivered savings or management actions to constrain and contain in-year pressures. Any drawdown in year to fund unmitigated pressures is not a sustainable approach and will take the Council further into financial distress.
- The key areas causing an overspend at FR1 include a projected overspend of £9.0m within Children and Families, this is largely due to increased costs of placements (£6.4m adverse) and staffing (£2.2m). A shortfall of £9.7m is forecast against in-year cross-directorate Transformation savings, details of all Transformation related savings can be found in paragraphs 47-50 below.
- Offsetting these pressures, there is a favourable variance of £4.7m within the Place Directorate due to vacancy management and various one-off income items expected in year. The contingency budget is contributing a further £7.2m to the overspend position (including the use of £1.6m to cover the pay inflation pressure), whilst interest and Minimum Revenue Provision (MRP) are forecast to be £3.3m under budget due to lower than expected borrowing, increased

levels of investment and slippage in the capital programme. More detailed narrative explanations of variances are included in Section 2 of Annex 1.

# **Overall mitigations planned to manage pressures**

- Work is underway across all Services to look at mitigating actions which can be taken to reduce the forecast position in-year, some of the actions below have contributed to date or are being considered:
  - Line-by-line reviews of all budgets to further identify immediately any underspends and/or additional funding.
  - Actively manage vacancies, particularly agency usage and reduce any overspends on staffing as soon as possible.
  - Review the borrowing elements of the capital programme to minimise the minimum revenue provision and interest payable.
  - Review of capital receipts available and potential surplus assets that can be sold (for best consideration).
  - Children & Families reviewing costs of placements, establishment reviews, Reunification of children, and Work on Edge of Care Service proposals to identify early intervention and cost reduction.
  - Place Services mitigations in year through further vacancy management, reducing expenditure and maximising funding opportunities.
  - Corporate Vacancy management.
  - Finance Sub potential further bad debt reviews generating one-off in year contributions to assist in reducing the in year overspend and review/reset process moving forward.
  - Contingency Budget the remaining balance of £5.7m (after general pay inflation pressure of £1.6m) has been released from Contingency to support the overall Council over commitment.

# **Capital Programme**

- The MTFS budget of £173m was set at Full Council in February 2025. Following that approval, and the completion of the outturn position of 2024/25, the MTFS position was increased to £208.4m. This was driven by increases in Supplementary Capital Estimates (SCEs) of £22.3m as well as some reprofiling of projects.
- The FR1 forecast position for capital spending for 2025/26 indicates forecast capital expenditure of £205.5m against the revised MTFS budget of £208.4m, showing a small forecast underspend.
- **Table 4 below** sets out the capital programme position for 2025/26 as at FR1:

			Funded by:					
Capital 2025/26	Actuals FR1	Forecast Spend	Government Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Adults and Health	-	0.132	0.132	-	-	-	-	0.132
Children and Families	0.030	47.746	39.054	6.812	-	0.050	1.830	47.746
Corporate Policy	1.014	16.481	-	-	-	-	16.481	16.481
Economy & Growth	3.036	44.420	23.082	1.394	0.183	0.328	19.433	44.420
<b>Environment &amp; Communities</b>	0.451	24.371	8.340	1.193	0.647	-	14.191	24.371
Highways & Transport	4.730	72.392	57.795	4.762	-	0.825	9.010	72.393
Total	9.261	206.541	128.403	14.161	0.830	1.203	60.945	205.543

- 35 Detailed Committee tables are set out in **Annex 2**.
- 36 A full update is being provided to the Capital Programme Board.
- 37 Changes to the capital programme will impact the capital financing budget in year through the costs of interest payable where borrowing is incurred. Minimum Revenue Provision (repayments for the capital borrowing) impacts in subsequent years once an asset has become operational. Therefore, reductions in borrowing achieved through capital programme budget changes, whether through delay, budget reduction or alternative sources of financing, will be reflected in the revenue position each year in the MTFS for 2025-29 and beyond.
- The current Capital programme remains unaffordable and ongoing scrutiny of the capital programme will be undertaken by the Capital Programme Board.
- The current forecast for achievable capital receipts in year is £1m at FR1 in line with budget however further receipts are in the pipeline and a further update will be provided at FR2. Any additional receipts above budget can be used to reduce revenue pressures from borrowing in year or could be used to assist with funding of transformation activity.

# **Dedicated School Grant**

- The key pressure on DSG relates to the high needs block where SEND service continues to see a significant increase in the number of pupils with an Educational Health Care Plans (EHCPs), and the associated school placement costs. The deficit in 2024/25 was an improvement on the budget gap, the invear pressure being £33.5m increasing the cumulative deficit balance to £112.1m with an additional £1.6m Early Years payback increasing the cumulative deficit to £113.7m.
- The cumulative deficit is currently being managed by an accounting override, which has recently been extended until 2028, allowing it to be treated as an unusable reserve. At this stage the position is not recoverable unless there are significant changes to funding, national policy and demand. The cumulative deficit position is adding to the pressures of the Council as borrowing is required to cover the cumulative deficit which results in annual interest costs of around £5.6m in 2024/25 with an estimated cost of £5.8m in 2025/26.

The updated DSG Management Plan in July 2025, which will be reported at Children and Families Committee in September 2025, reduces the growth rate of EHCP based on the lower in year deficit at the yearend outturn. The mitigated forecast for 2025/26 is £145.6m (in year position of a deficit of £32.1m) after including mitigations of £14.8m. This plan continues to reduce the previous planned mitigated deficit by 2031/32 from £236.7m to £205.4m.

# Progress on delivery of the 2025/26 approved budget change items

- 43 Each Directorate have plans underway to deliver approved budget changes (growth and savings) identified as part of the 2025/26 approved budget per MTFS line see **Annex 1**, **Section 2** of the report.
- Table 5 presents a summary of the progress on the delivery of the 2025/26 approved budget change items. For items rated as Amber these are for items where there are risks and/or mitigating actions in place. For items rated as red these are for items where services are projecting an adverse variance and there is risk of in year non delivery/achievement. New mitigation items have also been included that have come forward since the approval of the MTFS to help the in-year position where identified.
- The green and blue columns show budget change items that are either delivered or on track to be delivered or even exceed in some cases. However, there is also a pressure of £23.1m as shown in the red column that has a high risk of not being achieved within this financial year. There are new, in year mitigations of £8.9m, unrelated to the change item rows that have been identified to assist the outturn position. The table overleaf summarises the progress by Committee:

Table 5: Summary of the progress on the delivery of the 2025/26 approved budget change items:

Committ	Approv	Foreca	Compl	Green	Amber	Red	EFS	Mitigat
ee	ed	st	ete					e
	Chang	Outtur						
	е	n		£m	£m	£m	£m	
	Budget		£m					£m
	£m	£m						
Adults &	21.494	21.199	(0.737)	20.148	3.350	2.961		(4.523)
Health								
Children	8.659	17.657	(0.487)	1.981	0.203	16.033		(0.073)
&								
Families								
Corporat	1.078	1.140	(0.726)	0.310	-	1.893		(0.337)
e Policy								
Corporat	(13.452	(3.821)	-	-	(1.446)	(2.375)		-
e Policy	)							
Cross								
Transfor								
m		==	// >		(2			/- · · · ·
Economy	0.534	(1.751)	(1.009)	0.668	(0.148)	1.187		(2.449)
& Growth	(0 = (1)	(= 000)	(0.4=0)	(0.0.10)		0.001		(0.00.1)
Env &	(2.741)	(5.286)	(0.159)	(8.048)	0.401	3.324		(0.804)
Communi								
ties	4 004	4 475	0.404	4 007	(0.005)	0.404		(0.750)
Highways	1.061	1.175	0.161	1.667	(0.025)	0.124		(0.752)
& 								
Transport	05.004	04.704	40.004	0.000				
Finance	35.294	24.761	16.681	8.080	-	-		-
Sub -								
Central	/26 666	(26.666		(26,666				
Finance Sub -	(26.666	(26.666	-	(26.666	-	-		-
	'	)		)				
Funding <b>Exceptio</b>	(25.261	(25.261					(25.261	
nal	(23.201	(23.201	-	_	_		(23.201	-
Financial	,	,					,	
Support								
	_	3.147	13.724	(1.860)	2.335	23.147	(25.261	(8.938)
TOTAL		0.177	10.724	(1.500)	2.000	201141	(20.201	(0.000)
	<u> </u>	L						

A complete list of all approved budget change items, with progress noted against each item, can be found in **Annex 1, Section 2**.

# **Transformation Savings Update**

The FR1 forecast outturn position against the approved Transformation budget changes for 2025/26 is outlined in Table 6 below:

Table 6 - Transformation Budget Saving	Saving included in Council's 2025/26 budget	Forecast Outturn position at FR1	(Under)/ Over £m
Access to Services & Corporate Core (Cross cutters including Digital/Workforce/3 <sup>rd</sup> Party Spend/Fees & Charges)	(13.452)	(3.821)	9.631
Service Delivery – Adults Social Care	(7.000)	(7.000)	-
Service Delivery – Children's	(3.788)	(1.368)	2.420
Service Delivery – Place	(0.175)	(0.175)	-
Total	(24.415)	(12.364)	12.051

The FR1 forecast outturn position against Access to services and Corporate Core projects is outlined below in Table 7:

Table 7 - Transformation Budget Saving	2025/26 Budget £m	2025/26 FR1	2025/26 Variance
		£m	
			£m
Digital Customer Enablement Invest	(0.750)		0.750
Digital Acceleration – Invest to Save	(0.600)	(0.200)	0.400
Digital Blueprint – Invest to Save	(4.000)	(1.000)	3.000
Fees and Charges	(0.750)	(0.821)	0.071
Third Party Spend	(3.000)	(0.625)	2.375
Target Operating Model (TOM)	(3.000)	(0.999)	2.001
Agency Staffing	(0.352)	(0.176)	0.176
Workforce Productivity	(1.000)	-	1.000
Total	(13.452)	(3.821)	9.631

Within the cross cutting Corporate Core Programme, the Fees and Charges project has reached agreement with relevant budget holders to deliver savings of £0.821m, which is £0.071m in excess of the £0.750m planned budget saving. Across the other cross cutting projects within the Corporate Core and Access to Services programmes, delays in agreeing business cases and associated savings mean that the anticipated full year savings can now no longer be delivered in 2025/26. Savings across the Workforce, Digital and Third Party spend projects for the remainder of the financial year are forecast at

- £3.0m against the budget saving of £12.7m. This forecast is based on a projection of delivery for each project, which collectively results in the achievement of approximately 24% of the 2025/26 budgeted savings.
- The Adults Social Care Transformation programme is forecasting a shortfall of £2.7m against the four Transformation projects but this has been completely offset by in year mitigating actions, with maximisation of client income and management of vacancies the main contributors. The Children's Service Delivery programme is forecasting total savings of £0.5m against savings of £3.8m included in the 2025/26 budget. One off mitigating actions of £0.9m have been identified to date, to reduce the net shortfall to £2.4m.

# **Revenue Grants for Approval**

Approvals for Supplementary Revenue Estimates for allocation of additional grant funding are detailed in **Annex 1**, **Section 3**.

# **Reserves Position**

- On 1 April 2025, Earmarked Reserves totalled £23.1m and the General Fund Reserve Balance totalled £6.3m. Of the total earmarked reserves, £3.3m (11.2%) will be spent in 2025/26, on supporting the revenue budget for 2025/26.
- Table 8 below shows the position on reserves forecast level of Earmarked and General reserves by the end of 2025/26.
- As set out in the 2025/26 Budget/MTFS approved in February 2025, the overall level of reserves held by the Council remains insufficient.

**Table 8: Total Reserves** 

Table 8 Earmarked Reserves			Additional Contributions to Reserves	Balance Forecast at 31 March 2026	
	£m	£m	£m	£m	
Earmarked Reserves	(23.114)	14.888	(11.341)	(19.567)	
General Fund Reserve	(6.299)	0	(0.186)	(6.485)	
Total Usable Reserves	(29.413)	14.888	(11.527)	(26.052)	

The Council is currently forecast to have £26.1m of earmarked reserves at the end of the financial year 2025/26. Of this £3.0m can be considered ringfenced, with specific conditions limiting their use.

A full list of all earmarked reserves per Committee can be found in **Annex 1**, **Section 5**.

# **Consultation and Engagement**

As part of the budget setting process the Pre-Budget engagement process provided an opportunity for interested parties to review and comment on the Council's Budget principles.

### Reasons for Recommendations

- The overall process for managing the Council's resources focuses on value for money, good governance and stewardship. The budget and policy framework sets out rules for managing the Council's financial affairs and contains the financial limits that apply in various parts of the Constitution. As part of sound financial management and to comply with the constitution any changes to the budgets agreed by Council in the MTFS require approval in line with the financial limits within the Finance Procedure Rules.
- This report provides strong links between the Council's statutory reporting requirements and the in-year monitoring and management processes for financial and non-financial management of resources.

# **Other Options Considered**

None. This report is important to ensure Members of the Committee are sighted on the financial pressure the Council is facing and the activity to date to try and mitigate this issue, and are given an opportunity to scrutinise this activity and identify any further actions that could be taken to learn to live within our means Do nothing. Impact – Members are not updated on the financial position of the Council. Risks – Not abiding by the Constitution to provide regular reports.

# **Implications and Comments**

# Monitoring Officer/Legal/Governance

- The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget and require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- The provisions of section 25 of the Local Government Act 2003, require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.

- The Council should therefore have robust processes in place so that it can meet statutory requirements and fulfil its fiduciary duty. It must ensure that all available resources are directed towards the delivery of statutory functions, savings and efficiency plans. Local authorities are creatures of statute and are regulated through the legislative regime and whilst they have in more recent times been given a general power of competence, this must operate within that regime. Within the statutory framework there are specific obligations placed upon a local authority to support communities. These duties encompass general and specific duties and there is often significant local discretion in respect of how those services or duties are discharged. These will need to be assessed and advised on as each circumstance is considered.
- The financial position of the Council must therefore be closely monitored, and Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings or alternative mitigations.
- This report provides an update on progress for 2025/26 for all services.
- It also provides updates and comments regarding the Council's use of Exceptional Financial Support under The Levelling-up and Regeneration Act 2023 which inserted an amended Section 12A as a trigger event within the Local Government Act 2003, in relation to capital finance risk management. The legislation also provides for risk mitigation directions to be given to the Council which limit the ability to undertake certain financial action. The limitations are based on identified risk thresholds.

# Section 151 Officer/Finance

- The Council's financial resources are agreed by Council and aligned to the achievement of stated outcomes for local residents and communities.

  Monitoring and managing performance helps to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
- Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services is not contained within original forecasts for such activity it may be necessary to vire funds from reserves.
- The unplanned use of financial reserves could require the Council to deliver a greater level of future savings to replenish reserve balances and / or revise the level of risks associated with the development of the Reserves Strategy in future.
- As part of the process to produce this report, senior officers review expenditure and income across all services to support the development of mitigation plans that will return the outturn to a balanced position at year-end.

- 71 Forecasts contained within this review provide important information in the process of developing the Medium-Term Financial Strategy. Analysis of variances during the year will identify whether such performance is likely to continue, and this enables more robust estimates to be established.
- 72 The risk associated with the scale of these challenges is that the Council could act illegally, triggering the requirement for a s.114 report from the Chief Financial Officer. Illegal behaviour in this context could materialise from two distinct sources:
  - a. Spending decisions could be made that exceed the available resources of the Council. This would unbalance the budget, which is unlawful.
  - b. Spending decisions to restrict or hide pressures could be made that avoid an immediate deficit, but in fact are based on unlawful activity.
- The consequences of the Council undermining a budget with illegal activity, or planned illegal activity, is the requirement to issue a s.114 report. Under these circumstances statutory services will continue and existing contracts and commitments must be honoured. But any spending that is not essential or which can be postponed must not take place.
- 74 Further consequences would be highly likely and could include the appointment of Commissioners from the MHCLG, and potential restrictions on the decision-making powers of local leaders.

# Human Resources

This report is a backward look at Council activities at outturn and states the year end position. Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

# Risk Management

Financial risks are assessed and reported on a regular basis, and remedial action taken if required. Risks associated with the achievement of the 2024/25 budget and the level of general reserves were factored into the 2025/26 financial scenario, budget, and reserves strategy.

# Impact on other Committees

77 All Committees will receive this financial update report.

# **Policy**

78 This report is a backward look at Council activities and predicts the year-end position. It supports the Council's vision of being an effective and enabling Council as set out in the Cheshire East Plan 2025-2029

- The forecast outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2026 to 2030 Medium-Term Financial Strategy.
- The approval of supplementary estimates and virements are governed by the Finance Procedure Rules section of the Constitution.

# Equality, Diversity and Inclusion

Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

# Consultation

Name of Consultee	Post held	Date sent	Date returned
Statutory Officer (or	deputy):		
Ashley Hughes	S151 Officer	28/08/2025	03/09/2025
Kevin O'Keefe	Interim Monitoring Officer	28/08/2025	05/09/2025
Legal and Finance			
Julie Gregory	Legal Manager	28/08/2025	01/09/2025
Other Consultees:			
Executive Directors/	Directors:		
CLT			

# Page 34

Access to Information	on					
Contact Officer:	Chris Benham – Director of Finance					
	Chris.benham@cheshireeast.gov.uk					
Appendices:	Annex 1 - Detailed First Financial Review 2025/26:					
	Section 1 2025/26 Forecast Outturn					
	<ul> <li>Section 2 2025/26 Directorate Revenue Commentary and update on 2025/26 Approved Budget Change Items</li> </ul>					
	Section 3 Revenue Grants for approval					
	Section 4 Capital					
	Section 5 Reserves					
	Annex 2 - Detailed Capital Programme 2025/26					
Background Papers:	The following are links to key background documents:					
	MTFS 2025-2029					

# **ANNEX 1**



# First Financial Review 2025/26

Results to end of June 2025

# Page 36

# **Contents**

Section 1: 2025/26 Forecast Outturn	3
Section 2: Directorate Revenue Commentary and update on 2025/26 Approved Budget Change	Items5
Section 3: Revenue Grants for approval	29
Section 4: Capital	32
Section 5: Reserves	36

# Section 1: 2025/26 Forecast Outturn

- 1.1. Table 1 provides a service summary of financial performance based on information available as at the end of June 2025. The current forecast is that services will be £13.7m over budget in the current year.
- 1.2. It also shows that central budgets are forecast to be £10.6m under budget resulting in an overall outturn of £3.1m overspend against a net revenue budget of £440.5m.
- 1.3. The forecast outturn position is based on a full financial management review across all service and reflects the following assumptions:
  - 1 Includes those savings that have been identified as non-achievable though the tracker on our High Level Business Cases (HLBC) with no/some alternative actions currently presented;
  - 2 A review of the on-going impacts of adverse variances identified in 2024/25;
  - 3 Any identified, emerging items of significance:
    - 4Within Adult Social Care, significant growth is forecast for care costs, less mitigations linked to delivery of savings;
    - 5Within Children's Services, the rising cost and number of placements is a continuing trend and the Directorate are reviewing governance in this area in order to mitigate the overspend.
  - 6 Forecast impact of the confirmed increased 2025/26 pay award £1.6m (assumed to be covered from the contingency budget);
  - 7 Detailed review of any vacancy underspends in all areas;
  - 8 One-off items that have been identified so far through line by line reviews and/or identification of additional funding that has been announced since the MTFS was set.
  - 9 Mitigation activities delivered or forecast to be delivered by 31 March as reflected in paragraph 28 of the main covering report.
- 1.4 Further items impacting on the level of the Council's balances are detailed in **Section 5**.

	Service Area Tier 3	Revised Budget	Forecast Outturn	Variance
		£m	£m	£'m
Adults and Health  Adults and Health	People Adults Health & Integration	0.000 -5.205	0.000 -5.205	0.00
Adults and Health	Communities and Integration Total	3.085	2.640	-0.44
Adults and Health	Integrated Commissioning - MH, LD & Families Total	0.798	0.798	0.000
Adults and Health Adults and Health	Integrated Commissioning - New Models of Care Total Integrated Commissioning - Thriving & Prevention Total	0.000 1.561	0.000 1.636	0.00
Adults and Health	Integrated Urgent Care Total	-8.453	-8.453	0.00
Adults and Health Adults and Health	Adult Safeguarding Total	1.844 17.918	1.844 17.956	0.000
Adults and Health	Care4CE Total  Community Care – Short Term Intervention Total	3.254	3.254	0.03
Adults and Health	Community Care – Locality Teams Total	77.742	75.979	-1.76
Adults and Health Adults and Health	Mental Health and Learning Disability Total Operations Total	75.409 -1.251	77.209 -1.251	1.80 0.00
Adults and Health	Social Care Reform, Practice Assurance and Development Team Total	0.555	0.555	0.00
Adults and Health	Health Improvement Total	0.394	0.394	0.00
Adults and Health Adults and Health	Health Protection Total Infection Prevention & Control Total	0.000	0.000 0.354	0.00
Adults and Health Adults and Health	Joint Strategic Needs Assessment Total	0.354 0.246	0.354	0.00
Adults and Health	Public Health Total	-0.994	-0.994	0.00
Adults and Health		167.257	166.962	-0.295
Children and Families	Children Prevention and Support Total	0.000	0.000	0.000
Children and Families Children and Families	Childrens Improvement and Development Total Early Start Total	0.345 2.446	0.350 2.398	-0.04
Children and Families	Education and 14-19 Skills Total	-55.251	-55.118	0.13
Children and Families	Education Infrastructure and Outcomes Total	0.498	0.498	0.00
Children and Families Children and Families	Education Participation and Pupil Support Total  Educational Psychologists Total	19.758 1.804	20.053 1.804	0.29
Children and Families Children and Families	Preventative Services Total	4.373	4.128	-0.24
Children and Families	SEND Total	60.531	60.535	0.00
Children and Families	Children's Services Total	1.169	2.398	1.22
Children and Families Children and Families	Childrens Social Care - Safeguarding Total  Cared for Children Total	2.424 9.204	2.433 9.250	0.00
Children and Families	Children in Need, Protection and Disabilities Total	9.874	10.821	0.94
Children and Families	Childrens Social Care Total	1.429	1.364	-0.06
Children and Families Children and Families	Provider Services and Fostering Total Integrated Front Door & Domestic Abuse Total	36.447 2.022	42.913 2.194	6.466 0.172
Children and Families	Social Worker Academy Total	0.276	0.330	0.05
Children and Families		97.352	106.350	8.998
Corporate Policy	Corporate Total	1.302	0.967	-0.33
Corporate Policy	Customer Services Total	2.671	2.571	-0.100
Corporate Policy Corporate Policy	Human Resources Total Finance Total	2.823 5.718	2.583 5.718	-0.240
Corporate Policy	Procurement Total	0.584	0.554	-0.030
Corporate Policy	Revenues and Benefits - Rent Allowances	1.218	2.475	1.25
Corporate Policy Corporate Policy	Revenues and Benefits Other  Digital Total	2.685 12.136	2.382 12.045	-0.303 -0.09
Corporate Policy	Audit and Risk Total	3.241	2.868	-0.373
Corporate Policy	Democratic and Governance Services Total	4.118	3.749	-0.369
Corporate Policy	Legal Services Total	4.117	4.306	0.189
		1 085	2.460	0.474
Corporate Policy Corporate Policy	Business Change Total Engagement & Communications Total	1.985 1.072	2.460 1.054	0.475 -0.018
Corporate Policy Corporate Policy		1.072	1.054	-0.018
Corporate Policy				-0.018 <b>0.062</b>
Corporate Policy Corporate Policy Corporate Policy Corporate Policy	Engagement & Communications Total  Cross Transformation Savings	1.072 43.671 -13.452	1.054 43.734 -3.821	-0.018 <b>0.062</b> 9.63
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1	Engagement & Communications Total  Cross Transformation Savings  Transformation Savings	1.072 43.671 -13.452 -13.452	1.054 43.734 -3.821 -3.821	-0.018 0.062 9.63 9.631
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth	Engagement & Communications Total  Cross Transformation Savings	1.072 43.671 -13.452	1.054 43.734 -3.821	-0.018 0.062 9.631 -0.410
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth Economy and Growth Economy and Growth	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total  Estates Total  Growth and Enterprise Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262	-0.018 0.062 9.63 9.631 -0.410 -0.778 0.112
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Growth Economy and Growth Economy and Growth	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063	1.054 43.734 -3.821 1.082 16.937 0.262 3.595	-0.018 0.062 9.637 9.631 -0.410 -0.778 0.112 -0.468
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Growth	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total  Estates Total  Growth and Enterprise Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281	-0.018 0.062 9.63 9.631 -0.41( -0.778 0.112 -0.466 -0.47
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063	1.054 43.734 -3.821 1.082 16.937 0.262 3.595	-0.018 0.062 9.637 9.631 -0.410 -0.778 0.112 -0.468
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750	-0.018 0.062 9.631 -0.41( -0.778 0.112 -0.46( -0.47' -0.27( -2.285 0.416
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Growth Environment and Communities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068	-0.01s 0.062 9.63 9.631 -0.41t -0.77t 0.11t -0.46t -0.47 -0.27t -2.285
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth Erovironment and Communities Environment and Communities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958	-0.01s 0.062 9.631 9.631 -0.41t -0.77; 0.11: -0.46i -0.47 -0.27 -2.285 0.41t -2.899 0.21
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth Ervironment and Communities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068	-0.01s 0.062 9.63 9.631 -0.41s -0.77s 0.11s -0.46s -0.47s -0.27s -0.27s -2.285
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Fansformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952	-0.01 0.062 9.63 9.631 -0.41 -0.77 0.11: -0.46 -0.47 -0.27 -2.285 0.41 -2.89 0.21 0.42
Corporate Policy - Cross 1 Economy and Growth Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826	-0.01 0.062 9.63 9.631 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.285 0.41 -2.899 0.21 0.42 -0.14 -0.55
Corporate Policy - Cross 1 Economy and Growth Economy and Grownunities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.28 0.41 -2.89 0.21 0.42 -0.14 -0.55
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth Environment and Communities Highways and Transport	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125	-0.01  0.062  9.63  9.631  -0.41  -0.77  0.11: -0.46  -0.47  -0.27  -2.285  0.41  -2.89  0.21  0.42  -0.14  -0.55
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Conomy and Communities Convironment and Communities Communit	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total	1.072 43.671 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110	1.054 43.734 -3.821 1.082 16.937 0.262 3.596 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.284 0.41 -2.89 0.21 0.42 -0.14 -0.55
Corporate Policy - Cross 1 Economy and Growth Economy and Communities Environment and Communities Highways and Transport Highways and Transport	Engagement & Communications Total  Cross Transformation Savings  Fransformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.28 0.41 -0.89 0.21 -0.42 -0.14 -0.55
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross 1 Economy and Growth Erwironment and Communities Environment and Communities	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 2.826 1.730 1.730 0.138 0.620	-0.01 0.062 9.63 9.631 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.285 0.41 -2.89 0.21 0.42 -0.44 -0.40
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communities Highways and Transport	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778	-0.01  0.062 9.63 9.631 -0.41 -0.77 0.11: -0.46 -0.47 -0.27 -2.285 0.41 -2.89 0.21 0.42 -0.14 -0.55 -2.545 -0.25 0.02 0.01 0.32
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communities Highways and Transport	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778	-0.01  0.062 9.63 9.631 -0.41 -0.77 0.11: -0.46 -0.47 -0.27 -2.285 0.41 -2.89 0.21 0.42 -0.14 -0.55 -2.545 -0.25 0.02 0.01 0.32
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communities Highways and Transport  BUMMARY - SERVICE BUDGETS	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total	1.072 43.671 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 11.730 0.138 0.620 4.778 17.265	-0.01  0.062 9.63 9.631 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.285 0.41 -2.899 0.21 0.42 -0.14 -0.55 -0.25 0.02 0.01 0.32 0.112
Corporate Policy - Cross 1 Economy and Growth Environment and Communities Highways and Transport Summary - Service BUDGETS Finance Sub - Central Budgets	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.285 0.41 -0.55 -2.545 -0.25 0.02 0.01 0.32 0.114
Corporate Policy - Cross Teconomy and Growth Conomy and Communities Conomy and Communities Conomy and Communities Convironment and Communities Convironment and Communities Convironment and Communities Convironment and Communities Commu	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total Financing and Investment Movements in Reserves	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.28 0.41 -0.55 -0.25 0.02 0.01 0.32 0.114 -0.38 0.31 -0.40 -
Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communities Environment and Communities Environment and Communities Environment and Communities Elighways and Transport Highways and Transport Highways and Transport Highways and Transport Highways and Transport ESUMMARY - SERVICE BUDGETS Finance Sub - Central Budgets Finance Sub - Central Budgets Finance Sub - Central Budgets	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Services Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.28 0.41 -2.89 0.21 0.42 -0.14 -0.55 -0.02 0.01 0.32 0.11  13.68 -3.28 0.00 0.00
Corporate Policy - Cross Teconomy and Growth Economy and Growth Environment and Communities Highways and Transport Highways and Transport Highways and Transport Highways and Transport	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure	1.072 43.671 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265	-0.01  0.062 9.63 9.631 -0.41 -0.77 0.11: -0.46 -0.47 -0.27 -2.285 0.41 -2.89 0.21 0.42 -0.14 -0.55 -2.545 -0.25 0.02 0.01 0.32
Corporate Policy Corpor	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure	1.072 43.671 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772	1.054 43.734 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265	-0.01 0.062 9.63 9.631 -0.41 -0.77 0.112 -0.46 -0.47 -0.27 -2.285 0.41 -2.899 0.21 0.422 -0.144 -0.55 -2.545 -0.25 0.02 0.01 0.32 0.114
Corporate Policy Corpor	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772 7.953	1.054 43.734 -3.821 -1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 11.730 0.138 0.620 4.778 17.265 398.071 30.759 1.304 12.772 0.700	-0.01s -0.062 9.63 9.631 -0.41s -0.77 0.11s -0.46 -0.47 -0.27 -2.285 0.41s -0.55 -2.545 -0.25 0.02s 0.01s 0.32 0.114 -3.881 -3.28s 0.000 0.000 -7.25
Corporate Policy Corpor	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772 7.953	1.054 43.734 -3.821 -1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265 398.071 30.759 1.304 12.772 0.700	-0.01  0.062 9.63 9.631 -0.41 -0.77 0.110.46 -0.47 -0.27 -2.285 0.41 -0.89 0.21 0.42 -0.14 -0.55 -2.545 -0.25 0.02 0.01 0.32 0.114 -1.3681 -3.28 0.00 0.00 0.00 -7.25
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Corporate Policy Corpor	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure Contingency Budget  Council Tax Business Rates Retention Revenue Support Grant	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772 7.953 56.068 440.458	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265 398.071 30.759 1.304 12.772 0.700 45.535 443.605	-0.01 0.062 9.63 9.631 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.285 0.41 -0.42 -0.14 -0.55 -0.25 -0.25 -0.00 -0.11 -0.32 0.112 -0.14 -0.55 -0.02 -0.14 -0.55 -0.02 -0.14 -0.55 -0.02 -0.01 -0.32 -0.14 -0.55 -0.00 -0.00 -7.25 -10.533 3.147
Corporate Policy Corpor	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure Contingency Budget  Council Tax Business Rates Retention Revenue Support Grant	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772 7.953 56.068 440.458	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265 398.071 30.759 1.304 12.772 0.700 45.535 443.605	-0.01  0.062 9.63 9.63 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.289 0.21 0.42 -0.14 -0.55 -0.02 0.01 0.32 0.11  13.68 -3.28 0.00 0.00 -7.25 -10.533 3.14
Corporate Policy - Cross Teconomy and Growth Economy and Communities Environment and Communitie	Engagement & Communications Total  Cross Transformation Savings  Economic Development Total Estates Total Growth and Enterprise Total Housing Total Rural and Cultural Directorate Total Place Directorate  Environment and Neighbourhood Services Total Environmental Services Total Environmental Operations Total Neighbourhood Services Total Regulatory Services and Health Total Planning Total  Highways Total Infrastructure Total Infrastructure and Highways Directorate Total Strategic Transport Total  Financing and Investment Movements in Reserves Parish Precepts & Other Operating Expenditure Contingency Budget  Council Tax Business Rates Retention Revenue Support Grant	1.072 43.671 -13.452 -13.452 1.492 17.715 0.150 4.063 4.752 0.570 28.741 0.334 7.964 23.741 4.532 2.971 4.128 43.670 11.980 0.110 0.605 4.457 17.151 384.390 34.039 1.304 12.772 7.953 56.068 440.458	1.054 43.734 -3.821 -3.821 1.082 16.937 0.262 3.595 4.281 0.300 26.456 0.750 5.068 23.958 4.952 2.826 3.571 41.125 11.730 0.138 0.620 4.778 17.265 398.071 30.759 1.304 12.772 0.700 45.535 443.605	-0.01  0.062 9.63 9.633 -0.41 -0.77 0.11 -0.46 -0.47 -0.27 -2.283 0.41 -0.49 -0.25 -0.25 -0.14 -0.55  -0.25 -0.25 -0.02 0.01 0.32 0.114  13.683 -3.288 0.00 0.00 -7.25 -10.533 3.141

# **Section 2:** Directorate Revenue Commentary and update on 2025/26 Approved Budget Change Items

The following section provides an explanation of the key drivers behind variances to Budget and the tables below provide detailed commentary on the progress against the approved budget change items that were agreed as part of the approved budget in February 2025. These are split by relevant committee.

#### Adults and Health favourable variance of £0.3m

- 2.1 The Adults, Health and Integration budget is forecast to underspend by £0.3m at FR1. This position is based on several early-year assumptions and estimates and is therefore subject to a potential range, from an optimistic underspend of £0.7m to a pessimistic overspend of £4.6m.
- 2.2 The MTFS 2025/26 targets were based upon the Inner Circle Deep Dives completed in July 2024, which provided a high-level estimate of savings that could be potentially achieved through the ASC Transformation Programme.
- 2.3 Business cases are now being progressed, helping us better understand when the savings are likely to come through to the budget. For two of the transformation programmes, pilots are being run to ensure the models adopted deliver the intended outcomes, and resources are being mobilised to support full implementation.
- 2.4 There is confidence that transformation plans are on track and that the full year effect of the targets remains achievable but when profiling the delivery of savings, it is clear some in year mitigation is required.
- 2.5 It is estimated that a further £3.9m of the planned savings will be delivered in 2025/26 through the Transformation Programme (see table below). Areas have been identified to mitigate the shortfall of £3.5m through increase in client contributions, use of one-off funding and efficiencies.
- 2.6 £0.5m of savings have been verified as delivered in Q1, these are linked to the Health and Social Care Partnership Case Reviews and the introduction of the Guide Price.

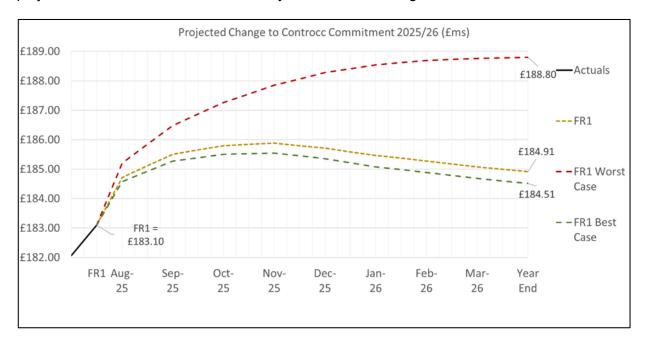
MTFS Saving 2025/26	Budget Target (£ms)	FR1 - Assumed Delivered (£ms)	FR1 - Estimate for remaining 2025/26 (£ms)	FR1 - Total Forecast (£m)	Budget Variance (£ms)
Prevent, Reduce, Enable	-1.500	0.000	-0.650	-0.650	0.850
Learning Disability transformation	-2.500	0.000	-1.000	-1.000	1.500
Commissioning and Brokerage	-0.500	-0.125	-0.375	-0.500	0.000
Partnership Case Review	-2.500	-0.343	-1.857	-2.200	0.300
Preparing for Adulthood	-0.868	0.000	0.000	0.000	0.868
Total	-7.868	-0.468	-3.882	-4.350	3.518

- 2.7 **Staffing:** The forecast assumes that staffing levels remain consistent with the June payroll. Underspends in year are currently being driven by held vacancies, which are forecast at FR1 to continue throughout 2025/26.
- 2.8 **Client income:** The position assumes that the overperformance in client income that we saw at the end of 2024/25 continues into 2025/26, supported by pension and benefit uplifts in 2025/26.

The forecasted full year effect of this is £3.5m and is expected to be a recurrent benefit. As the transformation plan continues to be implemented there may be implications for client income, and this will be monitored throughout the year.

#### **Risks and Assumptions**

2.9 **Demographic growth:** The forecast assumes externally commissioned care growth of £5.7m between FR1 and year end. This estimate matches the trend seen in 2024/25 and is based on comparable conditions and internal constraints for expenditure growth The graph below projects the £5.7m growth and the forecasted delivery of savings from at FR1 to the year end. The FR1 projection includes the estimated delivery of the £3.9m savings, the worst-case excludes this.



Summary of 2025/26 Controcc Financial Commitment as 7th July (FR1):

Daimana Camarant Danasan	Age	Acc	omodation	Sup	ported	Care	at	Dir	ect	D	. 0	Sha	ared		Takal
Primary Support Reason	Band	with	ı Care	Livi	ng	Hom	ie	Pay	ment	Day	/ Care	Liv	es		Total
Physical Support	18-64	£	2,720,086	£	2,165,280	£ 3,	,503,173	£	2,431,986	£	94,362	£	79,229	£	10,994,115
Physical Support	65+	£	32,199,738	£	605,400	£19,	,415,261	£	802,415	£	17,534	£	42,454	£	53,082,803
Learning Disability Support	18-64	£	11,289,150	£	26,447,204	£ 8,	,218,397	£	5,504,444	£2	,069,914	£	234,976	£	53,764,085
Learning Disability Support	65+	£	1,682,844	£	4,287,642	£ 1,	,241,728	£	12,848	£	96,873	£	32,517	£	7,354,453
Memory & Cognition	18-64	£	1,880,712	£	354,544	£	256,178	£	159,062	£	9,892	£	11,598	£	2,671,986
Memory & Cognition	65+	£	27,998,543	£	245,213	£ 2,	,769,315	£	676,097	£	74,889	£	57,148	£	31,821,205
Mental Health	18-64	£	2,115,946	£	5,575,481	£ 1,	,867,532	£	426,628			£	80,739	£	10,066,326
Mental Health	65+	£	5,622,329	£	572,751	£ 1,	,045,293	£	73,570			£	41,196	£	7,355,139
Sensory Support	18-64	£	157,900	£	529,779	£	205,021	£	389,485	£	44,627			£	1,326,811
Sensory Support	65+	£	574,533	£	1,044	£	186,454	£	33,529			£	3,842	£	799,402
Social Isolation Support	18-64	£	183,971	£	774,437	£	284,706	£	263,482	£	100,571	£	53,052	£	1,660,219
Social Isolation Support	65+	£	182,072	£	32,200	£	74,560	£	16,373	£	2,818	£	26,735	£	334,760
Substance Misuse Support	18-64	£	98,029	£	177,287	£	26,306					£	1,932	£	303,554
Substance Misuse Support	65+	£	133,515			£	66,456							£	199,970
Support for Carer	18-64					£	3,635	£	77,684					£	81,320
Support for Carer	65+							£	80,045					£	80,045
Block Contract Commitments														£	1,203,386
Total		£	86,839,370	£	41,768,263	£39,	,164,013	£	10,947,648	£2	,511,479	£	665,419	£	183,099,578

- 2.10 **Use of grants:** The position assumes it will be possible to replicate the 2024/25 use of grants against eligible criteria.
- 2.11 **NHS:** A significant area of financial risk which is not reflected in the FR1 position, as it is impossible to quantify at this time, is the potential implications for Local Authorities as a result of changes in the NHS.

2.12 The NHS will be undergoing significant restructuring during 2025/26 following the announcement of the abolition of NHS England. In addition, all Integrated Care Boards (ICB) are required to make a 50% reduction in their administrative costs, primarily staffing. Cheshire and Merseyside ICB is one of the most financially challenged ICBs in the country and is formally in financial turnaround and required to make cashable savings of approximately £170m. This has the potential to drive costs to local Authorities through areas such as Continuing Health Care, S117 Mental health aftercare, changes to Service Level Agreements, as well as through the Better Care Fund.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Adults and Health Committee	21.494	21.199	(0.295)	
1	Client Contributions	(5.182)	(5.182)	-	Green - Income target for 2025/26 has been achieved.
2	Revenue Grants for Adult Social Care	(0.220)	(0.220)	-	Completed
3	Pensions Cost Adjustment	(0.517)	(0.517)	-	Completed
4	Demand in Adult Social Care	5.000	5.000	-	Amber - We have completed a model to forecast cost and demand in adult social care which will form the basis of future growth and saving requirements.
5	Pay Inflation	2.251	2.961	0.710	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council. Updated at FR1 to include additional pressure from the 2.5% not previously identified.
6	Funding the staffing establishment	3.800	3.800	-	Green - Increases in the number of social care staff to maintain safe services and to meet increasing demands.
7	Fully Funding current care demand levels 2024/25	24.500	24.500	-	Green - Growth, recognising the full year effect of current pressures on the externally commissioned care budget.
8	Remodel extra care housing catering service	(0.270)	(0.270)	-	Green - Work is ongoing to remodel the catering offer in extra care facilities.
9T	Prevent, Reduce, Enable - Older People	(1.500)	(0.650)	0.850	Amber - The Prevent Reduce Enable programme has been established in accordance with the Council's Strategic Transformation programme. The pilot began on 16 June.  The Prevent, Reduce, Enable programme is focused on ensuring that people are supported to live
					independent lives for as long as possible, delaying the need for commissioned social care services.  The business case for year one anticipates a realisable saving of

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
					£650k.This is a shortfall of £850k against the MTFS. Offsetting savings are being identified.
10T	Learning Disability service transformation	(2.500)	(1.000)	1.500	Amber - Programme status has been updated to Amber due to continued challenges identified within working groups about delivery targets.  The full year effect of the transformation programme remains at £2.5m as per the MTFS savings target, however, it is acknowledged the delivery of the full target will not be achieved this year due to a time lag in converting business cases into delivery.  The forecast has been amended to £1m to reflect this.  A breakdown of how the £2.5m (full year effect) savings target will be achieved is in development, covering the three key areas of the programme, Supported Living, Care4CE, and Shared Lives contributions.  Work is also underway to confirm savings from the decommissioning of one of our Supported Living buildings, (estimated at £154k) this to be recorded against this target once validated.
11T	Commissioning and brokerage transformation	(0.500)	(0.500)	-	Green - The Guide Price Policy is now in place and a tracker has been set up to monitor savings against the MTFS target. there is a high confidence level that this can be achieved.
12T	Preparing for Adulthood	(0.868)	-	0.868	Red - This saving will be realised in children's services, it is likely that this is double counting with saving identified in the Birth to Thrive transformation group. We are reviewing as part of 'plan B' savings.
13T	Health and Social Care Partnership Case Review	(2.500)	(2.200)	0.300	Green - This is now part of BAU and the service will provide updates via a tracker as to the progress against the target. To date this year we have achieved 684k.
In year	Other forecast mitigations within the Adults services	-	(5.304)	(5.304)	Mitigations linked to maximisation of eligible grants, careful management of vacancies, and client income. To reconcile to FR1.
In year	Other forecast pressures within the Adults services	-	0.781	0.781	Other variances to reconcile to FR1 position.

#### Children and Families adverse variance of £9.0m

- 2.13 The Children's Services budget is forecast to overspend by £9.0m in FR1 based on the June 2025 reports. This is mainly due to increased costs in placements and staffing, and are the focus of this commentary.
- 2.14 The forecast placements cost for 2025/26 is £6.4m adverse to budget, this continues the year end outturn pressure which was £3.4m adverse to budget. The number of children in care at FR1 was 549 (at June 2025) compared to 550 at March 2025. Placement costs are increasing higher than inflation and £1.18m of net growth is forecast which was not factored into the budget. The forecast reports an overspend based on actual and committed costs which includes planned changes to specific client packages at this point in time.
- 2.15 This overspend is partly due to the increase in Care Leavers (Post 18) with a 54% growth in 2025 (£7.4m) to 2024. There were 95 post 18 placements at a weekly cost of £102k in June 2025 decreasing to 87 in July 2025 at a weekly cost of £95k. The weekly cared for children summary report on 25 July reported 546 children and included placement changes for 12 children which had a cost increase of 105% which highlights the costs are continuing to be a pressure.
- 2.16 The MTFS set out savings in relation to placements for Right Child Right Home £1.3m and New Accommodation with Support Offer for 16-25 Young People of £1.1m. Due to these increased placement costs the forecast has assumed these saving will not be met in 2025/26.
- 2.17 The Directorate are undertaking work to review and manage the placement governance with the aim to reduce the cost of this overspend in year.
- 2.18 The establishment staffing costs for 2025/26 is £2.2m adverse to budget, this continues the year end outturn pressures on the staffing base cost. This is offset by underspends on other staff related cost of £0.5m. The use of agency staff who are contracted to cover vacancies, sickness absence and maternity leave, especially in cared for children and children in need, protection and disabilities, continues to be a significant cost. This is due to ensuring staffing levels are safe and meet our statutory duties.
- 2.19 The forecast assumes positions covered by agency staff will continue, whilst vacant post with no agency workers assigned are assumed to be a budgeted position cost. The international social workers programme has begun with 4 staff commencing in June and 4 staff in July. The agency staff supporting their induction period should be removed after 6 months, this has not been included in the forecast and will be revisited in FR2 as a potential cost reduction.
- 2.20 The Directorate are working to reduce the reliance on agency staff by promoting recruitment campaigns to attract permanent staff instead of extending agency contracts.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Children and Families Committee	8.659	17.657	8.998	
14	Pension costs adjustment	(0.050)	(0.037)	0.013	Red - Teacher's pension legacy costs are not reducing as anticipated.
		(0.487)	(0.487)	-	Completed - CEC pension reduction.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
15	Growth to deliver statutory Youth Justice service, and meet Safeguarding Partnership duties	0.203	0.203	-	Amber - It is incumbent upon the three statutory safeguarding partners, the police, health and the Local Authority, to ensure that adequate funding is allocated to the Children's Safeguarding Partnership so it can fulfil its statutory functions in delivering the multi-agency safeguarding arrangements. An internal audit identified the Local Authority had not reviewed its contributions to the partnership and was insufficiently contributing to the delivery of the partnership arrangements. As a result, growth was approved by committee. This has been supported by an increase in contributions from all partner agencies. A vacancy has also been held in the business unit.
16	Growth in School, SEND and Social Care Transport budget	1.501	1.501	-	Red - Being reviewed as part of ongoing SEND improvement
17	Pay Inflation	2.624	2.874	0.250	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council.
18	Fully Funding current care demand levels 2024/25	3.295	7.313	4.018	Red - Will need to be closely monitored throughout the year to ensure that funding is sufficient to meet demand and complexity. This is also part of transformation work to ensure Edge of care/Right Child Right home.
19	Court Progression Improvement	0.023	0.023	-	Red - Some of this will be covered in the new structure build and re-design which may not require a separate court team, there is increased oversight on applications court delays at Director level, to minimise delays to court work.
20	Growth for annual contribution to the Regional Adoption Agency	0.213	0.213	-	Green
21	Growth for Unaccompanied Asylum Seeking Children due to emerging pressures	0.500	0.500	-	Green - Growth in Unaccompanied Asylum Seeking Children.
22	Reversal of a one year policy change for traded services	0.120	0.120	-	Green - Reversal of non-permanent 2023/24 policy change CF23-27 42.
23	Schools Improvement	0.175	0.175	-	Green - Due to staffing previously been paid out of the school improvement grant and this grant is now ceasing there is insufficient budget to cover the existing staffing

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
					in the service to cover our statutory duties.
24	Funding the staffing establishment	2.739	4.885	2.146	Red - A families First transformation area of work has commenced and the re-structure will be delivered as part of this.
25	Safe Walking Routes to School	(0.250)	(0.026)	0.224	Red
26T	New accommodation with support offer for 16-25 young people	(1.100)	-	1.100	Red - This reduction in expenditure relates to commissioning work that has identified lower cost accommodation for this group of young people. Savings will be achieved through accessing lower unit cost places. A paper has been approved at C&F committee on the 9 June. There is a delay in this saving, for 2025/26.
27T	Birth to Thrive	(0.500)	(0.500)	-	Red - This is delayed by SRO capacity and needs a review by Transformation Board.
28T	Right Child, Right Home	(1.320)	-	1.320	Red - The oversight of placements now in place should now support the future savings. This is unlikely to be delivered in 2025/26.
29	Extended Rights to Free Transport	0.388	0.388	,	The Extended Rights to Free Travel grant is being rolled in to the Local Government Financial Settlement. This growth item is offset by additional grants within the central budgets. Amount confirmed and updated as at provisional settlement 18/12/2024.
30	Children's Social Care Prevention Grant – Expenditure	0.905	0.905	-	Green - Expenditure relating to the Children's Social Care Prevention Grant.
31	Children's Social Care Prevention Grant – Grant Income	(0.905)	(0.905)	-	Green - Grant announced in 2025/26 financial settlement.
32	Foster4	0.114	0.114	-	Green
33	Foster Carers uplift of National Minimum Allowance (NMA)	0.471	0.471	-	Green - 3.55% NMA foster carer uplift.
In-year	In year variances not included in MTFS Proposals.	-	0.889	0.889	In Year variances mainly relating to Inspection of Local Authority Children's services (ILACS) overspend £0.7m.
In-year	In year variances not included in MTFS Proposals.	-	(0.214)	(0.214)	Quality Assurance, Commissioning and Partnership - Mitigations to balance back to Finance Review Position.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
In-year	In year variances not included in MTFS Proposals.	-	(1.058)	(1.058)	Family Help & Children's Social Care - mitigations to balance back to finance review position.
In-year	In year variances not included in MTFS Proposals.	-	0.310	0.310	In year variances mainly relating to Youth Service.

#### Corporate Policy adverse variance of £0.1m

- 2.21 Corporate Services has a net budget of £43.7m, at First Financial Review, the budget is forecast to be overspent by £0.1m. This includes the pay award pressure.
- 2.22 The budgeted pay award is held centrally on a corporate code at this stage. Now the pay award has been agreed, the budget will be distributed to services before the increased amounts become payable, so they match up. This will change individual service forecasts but not the overall figure for Corporate.
- 2.23 Key issues with the FR1 variance:
  - Vacancy management in Corporate Services has resulted in the majority of services forecasting an underspend on staffing budgets which is being partially offset by the use of agency staff in some services. The net underspend on staffing costs is forecast at approximately £1.9m;
  - Vacancy management has been combined with tighter control on non-pay spending across all services which is achieving a forecast underspend of £0.3m;
  - ICT underspend of £0.1m. The ICT forecast is based on:
    - April to August where the existing shared service continues
    - September to March where a reduced shared service will operate.
    - These have been compared to the existing budget breakdown and hence there are considerable variances due to the new structure and business model that will be introduced from September.
  - There are several risks around the forecast, including:
    - It is unclear whether the service has sufficient resource to deliver the 50,000 hours of project work assumed in the projected figures.
    - The cost model has been changed by Gemini and Cheshire West and Chester (CWaC) so that the chargeable rate against the 50,000 hours is no longer viable and therefore the subsidisation of revenue by income has now changed and a new cost model to cover costs is yet to be agreed;
    - The Memorandum of Understanding with CWaC for the second half of the year has not yet been agreed, and hence the level of recharge cannot be guaranteed; and
    - There are risks around the revenue consequences of the shared Gemini capital programme and the lack of transparency – whilst these areas are becoming clearer they are not yet agreed.
- 2.24 However, these underspends have been offset by the following pressures:
  - a forecast £1.3m under-recovery on Rent Allowances;
  - a forecast under-recovery of income of £0.6m within several services particularly within Transformation and Improvement, Legal Services, and Audit & Risk;
  - a £0.1m pressure due to unachievable savings from previous year's MTFS; and
  - a staff budget pressure of £0.4m across Corporate Services relating to the estimated impact of the latest pay award offer versus the amount included in the MTFS.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Corporate Policy Committee	1.078	1.140	0.062	
34	Enforce prompt debt recovery and increase charges for costs	(0.077)	(0.077)	-	Completed - The award of costs is a matter for the Magistrates at each court hearing. However, only by exception will they vary from the level already agreed by us with the Court Manager. The approach to the Court Manager has been made and the revised level agreed. The action is therefore complete, but the financial benefits will accrue as we continue the regular recovery process during the year.
35	Pension costs adjustment	(0.396)	(0.396)	-	Completed
36	Pay Inflation	1.494	1.893	0.399	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council.
37	Shared Services Review - Move to Hybrid Model for ICT	(0.733)	(0.733)	-	Completed - The Shared Service continues to reduce third party costs and agency spend as per the Business case.
38	The achievement of additional Registration Service income, over and above that which is currently identified as required	(0.350)	(0.350)	-	Green - Additional Registration Service income. To be reviewed in year as the season progresses.
39	Recognising the annual receipt of £45k of Police and Crime Panel grant income	(0.045)	(0.045)	-	Green - This reflects a grant payment from the home office that is received each year in the Council's budget subject to adequate justification being provided.
40	Remove unspent element of phones budgets in corporate services	(0.060)	(0.060)	-	Completed. The phone budgets were reduced accordingly following approval of this proposals to align budgets with spend levels.
41T	Digital Acceleration Revenue Growth	-	-	-	No proposal in 2025/26
42T	Digital Blueprint Revenue Growth	-	-	-	No proposal in 2025/26
43	Transactional Shared Services stabilisation plan	0.270	0.270	-	Green - To provide TSS with additional capacity in 2025/26 - impact of this item and further review to be determined.
44	Additional cost of External Audit Fees	0.265	0.265	-	Green - Additional cost of External Audit Fees - based on 2024/25 fee level.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
45	Reduce Members Allowances budget	(0.100)	(0.100)		Green - Reduce Members Allowances budget for previous years pay award that was not taken.
46	Additional Cost of Bank Charges from 2025/26	0.120	0.120	1	Green - Based on current expectations of the 2025/26 charge this is deliverable.
47	Reverse reduction in leadership and management costs as posts are being retained	0.540	0.540	-	Completed. This reversal was necessary in light of the LGA review of decision making and the need to put an appropriate senior management structure in place in the corporate areas.
48	Reinstatement of a one-off saving of £150,000 from election budgets for 2024/25	0.150	0.150	1	Green - Reinstatement of a one-off saving of £150,000 from election budgets, for the 2024/25 year.  Noted that the election costs will exceed the reserve and that difference will form a pressure on outturn. The next big local election is May 2027.
In year	Mitigations to balance back to Finance Review position	-	(0.337)	(0.337)	Mitigations to balance back to Finance Review position

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Corporate Policy Committee - Council Wide Transformation	(13.452)	(3.821)	9.631	
49T	Digital Customer Enablement Invest to Save	(0.750)	-	0.750	Red - Delivery of a Digital Enablement Framework which directly supports the ambitions of the Corporate Plan. This existing initiative is a key enabler for deliverables within Customer Experience Workstream, putting customer considerations at the centre of ongoing service delivery. It additionally provides transformational capabilities for ongoing change management and increased efficiencies within the end-to-end service delivery processes including keeping customers informed and corporate case management options.
50T	Digital Acceleration Invest to Save	(0.600)	(0.200)	0.400	Red - The Digital Acceleration Project is now rated RED to reflect a material delay in Senior Stakeholder decision making. This delay stems from the absence of committed

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
					business ownership within services, which is significantly impacting the sign-off of benefits. To mitigate this, strategic alignment with the Workforce Programme is being actively explored to secure accountable ownership and embed benefit realisation into service planning. This alignment is critical to unlocking the value of the projects within the programme and ensuring sustainable adoption and benefit realisation across directorates.  The Acceleration enablement process remains broadly on track
					except for the above-mentioned blocker, with notable progress achieved this period. The Al Transformation Platform contract is now in place and the design and delivery planning is being kicked off across all directorates. Realisation of the associated savings are dependent on the various Directorates adopting the solutions within the same financial period and continued delays in this area are likely to have a significant impact on the 25/26 benefit realisation forecast. Any potential impact will be identified and assessed during the detailed design activities which will complete over the coming period.
51T	Digital Blueprint - Invest to Save	(4.000)	(1.000)	3.000	Red - Digital Adoption is now rated RED to reflect a material delay in senior stakeholder decision-making. While quality and resource indicators remain green, the overall programme has shifted from amber to red due to persisting delays in business case approvals and the absence of committed business ownership within services.  Phase 1 business cases have been drafted but are still awaiting sign-off. These delays—occurring at both service and board levels—are impacting delivery momentum and continued delays in this area are likely to have a significant impact on the 25/26 benefit realisation forecast.  The initiative is designed to fast-track digital solutions that deliver councilwide service improvements and

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
					service areas and the absence of a streamlined approval process are slowing the transition from planning to delivery. Realisation of the associated savings are also dependent on this process and ongoing delays in this area are likely to have a significant impact on the 25/26 benefit realisation forecast. Any potential impact will be identified, assessed and reported during the detailed design process which is continuing and will complete over the coming period.
52T	Target Operating Model (TOM)	(3.000)	(0.999)	2.001	Red - At FR1 the forecast for this transformation proposal is nil achievement.  A significant amount of work is taking place to establish a basis for making savings.  This includes a line by line review and a number of other projects to identify savings.  WF1 has seen good progress to date with the Operating Model, it has recently been re-scoped and delivered a draft People Strategy in preparation for the next phase of work around spans and layers across the Council.
53T	Agency Staffing	(0.352)	(0.176)	0.176	Red - At FR1 the forecast for this transformation proposal is being set at nil against this corporate line.  There are expected savings of £690,000 from the first round of the purchase of additional annual leave scheme and from holiday payments to agency staff.  These will be included in service figures so are not included here to avoid any double counting.  A significant amount of work is taking place to establish a basis for making the savings.  This includes a line by line review and a number of other projects to identify savings which will include reducing agency spend, increasing uptake of benefits through our Vivup Employee Benefits Platform (which increases income to us).

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
					WF2 is focusing on delivery of tangible and non-tangible benefits. Savings modelling work is progressing with all Directorates.
54T	Workforce Productivity	(1.000)	-	1.000	Red - At FR1 the forecast for this transformation proposal is nil achievement.  A significant amount of work is taking place to establish a basis for making savings.  This includes a line by line review and a number of other projects to identify savings.  WF3 has delivered an Employee Engagement Strategy and refreshed Council Values. A new Employee Lifecycle is under development to
					support our People Strategy and delivery of our Cheshire East Plan 2024 - 2029.
55T	Fees and Charges	(0.750)	(0.821)	(0.071)	Amber - The project has identified business activities where fees and charges can be increased in order to meet the target and this was approved by the Transformation Board. There have since been suggested changes provided approved at the May 2025 Transformation Board which allow for additional income of £0.821m to be raised. Where necessary, the approval processes are being undertaken.
56T	Third Party Spend	(3.000)	(0.625)	2.375	Amber - An allocation approach has been agreed at CLT and further work is being undertaken to identify which areas the £3m savings are going to be delivered from. Additional resources have been provided to the Project Team in order to complete previously planned activity in order to identify potential contract savings. A report is being considered at Transformation Board in July 2025.

#### Economy and Growth favourable variance of £2.3m

- 2.25 Growth and Enterprise Directorate and Place Directorate are forecasting an underspend of £2.3m against a budget of £28.7m.
- 2.26 The key reasons for the underspend are:
  - 10 Assets Service: £0.6m underspend (vacancies and one-off invoicing for backdated rent).
  - 11 Economic Development: £0.4m underspend (vacancies, use of grants and additional recharges to capital).
  - 12 Housing: £0.5m underspend (vacancies, income and reduced spend).
  - 13 Other £0.5m underspend (Tatton Park £0.2m staffing, Green infrastructure and cultural economy vacancies £0.3m).
  - 14 Directorate £0.3m (reduction in expenditure and use of reserves).

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Economy and Growth Committee	0.534	(1.751)	(2.285)	
57	Office estate rationalisation	(0.150)	(0.100)	0.050	Amber - due to the timeline for the transfer of buildings being extended. Risk associated with the transfer of Westfields to Education for a SEND school. This item is being mitigated by in year savings.
58	Pension Costs Adjustment	(0.164)	(0.164)	-	Completed
59	Tatton Park ticketing and EPOS upgrade	0.001	0.001	-	Green - A procurement process is currently underway to source a supplier who can ensure onsite and web-based delivery of a new system which aligns with present and future needs. Improved functionality should enable future savings delivery.
60	CEC Archives	0.014	0.014	-	Green - All elements of the programme are progressing well, on time and on budget.
61	Rural and Visitor Economy Electricity costs	(0.021)	(0.021)	-	Green - In line with wider national industry price caps, the projections of energy reduction costs to users were due to be introduced during 2025/26 and therefore consideration to reduce the budget provision has been carried out in the base budget.
62	Minimum energy efficiency standards (MEES) - Estates - Revenue Adjustment	0.023	0.102	0.079	Amber – Prioritised negotiations with 3rd parties/tenants occupying premises being expedited to avoid delays on obtaining access for surveys, completing necessary improvement works and legally completing lease renewals.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
63	Pay Inflation	1.064	1.187	0.123	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council.
64	Maintenance and operation of new assets in Crewe town centre	0.205	0.205	1	Green - Expected to spend to allocated budget.
65	Land Fill Site Assessments Revenue Adjustment - Estates – Review and Risk Assessment of Council owned Landfill sites (53 sites) Review and Risk Assessment completions	0.010	0.010	1	Green - Environment Service capacity identified. 2nd stage review underway.
66	Tatton Park Estate Dwellings Refurbishment	0.015	0.015	ı	Completed - Provision for response maintenance issues for 8 onsite dwellings to ensure properties meet standards required as part of tenancy agreements and the National Trust lease.
67	Improving Crewe Rented Housing Standards	0.188	0.100	(0.088)	Green - Due to the progression of the Governments Renters Rights Bill which will bring forward improvements to the private rented sector and the struggle to recruit to Housing Standards Officers posts this project has been currently placed on hold. To understand the current condition of the private rented sector within Cheshire East will require the commissioning of a Stock Condition Survey, which will influence future direction and plans. It is therefore the intention to utilise a proportion of the funding to undertake this commission to help to formulate a robust plan to improve the private rented sector.
68	Maximise potential of Countryside Access Management System	0.020	0.020	-	Green - Contract negotiation in progress following Procurement Engagement.
69	Assets - building and operational – Energy	(0.860)	(0.860)	-	Completed - This was a known reduction as agreed last year as part of the overall MTFS savings target.
70	Assets - building and operational – Maintenance	0.465	0.465	-	Green - Whilst Inflation limits have stabilised, the additional funding is required to offset known increases in material costs and labour rates that were inadequate in previous financial years and to mitigate the impacts moving forward. The overall backlog of maintenance still remains a challenge, alongside the continued holding costs associated with managing vacant premises, pending the implementation of the future use / operation.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
71	Tatton Park - Increase Fees and Charges	(0.126)	(0.126)	1	Green - Following the strategic pricing review in 2020, Tatton Park continues to monitor and review parkland and attraction admission prices on an annual basis. Appropriate adjustments are made after considering the wider national economic situation, local competitor pricing and visitor dynamics to ensure that Tatton is able to achieve its budget targets.
72T	Corporate Landlord Model Refresh	(0.050)	(0.050)	-	Amber - This is a notional target saving allocation, based on the potential reduction of assets, linked to the disposals programme. Budget savings have been allocated from both the Assets Disposal programme and existing Facilities Management revenue funding.
73T	Asset Strategy Refresh	(0.100)	(0.100)	-	Amber - This was a notional target saving allocation, based on the potential reduction of assets, linked to the disposals programme. Several of the key sites are subject to planning consents or contractual conditions as part of the disposal strategy and may therefore be a challenge to achieve within year.  Provisional budget has been identified from additional income and savings within the investment portfolio.
In-year	Place Directorate Mitigations to balance back to Finance Review position	-	(0.270)	(0.270)	Place Directorate Mitigations to balance back to Finance Review position
In-year	Growth & Enterprise Mitigations to balance back to Finance Review position	-	(2.179)	(2.179)	Growth & Enterprise Mitigations to balance back to Finance Review position

#### **Environment and Communities favourable variance of £2.6m**

- 2.27 Environment and Neighbourhood Services is forecasting an underspend of £2.6m against a budget of £43.7m.
- 2.28 The key reasons for the forecast underspend are:
  - 15 Development Management: £0.6m underspend mainly from additional income.
  - 16 Environmental Services: £2.9m underspend:
    - 17 Extended Producer Responsibility Grant £1.4m one-off benefit.
    - 18 Ansa management fee £0.2m one-off benefit from vacancies.
    - 19 Improved company reserves £0.8m one-off benefit.
    - 20 General underspending £0.4m from vacancy management and additional income.
  - 21 Leisure Commissioning: £0.6m overspend from delay in delivery of MTFS savings and shortfall in income.
  - 22 Other service issues: £0.4m overspend (Pay award pressures).

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Environment and Communities Committee	(2.741)	(5.286)	(2.545)	
74	Strategic Leisure Review (Stage 2)	0.403	0.626	0.223	Red - Initial savings secured via committee decision on 11 March 2024. Proposals are being developed with EHL and town and parish councils to secure the residual £250k amount - dialogue is ongoing. Delays to disposing of Middlewich and Holmes Chapel Leisure Centres in year are having a negative impact on savings position.
75	Libraries Strategy - Stage 1	(0.100)	(0.061)	0.039	Committee approval to implement final Strategy secured on 27th November 2024, implementation now ongoing with revised opening hours at Tier 3 sites going live from January 2025 and Tier 2 sites as of 1st April 2025. Staff consultations now complete, new structure implemented from 7th July. Engagement with Town and Parish Councils undertaken to shape the Strategy proposals and seek funding contributions, which has resulted in a total of 8 sites being supported to a total of c.£154k enabling over 2,150 hours of library opening time per annum.  Budget gap of £39k yet to be found, mitigated through in year savings from ongoing staff vacancies.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
76	Reduce revenue impact of carbon reduction capital schemes	0.171	0.171	-	Green - Carbon Neutral Council target 2030 for the Council to be Carbon neutral with minimum of offset.
77	Pay Inflation	2.270	2.698	0.428	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council.
78	Pension Costs Adjustment	(0.159)	(0.159)	-	Completed
79	Explore a Trust delivery model for Libraries and other services	(0.150)	(0.150)	-	Green - Growth item to cover one off costs relating to implementation of alternative delivery model(s) for libraries service. Aligned to development of Libraries Strategy.
80	Land Charge Income Adjustment	0.147	0.147	-	Amber - Uncertainty around implementation timescales of HM Land Registry changes to centralise some aspects of land charges functions hence understanding of actual impact, to be regularly monitored.
81	Local Plan Review	0.315	0.315	-	Amber - Reprofiled budget adjustment to provide additional funding towards development of new Local Plan which has now commenced.
82	Review of CCTV service - service efficiencies and income generation from existing services	(0.040)	(0.040)	-	Green - On target. Restructure has been subject to recruitment process with final outcomes communicated. Establishment to be updated on Unit 4.
83	Environmental Services Growth 2025/26 onwards	3.041	1.808	(1.233)	Green - Environmental Services Growth 2025/26 onwards.
84	Environmental Services Savings 2025/26 onwards	(2.366)	(2.170)	0.196	Green - Environmental Services Savings 2025/26 onwards.
85	Environmental Services Growth - Pensions	0.727	0.727	-	Green - Environmental Services Growth - Pensions (2025/26 onwards). This is net nil for the Council and forms a housekeeping item to ensure the budgets for staff who have transferred in from the ASDVs, at different pension contribution rates, are consistent in advance of changes for all employees.
86	Environmental Services – expected income from Extended Producer Responsibility for packaging	(7.000)	(8.394)	(1.394)	Green - New Central Government Legislation Extended producer responsibility (EPR) 2025-26, Deposit Return Scheme 2027-2028 and Waste Disposal Carbon Tax UK Emissions Trading Scheme (ETS) 2027-28.
In year	Libraries Strategy Stage 1 (mitigation)	-	(0.039)	(0.039)	Savings mitigated through in year vacancy saving. 2025/26 RAG rated amber.
In year	Environment & Communities Mitigations	-	(0.925)	(0.925)	Environment & Communities Mitigations to balance back to Finance Review position

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	to balance back to Finance Review position				
In year	Fees and Charges	-	0.160	0.160	Adjustment for fees and charges - presenting Lyon Review items centrally

#### Highways and Transport adverse variance of £0.1m

- 2.29 Highways and Infrastructure are forecasting an overspend of £0.1m against a budget of £17.2m.
- 2.30 The key reasons for the overspend are:
  - 23 Car Parking £0.5m overspend (reduced income offset by back dated rent reviews).
  - 24 Transport Policy £0.2m underspend from vacancies to address pressures in parking.
  - 25 Highways £0.2m underspend from increased income to address pressures in parking.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Highways and Transport Committee	1.061	1.175	(0.114)	
87	Increase parking charges	(0.450)	(0.450)	-	Green - Annual inflation adjustment to existing Pay & Display tariffs was implemented on 5th July 2024, in advance of bringing charges into effect in the "free towns" on the 2nd December 2024. A further inflation adjustment took effect in May 2025.
88	Safe Haven outside schools (Parking)	0.010	0.010	-	Green – Introduction of CCTV camera enforcement of waiting/loading restrictions at school gates on a trial basis using bespoke equipment that is type approved and proven for these purposes in order to improve road safety and increase enforcement capacity at these high risk locations.
89	Parking PDA / Back Office System contract - fall out of one off set up cost	(0.030)	(0.030)	-	Green - Introduction of a new system to administer the Council's parking services and process Penalty Charge Notices which will reduce administration costs and improve service response times.
90	Parking - Part-year effect of strategy changes	(0.720)	(0.139)	0.581	Red - Following decisions in January 2024, tariffs were uplifted from 1st July 2024 to extend pay and display to car parks in "free towns" from 2nd December 2024.
91	Parking - Staff and member parking	(0.250)	-	0.250	Red - Proposals for a new scheme of staff and members parking permits, integrated with the corporate travel plan, are being developed for consultation in 2025.
92	Transport and Infrastructure Strategy Team – Restructure	-	-	-	Green - The proposed changes will develop a more resilient in-house team and reduce reliance on agency / consultancy staff. The changes meet the needs of the Council, as it moves towards a new statutory Local Transport Plan and the development of transport functions in a new Cheshire and Warrington Combined Authority.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
93	Local Bus	1.545	1.545	-	Green - A network of new bus service contracts has been procured and services started on 30 March 2025. Extra evening and weekend services are planned to complement our Bus Service Improvement Plan.
94	FlexiLink Service Improvement Plan - invest to save	0.592	0.592	-	Green - Bus service review is complete and specification for a revised flexible transport service (DRT) have been prepared. Flexible transport will be designed to fill gaps in local bus service provision, especially in rural areas, and over extended hours of operation, to open up the service to more users.
95T	Advertising Income. Initial project scoping work being undertaken to understand scale/complexity and resourcing needs	(0.025)	(0.025)	ı	Amber - Proposal for the transformation of the Council's approach to on-street sponsorship and advertising have been prepared as part of the Transformation Programme.
96	Pension Costs Adjustment	(0.055)	(0.055)	1	Completed
97	Pay Inflation	0.228	0.263	0.035	Red - LGS pay offer for 2025.Full and final offers of 3.20% increase resulting in overspend of c.£1.6m across the Council.
98	Flood and Water Management Act 2010 SuDS and SABs Schedule 3 Implementation	-	-	-	Amber - The requirement is to be ready to implement changes when regulations are implemented nationally. A training plan for existing staff has been identified. Recruitment is to be progressed.
99	Highways: Revenue Service	0.216	0.216	-	Completed - This provides investment in highway infrastructure that will arrest the deterioration of the asset. This will reduce costs of reactive maintenance, improve safety and reduce risks of significant incidents. It will also control revenue budget pressures and work towards addressing customer dissatisfaction
100	Highways: Depots	-	-	-	Green - The highways depots need investment to reduce the risk that facilities could be unusable for reactive and winter maintenance. Investment will enable some operational efficiencies, provides winter service resilience and a reduction in highways depots from 3 to 2, delivering a capital receipt.
In year	Highways and Transport Mitigations to balance back to Finance Review positions	-	(0.968)	(0.968)	Highways and Transport Mitigations to balance back to Finance Review positions.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
In year	Fees and Charges	1	0.216	0.216	Adjustment for fees and charges - presenting Lyon Review items centrally

#### Finance Sub favourable variance of £10.5m

2.31 The variance relating to the Finance Sub Committee is due to the use of £5.7m contingency budget to assist the overspend position. The variance shown below of £7.3m also includes a favourable variance of £1.6m which offsets the unbudgeted costs of the pay award being included in the service lines. In addition, there has been an improvement in the capital financing budget of £3.3m, this is in part due to a reduction in the cost of borrowing and also some slippage in the capital programme leading to a reduction in Minimum Revenue Provision (MRP) payable in year.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Finance Sub-Committee (Central Budgets)	35.294	24.761	(10.533)	
101	Capital Financing Budget	3.387	0.107	(3.280)	Green - Improvement against MRP of £0.5m, linked to slippage in capital programme. Improvement on net interest cost due to lower than expected borrowing (int cost) and slight improvement on rates/levels of investments (int income) of £2.7m.
102	Creation of Contingency Budget	15.953	8.700	(7.253)	Green - Creation of Contingency Budget as per Finance Sub Committee June Budget Assumptions Report (virements of £0.7m for C&F and £8m for A&H approved at FSC 10/03/2025). Assumed general pay inflation pressure of £1.585m to be taken from this budget to offset pressure in service budgets.
103	Risk of unachievable budget savings or growth demands exceeding estimates	-	-	-	Green - Risk of unachievable budget savings or growth demands exceeding estimates.
104	Pension adjustment – linked to E&C growth item	(0.727)	(0.727)	-	Green - Linked to growth item in E&C. ASDVS coming back into house but currently paying lower pension contribution rate than the standard CEC rate.
105	Use of Earmarked Reserves (reversal of 2024/25 one off use of central EMRs)	3.723	3.723	-	Completed – Budget adjustment

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
106	Top up of Earmarked Reserves	-	-	-	Completed – Planned budget adjustment not until 2026/27
107	Use of General Reserves (reversal of one off use in 2024/25)	11.654	11.654	-	Completed – Budget adjustment
108	Top up General Reserves	1.304	1.304	-	Completed

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2025/26 MTFS £m	2025/26 Forecast Outturn £m	2025/26 Forecast Outturn Variance £m	Progress 2025/26 (RAG rating and commentary)
	Finance Sub-Committee (Funding Budgets)	(26.666)	(26.666)	-	
109	Council Tax increase % growth	(14.326)	(14.326)		Green - Council tax and business rates income collection is managed through the Collection Fund therefore no impact on current year funding target if actual amount collected was to vary from budget.
110	Council Tax increase base growth	(5.852)	(5.852)		Green - Council tax and business rates income collection is managed through the Collection Fund therefore no impact on current year funding target if actual amount collected was to vary from budget.
111	Business Rates Retention	(0.495)	(0.495)		Green - S31 Grants to be received in line with final settlement from MHCLG plus net income from NNDR1. Increase related to inflationary forecast increase in settlement funding assessment (related to business rates baseline)
112	Unringfenced general grants change	(3.012)	(3.012)		Green - grants to be received in line with final settlement from MHCLG
113	National Insurance increase contribution	(2.981)	(2.981)		Green - grants to be received in line with final settlement from MHCLG

# **Section 3:** Revenue Grants for approval

- 3.1. Cheshire East Council receives two main types of Government grants; specific purpose grants and general use grants. Specific purpose grants are held within the relevant service with a corresponding expenditure budget. Whereas general use grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2. Spending in relation to specific purpose grants must be in line with the purpose for which it is provided.
- 3.3. General use grants, also known as unring-fenced grants, are funds provided by the Government to local authorities without specific restrictions on how the money is spent. They allow councils to determine how best to utilise the funding to address local needs and priorities.
- 3.4. **Table 1** shows additional grant allocations that have been received over £1m that **Council** will be asked to approve.
- 3.5. **Table 2** shows additional grant allocations that have been received which are over £0.5m and up to £1m and are for **Committee** approval.

#### Table 1 - Council Decision

3.6. Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding over £1,000,000

Committee	Type of Grant	£m	Details
Environment and Communities	Extended Producer Responsibility Grant (Specific Purpose)	2.591	This is an increase on the MTFS forecast position. This grant is a policy approach where producers are given significant responsibility (financially and physically) for the management of their products and packaging at the end of their useful life. This shifts the burden of waste management away from local authorities and places it on those that create the waste. The fees collected from the producers are distributed to local authorities to help them manage packaging waste collection and recycling programs.
Economy and Growth	Enterprise Cheshire & Warrington (ECW): Skills Bootcamp (Specific Purpose)	1.371	This is a new grant from the Department for Education. It is for the delivery of and management of Skills Bootcamps in geographical and neighbouring areas in agreement with relevant local authorities. This element of skills bootcamp is being delivered through Enterprise Cheshire and Warrington.

#### **Table 2 - Committee Decision**

3.7. Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding over £500,000 up to £1,000,000

Committee	Type of Grant	£m	Details
Children and Families - Schools	Delivering Better Value in SEND (Specific Purpose)	0.767	This is a new grant from the Department for Education. Its purpose is to support the ability to carry out relevant data analysis and assurance required during Phase 1 of the programme, as part of overall participation in the Delivering Better Value (DBV) in SEND programme.
Children and Families – Schools	Early Years Expansion Grant (Specific Purpose)	0.634	This is a new grant from the Department for Education. This grant provides funding to support the early years sector as it prepares to deliver the final phase of expansion of the working parent entitlement from September 2025.

Committee	Type of Grant	£m	Details
Adults and Health – Public Health	OHID SSMTR Supplementary Substance Misuse Treatment & Recovery Grant (Specific Purpose)	0.525	This is a new grant from the Department for Health and Social Care. The SSMTR (Supplementary Substance Misuse Treatment & Recovery) Grant, also known as the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), is a funding initiative by the DHSC to enhance drug and alcohol treatment and recovery services across England. It aims to increase access to treatment, improve the quality of provision, and support individuals in their recovery journey
Environment and Communities	Transitional Resource Grant (Specific Purpose)	0.871	This is a new grant from the Department for Environment, Food and Rural Affairs. It covers the implementation of the weekly food collections and the cost of resources to implement this such as officer time, public communications, distributing food waste containers and project management related costs.
Environment and Communities	High Speed 2 (HS2) Ltd (Specific Purpose)	0.850	This grant is from High Speed 2 (HS2) Ltd and is for landscape and environmental improvements in the Wybunbury area.

# Section 4: Capital

Table 1: Financial Parameters for 2024/25 to 2027/28

Parameter		Value (£m)		
	2024/25	2025/26	2026/27	2027/28
Repayment of Borrowing				
Minimum Revenue Provision*	15.327	17.977	21.920	23.934
External Loan Interest	19.412	18.359	19.271	20.995
Investment Income	(4.329)	(3.300)	(2.747)	(2.704)
Contributions from Services Revenue Budgets	(0.977)	(1.311)	(2.261)	(2.494)
Total Capital Financing Costs	29.433	31.725	36.183	39.731
Use of Financing EMR	(2.100)	0.000	0.000	0.000
Actual CFB in MTFS	28.508	35.039	38.758	41.860
Budget Deficit /(Surplus)	(1.175)	(3.314)	(2.575)	(2.129)
Capital Receipts targets*	1.000	1.000	1.000	1.000
Flexible use of Capital Receipts	1.000	1.000	1.000	1.000

<sup>\*</sup>Anticipated MRP based on achieving capital receipts targets

- 1.1. The revised programme is funded from both direct income (grants, external contributions) and the Council's own resources (prudential borrowing, revenue contributions, capital reserve). A funding summary is shown in **Table 2**. For detailed tables by Committee please see **Annex 2**.
- 1.2. **Table 3** lists details of Delegated decisions up to £500,000 for noting.
- 1.3. **Table 4** lists Capital Supplementary Estimates over £500,000 and up to £1,000,000 for committee approval and Capital Virements over £500,000 and up to and including £5,000,000 that require Relevant Member(s) of CLT and Chief Finance Officer in consultation with Chair of the relevant Committee and the Chair of Finance Sub-Committee to approve.
- 1.4. **Table 5** lists Supplementary Capital estimates greater than £1,000,000 for recommendation to Council.

**Table 2: Capital Programme Update** 

## CHESHIRE EAST COUNCIL CAPITAL PROGRAMME SUMMARY

CAP	ITAL PROGRA	AMME 2025/2	26 - 2028/29		
	Forecast 2025/26 £m	Forecast 2026/27 £m	Forecast 2027/28 £m	Forecast 2028/29 £m	Total Forecast 2025-29 £m
Committed Schemes - In					
Progress					
Adults and Health	0.132	0.424	0.000	0.000	0.556
Children and Families	46.836	20.285	16.945	13.403	97.469
Corporate Policy	12.991	3.265	2.377	0.600	19.233
Economy & Growth	44.420	39.649	47.806	49.559	181.434
Environment & Communities	23.822	2.646	6.033	9.285	41.786
Highways & Transport	64.245	64.629	32.495	93.317	254.686
Total Committed Schemes - In Progress	192.446	130.898	105.656	166.164	595.164
Fiogress					
CA	PITAL PROGE	RAMME 2025	/26 - 2028/29		
	Forecast 2025/26 £m	Forecast 2026/27 £m	Forecast 2027/28 £m	Forecast 2028/29 £m	Total Forecast 2025-29 £m
New Schemes					
Adults and Health	0.000	0.000	0.000	0.000	0.000
Children and Families	0.910	0.000	0.000	0.000	0.910
Corporate Policy	3.490	1.663	1.377	0.000	6.530
Economy & Growth	0.000	0.000	0.000	0.000	0.000
Environment & Communities	0.549	0.370	0.214	0.349	1.482
Highways & Transport	8.147	12.960	13.069	11.502	45.678
Total New Schemes	13.096	14.993	14.660	11.851	54.600
Γotal	205.542	145.891	120.316	178.015	649.764
	Fundin	g Requireme	ent		
ndicative Funding Analysis: (See note 1)					
Government Grants	128.403	93.235	39.007	102.750	363.395
External Contributions	14.160	21.230	26.673	40.606	102.669
Revenue Contributions	0.830	0.660	0.000	0.000	1.490
Capital Receipts	1.203	1.931	20.979	11.840	35.952
Prudential Borrowing (See note 2)	60.946	28.835	33.658	22.819	146.258
Total	205.542	145.891	120.316	178.015	649.764

#### Note 1:

The funding requirement identified in the above table does not currently represent a balanced and affordable position, in the medium term. The Council will need to transform the capital programme to reduce the number of schemes requiring Cheshire East Resources and the need to borrow.

#### Note 2:

Appropriate charges to the revenue budget will only commence in the year following the completion of the associated capital asset. This allows the Council to constantly review the most cost effective way of funding capital expenditure.

Table 3: Delegated Decisions – Supplementary Capital estimates and Budget virements up to £500,000

Committee / Capital Scheme	Amount Requested £m	Reason and Funding Source
Supplementary Capital Estimates that have been mad	de up to £500,000	
Adults and Public Health		
Community - Rural Shared Prosperity Fund	0.088	New allocation for 2025-26 Rural UKSPF funding
Children and Families		
Family Hubs Transformation	0.105	New capital grant allocation for 2025-26 for Family Hubs Transformation
Economy & Growth		
Economic Development	7	
UKSPF E22 and E29 capital interventions	0.350	SCE to be approved to reflect 25/26 allocation of UKSPF and should be in
Culture & Tourism Visitor Economy - Rural Shared Prosperity Fund	0.248	place for FR2. Funds to be transferred from Revenue
, , ,	0.2.0	
Highways & Transport		
Bus Priority	0.132	To be funded by BSIP Phase 3 grant
Total Supplementary Capital Estimates Requested	0.923	
Capital Budget Virements that have been made up to	£m	
Capital Budget Virements that have been made up to	£m	
Capital Budget Virements that have been made up to Children & Families Education and 14-19 Skills	£m	Transfer budget to Tytherington High school project (CAP-10468)
Capital Budget Virements that have been made up to	£m £500,000	Transfer budget to Tytherington High school project (CAP-10468)  Budget from CAP-10278 to be transferred to central High Needs allocation (CAP-10106)
Capital Budget Virements that have been made up to Children & Families Education and 14-19 Skills Macclesfield Planning Area - secondary new places	£m £500,000	Budget from CAP-10278 to be transferred to central High Needs allocation (CAP-10106)
Capital Budget Virements that have been made up to Children & Families Education and 14-19 Skills Macclesfield Planning Area - secondary new places Macclesfield Academy Resource Provision	£m • £500,000 0.200 0.100	Budget from CAP-10278 to be transferred to central High Needs allocation (CAP-10106)  Transfer budget from New SEN Additional AP places (CAP-10599) to New
Capital Budget Virements that have been made up to Children & Families  Education and 14-19 Skills  Macclesfield Planning Area - secondary new places  Macclesfield Academy Resource Provision  New AP Free School  School Condition Grant  Facilities Management  Premises Capital (FM)	0.200 0.100 0.025 0.001	Budget from CAP-10278 to be transferred to central High Needs allocation (CAP-10106)  Transfer budget from New SEN Additional AP places (CAP-10599) to New AP Free School as no longer required as a separate project.  Return of remaining budget in School Condition Grant - Catering Block to
Capital Budget Virements that have been made up to Children & Families Education and 14-19 Skills Macclesfield Planning Area - secondary new places Macclesfield Academy Resource Provision New AP Free School School Condition Grant Facilities Management	0.200 0.100 0.025 0.001	Budget from CAP-10278 to be transferred to central High Needs allocation (CAP-10106)  Transfer budget from New SEN Additional AP places (CAP-10599) to New AP Free School as no longer required as a separate project.  Return of remaining budget in School Condition Grant - Catering Block to central School Condition Grant allocation (CAP-00106)  Virement from PSDS - 3B - Lot 1 programme aborted and no additional grant claims to be made, the Prudential Borrowing funding was allocatd as match funding and there is a risk that SALIX request clawback,

### Table 4: Requests for Supplementary Capital Estimates (SCEs) and Capital Virements

Committee / Capital Scheme	Amount Requested	Reason and Funding Source
	£m	
Service Committee are asked to approve the Supplem	nentary Capital Estimates above	£500,000 up to and including £1,000,000
Highways & Transport		
A500 Corridor OBC Update	0.903	Final tranche of DfT development grant funding to fund the production of an update OBC Update for the A500 scheme. The A500 Scheme is one of 42 schemes under review by DfT which should report back this Autumn. No spend on this grant will be incurred ahead of the review's anticipated conclusion.
Total Supplementary Capital Estimates Requested	0.903	
Service committee are asked to note Capital Budget V Chief Finance Officer in consultation with Chair of the Corporate	•	and including £5,000,000 for approval by Relevant Member(s) of CLT and nair of Finance Sub-Committee
ICT Hybrid Model	0.750	Virement from Infrastructure Investment Programme to ICT Hybrid Model to support Gemini Phase 2
Highways & Transport		
A500 Corridor OBC Update	0.764	Virement from "A500 Dualling" project in respect of acquiring land. This land requirement now falls under "A500 Corridor OBC update".
Total Capital Virements requested	1.514	
Total SCEs and Virements	2.417	

#### Table 5: Requests for Supplementary Capital Estimates (SCEs) for Recommendation

Committee	Amount Requested £m	Reason and Funding Source
Finance Sub Committee are asked to recommend to	Council the approv	al of the Supplementary Capital SCEs over £1,000,000
Highways & Transport		
Public Transport Infrastructure	0.700	
Bus Priority	0.623	To add BSIP Phase 4 grant of £2,122,646 to the Capital Programme,
Real Time Passenger Information (RTPI)	0.750	distributed over four projects.
Macclesfield Bus Station	0.050	,
Total Supplementary Capital Estimates Requested	2.123	
Total Supplementary Capital Estimates and Virements	s 2.123	

# **Section 5:** Reserves

#### **Management of Council Reserves**

- 5.1 The Council's Reserves Strategy states that the Council will maintain reserves to protect against risk and support investment.
- 5.2 The opening balance at 1 April 2025 in the Council's General Fund Reserves was £6.3m, as published in the Council's Statement of Accounts for 2024/25.
- 5.3 At FR1, the closing balance at 31 March 2026 in the Council's General Fund Reserve is forecast to be £6.5m.
- 5.4 The current balance on reserves is insufficient in order to provide adequate protection against established and newly emerging risks, particularly the DSG deficit, which is projected to rise to £146m by year end and has been highlighted in the MTFS as having no alternative funding.
- 5.5 The Council also maintains Earmarked Revenue Reserves for specific purposes. The opening balance at 1 April 2025 was £23.1m.
- 5.6 During 2025/26, £14.9m will be drawn down to fund expenditure specifically provided for by services. This includes £3.8m to fund one off Transformation costs, £2.2m for Capital expenditure and £6.2m to support the collection fund. These balances fall within the forecasts approved during the MTFS budget setting process. £11.5m will be added back to reserves, this is predominantly related to the collection fund and will be used to mitigate future legislative changes over the short to medium term. Net movement on reserves is therefore £3.4m.
- 5.7 The indicative closing balance on Earmarked Reserves at 31 March 2026, is forecast at £19.6m. With the General Fund reserves of £6.5m, total reserves available for Council use at 31 March 2026 are forecast at £26.1m.
- 5.8 Unspent schools' budgets that have been delegated, as laid down in the Schools Standards Framework Act 1998, remain at the disposal of the school and are not available for Council use. These balances are therefore excluded from all reserve forecasts.

#### Reserves Balances

#### **Table 1 – Adults and Health Committee**

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Adults and Health Committee	£m	£m	£m	£m	
Public Health Reserve	(3.204)	0.207	0	(2.997)	Ring-fenced underspend to be invested in areas to improve performance against key targets.
PFI Equalisation - Extra Care Housing	0	0	(0.113)	(0.113)	Surplus grant set aside to meet future payments on existing PFI contract.
Adults and Health Committee Total:	(3.204)	0.207	(0.113)	(3.110)	

### Table 2 – Children and Families Committee

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Children and Families Committee	£m	£m	£m	£m	
ILACS Spending Plan	(0.456)	0.456	0	0	To address the findings from the Ofsted inspection of local authority children's services.
Children and Families Committee Total:	(0.456)	0.456	0	0	

<u>Table 3 – Corporate Policy Committee</u>

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Corporate Policy Committee	£m	£m	£m	£m	
Collection Fund Management	(5.120)	6.199	(10.035)	(8.956)	To manage cash flow implications as part of the Business Rates Retention Scheme.
Capital Financing Reserves	(2.234)	2.234	0	0	To provide for financing of capital schemes, other projects and initiatives.
Insurance Reserve	(0.314)	0	0	(0.314)	To settle insurance claims and manage excess costs.
Elections General	(0.432)	0	0	(0.432)	To provide funds for Election costs every 4 years.
Digital Solutions Architect	(0.074)	0.074	0	0	To help fund the Digital Customer Enablement programme and will be key to realising the cost savings and efficiencies across the Council through a number of digital initiatives.
2025/26 Transformation Reserve 1	(3.500)	3.500	0	0	To support a group of projects across the Council's four Directorates to deliver improved service delivery through efficiency and revenue savings.
2025/26 Transformation Reserve 2	(5.300)	0.323	0	(4.947)	The Transformation Programme 2 reserve has been created to help mitigate one-off costs of the change delivery programme over the next two financial years.
ICT Programme	(0.300)	0.300	0	0	To support the costs associated with the Gemini project, including potential redundancies.
Corporate Policy Committee Total:	(17.274)	12.660	(10.035)	(14.649)	

Table 4 – Economy and Growth Committee

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Economy and Growth Committee	£m	£m	£m	£m	
Place Directorate Reserve	(0.418)	0.418	0	0	To support a range of projects within the Place Directorate.
Investment (Sustainability)	(0.549)	0.050	0	(0.499)	To aid investment that can increase long-term financial independence and stability of the Council.
Legal Proceedings	(0.179)	0.025	0	(0.154)	To respond to insolvency/legal proceedings on land and property matters.
Tatton Park Trading Reserve	(0.050)	0.050	0	0	To support Tatton Vision capital project and for the replacement of vehicles
Economy and Growth Committee Total:	(1.196)	0.543	0	(0.653)	

Table 5 – Environment and Communities Committee

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Environment and Communities Committee	£m	£m	£m	£m	
Strategic Planning	(0.287)	0	0	(0.287)	To meet costs associated with the Local Plan - site allocations, minerals and waste DPD Reserve needed in 26/27
Trees / Structures Risk Management	(0.084)	0	0	(0.084)	To help respond to increases in risks relating to the environment and adverse weather events.
Air Quality	(0.036)	0.036	0	0	Air Quality Management - DEFRA Action Plan. Relocating electric vehicle chargepoint in Congleton
Licensing Enforcement	(0.010)	0.010	0	0	Three year reserve to fund a third party review and update of the Cheshire East Council Taxi Licensing Enforcement Policies.
Flood Water Management (Emergency Planning)	(0.002)	0.002	0	0	Grant relating to Public Information Works.
Neighbourhood Planning	(0.041)	0.041	0	0	To match income and expenditure.
Street Cleansing	(0.022)	0.022	0	0	Committed expenditure on voluntary litter picking equipment and electric blowers.
Environment and Communities Committee Total:	(0.482)	0.111	0	(0.371)	

## Table 6 - Highways and Transport Committee

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026	Notes
Highways and Transport Committee	£m	£m	£m	£m	
Flood Risk and Adverse Weather Events	(0.400)	0.911	(1.193)	(0.682)	To help the service manage risks such as the impact of adverse weather.
Highways Procurement Project	(0.083)	0	0	(0.083)	To finance the development of the next Highway Service Contract. Depot mobilisation costs, split over 7 years from start of contract in 2018.
LEP - Local Transport Body	(0.019)	0	0	(0.019)	Contribution to LEP transport studies/consultancy . Ongoing working around Transport Legacy issues.
Highways and Transport Committee Total:	(0.502)	0.911	(1.193)	(0.784)	

Table 7 – Earmarked Reserves Summary

Earmarked Reserves	Balance at 1 April 2025	Drawdowns to Support Service Costs (+)	Additional Funds to Reserve (-)	Forecast Balance at 31 March 2026
	£m	£m	£m	£m
Adults and Health Committee	(3.204)	0.207	(0.113)	(3.110)
Children and Families Committee	(0.456)	0.456	0	0
Corporate Policy Committee	(17.274)	12.660	(10.035)	(14.649)
Economy and Growth Committee	(1.196)	0.543	0	(0.653)
Environment and Communities Committee	(0.482)	0.111	0	(0.371)
Highways and Transport Committee	(0.502)	0.911	(1.193)	(0.784)
Earmarked Reserves Total	(23.114)	14.888	(11.341)	(19.567)
General Fund Reserve	(6.299)	0	(0.186)	(6.485)
CEC Total Usable Reserves	(29.413)	14.888	(11.527)	(26.052)



# First Financial Review 2025/26

Results to end of June 2025

Capital tables by Committee

# Adults & Health CAPITAL

				CAPI	TAL PROGRA	MME 2025/	26-2028/29						
				Forecast Ex	penditure					Forecast Funding	I		
Scheme Description	Total Approved Budget	Prior Years	Forecast Budget 2025/26	Forecast Budget 2026/27	Forecast Budget 2027/28	Forecast Budget 2028/29	Total Forecast Budget 2025/29	Grants		Revenue Contributions	Capital Receipts	Prudential Borrowing	Total Funding
Committed Schemes in progress	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Adults Services													
Community - Rural Shared Prosperity Fund	0.449	0.361	0.088	0.000	0.000	0.000	0.088	0.088	0.000	0.000	0.000	0.000	0.088
Electronic Call Monitoring System	0.389	0.000	0.000	0.389	0.000	0.000	0.389	0.000	0.000	0.389	0.000	0.000	0.389
People Planner System	0.094	0.043	0.026	0.025	0.000	0.000	0.051	0.051	0.000	0.000	0.000	0.000	0.051
Replacement Care4CE Devices	0.093	0.065	0.018	0.010	0.000	0.000	0.028	0.028	0.000	0.000	0.000	0.000	0.028
Total Committed Schemes	1.025	0.469	0.132	0.424	0.000	0.000	0.556	0.167	0.000	0.389	0.000	0.000	0.556
Total Adults and Health Schemes	1.025	0.469	0.132	0.424	0.000	0.000	0.556	0.167	0.000	0.389	0.000	0.000	0.556

## Children and Families CAPITAL

				CAPITAL	. PROGRAMME	2025/26 - 202	28/29						
				Forecast Exp	enditure				Fo	recast Funding			
Scheme Description	Total Approved Budget	Prior Years	Forecast Budget 2025/26	Forecast Budget 2026/27	Forecast Budget 2027/28	Forecast Budget 2028/29	Total Forecast Budget 2025/29	Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	Total Funding
Committed Schemes in progress	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Committed Schemes in progress													
Childrens Social Care													
Foster Carer Capacity Scheme	0.534	0.468	0.067	0.000	0.000	0.000	0.067	0.000	0.000	0.000	0.000	0.067	0.067
Crewe Youth Zone	5.135	0.570	3.718	0.847	0.000	0.000	4.565	3.718	0.000	0.000	0.000	0.847	4.565
Family Hubs Transformation (Early Years - C110120)	0.387	0.282	0.105	0.000	0.000	0.000	0.105	0.105	0.000	0.000	0.000	0.000	0.105
Children's Home Sufficiency Scheme	1.404	0.358	1.046	0.000	0.000	0.000	1.046	0.000	0.000	0.000	0.000	1.046	1.046
Strong Start, Family Help & Integration													
Early Years Sufficiency Capital Fund	1.036	0.985	0.050	0.000	0.000	0.000	0.050	0.050	0.000	0.000	0.000	0.000	0.050
Childcare Capital Expansion	0.749	0.009	0.640	0.100	0.000	0.000	0.740	0.740	0.000	0.000	0.000	0.000	0.740
Education and 14-19 Skills													
Adelaide Academy	0.904	0.069	0.835	0.000	0.000	0.000	0.835	0.665	0.000	0.000	0.000	0.170	0.835
Basic Need Grant Allocation	7.401	0.017	7.384	0.000	0.000	0.000	7.384	7.384	0.000	0.000	0.000	0.000	7.384
Congleton Planning Area - Primary (1)	2.209	0.179	2.030	0.000	0.000	0.000	2.030	0.764	1.266	0.000	0.000	0.000	2.030
Congleton Planning Area - Primary (2)	0.628	0.579	0.049	0.000	0.000	0.000	0.049	0.049	0.000	0.000	0.000	0.000	0.049
Congleton Planning Area - Primary (3)	7.504	0.004	0.049	0.500	2.000	4.950	7.499	4.299	3.200	0.000	0.000	0.000	7.499
Devolved Formula Grant - Schools	1.143	0.443	0.391	0.310	0.000	0.000	0.701	0.701	0.000	0.000	0.000	0.000	0.701
Energy Efficiency Grant - Schools	0.541	0.541	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Future Schemes - Feasibility Studies	0.400	0.124	0.150	0.126	0.000	0.000	0.276	0.276	0.000	0.000	0.000	0.000	0.276
Gainsborough Primary - Flooring	0.304	0.017	0.287	0.000	0.000	0.000	0.287	0.287	0.000	0.000	0.000	0.000	0.287
Handforth Planning Area - New School	13.003	0.010	0.040	0.500	4.000	8.453	12.993	0.129	12.864	0.000	0.000	0.000	12.993
Leighton Academy – Resourced unit (New SEN places	0.193	0.141	0.052	0.000	0.000	0.000	0.052	0.052	0.000	0.000	0.000	0.000	0.052
Leighton SEND Reception Adaptations	0.026	0.000	0.026	0.000	0.000	0.000	0.026	0.026	0.000	0.000	0.000	0.000	0.026
Little Angels Satellite Sites	0.029	0.021	0.008	0.000	0.000	0.000	0.008	0.008	0.000	0.000	0.000	0.000	0.008
Macclesfield Planning Area - Secondary New	0.531	0.006	0.525	0.000	0.000	0.000	0.525	0.525	0.000	0.000	0.000	0.000	0.525
Macclesfield Planning Area - New School	4.001	0.002	0.000	0.000	4.000	0.000	4.000	0.000	4.000	0.000	0.000	0.000	4.000
Malbank High School	1.922	1.897	0.025	0.000	0.000	0.000	0.025	0.025	0.000	0.000	0.000	0.000	0.025
Mobberley Primary School	1.208	0.037	0.050	0.861	0.259	0.000	1.170	0.870	0.000	0.000	0.300	0.000	1.170
Nantwich Planning Area (Primary Schools - 210	9.061	0.793	6.768	1.500	0.000	0.000	8.268	5.308	2.960	0.000	0.000	0.000	8.268

## Children and Families CAPITAL

Scheme   S					CAPITAL	PROGRAMME	2025/26 - 202	28/29						
Total   Approved   Professor					Forecast Exp	enditure				Fo	recast Funding			
New AP Free School New Salellites action - 2 9,000 0,013 0,987 5,000 3,000 0,000 0,988 0,000 0,988 0,000 0,000 0,988 0,000 0,000 0,988 0,000 0,0	Scheme Description	Approved Budget	Years	Budget 2025/26	Budget 2026/27	Budget 2027/28	Budget 2028/29	Forecast Budget 2025/29		Contributions	Contributions	Receipts	Borrowing	Total Funding
New Seal Friese School - 2 New Seal Friese School - 2 New Seal Friese School - 2 New Seal Friese School - 0,000	New AD Free School													£m
New SEM Pries School New SEM Pries School 1 0.998														8.987
New SEN places - 1 1,889 0,004 1,086 0,000														0.988
Oakfield Lodge & Stables														1.086
Psystem Flamming Area	· ·													0.037
Provision of Sufficient School Places - SEND														1.479
Sandback Primary Academy														0.208
Schools Condition Capital Grant 6,497 1,037 3,460 2,000 0,000 0,000 5,460 5,460 0,000 0,000 0,000 0,000 0,000 0,000 4,673 4,673 0,000 0,00		l I												0.671
SENPHigh Needs Capital Allocation	, ,													5.460
Shavington Planning Area - New Primary School   8.040   0.162   0.500   3.892   3.887   0.000   7.879   5.549   2.330   0.00	·													4.673
Springfield Satellite Site (Dean Row) 6.112 5.820 0.292 0.000 0.00														7.879
Springfield Satellite Site - Middlewich   6,000   0,017   3,983   2,000   0,000   0,000   5,983   5,983   0,000   0,000   0,000   0,000   0,000   0,000   1,000   1,000   0,														0.292
Tytherington High School 3.006 0.208 2.797 0.000 0.000 0.000 2.797 2.797 0.000	Springfield Satellite Site - Middlewich													5.983
Tytherington High School 3.006 0.208 2.797 0.000 0.000 0.000 2.797 2.797 0.000	The Dingle PS Expansion (Was Haslington PA-	1 395	1 373	0.022	0.000	0.000	0.000	0.022	0.022	0.000	0.000	0.000	0.000	0.022
Various SEN Sites - Small Works/Adaptations 0.150 0.001 0.149 0.000 0.000 0.000 0.000 0.149 0.149 0.000 0.00														2.797
Wheelock Primary School 2.411 0.890 0.521 1.000 0.000 0.000 1.521 1.062 0.460 0.000 0.000 0.000 0.000 1.551 Wilmstow High School BN 14.179 12.788 1.391 0.000 0.000 0.000 0.000 1.391 0.193 1.150 0.00														0.149
Wilmslow Primary Planning Area 0.626 0.001 0.025 0.600 0.000 0.000 0.625 0.125 0.500 0.000 0.000 0.000 0.000 0.665  Total Committed Schemes 135.456 37.986 46.836 20.285 16.945 13.403 97.469 64.960 29.532 0.000 0.300 2.678 97.44  New Schemes  Education and 14-19 Skills  Chelford Primary School 0.340 0.000 0.340 0.000 0.000 0.000 0.340 0.340 0.000 0.000 0.000 0.340 0.000	Wheelock Primary School		0.890	0.521			0.000		1.062					1.521
Total Committed Schemes 135.456 37.986 46.836 20.285 16.945 13.403 97.469 64.960 29.532 0.000 0.300 2.678 97.46  New Schemes  Education and 14-19 Skills  Chelford Primary School 0.340 0.000 0.340 0.000 0.000 0.000 0.340 0.340 0.340 0.000 0.	Wilmslow High School BN	14.179	12.788	1.391	0.000	0.000	0.000	1.391	0.193	1.150	0.000	0.000	0.048	1.391
New Schemes  Education and 14-19 Skills  Chelford Primary School	Wilmslow Primary Planning Area	0.626	0.001	0.025	0.600	0.000	0.000	0.625	0.125	0.500	0.000	0.000	0.000	0.625
Education and 14-19 Skills  Chelford Primary School	Total Committed Schemes	135.456	37.986	46.836	20.285	16.945	13.403	97.469	64.960	29.532	0.000	0.300	2.678	97.469
Chelford Primary School 0.340 0.000 0.340 0.000 0.000 0.000 0.000 0.340 0.000	New Schemes													
Park Lane Refurbishment additional SEND places 0.200 0.005 0.195 0.000 0.005 0.005 0.000	Education and 14-19 Skills													
Park Lane Refurbishment additional SEND places 0.200 0.005 0.195 0.000 0.005 0.005 0.000	Chelford Primary School	0.340	0.000	0.340	0.000	0.000	0.000	0.340	0.340	0.000	0.000	0.000	0.000	0.340
Rainow Primary - 25-26 Condition Project 0.025 0.000 0.025 0.000 0	Park Lane Refurbishment additional SEND places													0.195
Rainow Primary - 25-26 Condition Project 0.025 0.000 0.025 0.000 0	Alderley Edge Primary - 25-26 Condition Project													0.050
Styal primary - 25-26 Condition Project         0.100         0.000         0.100         0.000         0.000         0.000         0.100         0.000         0.000         0.010           Total New Schemes         0.915         0.005         0.910         0.000         0.000         0.910         0.910         0.910         0.000         0.000         0.000         0.000         0.000         0.910         0.910         0.000         0.000         0.000         0.000         0.910         0.910         0.000         0.000         0.000         0.000         0.000         0.910         0.910         0.000         0.000         0.000         0.000         0.910         0.910         0.000         0.0	Rainow Primary - 25-26 Condition Project		0.000	0.025	0.000	0.000	0.000	0.025	0.025	0.000	0.000	0.000	0.000	0.025
Total New Schemes 0.915 0.005 0.910 0.000 0.000 0.000 0.910 0.910 0.000 0.000 0.000 0.000 0.99	Ruskin - 25-26 Condition Project	0.200	0.000	0.200	0.000	0.000	0.000	0.200	0.200	0.000	0.000	0.000	0.000	0.200
	Styal primary - 25-26 Condition Project	0.100	0.000	0.100	0.000	0.000	0.000	0.100	0.100	0.000	0.000	0.000	0.000	0.100
Total Children and Families Schemes 136.371 37.991 47.746 20.285 16.945 13.403 98.380 65.870 29.532 0.000 0.300 2.678 98.38	Total New Schemes	0.915	0.005	0.910	0.000	0.000	0.000	0.910	0.910	0.000	0.000	0.000	0.000	0.910
	Total Children and Families Schemes	136.371	37.991	47.746	20.285	16.945	13.403	98.380	65.870	29.532	0.000	0.300	2.678	98.380

# Corporate

				CAPIT	AL PROGRAI	MME 2025/	26 - 2028/29						
				Forecast Expe	enditure				Fo	recast Funding			
Scheme Description	Total Approved Budget	Prior Years	Forecast Budget 2025/26	Forecast Budget 2026/27	Forecast Budget 2027/28	Forecast Budget 2028/29	Total Forecast Budget 2025-29	Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	Total Funding
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Committed Schemes in progress													
ICT Services													
Accelerate Digital	5.719	0.282	2.709	1.350	1.377	0.000	5.436	0.000	0.000	0.000	0.000	5.436	5.436
Care Act Phase 2	6.314	5.256	1.058	0.000	0.000	0.000	1.058	0.000	0.000	0.000	0.000	1.058	1.058
Digital Customer Enablement	3.102	2.939	0.163	0.000	0.000	0.000	0.163	0.000	0.000	0.000	0.000	0.163	0.163
ICT Device Replacement	3.762	1.136	1.776	0.250	0.200	0.400	2.626	0.000	0.000	0.000	0.000	2.626	2.626
ICT Hybrid Model	3.449	1.758	1.690	0.000	0.000	0.000	1.690	0.000	0.000	0.000	0.000	1.690	1.690
IADM (Information Assurance and Data Management)	19.465	17.456	2.009	0.000	0.000	0.000	2.009	0.000	0.000	0.000	0.000	2.009	2.009
Infrastructure Investment Programme (IIP)	34.429	31.376	2.223	0.830	0.000	0.000	3.053	0.000	0.000	0.000	0.000	3.053	3.053
Vendor Management	1.006	0.767	0.239	0.000	0.000	0.000	0.239	0.000	0.000	0.000	0.000	0.239	0.239
Finance & Customer Services													
Core Financials	13.143	10.259	1.099	0.785	0.800	0.200	2.884	0.000	0.000	0.000	0.000	2.884	2.884
Vendor Management - Phase 2	0.099	0.024	0.025	0.050	0.000	0.000	0.075	0.000	0.000	0.000	0.000	0.075	0.075
Total Committed Schemes	90.488	71.255	12.991	3.265	2.377	0.600	19.233	0.000	0.000	0.000	0.000	19.233	19.233
New Schemes													
ІСТ													
Digital BluePrint	6.530	0.000	3.490	1.663	1.377	0.000	6.530	0.000	0.000	0.000	0.000	6.530	6.530
Total New Schemes	0.000	0.000	3.490	1.663	1.377	0.000	6.530	0.000	0.000	0.000	0.000	6.530	6.530
Total CorporatePolicy Schemes	90.488	71.255	16.481	4.928	3.754	0.600	25.763	0.000	0.000	0.000	0.000	25.763	25.763

# Economy & Growth CAPITAL

				CAPITA	AL PROGRAI	MME 2025/26	- 2028/29						
				Forecast Expe	enditure				Fo	recast Funding			
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Tota Fundin £r
Committed Schemes in progress	2	2111	2.111	2,111	4,111	2,111	2111	2111	Z,III	Z,III	2,111	2.111	4.1
Facilities Management													
Public Sector Decarbonisation Fund - FM 3	5.148	5.144	0.003	0.000	0.000	0.000	0.003	0.000	0.000	0.000	0.000	0.003	0.00
PSDS - 3B - Lot 3 (schools)	4.390	3.353	1.036	0.000	0.000	0.000	1.036	0.969	0.000	0.067	0.000	0.000	1.03
PSDS - 3C	1.672	0.086	1.586	0.000	0.000	0.000	1.586	1.363	0.000	0.000	0.000	0.223	1.58
Septic Tanks	1.585	0.291	0.094	0.400	0.400	0.400	1.294	0.000	0.000	0.000	0.000	1.294	1.29
Schools Capital Maintenance	8.315	5.788	1.797	0.730	0.000	0.000	2.527	2.257	0.000	0.271	0.000	0.000	2.52
Premises Capital (FM)	48.241	34.609	3.787	3.984	2.700	3.161	13.632	0.000	0.000	0.000	0.000	13.632	13.63
Housing													
Crewe Towns Fund - Warm and Healthy Homes Disabled Facilities	2.126 26.244	0.161 14.040	1.965 3.486	0.000 2.906	0.000 2.906	0.000 2.906	1.965 12.204	1.965 11.302	0.000 0.000	0.000 0.000	0.000 0.000	0.000 0.902	1.96 12.20
Green Homes Grant	2.647	2.449	0.198	0.000	0.000	0.000	0.198	0.198	0.000	0.000	0.000	0.000	0.19
Gypsy and Traveller Sites Home Repairs Vulnerable People	4.136 1.797	4.058 0.987	0.078 0.271	0.000 0.339	0.000 0.200	0.000 0.000	0.078 0.810	0.000 0.374	0.000 0.000	0.000 0.000	0.000 0.000	0.078 0.436	0.07 0.81
Home Upgrade Grant Phase 2	2.894	2.094	0.800	0.000	0.000	0.000	0.800	0.800	0.000	0.000	0.000	0.000	0.80
Local Authority Housing Fund	0.732	0.422	0.309	0.000	0.000	0.000	0.309	0.309	0.000	0.000	0.000	0.000	0.30
Sustainable Warmth - Home Upgrade Grant	0.843	0.829	0.014	0.000	0.000	0.000	0.014	0.014	0.000	0.000	0.000	0.000	0.01
Temporary Accommodation	1.479	1.076	0.403	0.000	0.000	0.000	0.403	0.000	0.287	0.116	0.000	0.000	0.40
Warm Homes Fund	0.239	0.218	0.021	0.000	0.000	0.000	0.021	0.021	0.000	0.000	0.000	0.000	0.02
Warm Homes Local Grant (DESNZ)	7.793	0.000	1.354	3.252	3.187	0.000	7.793	7.793	0.000	0.000	0.000	0.000	7.79
Estates													
Corporate Landlord - Non-Operational	1.336	0.000	1.336	0.000	0.000	0.000	1.336	0.000	0.000	0.000	0.000	1.336	1.33
Malkins Bank Landfill Site	1.360	0.782	0.080	0.497	0.000	0.000	0.577	0.000	0.000	0.000	0.000	0.577	0.57
Farms Strategy	2.910	1.689	0.152	0.065	0.335	0.669	1.220	0.000	0.000	0.000	1.220	0.000	1.22
WorkplaCE	1.000	0.255	0.745	0.000	0.000	0.000	0.745	0.745	0.000	0.000	0.000	0.000	0.74

## Economy & Growth CAPITAL

				CAPITA	L PROGRAM	ИМЕ 2025/26	- 2028/29						
				Forecast Expe	nditure				Fo	recast Funding			
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Total Funding £m
Economic Development													
Crewe Towns Fund - Repurposing Our High Streets	1.132	0.526	0.390	0.216	0.000	0.000	0.606	0.606	0.000	0.000	0.000	0.000	0.606
Crewe Towns Fund - Flag Lane Baths	1.969	0.603	0.012	1.353	0.000	0.000	1.365	0.012	0.000	0.000	0.000	1.353	1.365
Crewe Towns Fund - Mill Street Corridor	4.477	1.479	2.998	0.000	0.000	0.000	2.998	2.998	0.000	0.000	0.000	0.000	2.998
Crewe Towns Fund - Mirion St	1.190	1.066	0.125	0.000	0.000	0.000	0.125	0.125	0.000	0.000	0.000	0.000	0.125
Crewe Towns Fund - Crewe Youth Zone non-grant	0.351	0.246	0.067	0.038	0.000	0.000	0.105	0.105	0.000	0.000	0.000	0.000	0.105
History Centre Public Realm & ICV (Crewe Towns Fund) CTC1	0.580	0.028	0.152	0.400	0.000	0.000	0.552	0.552	0.000	0.000	0.000	0.000	0.552
Handforth Heat Network	13.219	0.035	0.695	0.450	12.039	0.000	13.183	2.569	7.428	0.000	0.000	3.187	13.183
Demolition of Crewe Library & Concourse CTC10	3.396	3.237	0.159	0.000	0.000	0.000	0.159	0.000	0.000	0.000	0.000	0.159	0.159
Future High Street Funding - CEC Innovation Centre	4.251	3.961	0.291	0.000	0.000	0.000	0.291	0.291	0.000	0.000	0.000	0.000	0.291
Crewe Town Centre Regeneration	32.333	31.010	1.323	0.000	0.000	0.000	1.323	1.000	0.064	0.000	0.000	0.259	1.323
South Macclesfield Development Area	34.630	3.283	0.176	0.000	0.000	31.171	31.347	10.000	10.000	0.000	11.347	0.000	31.347
North Cheshire Garden Village	57.866	9.530	6.991	17.810	23.535	0.000	48.336	17.693	0.000	0.000	21.700	8.944	48.336
Handforth Garden Village s106 Obligations	6.841	0.000	0.000	2.740	0.000	4.101	6.841	0.000	0.000	0.000	0.000	6.841	6.841
Leighton Green	2.096	1.495	0.000	0.601	0.000	0.000	0.601	0.000	0.000	0.000	0.000	0.601	0.601
Connecting Cheshire Phase 3	8.000	0.720	0.850	1.200	2.000	3.230	7.280	0.000	7.280	0.000	0.000	0.000	7.280
Digital Projects	9.250	5.680	0.070	0.000	0.000	3.500	3.570	3.570	0.000	0.000	0.000	0.000	3.570
UKSPF E22 and E29 capital interventions	1.654	1.304	0.350	0.000	0.000	0.000	0.350	0.350	0.000	0.000	0.000	0.000	0.350
Macclesfield Indoor Market Refurbishment (MIMR)	2.496	1.898	0.598	0.000	0.000	0.000	0.598	0.500	0.000	0.000	0.000	0.098	0.598
Nantwich Town Centre Public Realm Improvements	0.100	0.000	0.050	0.050	0.000	0.000	0.100	0.000	0.100	0.000	0.000	0.000	0.100
Culture & Tourism													
Countryside Vehicles	1.579	0.726	0.070	0.300	0.300	0.182	0.852	0.000	0.000	0.000	0.000	0.852	0.852
Culture & Tourism S106 Schemes	0.664	0.075	0.143	0.387	0.010	0.049	0.589	0.000	0.589	0.000	0.000	0.000	0.589
Green Structures Investment	0.896	0.000	0.271	0.239	0.195	0.191	0.896	0.000	0.000	0.000	0.000	0.896	0.896
New Archives Premises CTC1	10.256	1.566	8.362	0.328	0.000	0.000	8.690	0.000	0.000	0.000	0.000	8.690	8.690
PROW Capital Works	1.138	1.127	0.011	0.000	0.000	0.000	0.011	0.011	0.000	0.000	0.000	0.000	0.011
PROW CMM A6 MARR	0.100	0.070	0.001	0.029	0.000	0.000	0.030	0.030	0.000	0.000	0.000	0.000	0.030
Visitor Economy - Rural Shared Prosperity Fund	0.713	0.465	0.248	0.000	0.000	0.000	0.248	0.248	0.000	0.000	0.000	0.000	0.248
Tatton Park Investment Phase 2	3.280	1.446	0.500	1.334	0.000	0.000	1.834	0.000	0.000	0.000	0.000	1.834	1.834
Total Committed Schemes	331.345	149.912	44.420	39.649	47.806	49.559	181.434	68.768	25.747	0.454	34.267	52.197	181.434
Total Growth & Enterprise	331.345	149.912	44.420	39.649	47.806	49.559	181.434	68.768	25.747	0.454	34.267	52.197	181.434

				CAPITAL F	PROGRAMME	≣ 2025/26 -	2028/29						
				Forecast Ex	penditure				Fo	recast Funding			
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Total Funding £m
Committed Schemes in progress	2.11	2111	2,111	2,111	4111	LIII	2.111	2,111	ZIII	ŽIII	4,111	ZIII	2.11
Environment Services													
Bereavement Service Data System	0.035	0.007	0.028	0.000	0.000	0.000	0.028	0.000	0.000	0.028	0.000	0.000	0.028
Booth Bed Lane, Goostrey	0.140	0.000	0.000	0.140	0.000	0.000	0.140	0.100	0.040	0.000	0.000	0.000	0.140
Bosley Village Play Area	0.020	0.000	0.020	0.000	0.000	0.000	0.020	0.000	0.020	0.000	0.000	0.000	0.020
Browns Lane Play Area 2024/25	0.012	0.000	0.012	0.000	0.000	0.000	0.012	0.000	0.012	0.000	0.000	0.000	0.012
Carbon Neutral 2030 Investments	13.980	0.104	0.297	0.300	4.000	9.279	13.876	0.000	0.000	0.000	0.000	13.876	13.876
Carbon Offset Investment	0.568	0.539	0.029	0.000	0.000	0.000	0.029	0.000	0.000	0.000	0.000	0.029	0.029
Carnival Fields	0.042	0.000	0.042	0.000	0.000	0.000	0.042	0.000	0.042	0.000	0.000	0.000	0.042
Chelford Village Hall Phase 2	0.061	0.000	0.061	0.000	0.000	0.000	0.061	0.000	0.061	0.000	0.000	0.000	0.061
Closed Cemeteries	0.152	0.000	0.152	0.000	0.000	0.000	0.152	0.000	0.000	0.000	0.000	0.152	0.152
Crewe Crematorium Flue Modifications	0.030	0.019	0.011	0.000	0.000	0.000	0.011	0.000	0.000	0.000	0.000	0.011	0.011
Crewe Crematorium and Macclesfield Crematorium Major	0.030	0.018	0.012	0.000	0.000	0.000	0.012	0.000	0.000	0.000	0.000	0.012	0.012
Elworth Park	0.052	0.002	0.035	0.015	0.000	0.000	0.050	0.000	0.050	0.000	0.000	0.000	0.050
Energy Improvements at Cledford Lane	0.985	0.914	0.071	0.000	0.000	0.000	0.071	0.000	0.000	0.000	0.000	0.071	0.071
Fleet EV Transition	6.897	0.990	3.580	0.327	2.000	0.000	5.907	0.000	0.000	0.000	0.000	5.907	5.907
Fleet Vehicle Electric Charging	0.585	0.159	0.286	0.140	0.000	0.000	0.426	0.000	0.000	0.000	0.000	0.426	0.426
Future High Street Funding - Sustainable Energy Network	1.566	1.349	0.216	0.000	0.000	0.000	0.216	0.216	0.000	0.000	0.000	0.000	0.216
Green Investment Scheme (Solar Farm)	4.150	3.459	0.536	0.155	0.000	0.000	0.691	0.000	0.000	0.000	0.000	0.691	0.691
Green Spaces Wilmslow - Mersey Forest	0.021	0.021	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grounds Maintenance Management ICT System	0.121	0.060	0.062	0.000	0.000	0.000	0.062	0.000	0.000	0.000	0.000	0.062	0.062
Household Waste Recycling Centres	0.860	0.084	0.776	0.000	0.000	0.000	0.776	0.000	0.000	0.000	0.000	0.776	0.776
Jim Evison Playing Fields	0.161	0.019	0.120	0.022	0.000	0.000	0.142	0.000	0.142	0.000	0.000	0.000	0.142
Litter and Recycling Bins	0.208	0.119	0.010	0.052	0.027	0.000	0.089	0.000	0.000	0.000	0.000	0.089	0.089
Longridge Open Space Improvement Project	0.066	0.000	0.000	0.066	0.000	0.000	0.066	0.000	0.066	0.000	0.000	0.000	0.066
LTA - Tennis Facility Improvements	0.124	0.039	0.085	0.000	0.000	0.000	0.085	0.060	0.000	0.000	0.000	0.025	0.085
Macclesfield Chapel Refurbishment	0.629	0.022	0.607	0.000	0.000	0.000	0.607	0.000	0.000	0.607	0.000	0.000	0.607
Main Road, Langley	0.259	0.003	0.160	0.097	0.000	0.000	0.257	0.000	0.257	0.000	0.000	0.000	0.257
Newtown Sports Facilities Improvements	0.099	0.093	0.000	0.006	0.000	0.000	0.006	0.000	0.006	0.000	0.000	0.000	0.006
Park Development Fund	0.846	0.670	0.089	0.087	0.000	0.000	0.176	0.000	0.000	0.000	0.000	0.176	0.176
Park Play, Meriton Road & Stanley Hall	0.010	0.000	0.010	0.000	0.000	0.000	0.010	0.000	0.010	0.000	0.000	0.000	0.010
Pastures Wood De-carbonisation	0.051	0.038	0.013	0.000	0.000	0.000	0.013	0.000	0.000	0.013	0.000	0.000	0.013
Queens Park Bowling Green	0.017	0.002	0.015	0.000	0.000	0.000	0.015	0.000	0.015	0.000	0.000	0.000	0.015
Review of Household Waste Recycling Centres	1.000	0.000	1.000	0.000	0.000	0.000	1.000	0.000	0.000	0.000	0.000	1.000	1.000
Rotherhead Drive Open Space and Play Area	0.141	0.117	0.006	0.006	0.006	0.006	0.024	0.000	0.024	0.000	0.000	0.000	0.024
Rugby Drive, Macclesfield	0.071	0.024	0.047	0.000	0.000	0.000	0.047	0.000	0.047	0.000	0.000	0.000	0.047
Shaw Heath Recreation Ground	0.022	0.016	0.000	0.006	0.000	0.000	0.006	0.000	0.006	0.000	0.000	0.000	0.006
Stanley Hall Improvements	0.055	0.053	0.002	0.000	0.000	0.000	0.002	0.000	0.002	0.000	0.000	0.000	0.002
The Carrs Improvement Project	0.061	0.000	0.000	0.061	0.000	0.000	0.061	0.000	0.061	0.000	0.000	0.000	0.061
The Moor, Knutsford	0.036	0.032	0.004	0.000	0.000	0.000	0.004	0.000	0.000	0.000	0.000	0.004	0.004

## Environment & Communities CAPITAL

				CAPITAL I	PROGRAMM	E 2025/26 -	2028/29						
				Forecast Ex	penditure				Fo	precast Funding			
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Tota Fundin £ı
Unsafe Cemetery Memorials	0.035	0.009	0.026	0.000	0.000	0.000	0.026	0.000	0.000	0.000	0.000	0.026	0.02
Victoria Park Amenity Improvements	0.020	0.012	0.008	0.000	0.000	0.000	0.008	0.000	0.008	0.000	0.000	0.000	0.00
Victoria Park Pitch Improvements	0.029	0.028	0.001	0.000	0.000	0.000	0.001	0.000	0.001	0.000	0.000	0.000	0.00
Weekly Food Waste Collections	8.209	0.192	7.517	0.500	0.000	0.000	8.017	2.519	0.000	0.000	0.000	5.497	8.01
West Park Open Space & Sports Improvements	0.120	0.045	0.075	0.000	0.000	0.000	0.075	0.000	0.075	0.000	0.000	0.000	0.07
Woodland South of Coppice Way, Handforth	0.089	0.068	0.005	0.016	0.000	0.000	0.021	0.000	0.021	0.000	0.000	0.000	0.02
Wybunbury Parish Open Space	0.005	0.001	0.004	0.000	0.000	0.000	0.004	0.000	0.004	0.000	0.000	0.000	0.00
Wybunbury St Chad's Closed Cemetery	0.219	0.000	0.219	0.000	0.000	0.000	0.219	0.000	0.000	0.000	0.000	0.219	0.21
Neighbourhood Services													
Congleton Leisure Centre	13.000	12.973	0.027	0.000	0.000	0.000	0.027	0.000	0.020	0.000	0.000	0.007	0.02
Crewe Towns Fund - Cumberland Arena	3.173	0.404	2.768	0.000	0.000	0.000	2.768	2.769	0.000	0.000	0.000	0.000	2.76
Crewe Towns Fund - Pocket Parks	1.481	0.954	0.527	0.000	0.000	0.000	0.527	0.527	0.000	0.000	0.000	0.000	0.52
Crewe Towns Fund - Valley Brook Green Corridor	3.339	0.590	2.748	0.000	0.000	0.000	2.748	2.748	0.000	0.000	0.000	0.000	2.74
Middlewich Leisure Centre	0.060	0.051	0.009	0.000	0.000	0.000	0.009	0.000	0.000	0.000	0.000	0.009	0.00
Libraries - Next Generation - Self Service	0.374	0.336	0.038	0.000	0.000	0.000	0.038	0.000	0.000	0.000	0.000	0.038	0.03
Strategic Leisure Review	3.400	1.329	1.421	0.650	0.000	0.000	2.071	0.000	0.000	0.000	0.000	2.071	2.07
Planning & Regulatory Services													
Regulatory Systems & Environmental Health ICT System	0.313	0.279	0.034	0.000	0.000	0.000	0.034	0.000	0.000	0.000	0.000	0.034	0.03
Total Committed Schemes	68.030	26.244	23.822	2.646	6.033	9.285	41.786	8.940	0.991	0.647	0.000	31.208	41.78
New Schemes			·	·	·								
Environment Services													
Parks	1.483	0.000	0.549	0.370	0.214	0.349	1.483	0.000	1.483	0.000	0.000	0.000	1.48
Total New Schemes	1.483	0.000	0.549	0.370	0.214	0.349	1.483	0.000	1.483	0.000	0.000	0.000	1.48
							10.000					24.000	
Total Environment and Communities Schemes	69.513	26.244	24.371	3.016	6.247	9.635	43.269	8.940	2.474	0.647	0.000	31.208	43.26

# Highways & Transport CAPITAL

	CAPITAL PROGRAMME 2025/26 - 2028/29												
				Forecast Ex	penditure			Forecast Funding					
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Total Funding £m
Committed Schemes in progress													
Highways													
A532 Safer Road Fund Scheme	1.466	1.395	0.070	0.000	0.000	0.000	0.070	0.000	0.000	0.000	0.000	0.070	0.070
A536 Safer Road Fund Scheme	2.404	2.353	0.051	0.000	0.000	0.000	0.051	0.000	0.000	0.000	0.000	0.051	0.051
A537 Safer Road Fund Scheme	2.490	2.346	0.144	0.000	0.000	0.000	0.144	0.144	0.000	0.000	0.000	0.000	0.144
Air Quality Action Plan	0.523	0.522	0.002	0.000	0.000	0.000	0.002	0.000	0.000	0.000	0.000	0.002	0.002
Alderley Edge Bypass Scheme Implementation	60.411	60.360	0.051	0.000	0.000	0.000	0.051	0.000	0.000	0.000	0.000	0.051	0.051
Bridge Maintenance Minor Wks	12.463	11.672	0.792	0.000	0.000	0.000	0.792	0.374	0.000	0.000	0.000	0.418	0.792
Client Contract and Asset Mgmt	0.693	0.547	0.146	0.000	0.000	0.000	0.146	0.000	0.000	0.000	0.000	0.146	0.146
Footpath Maintenance - Slurry Sealing & Reconstruction Works	1.323	1.323	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Highway Maintenance Minor Wks	69.622	69.552	0.070	0.000	0.000	0.000	0.070	0.000	0.000	0.000	0.000	0.070	0.070
Highway Pothole/Challenge Fund	11.669	11.497	0.172	0.000	0.000	0.000	0.172	0.000	0.000	0.000	0.000	0.172	0.172
Jack Mills Way Part 1 Claims	0.307	0.307	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Local Highway Measures	7.255	7.105	0.151	0.000	0.000	0.000	0.151	0.151	0.000	0.000	0.000	0.000	0.151
Ward Members Local Highway Measures	0.872	0.319	0.553	0.000	0.000	0.000	0.553	0.177	0.000	0.000	0.000	0.376	0.553
Programme Management	1.547	1.546	0.002	0.000	0.000	0.000	0.002	0.002	0.000	0.000	0.000	0.000	0.002
Road Safety Schemes Minor Wks	6.423	6.260	0.163	0.000	0.000	0.000	0.163	0.034	0.000	0.000	0.000	0.128	0.163
Traffic Signal Maintenance	1.095	0.795	0.300	0.000	0.000	0.000	0.300	0.299	0.000	0.000	0.000	0.001	0.300
Traffic Signs and Bollards - LED Replacement	1.259	1.259	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Winter Service Facility	0.957	0.771	0.097	0.089	0.000	0.000	0.186	0.000	0.000	0.000	0.000	0.186	0.186
Managing and Maintaining Highways	4.712	0.000	4.712	0.000	0.000	0.000	4.712	0.000	0.000	0.000	0.000	4.712	4.712
Pothole Funding	17.397	0.000	5.799	5.799	5.799	0.000	17.397	17.397	0.000	0.000	0.000	0.000	17.397
Integrated Block - LTP	6.009	0.000	2.003	2.003	2.003	0.000	6.009	6.009	0.000	0.000	0.000	0.000	6.009
Maintenance Block - LTP	19.476	0.000	7.878	5.799	5.799	0.000	19.476	17.397	0.000	0.000	0.000	2.079	19.476
Incentive Fund - LTP	4.350	0.000	1.450	1.450	1.450	0.000	4.350	4.350	0.000	0.000	0.000	0.000	4.350
Infrastructure													
A500 Dualling scheme	88.692	11.117	0.050	0.150	0.000	77.375	77.575	74.125	3.450	0.000	0.000	0.000	77.575
A500 Corridor OBC Update	3.371	0.064	0.700	1.391	0.451	0.764	3.307	2.543	0.764	0.000	0.000	0.000	3.307
A50 / A54 Holmes Chapel	0.604	0.101	0.000	0.000	0.000	0.503	0.503	0.000	0.503	0.000	0.000	0.000	0.503
A54 / A533 Leadsmithy Street, Middlewich	0.564	0.177	0.000	0.000	0.000	0.387	0.387	0.000	0.387	0.000	0.000	0.000	0.387
A6 MARR CMM Handforth	1.088	1.046	0.042	0.000	0.000	0.000	0.042	0.042	0.000	0.000	0.000	0.000	0.042
A6 MARR Technical Design	0.473	0.285	0.188	0.000	0.000	0.000	0.188	0.070	0.119	0.000	0.000	0.000	0.188
A556 Knutsford to Bowdon	0.504	0.373	0.060	0.071	0.000	0.000	0.131	0.000	0.131	0.000	0.000	0.000	0.131
Peacock Roundabout Junction	0.750	0.036	0.516	0.000	0.000	0.198	0.714	0.000	0.714	0.000	0.000	0.000	0.714
Congleton Link Road	83.991	72.920	0.700	1.750	1.000	7.621	11.071	0.316	10.756	0.000	0.000	0.000	11.071
Crewe Green Roundabout	7.500	7.059	0.441	0.000	0.000	0.000	0.441	0.000	0.441	0.000	0.000	0.000	0.441
Flowerpot Phs 1 & Pinchpoint	4.249	1.516	0.100	0.488	0.336	1.808	2.732	1.719	1.014	0.000	0.000	0.000	2.732

Highways & Transport CAPITAL

CAPITAL PROGRAMME 2025/26 - 2028/29													
				Forecast Ex	penditure			Forecast Funding					
Scheme Description	Total Approved Budget £m	Prior Years £m	Forecast Budget 2025/26 £m	Forecast Budget 2026/27 £m	Forecast Budget 2027/28 £m	Forecast Budget 2028/29 £m	Total Forecast Budget 2025-29 £m	Grants £m	External Contributions £m	Revenue Contributions £m	Capital Receipts £m	Prudential Borrowing £m	Total Funding £m
Future High Street Funding - Adaptive Signals	0.509	0.455	0.054	0.000	0.000	0.000	0.054	0.000	0.054	0.000	0.000	0.000	0.054
Future High Street Funding - Flag Lane Link	1.481	1.481	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Future High Street Funding - Southern Gateway	5.303	5.101	0.202	0.000	0.000	0.000	0.202	0.202	0.000	0.000	0.000	0.000	0.202
Highways & Infrastructure S106 Funded Schemes	5.113	1.316	1.176	1.268	0.000	1.354	3.798	0.163	3.635	0.000	0.000	0.000	3.798
Transport & Infrastructure Development Studies	0.350	0.043	0.307	0.000	0.000	0.000	0.307	0.307	0.000	0.000	0.000	0.000	0.307
Middlewich Eastern Bypass	96.600	27.679	18.000	37.682	13.240	0.000	68.921	46.779	14.611	0.000	0.000	7.532	68.921
Mill Street Corridor - Station Link Project	0.847	0.263	0.584	0.000	0.000	0.000	0.584	0.000	0.284	0.000	0.000	0.300	0.584
North-West Crewe Package	51.366	49.055	1.411	0.300	0.300	0.300	2.311	0.000	2.311	0.000	0.000	0.000	2.311
Old Mill Road / The Hill Junction	1.325	0.188	0.100	1.036	0.000	0.000	1.136	0.000	1.136	0.000	0.000	0.000	1.136
Poynton Relief Road	54.848	47.293	0.500	3.355	1.435	2.265	7.555	2.236	4.219	0.000	1.000	0.100	7.555
Sydney Road Bridge	10.501	10.112	0.014	0.375	0.000	0.000	0.389	0.000	0.390	0.000	0.000	-0.001	0.389
Strategic Transport and Parking Active Travel Fund Active Travel (Cycling / Walking Route) Investment Available Walking Routes Car Parking Review LEVI Capital Fund 23/24	3.109 2.920 0.151 0.895 2.172	0.525 2.854 0.000 0.570 0.000	2.584 0.066 0.151 0.325 0.217	0.000 0.000 0.000 0.000 0.652	0.000 0.000 0.000 0.000 0.652	0.000 0.000 0.000 0.000 0.652	2.584 0.066 0.151 0.325 2.172	2.584 0.001 0.151 0.000 2.172	0.000 0.000 0.000 0.000 0.000	0.000 0.000 0.000 0.000 0.000	0.000 0.000 0.000 0.325 0.000	0.000 0.065 0.000 0.000 0.000	2.584 0.066 0.151 0.325 2.172
On-street Residential Charging	0.551	0.389	0.162	0.002	0.002	0.002	0.162	0.151	0.000	0.000	0.000	0.000	0.162
Park Lane – Ayreshire Way, Congleton Walking and Cycling Sustainable Travel Access Prog	0.482 2.245	0.433 2.059	0.049 0.186	0.000 0.000	0.000 0.000	0.000 0.000	0.049 0.186	0.049 0.186	0.000 0.000	0.000 0.000	0.000 0.000	0.000 0.000	0.049 0.186
Sustainable Modes of Travel to Schools Strategy (SMOTSS)	1.117	0.883	0.234	0.000	0.000	0.000	0.234	0.234	0.000	0.000	0.000	0.000	0.234
Public Transport Infrastructure Bus Priority	2.765 0.755	1.586 0.000	0.800 0.413	0.379 0.341	0.000 0.000	0.000 0.000	1.179 0.755	1.179 0.755	0.000 0.000	0.000 0.000	0.000	0.000 0.000	1.179 0.755
Real Time Passenger Information (RTPI)	0.750	0.000	0.600	0.030	0.030	0.000	0.750	0.750	0.000	0.000	0.000	0.000	0.750
Macclesfield Bus Station	0.050	0.000	0.050	0.000	0.000	0.000	0.050	0.050	0.000	0.000	0.000	0.000	0.050
Local Access - Crewe Transport Access Studies	0.400	0.088	0.312	0.000	0.000	0.000	0.312	0.312	0.000	0.000	0.000	0.000	0.312
Local Access - Macclesfield Transport Access Studies	0.300	0.061	0.239	0.000	0.000	0.000	0.239	0.239	0.000	0.000	0.000	0.000	0.239
Local Transport Grant	7.754	0.000	7.754	0.000	0.000	0.000	7.754	7.754	0.000	0.000	0.000	0.000	7.754
Middlewich Rail Study	0.020	0.000	0.020	0.000	0.000	0.000	0.020	0.020	0.000	0.000	0.000	0.000	0.020
LTP Development & Monitoring Studies	0.900	0.460	0.220	0.221	0.000	0.000	0.441	0.441	0.000	0.000	0.000	0.000	0.441
Digital Car Parking Solutions	0.140	0.097	0.044	0.000	0.000	0.000	0.044	0.016	0.000	0.000	0.000	0.027	0.044
Pay and Display Parking Meters	0.620	0.607	0.013	0.000	0.000	0.000	0.013	0.000	0.000	0.000	0.000	0.013	0.013
Car Parking Improvements (including residents parking)	0.322	0.266	0.056	0.000	0.000	0.000	0.056	0.000	0.000	0.000	0.000	0.056	0.056
Total Committed Schemes	683.171	428.486	64.245	64.629	32.495	93.317	254.686	191.877	44.917	0.000	1.325	16.566	254.686

			CA	PITAL PROG	RAMME 202	5/26 - 2028/29	<del>)</del>						
				Forecast Ex	penditure				Fo	precast Funding			
Scheme Description	Total Approved Budget	Prior Years	Forecast Budget 2025/26	Forecast Budget 2026/27	Forecast Budget 2027/28	Forecast Budget 2028/29	Total Forecast Budget 2025-29	Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	Total Funding
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
New Schemes													ļ
Highways													ŀ
Highways Maintenance Capital	41.846	0.000	7.340	11.502	11.502	11.502	41.846	27.773	0.000	0.000	0.000	14.073	41.846
Highways: Depots (Macclesfield)	2.386	0.000	0.411	0.750	1.225	0.000	2.386	0.000	0.000	0.000	0.000	2.386	2.386
Highways: Depots (Wardle)	0.696	0.000	0.146	0.458	0.092	0.000	0.696	0.000	0.000	0.000	0.060	0.636	0.696
Strategic Transport & Parking Services													
Strategic Transport Model	0.750	0.000	0.250	0.250	0.250	0.000	0.750	0.000	0.000	0.000	0.000	0.750	0.750
Total New Schemes	45.678	0.000	8.147	12.960	13.069	11.502	45.678	27.773	0.000	0.000	0.060	17.845	45.678
Total Highways & Transport	728.849	428,486	72.392	77.589	45.564	104.819	300.363	219.650	44.917	0.000	1.385	34,411	300.363



**OPEN** 

#### **Adults and Health Committee**

22 September 2025

Accommodation with Care Contract: Decision to recommission

Report of: Helen Charlesworth-May, Executive Director of Adults,

**Health and Integration** 

Report Reference No: AH/16/2025-26

Ward(s) Affected: All

For Decision

#### **Purpose of Report**

The purpose of this report is to seek approval from members to recommission the 'Accommodation with Care' contract (Residential and Nursing Care Homes) ahead of the contract expiry date 31st March 2026.

#### **Executive Summary**

- We are seeking approval from members to recommission the 'Accommodation with Care' contract, ahead of the expiry date 31<sup>st</sup> March 2026.
- Our commissioning intensions are to Direct Award any existing AWC Providers who have already been awarded a place on the framework via the CHEST portal tendering process. Any care homes who are not currently onboarded on to the AWC framework will need to complete the full tender process on the CHEST. This method has been agreed by our Procurement and Legal Teams.
- The Accommodation with Care contract extension was recently approved by members at the last Committee in June 2025.
- The contract value will be approximately £270 million, over a 5 year period. There is an option to extend by 2 years. If we decide to extend the overall value would increase by approximately £54 million annually to approximately £378,000,000 in total.

There are currently 97 Residential and Nursing care homes in Cheshire East and we currently have 75 homes on the AWC framework.

#### **RECOMMENDATIONS:**

The Adults and Health Committee is recommended to:

1. Approve the recommission the Accommodation with Care contract, ahead of the expiry date of 31<sup>st</sup> March 2026.

#### **Background**

- The Accommodation with Care (AWC) contract originally commenced in October 2018, as a framework for providers to join. These contracted providers deliver high quality, safe and personalised accommodation with care to adults over the age of 18.
- This service promotes choice, dignity, control and quality of life for all residents and provide modernised care and support services that deliver value for money. The AWC contract includes the following provisions; Mental Health, Learning Disability, Physical Disability, Intermediate Care and Discharge to Assess.
- Once awarded a place on the AWC framework, care home providers are able to bid for placements issued through the e-Brokerage system. Our Quality Assurance Team carry out visits to inspect the homes, against our contract performance management framework.
- We wish to help care homes understand that that their financial model should not rely on the Local Authority funding placements. We would like all care homes to make any self-funding residents aware that Cheshire East Council have no obligation to fund the placement if the service user can no-longer cover the weekly care fees.
- 10 Under the Care Act, the Local Authority has a statutory responsibility to ensure this service is available and to a high standard for the residents of Cheshire East. The contact is due to expire 31<sup>st</sup> March, hence the decision to recommission this service; subject to committee approval.

#### **Consultation and Engagement**

- At the last committee in June 2025, the Accommodation with Care contract extension was approved by members.
- This contract extension has provided us extra time to ensure that the work is fully aligned to our transformation programme, and the new UK Procurement Act 2023.
- We will consult, involve and co-produce with people who receive support via this contract and/or those who advocate on their behalf, in partnership with the Council, providers and other key stakeholders. We are also seeking greater involvement from these groups in the procurement phase of this contract.

#### **Reasons for Recommendations**

- As a result of recommissioning this AWC contract, residents will be able to remain in their current care homes and would not risk the Council not satisfying its statutory duties. By recommissioning the care home service, we will be alleviating the concerns and risk of homelessness.
- 15 Subject to approval, our commissioning intensions are as follows:
- To direct award any existing AWC providers who have already been awarded a place on the framework via the CHEST tendering process (Framework A). This will mean they won't have to go through the full tendering process again, which will help our existing providers and act as an incentive for them to want to sign up to the new AWC contract.
- However, any care homes who are not currently onboarded on to the AWC framework will need to complete the full tender process on the CHEST (Framework B) to ensure the new homes understand the Council's expectations and deliver the high standard of care our residents require.
- We will open Framework C at a later date, for any additional providers who wish to join the framework. These could be homes who have previously chosen to not join, previously failed to be awarded a place on the framework, or any new care homes who have been built after April 2026. This will ensure no homes are excluded and will all have a chance to bid for a place on the AWC framework.
- In order to abide by the Care Act, we promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. We are working towards transforming the care and support offer to ensure we have greater capacity and an improved range of services that are value for money.
- Care homes will be key to the 'Blueprint 2030' ambitions in relation to 'Healthy Neighbourhoods' and 'Health and Care Services'. This also links in with transformation project work, as Prevent Reduce Enable (PRE) enables residents to maintain independence and may delay commissioned services. We will work with providers to reset, reimagine and reshape care homes, so they can deliver services that are more responsive, innovative and aligned with the needs of our residents.

#### **Additional Quality Information**

A robust system is in place to ensure the quality of services delivered in all Cheshire East care homes. The Council's Quality Assurance Team along with the regulator which is the Care Quality Commission (CQC) and key stakeholders including the Integrated Care Board (ICB) work together to monitor the quality and performance of all care homes located within the borough.

- Reciprocal arrangements are in place to highlight any concerns regarding the quality of care being provided in care homes located outside of the Cheshire East footprint. Any homes which are considered to be CQC rated "Requires Improvement" have an enhanced quality assurance input from the local authority and partners in order to ensure the safety and quality of care provided to residents.
- Referrals to care homes where there are significant concerns are suspended from any new admissions until improvements have been demonstrated and sustained to the satisfaction of the council (including Safeguarding), the regulator (CQC) and NHS.
- If the Council and partners have serious concerns regarding the providers performance and a care home provider is in persistent breach of the contract in place, the resident/residents will be moved to an alternative care home in order to ensure care needs are safely being met to a satisfactory standard.

#### **Other Options Considered**

Under the Care Act, the authority has a statutory responsibility to ensure this service is available.

Option	Impact	Risk
Do nothing- If Committee do not approve our decision to recommission	The Council would not be able to satisfy its statutory duties.	The Local Authority would be penalised for not providing a mandatory service by law.
Do nothing- If Committee do not approve our decision to recommission	Not all in borough care homes are onboarded on to the existing framework. (By Recommissioning this AWC service, this gives any homes who are not onboarded a chance to bid for a place on the new Framework, which supports having as many homes in the borough on our official AWC contract)	This would result in an increase of spot purchase arrangements in non-contracted care homes, with no contractual agreement in place to ensure our standard are met, and also high cost placement fees.

#### **Implications and Comments**

Monitoring Officer/Legal/Governance

- Legal have considered and reviewed the procurement position in relation to the recommission of the 'Accommodation with Care' contract.
- 27 Legal can confirm that we are happy with the proposed procurement approach set out in this report and happy for the recommission of the Contract to proceed on that basis.

#### Section 151 Officer/Finance

- This decision will not create new expenditure, it continues current commitments as part of the Council's duties under the Care Act.
- It is a revenue commitment, it relates to ongoing payments to third parties for accommodation with care services, it's not an investment in physical assets or infrastructure.
- At present the committed spend for 2025/26 on Accommodation with Care services is £83.686m, approximately £53.991m of this is with providers on CE's framework contract. Recommissioning the contract offers an opportunity to increase the number of providers on the contract and to improve the contract-management of accommodation with care services. Also, bringing more providers onto the contract improves value for money by reducing reliance on often higher-cost spot purchases.

AwC Budget	£ms
AwC Budget 2025/26	£83.760
AwC Transformation Savings 2025/26	-£1.250
Net AwC Budget 2025/26	£82.510
2025/26 AwC Commitment - Total	£83.686
2025/26 AwC Commitment - with Contracted	
Providers	£53.991

- The recommission supports the MTFS because it helps to deliver the Prevent, Reduce, Enable (PRE) programme. PRE is focused on enabling residents to maintain their independence. Part of the expected output is that residents will be supported to live at home for longer. Recommissioning presents an opportunity for CE to shape the AwC market, which in turn would support the PRE aims by helping to reduce the number of longer-term care home placements.
- The recommission also supports the Commissioning and Brokerage MTFS proposal. It will help the CE to apply and negotiate towards the new guide price for Accommodation with Care services.
- The financial impact covers multiple years, with an estimated annual cost of £53.991m (based on current care plans in place) over five years, plus a possible two-year extension.
- As detailed in paragraph 21 recommissioning this contract will also help to make sure care homes continue to meet high quality standards.

#### **Risk Management**

As a result of recommissioning this contract, residents will be able to remain in their current care homes. If we chose not to recommission, we

would risk the Council not satisfying its statutory duties. Potential risks to consider and monitor going forward:

- Retaining a sustainable fee structure: The new Guide Price Policy
- Retaining positive relationship with all providers
- Reducing reliance on agency staff
- Market management issues
- Workforce constraints
- Maintaining and improving care quality standards
- Responding to emerging needs including bariatric support
- Expanding dementia support.

#### **Policy**

- In order to abide by the Care Act, we promote the efficient and effective operation and sustainability of a market in services, for meeting the care and support needs of individuals. There is a need to transform the care and support offer to ensure we have greater capacity and an improved range of services that are value for money.
- The Local Authority has the option to direct award to all existing AWC providers who have already been awarded a place on the existing framework over the last few years.
- Any care homes who are not currently onboarded on to the AWC framework will need to complete the full tender process on the CHEST, to ensure they can deliver the high standard of care that the Local authority expect for the residents of Cheshire East.

#### **Equality, Diversity and Inclusion**

- The provider will be organised and provide services in a way which does not discriminate against the residents or staff in respect of any of the protected characteristics under the Equality Act 2010.
- The provider shall have in place an equal opportunities policy for the recruitment, development and care of the workforce (including volunteers).
- The provider is also required to consider all implications and include such considerations in residents' care plans.
- The provider will ensure that all staff are aware of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply.
- An equality impact assessment has been completed as this has an impact on the following people:
  - existing and future residents, including their families; and
  - existing and new providers who are interested in working with or continuing to work with CEC.

The local authority will help providers understand and comply with their statutory obligations under equalities legislation. These rules are also set out in our AWC specification matching the Equality Act. Not tolerating any kind of discriminatory abuse - treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity, sexuality or age.

The local authority and providers will ensure that the needs of residents from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:

- Young people;
- Ex-service personnel;
- People with a learning disability;
- Lesbian, Gay, Bisexual, Transgender people;
- Black and minority ethnic groups;
- Where a referral is made by an Independent Domestic Abuse Advisor or an Independent Sexual Violence Advisor or via the Sexual Assault Rape Centre:
- Those who make themselves vulnerable e.g. homelessness, drug or alcohol use, and sex workers;
- Those who are involved in Family Focus or Complex Dependency programmes.

#### **Carbon Neutral:**

Cheshire East is also working with partners across the borough on our mission to get to a more sustainable future. We continue to engage with care homes around climate change. This will allow us to broaden our outreach to communities, exploring different ways for businesses to support investment in clean, renewable energy from sources such as wind, solar and hydro, waste and water and fleet vehicles.

#### Consultation

Name of Consultee	Post held	Sign off date
Legal and Finance	,	
Kevin O'Keefe	Interim Director of Law and Governance	12.09.2025
Daniel O'Brien	Senior Lawyer (Place)	10.09.2025
David Hallworth	Principal Accountant	11.09.2025
Other Consultees:		
Emma Harris	Procurement Manager	04.09.2025
Liz Hopper	Head of Service (Urgent and Emergency Care & New Models of Care)	09.09.2025
Hayley Doyle	Director of Commissioning and Integration (Adults)	09.09.2025

Helen Charles	worth	Executive Director of Adult Health and	09.09.2025		
May		Integration			
Access to Info	ormation				
Contact	Aniela Kowalska, Project Manager				
Officer:	New Models of Care				
	Aniela.k	owalska@cheshireeast.gov.uk			
		<del></del>			
Background	<ul> <li>June 20205 Committee briefing detailing AWC extension</li> </ul>				
Papers:	- DLT slides from November 2024.				
•					



**OPEN** 

#### **Adults and Health Committee**

22 September 2025

Future Options for Catering in Oakmere and Willowmere Extra Care Housing Schemes

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/04/2025-26

Ward(s) Affected: Handforth, Middlewich

For Decision

#### **Purpose of Report**

- Following the report on future catering options for Oakmere and Willowmere that was presented at Adults and Health Committee on 20 January 2025 and the decisions made at that meeting, this report outlines actions taken since then to understand the resident's catering needs, assess market interest in delivering a service in the schemes, and identifies a preferred future service model.
- 2 Members are asked to note the catering review (Annex 1) and the actions taken to date, and to approve the procurement of one or more new service providers.

#### **Executive Summary**

- At the Adults and Health Committee in January 2025, a report was presented explaining that the decision to close the schools' catering service had led to the closure of the catering service in two extra care schemes Oakmere and Willowmere. Following resident engagement, an interim hot meals delivery service had been arranged pending a review of the long-term future of the provision.
- The Committee agreed the interim arrangements to allow time for a full review and decision on the long-term catering options. Officers were asked to explore weekend and Bank Holiday meal provision with the interim providers. In addition, the Committee requested a review of the decision-making that led to the closure of the extra care catering services, which was

- completed and reported to the Audit & Governance Committee on 31 March 2025 which can be found in the background papers section of this report.
- Options for the catering provision have now been reviewed, supported by two further rounds of resident engagement (one by the operator of the extra care schemes, Avantage, and one by the Council) building on the results of the initial survey, and face-to-face feedback.
- The full review is annexed to this report. It concludes that the preferred future model for the catering provision is to procure onsite providers for both schemes.
- 7 Therefore, the Adults & Health Committee is asked to note the review, and approve the proposed procurement, which will be informed by resident feedback and soft market testing.

#### **RECOMMENDATIONS**

The Adults and Health Committee is recommended to:

- 1. Note the review of the catering provision in Oakmere and Willowmere (Annex 1) and the findings of that review, including the risk of market failure.
- Agree to the procurement of a new service provider via an open procurement and delegate authority to the Executive Director of Adults and Health to undertake the procurement and award a contract to the successful provider(s), on terms and conditions to be agreed in consultation with the Governance, Compliance and Monitoring Officer.

#### **Background**

- Oakmere (Handforth) and Willowmere (Middlewich) are two of five extra care schemes in Cheshire developed under Private Finance Initiative (PFI) arrangements in 2009. They are managed by Avantage (Cheshire) Limited, a company established specifically for this purpose. Within the project agreement is specifies the responsibility for catering falls to the local authority.
- The report presented at the Adults and Health Committee on 20 January 2025 explained that the decision to close the schools catering service had led to the closure of the catering services at Oakmere and Willowmere. Following resident engagement about the then potential closure, hot meals delivery services were introduced at each scheme as an interim measure while longer-term options were reviewed. These services are provided by two organisations, one in each scheme. The Committee asked officers to explore the feasibility of weekend and Bank Holiday meal provision. Unfortunately, this was not viable at Willowmere, and Oakmere's provider was already offering chilled meals on Fridays to cover weekend period as they were unable to deliver hot meals over the weekend. Concerns were expressed about the impact on Adult Services of a decision made by the

Children and Families Committee to close the school meals service. These were addressed by the Audit and Governance committee in their meeting on 31 March 2025.

- The catering review, annexed to this report, includes resident feedback, market insight, sustainability considerations, and an appraisal of future options. It describes the interim hot meal delivery service, drawing on provider reports and resident engagement. Eighteen Oakmere residents and seventeen Willowmere residents reported that they had tried the services, with satisfaction scores of 2.9/5.0 at Oakmere and 4.2/5.0 at Willowmere. Provider data indicates that fewer meals are being delivered than were served in the previous onsite restaurants. Further details from residents and the providers may be found in <a href="Catering Review Interim Arrangements">Catering Review Interim Arrangements</a>.
- The review also includes findings from Avantage's annual survey conducted in February 2025, which had a high response rate from both schemes. For future provision, both groups favoured onsite catering, open seven days a week, with their preferred mealtimes being lunch and then breakfast. Further details of the survey results may be found in <a href="Catering Review Avantage Survey">Catering Review Avantage Survey</a>.
- In May 2025, the Council held drop-in sessions and re-surveyed residents from both schemes. Most supported an onsite catering service with sevenday access, hot lunches, and snacks available throughout the day. Further details of the responses to this engagement may be found in <a href="Catering Review Future Options Survey">Catering Review Future Options Survey</a>.
- There were two responses to the soft market testing carried out in June 2025. Both respondents demonstrated understanding the challenges of providing a catering service in extra care schemes and expressed confidence that the service could be sustainable. Further information on the soft market testing may be found in Catering Review Soft Market Testing.
- The review considered several options for achieving a sustainable service, although some of them were not achievable in Oakmere and Willowmere. Further information on sustainability may be found in <a href="Catering Review Achieving Sustainability">Catering Review Achieving Sustainability</a>.
- The review further identified four options for the future. These four options are summarised under <a href="Other Options Considered">Other Options Considered</a> later in this report and more details may be found in <a href="Catering Review Future Options">Catering Review Future Options</a>.
- The review recommends procuring an onsite, financially sustainable service, shaped by resident and market feedback. Whilst we acknowledge subsidising the service is not appropriate in the long term it may be appropriate to provide pump prime funding to help establish a sustainable service. This funding would be reduced over the life of the contract as the service became established.
- 17 A specification has been drafted outlining an onsite service, initially delivering a minimum of a lunchtime service on at least five days each week,

with scope to expand opening days/hours and provide ad hoc catering. It is proposed that both price and quality will be evaluated as part of the procurement process, meaning that evaluation scores will be higher for bids requiring lower funding.

Subject to approval of the recommendations in this report, the approximate procurement timeline is:

Stage	Dates
Procurement Pack Available	Early October
Tender Period	October
Evaluation Period	Early November
Contract Award	Mid-December
Mobilisation Period	Mid-December to early March

#### **Consultation and Engagement**

19 Extensive engagement has taken place over the past year, including:

Date	Engagement Activity
August 2024	Face-to-face meetings and surveys
October 2024	Letter
December 2024	Face-to-face meetings (to explain interim arrangements)
January 2025	Adults & Health Committee Meeting – residents
_	attended with one resident speaking at the meeting
February 2025	Avantage Annual Survey
May 2025	Drop-In Sessions and Survey
June 2025	Soft Market Testing

- In mid-2024, when it first became apparent that the service might close, it was planned to allow the service to lapse temporarily, whilst budget and procurement decisions were finalised. However, feedback from residents and professionals highlighted the value of the service, leading to the introduction of an interim hot meals' delivery service, to cover the period until a full review could be undertaken and a long-term solution could be found.
- The engagement that has taken place since the Adults and Health Committee meeting on 20 January is described above in paragraphs 10-13.

#### Reasons for Recommendations

- Resident and market engagement has helped identify resident needs and how the market could meet them. Respondents to the soft market testing expressed confidence in delivering a sustainable service for residents and the wider community.
- Future options were considered based on this feedback, and a service specification has been drafted to reflect resident preferences and align with market insights.

- An onsite catering service would enhance the appeal of extra care schemes to new residents and promote wellbeing by creating inclusive, social spaces for residents and the wider community. It would also contribute to the holistic support available to residents with higher or more complex needs, aligning with the Council's aim to diversify its accommodation offer and helping to reduce reliance on residential and nursing care.
- Although previous procurement attempts were unsuccessful, the 2025 resident and market engagement has informed the draft financial model and specification, reducing the risk of failure. However, market response remains uncertain, and procurement failure is still possible. It should be noted that the interim hot meal delivery service is unlikely to be sustainable in the long term.

#### **Other Options Considered**

More details of the benefits and risks/disadvantages of each of these options may be found in Appendix 1. A summary of each option reviewed together with its associated impact and risks is detailed in the table below:

Option	Impact	Risk
Do Nothing	Interim hot meals service ends in Nov/Dec; no replacement provided.	Residents must make alternative arrangements. Those who are unable to shop/cook may need additional paid support or to move out of the extra care scheme.
		Reputational risk to the council.
Smart Vending Machines	24/7 access to hot/cold food and drinks.	Strong resident opposition. Limited social value, dietary flexibility, and payment options.
Procure long-term hot meals delivery service	Hot meals delivered at least 5 days/week to those who opt in.	Low uptake may threaten sustainability. (Note current delivery volumes are significantly lower than the previous onsite service.)
Recommended: Onsite catering service	Hot, nutritious meals with social opportunities for residents and local community.	Procurement may fail. Uptake may be too low or too slow, risking financial viability.

#### **Implications and Comments**

#### Monitoring Officer/Legal/Governance

- 27 In 2007, Cheshire County Council (CCC) commissioned Avantage to design, build and manage five extra care housing schemes across Cheshire under a Private Finance Initiative (PFI) arrangement. As part of the PFI Agreement, CCC was responsible for the catering services in each scheme. The "catering obligation" for the schemes was passed to the successor Councils; of which CEC was one, when the County Council was dissolved in 2009. The Council currently provides catering in Oakmere and Willowmere via a grant agreement with two voluntary sector providers that deliver interim hot meal delivery services. The Council is obliged to provide the catering (as opposed to the landlord) but the contract does not dictate how the meals are to be provided. It is reported that some support from the existing base budget may be required to establish a sustainable service. If it is found that such support is required, the Council will need to go about an exercise to determine if such support amounts to a subsidy which needs to be sanctioned under the terms of the Subsidy Control Act.
- Cheshire East Council has statutory responsibilities to provide Adult Social Care services under Care Act 2014, including promoting wellbeing, protecting adults at risk of abuse or neglect, preventing the need for care and support, and providing information and advice.

#### Section 151 Officer/Finance

- The Adults Directorate has a £60,000 budget for catering services at Willowmere and Oakmere Extra Care Housing.
- The proposal seeks to initiate procurement for an onsite catering service, subject to market viability and affordability within the existing budget.
  - Affordability: The service must operate within the £60,000 allocation. No additional funding is identified in the current MTFS.
  - If procurement fails to attract viable bids within budget, alternative models may need to be explored.

#### **Human Resources**

There are no Human Resources implications relating to the recommended course of action (procurement of onsite catering provider).

#### Risk Management

Despite extensive engagement, there remains a risk that the recommended procurement may fail. To mitigate this, resident feedback has shaped the service design and market insights have informed the financial model. In addition, officers are engaging with local providers and have arranged two

- engagement/procurement portal awareness sessions to build confidence and understanding of bidding for local authority contracts via The Chest.
- If the procurement fails, it is hoped the interim service could continue whilst the situation is reviewed, but this is not guaranteed. Further decisions may be required around what can realistically be delivered within existing or extended resources.

#### Impact on other Committees

No other committees are directly affected by the recommendations in this report. However, the closure of the previous onsite service was an unintended consequence of a decision made by the Children and Families Committee. This was discussed at the Audit and Governance Committee meeting on 31 March 2025, which noted that changes had been made to the constitution to ensure that where a report might fall under more than one committee's remit, members of all committees impacted would have sight of the report and the opportunity to comment on that report as part of the decision-making process.

#### Policy

35 There are no policy implications in this report or its recommendations.

Commitment 1: Unlocking prosperity for all	Commitment 1: Unlocking prosperity for all	Commitment 1: Unlocking prosperity for all
	The recommended action is to procure a service that can provide hot, nutritious meals and promote community wellbeing, not just to older and more vulnerable people living Oakmere and Willowmere but also to the surrounding communities.	

Equality, Diversity and Inclusion

36 EIA in Annex 2.

Other Implications

No other implications have been identified.

#### Consultation

Name of Consultee	Post held	Date sent	Date returned		
Statutory Officer (or deputy) :					
Ashley Hughes	S151 Officer	Click or tap to enter a date	27/08/25		
Julie Gregory	Acting Head of Legal Services	Click or tap to enter a date	14/08/25		
Legal and Finance		,			
Adrian Leslie	Lawyer	Click or tap to enter a date	13/08/25		
David Hallworth	Finance Business Partner	Click or tap to enter a date	19/08/25		
Julie Gregory	Deputy Monitoring Officer		19/08/25		
Other Consultees:					
Executive Directors/Directors					
Helen Charlesworth-May	Executive Director  – Adults, Health and Integration	09/09/25	09/09/25		
Access to Informati	on				
Contact Officer:	Daniel Coyne – Hea	ad of Service			
	Daniel.coyne@ches	shireeast.gov.uk			
Appendices:	Annex 1 – Review				
	Annex 2 - Equality	Impact Assessment -	ECH Catering		
Background Papers:	Minutes of Adults and Health Committee - 20 January 2025				
	Minutes of Audit an 2025	d Governance Comn	nittee - 31 March		

# ANNEX 1: REVIEW OF CATERING IN OAKMERE AND WILLOWMERE EXTRA CARE SCHEMES

#### Contents

1	Background2
1.1	Extra Care Housing & PFI Arrangements2
1.2	Catering Service January 2009 – 03 January 20252
2	Interim arrangements since 03 January 20253
2.1	Interim Provision: Oakmere3
2.2	Interim Provision: Willowmere4
3	Review of the residents needs4
3.1	Engagement prior to 03 January 20254
3.2	Avantage Annual Survey – February 20255
3.3	CE Resident Engagement – May 20256
3.4	Summary of Resident Engagement8
4	Market Interest Error! Bookmark not defined.
4.1	Summary of Responses8
5	Achieving Sustainability10
6	Avantage/YHG's expectations/contributions11
7	Catering Provision Options12
7.1	Assets and Constraints12
7.2	Options Appraisal13
8	Conclusions
9	Appendices17
9.1	Appendix 1: Additional Funding17
9.2	Appendix 2: Interim Arrangements17
9.3	Appendix 3: Resident Engagement relating to the Future of the Service 22

## 1 Background

#### 1.1 Extra Care Housing & PFI Arrangements

#### 1.1.1 Extra Care Housing

Extra care housing (ECH) is a specialised form of housing, designed to support mainly older people to live as independently as possible for as long as possible. As residents' care needs increase, additional support is available to assist them, usually provided by an on-site care team.

In Cheshire East, we have four ECH schemes run by Registered Providers; two of these are schemes that were built under Private Finance Initiative (PFI) arrangements in 2008-2009. This report relates to these two schemes, Oakmere in Handforth and Willowmere in Middlewich.

#### 1.1.2 PFI Arrangements

Private Finance Initiative (PFI) arrangements were introduced by central government as a way to build significant assets for the public sector using private sector investment. Cheshire County Council commissioned a consortium to design, build, finance and operate five extra care schemes across Cheshire under a PFI contract which will expire in 2039. As part of the arrangements under this contract, the County Council agreed to commission care in these schemes and provide the catering provision.

The PFI contract was passed to Cheshire East Council and Cheshire West & Chester Council jointly when the county council was abolished as part of the Local Government Reorganisation in 2009.

#### 1.2 Catering Service January 2009 – 03 January 2025

#### 1.2.1 Initial setup

The first scheme to open in 2009 was Oakmere in January. Willowmere followed in April 2009. Cheshire County Council set up the catering teams to provide the service and responsibility for these teams and the services themselves was passed to Cheshire East's School Meals Service in April 2009. The arrangements were governed by a Service Level Agreement (SLA) and under this SLA, Adult Services was obliged to cover any losses the service made. It appears that at the time, it was anticipated that this would be a short-term measure to support the service which was operational from the day the scheme opened and before full occupancy was achieved.

#### 1.2.2 Ongoing Sustainability Issues

Soon after opening, it was recognised that the service was likely to be unsustainable without additional funding on an ongoing basis. Between 2010 and 2024, efforts

were made to increase income and reduce costs in order to make the service financially sustainable, including changing opening hours, changing the way the service was provided (e.g. food being prepared offsite and reheated onsite) and ensuring that all ad hoc catering and events were financially self-sustaining.

Ultimately, creating a sustainable service without additional funding proved impossible for the council and lack of market interest/market failure is recognised as an ongoing risk.

Details of additional funding provided from 2015/16 to 2024/25 may be found in Appendix 1: Additional Funding.

#### 1.2.3 Withdrawal of Catering Service

Cheshire East's Children and Families Committee decided that the school meals service should cease trading at the end of 2024/2025. The school meals service operated the restaurant and catering service in both Oakmere and Willowmere, providing all back-office support for the services including management of the service, provision and management of the staff and access to financially beneficial provisions contracts. Based on the anticipated loss of these back-office services, the decision was made to close the scheme catering services on Friday 03 January 2025.

## 2 Interim arrangements since 03 January 2025

Engagement took place with residents to keep them informed in the months prior to the closure of the catering service. Their strong desire and reasons for the provision of hot, nutritious meals eaten in a communal setting, led to interim arrangements being made to cover the period between the closure of the onsite service and the confirmation of budget/future plans for the catering provision, which was anticipated to be the end of May 2025. Two VCFSE organisations applied for grant funding to deliver hot meals to residents and to facilitate activities on each scheme twice a week between 03 January and 31 May 2025. These arrangements were extended to the end of November 2025, once it was identified that the longer term solution was likely to be an onsite catering provider and additional time would be needed to arrange this.

#### 2.1 Interim Provision: Oakmere

The Welcome, a VCFSE organisation based in Knutsford, delivers hot meals to Oakmere Monday-Friday and chilled meals on Fridays that can be heated over the weekend. They also deliver a variety of sessions to Oakmere residents and occasional visitors from the local community. Most meals are delivered to the dining room at Oakmere where residents congregate and eat together.

Eighteen residents who returned the May 2025 survey said that they had used the interim hot meal delivery service and they scored it 2.9/5.0. Residents suggested that The Welcome needed more choice/flexibility and improvements in administration of the service as well as changes to the time of delivery. Eighteen residents equates to 58% of those who returned the survey, and 32% of those living in Oakmere. However, it should be noted that some of the surveys may have been completed by joint occupants so the actual percentages may be a little higher.

#### 2.2 Interim Provision: Willowmere

Wishing Well, a charitable organisation based in Crewe, delivers hot meals to residents' apartments with support from third party organisation – Middlewich Good Neighbours – Mon to Fri. Wishing Well declined to offer chilled/frozen meals for residents to reheat citing food safety concerns. They also facilitate a weekly, well-attended exercise class at Willowmere.

Seventeen residents who returned the May 2025 survey said that they had used the interim hot meal delivery service and they scored it 4.2/5.0. Residents said that they would like more choice, the option of a meal at weekends and improvements in the administration of the service. Seventeen residents equates to 55% of those who returned the survey, and 24% of those living in Willowmere. However, it should be noted that some of the surveys may have been completed by joint occupants so the actual percentages may be a little higher.

Further information on interim arrangements and provider and resident feedback may be found in Appendix 2: Interim Arrangements.

## Review of the residents needs

#### 3.1 Engagement prior to 03 January 2025

Face-to-face meetings took place with residents on 16 August 2024 and a survey was launched to obtain residents' views on the options for the future of the service and to discover what was important to them. The majority of the survey responses from both schemes favoured a continuation of the current service and that residents valued hot, nutritious meals and the position of the restaurant as a "community hub". Further face-to-face meetings were held with residents on 05 December 2024, informing residents about the interim arrangements that had been put in place following the feedback received from them in August 2024.

#### 3.2 Avantage Annual Survey – February 2025

Avantage – the Council's PFI partner – surveys residents annually on all aspects of living in their schemes, including those services provided by the Council. In February 2025, the survey asked about the previous service (provided by the Council up to 03 January 2025), the interim provision (which at the time was very new) and what residents would like to see in the future.

#### 3.2.1 Avantage Survey – Oakmere

Uptake for Oakmere was approximately 80%, equating to around 42 responses. This is a higher return than that achieved in August 2024 and significantly higher than the return achieved in May 2025.

In Oakmere, 96% of respondents said that they were satisfied with the previous service provision but only 18% were satisfied with the interim hot meal delivery arrangements (which were very new at the time).

When looking at future options, 45% preferred 7-day opening with 76% favouring a catering service based on site. A service similar to the service which closed in January was favoured by 74% of respondents and lunch was the preferred mealtime of 41% of respondents, followed by breakfast (24%) and evening meal (19%).

#### 3.2.2 Avantage Survey – Willowmere

Uptake for Willowmere was approximately 75%, equating to around 52/53 responses. This is approximately equal to the return achieved in August 2024 and significantly higher than that achieved in May 2025.

In Willowmere, 88% of respondents said that they were satisfied with the previous service provision and 31% said that they were satisfied with the interim hot meal delivery arrangements (which were very new at the time).

When looking at future options, 73% preferred 7-day opening with 100% favouring a catering service based on site. A service similar to the service which closed in January was favoured by 67% of respondents. Lunch was the preferred mealtime of 45% of respondents, followed by breakfast (32%) and evening meal (23%).

See also Appendix 3.1: Avantage Annual Survey – February 2025.

#### 3.3 CE Resident Engagement – May 2025

#### 3.3.1 Drop-In Sessions

#### 3.3.1.1 Oakmere – Tuesday 20 May 2025 and Tuesday 27 May 2025

The drop in sessions included 32 bookable 15 minute appointments. Two Officers spoke to 30 residents during the sessions, helping them to complete surveys and recording their views face-to-face. The support offered had a excellent uptake and was appreciated by those who needed the support.

#### 3.3.1.2 Willowmere – 16 May 2025 and 23 May 2025

The drop in sessions included 32 bookable 15 minute appointments. Two Officers spoke to 4 residents during the sessions, helping them to complete surveys and recording their views face-to-face. Uptake at this venue was significantly less, but was appreciated by those who needed the support.

#### 3.3.2 Resident Survey – Future Options

#### 3.3.2.1 Oakmere

The overwhelming majority of respondents wanted to see the return of the onsite catering service. Only one of these said that they would not use the restaurant if it returned.

Nineteen respondents wanted the service to be open every day, a further nine chose 5-days per week. No one chose 1-2 days. Most residents chose lunch as the most important mealtime, while significantly more people chose the Evening Meal rather than Breakfast as their second choice.

The survey asked respondents to rank their top four reasons for visiting the restaurant. Twenty-four residents chose Lunch as their top reason to visit the restaurant. Meeting other residents was the most popular second reason, whilst meeting external visitors was the most popular third option.

Residents were asked to choose the best of three options for the future service. These options included hot meals at lunchtime with snacks available at other times, snacks and light bites, or vending machines (supplying hot/cold food and hot drinks 24 hours a day). Exactly 90% chose one or two hot meals plus snacks. When given options from £3-£5 to more than £9, nearly half of the respondents thought that £7-£9 was a reasonable price for a two-course lunch. Just over a quarter thought £5-£7 was reasonable.

With sustainability in mind, the survey asked whether residents would be willing to pay an additional weekly cost towards a sustainable, in-house catering service. Just under two-thirds said they would, although comments

showed that they were generally cautious about the idea. The survey asked residents if they would like the catering provider to deliver activities/seasonal events – the response was ~60/40 yes/no.

The final three questions of the survey asked about linking to the local community – which received a generally positive response, any other options that would work in the scheme – 84% said no and asked if there was anything else important to the respondent about the catering service. The answers received to the last question reflected previous answers, with respondents mentioning the importance of hot, nutritious meals and the social benefits of eating together.

#### 3.3.2.2 Willowmere

The overwhelming majority of respondents wanted to see the return of the onsite catering service. Again, only one of these said that they would not use the restaurant if it returned.

Nineteen respondents wanted the service to be open every day, a further nine chose 5-days per week. Two people thought that 1-2 days would suit them. Most residents chose lunch as the most important mealtime, while significantly more people chose the Evening Meal rather than Breakfast as their second choice.

The survey asked respondents to rank their top four reasons for visiting the restaurant. Although not as definitive as the results from Oakmere, sixteen residents chose Lunch as their top reason to visit the restaurant. Meeting other residents was the most popular second reason, whilst meeting external visitors was the most popular third option.

Residents were asked to choose the best of three options for the future service. These options included hot meals at lunchtime with snacks available at other times, snacks and light bites, or vending machines (supplying hot/cold food and hot drinks 24 hours a day). More than 90% chose one or two hot meals plus snacks. When given options from £3-£5 to more than £9, more than half of the respondents thought that £7-£9 was a reasonable price for a two-course lunch and just under a quarter thought £5-£7 was reasonable.

With sustainability in mind, the survey asked whether residents would be willing to pay an additional weekly cost towards a sustainable, in-house catering service. Just under two-thirds said they would – their comments showed that they felt they needed the service. The survey asked residents if they would like the catering provider to deliver activities/seasonal events – the response was ~75/25 yes/no.

The final three questions of the survey asked about linking to the local community – which received a generally positive response, any other

options that would work in the scheme – the majority said no and asked if there was anything else important to the respondent about the catering service. The answers received to the last question reflected previous answers, with respondents mentioning the importance of hot, nutritious meals and the social benefits of eating together.

More details on the May 2025 survey results may be found in <u>Appendix 2.3:</u> Resident Survey – May 2025.

#### 3.4 Summary of Resident Engagement

Residents have been consistent in their views since August 2024. They have stressed the importance of a choice of hot, nutritious meals at lunchtime and reported that they highly value the community "feel" of eating with their neighbours in the scheme as well as with people from the local community. Whilst the majority would like to see the restaurants open 7-days a week, some survey answers acknowledged that this might not be possible. Residents were keen to ensure that whoever ran the restaurants advertised both inside and externally to the scheme and understood the importance of ensuring the service was sustainable for the future.

### 4 Soft Market Testing

Since the catering service was withdrawn, the Council has been approached by 4 individuals/organisations expressing an interest in providing a future service. These individuals/organisations have been contacted and directed to The Chest where updated information has been and will be made available.

A questionnaire was published via The Chest on 02 June 2025 to gain the views of interested parties prior to any procurement exercise. All known organisations and individuals who had previously shown interest in the catering opportunities were informed that the questionnaire had been published and how to access it.

Nine organisations were recorded on The Chest as viewing the questionnaire; three registered their intention to complete the questionnaire and ultimately, two responses were received, both from small private companies.

#### 4.1 Summary of Responses

#### 4.1.1 Experience/Challenges

Neither of the respondents had experience delivering catering services in an extra care setting, but both claimed experience in similar community- or service-focused environments. Both mentioned managing diverse dietary needs, the importance of staff, food safety and providing sustainable, affordable and nutritious menus.

When asked to identify the main challenges of such a service, both respondents gave a similar list including:

- Diverse dietary needs/health considerations of customers
- · Maintaining choice, independence and dignity
- Adequate staffing and staff training
- Regulatory compliance and Health & Safety

One also mentioned timing/scheduling meals around the routines and care needs of residents, whilst the other mentioned limited budgets and keeping costs competitive.

Both respondents provided strategies for dealing with these challenges.

#### 4.1.2 Financial Sustainability

Both organisations emphasised the importance of working efficiently and minimising food waste to ensure sustainability, also mentioning the importance of staffing and producing cost-effective (affordable) meals for customers. They said the inclusion of the local community to increase footfall would enhance sustainability.

When asked about additional support that would enhance viability both emphasised assistance with utilities, permission to serve external customers, initial set-up support. One respondent mentioned that a multi-year contract would allow them to invest in community engagement and build a loyal customer base.

#### 4.1.3 Menus, Opening Hours, etc.

The questionnaire asked how the service might look, asking respondents to describe a typical week. Both described opening every day for Breakfast, Lunch and Afternoon Tea. The lunchtime service would include two hot options (one vegetarian) with snacks for those with smaller appetites. One suggested an early evening meal, whilst the other described a takeaway or delivery service to local residents, if this was permitted.

#### 4.1.4 Contract and Mobilisation

Both organisations said that they would be interested in tendering for the catering service with both looking for a 3+2 years contract length. Mobilisation was estimated at between 6 and 10 weeks (6-8 weeks and 8-10 weeks).

#### 4.1.5 Marketing to Residents and the Local Community

When asked about the best ways of attracting custom from residents and the local community, both respondents mentioned the importance of resident engagement, a welcoming environment, themed days and events (eg Fish Fridays and Sunday Roasts), consistency of the offering and providing affordable high-quality food.

The final question asked how the service could have a positive impact on the local community. Both respondents suggested that it should be a community hub, supporting local employment and training, partnering with local organisations.

More details from both questionnaires may be found in <u>Appendix 3: Soft Market Testing</u>.

### 5 Achieving Sustainability

Many local authorities and registered providers recognise that providing a sustainable catering service in extra care schemes is often difficult, but there are some models which can assist and/or provide long-term funding.

#### These include:

#### Residents paying towards the catering service as a condition of tenancy

If paying for catering is a "condition of tenancy", this means that residents are obliged to pay towards the catering service in the same way that they pay for rent and service charges. Usually, the payment covers a set number of meals per annum (e.g. an average of 5 lunches per week) and these meals can be taken without further payment. The catering provider has a guaranteed income to cover overheads and can more easily anticipate the number of customers they can expect. Because of the obligation to pay for this service, best practice would be for it to be set up when a scheme first opens. This type of arrangement would not be possible in Oakmere and Willowmere, partly because the schemes have been open for many years and partly because there are some doubts about whether the PFI arrangements would allow it.

It should be noted that the idea of residents paying a fixed weekly amount towards a sustainable catering service was mooted in the May 2025 survey and the response was cautious but generally positive. However, the residents who completed the survey were those most interested in the catering provision and their views may not reflect the views of the whole population.

#### Landlord responsibility

Often, landlords are responsible for sourcing a catering provider for their schemes/residents. Unless the landlord has a specific contractual obligation with the Council or their residents, there is a risk that they might withdraw the service if it became unaffordable. Mill House (in Nantwich) and Pickmere (Crewe) both have catering services arranged by the landlord (The Guinness Partnership).

It is understood that the responsibility for the provision of catering was discussed during the original PFI negotiations between Cheshire County Council and Avantage, and that the County Council agreed to take

responsibility for commissioning catering in the schemes, which was then reflected in the wording of the PFI contract.

#### VCFSE Organisations

Organisations from the VCFSE sector deliver catering in some extra care housing schemes. This can be combined with a local meal delivery service, lunch club service or similar with the scheme kitchen acting as a base for external (charitable) operations. Wishing Well (who are currently delivering hot meals to Willowmere residents) is known to be delivering onsite catering services in at least three extra care schemes; Mill House in Nantwich, Pickmere in Crewe and Anderton Place in Northwich (Guinness Partnership are the landlord for all three schemes).

#### Supported Employment

Sometimes extra care catering services can also provide supported employment opportunities. Cheshire East's Mental Health Reablement (Occupational Opportunities) previously ran the bistro at Mill House, but this was closed several years ago as an internal restructure meant staff had to pull out.

#### Economies of Scale

Running more than one extra care catering service is likely to allow a provider to take advantage of economies of scale, particularly with staff cover, provisions and other contracts, etc..

#### Good service, efficient working, staff training etc.

Both organisations who responded to the soft market testing questionnaire commented that efficient working and being able to deliver services to non-residents would be key to financial sustainability. (See also Appendix 3: Soft Market Testing Q3)

It is also possible for an extra care scheme to exist without in-house catering, but this depends on the level of care required by residents and often on the location of the scheme and its local amenities.

### 6 Avantage/YHG's expectations/contributions

Cheshire County Council contracted with a consortium to design, fund, build and manage five extra care schemes across Cheshire under Private Finance Initiative (PFI) arrangements. Avantage is the Special Purpose Vehicle (or Special Purpose Company) that was created to manage the PFI contract and initially all three members of the consortium were shareholders in Avantage. Over time, the

shareholders changed and there is now a single organisation which has sole ownership and its parent company is Your Housing Group.

Under the PFI arrangements, the land on which the schemes were built was leased by the Council to a member of the original consortium – Manchester & District Housing (M&D). M&D became the landlord of the schemes and took on landlord responsibilities, including issuing tenancy and leasehold agreements. M&D was subsequently subsumed into Your Housing Group and the current landlord – Your Housing Limited - is a wholly owned subsidiary of Your Housing Group.

Also under the PFI arrangements, the council (Cheshire County Council at the time) took on the responsibility of operating the catering facilities, meaning that it provided the staff, management and know-how to run the catering services as well as light kitchen equipment such as pots/pans/ cooking utensils, tableware, glassware and silverware. Under the PFI arrangements, Avantage provides heavy kitchen equipment (ovens, grill, dishwasher, fridges/freezers, etc) and some cleaning services. Your Housing Group, as landlord, provides utilities – electric, water and sewerage.

Engagement has taken place with Avantage and Your Housing Group since mid-2024 and whilst neither organisation is able to provide additional assistance towards a catering provision, both have supported the Council in engaging with residents. Your Housing Group has confirmed that it will not seek a commercial lease arrangement for the kitchens and ancillary accommodation, considering this to be part of the PFI arrangement. Avantage has said that it will maintain agreed cleaning schedules and comply with contractual obligations re the provision of equipment to the kitchens.

## 7 Catering Provision Options

#### 7.1 Assets and Constraints

#### 7.1.1 Oakmere and Willowmere Assets

- Fully-fitted commercial kitchens with most equipment maintained/ replaced under the PFI contract
- Some kitchenware, tableware, glassware and silverware available for use.
- Onsite customer base residents, friends and families plus staff. Both schemes are located in well-populated areas with lots of potential customers in the neighbourhood. In the recent resident survey, 27 Oakmere residents and 29 Willowmere residents said that they would use the restaurants.

- Cost of utilities currently covered by the landlord under the PFI arrangements.
- Use of kitchen/dining areas and ancillary accommodation provided rentfree under the PFI arrangements.
- Daily cleaning of restaurant area (under PFI arrangements)

#### 7.1.2 Constraints

- Failure of previous procurement (lack of interest from the market)
- Kitchenware, tableware, glassware and silverware some available for use but likely to be insufficient for running restaurant at capacity. May need to be topped up by any incoming provider

#### 7.2 Options Appraisal

# 7.2.1 Option 1: Let the interim service lapse at the end of the current arrangements and do not replace

The current interim arrangements are set to lapse at the end of November. The council could choose not to make any further arrangements.

#### **Benefits**

No further costs to the council.

#### Disadvantages/Risks

- Potential breach of PFI Contract. Contract variation is possible to resolve this but could be complex as likely to affect several parts of the contract, including the payment mechanism. Likely that multiple approvals would be required, including potentially from central government. Likely to be costs involved.
- Whilst "mothballing" the catering kitchens would potentially reduce the council's PFI payments, it is not known if this would result in a corresponding reduction in the credits received from central government. It is also not known if the two reductions would be equivalent.
- Removal of the catering service may make the schemes less attractive to potential residents, including leaseholders.
- If the schemes become less attractive to potential residents as a result of the lack of catering provision, this may damage the ongoing relationship with Avantage. The PFI Contract is not due to expire until January 2039.

- Removing the onsite catering option may make the schemes less attractive to potential residents with higher and more complex needs, including those who could potentially be diverted from AWC.
- Based on resident engagement to date, it is very likely that residents/families will object to losing all catering provision on site.
- Current thinking on new schemes is that (depending on location) they should have a restaurant/bistro/catering service. Removing the service from these schemes would undermine CEC's position on this.

#### 7.2.2 Option 2: Hot & Cold Food Smart Vending Machines

Provision of vending machines which come with a microwave oven that can dispense both chilled and hot food as well as hot and cold drinks.

#### **Benefits**

- Hot and cold food and drinks would be available 24/7.
- Relatively low cost solution to provision of hot meals. Costs would include keeping the vending machines maintained and filled.
- Choice of food and drinks for residents machines could be stocked based on residents' preferences as indicated by consumption.
- Residents who prefer to eat breakfast or evening meals could choose to do so.

#### Disadvantages/Risks

- Would require re- stocking on a regular basis.
- Residents were almost unanimous that vending machines would not be suitable for extra care schemes. This could mean that residents would not use the facilities.
- Some residents would require assistance to use the vending machines, including carrying food and drinks to wherever they were going to be eaten. Carrying hot food and drinks through the scheme has previously been highlighted by Avantage as a health and safety risk.
- Meals would be dispensed individually, meaning that a group of people dining "together" would receive meals at different times.
- Although there would be a choice of meals from the vending machine, that choice could be limited and catering to specific dietary requirements might be an issue.
- Vending machines would need to accept a variety of payment methods and without the benefit of a person involved would lack payment flexibility (e.g. pre-payment or a "slate" system).
- Would not necessarily give a social experience, as residents and visitors could eat at different times of the day.

#### 7.2.3 Option 3: Continue Hot Meals Delivery Services

Procurement of permanent hot meals delivery services to each scheme.

#### **Benefits**

- Ensures that hot meals are available to residents who choose to order them.
- Relatively simple contract management.

#### Disadvantages/Risks

- Demand for delivered hot meals is relatively low compared to previous estimates of restaurant use (In Oakmere – 7 meals per day vs 20-30 meals prepared by the previous caterer and in Willowmere – 17 meals per day vs 30-40 meals prepared daily). Current uptake may not be enough to support a sustainable service.
- Whilst not impossible to "piggyback" deliveries to people in the local community, the logistics of this would need to be thoroughly investigated.
- Most residents who completed the survey expressed a strong preference for a site-based service – it is possible that they would not support a meal delivery service long-term.
- There have been some issues with the current services that would also affect any new/procured delivery services (e.g. nomination of a safe space for delivery if the resident is out).
- Residents have commented that the delivery services don't facilitate community gatherings in the same way as the restaurants and this issue would be perpetuated.
- May lead to social isolation within the extra care schemes. Whilst there
  are programmes of events and activities, anecdotally some residents
  were known to only leave their apartments at lunchtime to visit the
  restaurant and concerns have been expressed that at least one of these
  residents has not been seen on site since the restaurants closed.
- Lack of choice and availability of specialised/personalised diets may not suit some residents, particularly those with more complex needs.

#### 7.2.4 Option 4: Procure new operator to provide site-based catering service

Co-design a new site-based catering service to ensure onsite meal preparation, menu choice and community-building to start as soon as possible.

#### **Benefits**

- Ensures hot, nutritious meals are available to scheme residents and to the local community.
- When surveyed residents were consistently and strongly supportive of an onsite service.
- Could provide basic groceries meaning that residents who are unable to leave the scheme could purchase some basic groceries, such as bread, eggs, butter, toilet rolls, etc.
- Presents an opportunity to provide meal delivery to vulnerable residents within the local communities, where there is currently limited availability and there is a known demand for this service
- Depending on the specification, could enhance community cohesion and intergenerational activities.

#### Disadvantages/Risks

- It is possible that procurement will fail due to lack of interest from the market.
- Raising residents' expectations may cause issues if the council is then unable to meet those expectations.
- Contract will need to be monitored closely as this is now a high-profile service.
- Lack of parity with other extra care schemes in Cheshire East.
- Ongoing cost to base budget to support service whilst setting up and growing the business.

### 8 Conclusion

Overall, the best solution appears to be a sustainable catering service providing at least one hot meal daily. Interest received plus market testing indicates that this is likely to be a feasible option with limited funding from the Council's base budget.

The Council has ambitions to accommodate more people with complex care needs in all its extra care schemes as well as diverting people from AWC. An onsite catering service will help to diversify the accommodation offer from the council, ensuring that people with a short-term need for AWC can move elsewhere if their needs decrease but they are unable to return to their previous homes and that people who can remain independent do so for as long as possible.

It is therefore proposed that the Council seeks one or more providers to run restaurant and catering services in Oakmere and Willowmere.

## 9 Appendices

#### 9.1 Appendix 1: Additional Funding

The table below shows the level of additional funding provided to the catering services over the last 5 years.

	2020/21*	2021/22	2022/23	2023/24	2024/25**
Oakmere	£22,144	£43,904	£59,552	£56,957	£57,496
Willowmere	£53,641	£57,054	£73,151	£81,312	£97,996
TOTAL	£75,785	£100,958	£132,703	£138,269	£155,492

<sup>\*</sup> Part year due to closure during lockdown

Note that the additional funding calculation for 2024/2025 is for operational costs only and does not include any redundancy payments.

Until 2024/25, the budget line for this service was £330,000 pa. This budget has since been reduced to £60,000 pa to cover catering provision at both schemes.

#### 9.2 Appendix 2: Interim Arrangements

#### 9.2.1 Appendix 2.1: Oakmere – The Welcome

#### 9.2.1.1 Provider Feedback

The Welcome has been asked to provide monthly statistics on the service provided to Oakmere residents, as well as anonymised case studies demonstrating the benefits of this service.

Hot Meals Delivery	Jan	Feb	Mar	Apr	May	Jun	Jul
Total No Meals per Month	111	167	178	136	102	79	TBC
Average Weekly Meals	28	42	44	34	25	20	TBC
Activity Sessions							
Number of people attending activity sessions per month	25	27	27	30	30	24	TBC
Average attending activities per week/session	6	7	7	7	6	6	TBC

January 2025	Female resident suffers with dementia and has always used the onsite restaurant for her meals as it allows her to socialise with other residents. The hot meal delivery has allowed this to continue and the carers have said that being able to eat the meal in the restaurant with her neighbours is a particular highlight and is beneficial to her wellbeing.
February 2025	PB is often visited by a friend and they used to dine
	in the onsite restaurant together and enjoy this social

<sup>\*\*</sup> Part year due to closure on 03 January 2025

	time. PB has been able to pre-order additional meals from The Welcome when he knows his friend is coming, which has allowed them to continue dining together.
March 2025	Ms C says that she is thoroughly enjoying the meals and, having worked in catering her whole life, she thinks they are excellent quality. She says that she sincerely hopes the meal delivery continues.
April 2025	SB receives the hot meal delivery 5 days a week plus 2 chilled meals to reheat for the weekend. Knowing that SB is receiving a meal each day gives the family peace of mind.
May 2025	SB is a regular recipient of the hot meals, and she has recently been in hospital for 10 days. Her family found it reassuring to know that she would continue receiving hot, nutritious meals when she returned home to aid in her recovery.
June 2025	IO orders a roast dinner every Wednesday as this is the meal she wouldn't bother making for herself, due to the complexity of the preparation and cooking. She really looks forward to Wednesdays as this is a treat for her.

#### 9.2.1.2 Resident Feedback 2025

The Council received 32 responses from residents to the May 2025 survey, a rate of return of ~60%.

### Q2 Have you used the interim service (hot meal delivery)?

Eighteen people said that they had tried the interim service. Some of those who had tried the service reported that they had had a bad experience.

# Q3. What are your thoughts about the interim service (hot meal delivery)?

Aspect	Average Score (out of 5)
Time of meal delivery	2.76
Quality of meals	2.71
Available selection	2.41
Days available	3.18
Location of delivery	3.24
Cost/value for money	3.19
Overall Average	2.92

# Q4 Following on from your answers to Q3, what improvements could be made to ensure the interim service is more suitable for your needs for the following 6 months?

Sixteen responses were received to this question and residents mentioned the following:

- Administration issues problems ordering or cancelling
- More choice/not wanting a pudding
- Timing of delivery (needs to be closer to midday)

# Q5. You told us that you don't use the interim service. Please tell us why you don't use the service and what arrangements you currently have in place.

The majority of the residents who answered this question said that they cooked for themselves. Some people said that they had assistance from family members or carers.

Many residents said that they didn't use the restaurant because they cooked for themselves, but others said that it was because of perceived or actual lack of quality, value, choice and that the order forms were a hassle to complete.

#### 9.2.2 Appendix 2: Willowmere – Wishing Well

#### 9.2.2.1 Provider Reports

Wishing Well has been asked to provide monthly statistics on the service provided to Willowmere residents, as well as anonymised case studies demonstrating the benefits of this service.

Hot Meals Delivery	Jan	Feb	Mar	Apr	May	Jun	Jul*
Total No Meals per Month	366	312	323	338	385	327	308
Average Weekly Meals	91.5	78	81	85	97	82	77
<b>Activity Sessions</b>							
Number of people attending activity sessions per month	0	0	37	46	32	34	0
Average attending activities per week/session	0	0	9	12	8	9	0

<sup>\*</sup> No activities due to summer recess.

January 2025	We have been overwhelmed by the response we have had from Willowmere residents. They have been incredibly grateful for the service that we have provided so far and have made it clear that they would like The Wishing Well to manage the onsite Bistro at Willowmere. The Caring team have also been supportive of our offer and we are pleased to have built a strong relationship with Middlewich Good Neighbours who are a local community group in Middlewich. Our focus in month was to ensure we got the catering provision correct. We have now been able to mobilise our physical activity provision so next month's report will be reflective of our input in this area.
February 2025	We have received a number of positive comments and remarks since we started this project. This month we want to highlight the importance of a lady called X who is a real community champion and is helping to shape the provision at Willowmere. She was one of our customers at another extra care scheme so had heard all about The Wishing Well and the services we provide in the community. She's a real community leader and wants to make sure her friends and neighbours at Willowmere get their voices heard. We have advised her to form a small committee so we can communicate effectively with our partners at Cheshire East about the provision at Willowmere in the short, medium and long term. This is real community based consultation, which should hopefully ensure the right provision is in place for Willowmere residents moving forwards.
March 2025	T turned 99 in March and we were so pleased to be able to celebrate with him as we delivered his meal. T is a great character and has many stories to share. He mentioned he has "one more year to go" before he gets his message from the King. T received meals from us every day and is always incredibly kind and grateful. He leaves a note for us by the door every day and always invites us in for a brief chat.
April 2025	This month was the first month where we were able to extend our provision into the wider community in

	Middlewich. This is a crucial step as it helps to embed our provision in the local community and if The Wishing Well were to take on the Catering site at Willowmere – it would be vital part of the operating model. What was particularly pleasing to see was that both volunteers and residents were keen to support this extension. We now deliver 3 meals outside of Willowmere and hopefully this will increase in the weeks and months ahead.
May 2025	In May, we provided a VE Day buffet celebration for the residents at Willowmere. It would a lot of joy and happiness to the independent living centre and a real community/ village feel to the space. We received plenty of positive feedback on the day and in the following days our drivers were told how special the event was. There was greater calls for Wishing Well to take on the Bistro and an ask for us to deliver more events and activities whilst a new Bistro provider is found.
June 2025	Over the last few weeks, we have been doing some extra work with a lovely lady who has unfortunately developed arthritis in her jaw. We have sent her several different meals and the drivers have been checking in with her and asking for feedback. After visiting her a couple of weeks ago, we have seemed to have set out a menu that works for her, and she is extremely grateful as she thought she might have to cancel. This one small change for us has had a huge impact on her health and wellbeing. She can now have our meals and is in relative comfort.
July 2025	"You really have brought us something to smile about here at Willowmere. Please take on the Bistro – We don't know what we would do without you." (Willowmere resident)

### 9.2.2.2 Resident Feedback – May 2025

The Council received 32 responses from residents to the May 2025 survey, a rate of return of  $\sim$ 46%.

### Q2 Have you used the interim service (hot meal delivery)?

Seventeen people (55%) said that they had tried the interim service.

# Q3 What are your thoughts on the interim service (hot meal delivery)?

Aspect	Average Score (out of 5)
Time of meal delivery	4.12
Quality of meals	3.82
Available selection	3.94
Days available	4.25
Location of delivery	4.53
Cost/value for money	4.31
Overall Average	4.16

# Q4 Following on from your answers to Q3, what improvements could be made to ensure the interim service is more suitable for your needs for the following 6 months?

Sixteen responses were received to this question and residents mentioned the following:

- Administration issues problems ordering or cancelling
- Having the option for a meal at weekends
- Quality preference for meals cooked and served on site
- More choice

# Q5: You told us that you don't use the interim service. Please tell us why you don't use the service and what arrangements you currently have in place.

The majority of the residents who answered this question said that they cooked for themselves. Some people said that they had assistance from family members or carers. A couple of respondents said that they had tried the meal delivery service but it wasn't suitable for them.

#### 9.3 Appendix 3: Resident Engagement relating to the Future of the Service

#### 9.3.1 Appendix 3.1: Avantage Annual Survey – February 2025

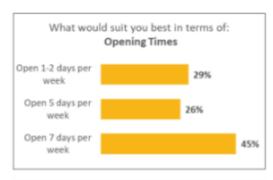
Avantage – the Council's PFI partner – surveys residents annually on all aspects of living in their schemes, including those services provided by the Council. In February 2025, the survey asked about the previous service (provided by the Council up to 03 January 2025), the interim provision (which at the time was very new) and what residents would like to see in the future.

#### 9.3.1.1 Oakmere Responses

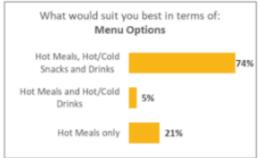
 96% of respondents said they were satisfied with the service provision delivered up until 03 January 2025.

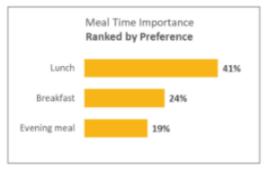
- 47% of respondents said the closure impacted their daily lives "a lot" or a "great deal".
- 18% of respondents said they were satisfied with the interim arrangements in the form of a hot meal delivery service.

#### **Future Catering Options for Oakmere**





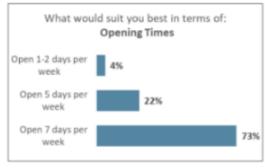


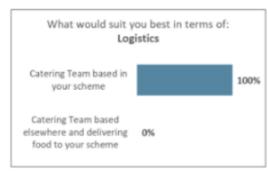


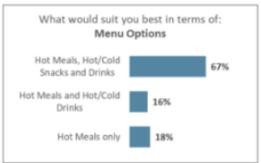
#### 9.3.1.2 Willowmere Responses

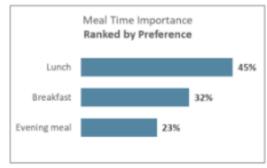
- 88% of respondents said they were satisfied with the service provision delivered up until 03 January 2025.
- 69% of respondents said the closure impacted their daily lives "a lot" or "a great deal".
- 31% of respondents said they were satisfied with the interim arrangements in the form of a hot meal delivery service.

Future Catering Options for Willowmere









#### 9.3.2 Appendix 2.3: Resident Survey – May 2025

Responses to Part 2 of the May 2025 Survey are summarised below. This part of the survey related to the future of the catering service. A total of 31 responses was received from each scheme.

#### 9.3.2.1 Oakmere Responses

Q6 What catering service would you like to see in future? (Choice of: Onsite Catering, Vending Machines, Hot Meal Delivery, Own Arrangements)

Twenty-eight respondents (90% of respondents/50% of residents) chose "on-site catering" as the best option for their scheme.

Q7 If onsite catering was provided in the extra care schemes, would you use it?

Twenty-seven residents replied "Yes" to this question with about half of those adding comments as requested. Some people said that they would use it every day, others noted that they welcome choice and flexibility of menu options. One person commented that it would make mealtimes "more pleasant and social".

Q8 When thinking about availability of catering in your scheme, which 1 of the following suits your needs best?

This question asked residents how many days a week they would like catering available in the scheme. The options were given were 1-2 days per week, 5 days or 7 days. Nearly 60% of residents said that they would like the service to be open every day and a further 28% chose 5 days a week. Two of the latter suggested that the service should be open on Sundays, whilst others indicated that they would accept a 5-day service but would prefer a 7-day service.

No one chose 2 days per week.

# Q9 In respect of mealtimes, please rank Breakfast, Lunch and Evening Meal in order of importance.

Nearly 80% of residents said that lunch was the most important mealtime. Lunch was also the most popular mealtime to be ranked overall. Five people ranked an evening meal first and a further 15 ranked it second. Of the people who expressed a second choice, 68% of them chose an evening meal. Breakfast was ranked least important in the total number of rankings it achieved and came last as a first and second choice. The details are in the table below.

	1 <sup>st</sup> Option	2 <sup>nd</sup> Option	3 <sup>rd</sup> Option	Total
Breakfast	1	4	14	19
Lunch	22	3	1	26
Evening	5	15	3	23
Meal				
TOTAL	28	22	18	

Several people emphasised that a *hot lunch* was important.

#### Q10 Rank your top four reasons for visiting the restaurant.

The survey gave a list of seven reasons to visit the restaurant, and residents were asked to choose their top four.

Twenty-four residents chose Lunch as their top reason to visit the restaurant. Meeting other residents was the most popular second reason, whilst meeting external visitors. was the most popular third option.

Overall, Lunch was the most mentioned reason for visiting the restaurant, followed by meeting external visitors and then meeting other residents. Further details may be found in the table below.

	Тор	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
	Reason	Reason	Reason	Reason
Cooked Breakfast	0	1	0	0
Cooked Lunch	24	0	0	0
Hot/Cold Drinks	0	0	0	3
Hot/Cold Drink plus	0	2	3	6
Snack	O	2	3	o
Special Occasions/	0	2	3	5
One-Off Events	O	2	3	5
Meeting friends/family	0	11	4	1
who live in your scheme	O	1 1	4	ļ
Meeting friends/family				
who do not live in your	0	6	12	4
scheme				

Note: some respondents chose fewer than four options.

This aligns with previous survey results, which indicate that the social aspect of eating in the restaurant is important to many of Oakmere's residents.

# Q11: Which of the three options (Similar to Current/Lite Bites/Vending Machines) do you think would be best in future?

Exactly 90% of the survey responses said that Option A - a service similar to the previous service – would be best in future. Of those who went on to choose 2<sup>nd</sup> and 3<sup>rd</sup> options, 90% who chose a middle option chose a "light bites" service and ~92% of those who completed a third option that a vending machine service would be the worst option. The details are in the table below.

Option	Best Option	Middle Option	Worst Option	Total
A – choice of hot meals	27	2	0	29
B – Lite Bites	2	19	1	22
C - Vending Machines	1	0	12	13
	30	21	13	

Note: some respondents chose not to complete Middle/Worst Options

# Q12: What do you consider to be an acceptable price for a 2-course lunch?

Nearly half of the people who responded to this question said that they thought that £7.00-£9.00 was a reasonable price for a two-course lunch. A further 27% said that they thought £5.00-£7.00 was reasonable. Nearly one in five (17%) thought that £3.00-£5.00 was reasonable, whilst only 3 residents (10%) thought that over £9 would be acceptable. The details are in the table below.

Option	Response
£3-£5	5 (17%)
£5-£7	8 (27%)
£7-£9	14 (47%)
More than £9	3 (10%

# Q13a: Would you be willing to pay an additional weekly cost towards a long term, in-house catering service?

Just under two thirds of the residents surveyed said that they would be prepared to pay an additional weekly cost, although they were generally somewhat cautious about the idea. Just over a third said that they would not be prepared to pay an additional weekly cost - some said that this was unaffordable, or that they did not intend to use the restaurant in any case.

Additional Weekly Cost	Response
Yes	16 (62%)
No	10 (38%)

#### Q13b: Would you like the provider to deliver activities/seasonal events?

Residents were split over this question with approximately 60% saying "yes" and just under 40% saying "no". Residents who supported this idea thought that this would help to bring external visitors into the scheme and several commented that they had supported these events previously.

Activities/Seasonal Events	Response
Yes	17 (61%)
No	11 (39%)

Most of those who did not support the idea, did not comment or commented that others were already doing this in the scheme.

#### Q14: How would you like the provider to link to the local community?

Several people did not respond to this question, but of those who did, nearly half said that the local community should be welcomed in — many of these saying that it would be good to see more people socially. Some surveys mentioned that welcoming external people into the restaurant would improve the viability of the service, and a significant minority suggested that there should be more (and better) advertising of the service. Some residents suggested that if the local community were welcomed into the restaurant, residents should get preferential treatment — either a discount or a specific timeslot where they were the priority.

# Q15. Are there any other options you think would work well in your scheme?

Responses to this question included several saying that hot food/a restaurant was needed especially for those who are unable to shop/cook for themselves. Also one survey suggested serving meals to carers only 11.30-12.00 so that they could take meals to residents in their apartments where this was required, rather than having carers queue with residents at 12.00.

# Q16. Please tell us anything else important to you about the catering service.

Five people said that it was important that the service be reinstated, whilst 13 mentioned the importance of the social aspect of the restaurant service. There were also 9 mentions of the importance of nutritious, hot meals. Three people mentioned including the local community. There was also mention of a "proper" coffee machine, employing a qualified chef, using local catering colleges to provide staff for training.

#### 9.3.2.2 Willowmere Responses

# What catering service would you like to see in future? An overwhelming majority of the people who filled in the survey wanted to see an onsite catering service in future. Only four residents chose other options.

# Q7 If onsite catering was provided in the extra care schemes, would you use it?

More than 90% of the people who responded to the survey said that they would use onsite catering, if the service was provided. These people commented that they would welcome the choice, quality and social opportunities an onsite service would provide.

# Q8 When thinking about availability of catering in your scheme, which 1 of the following suits your needs best?

This question asked residents how many days a week they would like catering available in the scheme. The options were given were 1-2 days per week, 5 days or 7 days. Nearly 60% of residents said that they would like the service to be open every day and a further 28% chose 5 days a week. Only two residents chose 2 days per week.

## Q9 In respect of mealtimes, please rank Breakfast, Lunch and Evening Meal in order of importance.

Just over three-quarters of residents said that lunch was the most important mealtime. Lunch was also the most popular mealtime to be ranked overall. Four people ranked an evening meal first and a further 12 ranked it second. Of the people who expressed a second choice, 63% of them chose an evening meal. Breakfast was ranked least important in the total number of rankings it achieved and came last as a first and second choice. The details are shown in the table below.

	1 <sup>st</sup> Option	2 <sup>nd</sup> Option	3 <sup>rd</sup> Option	Total
Breakfast	3	5	12	20
Lunch	23	4	1	28
Evening	4	12	7	23
Meal				
TOTAL	30	21	20	

#### Q10 Rank your top four reasons for visiting the restaurant.

The survey gave a list of seven reasons to visit the restaurant, and residents were asked to rank their top four.

About half the residents chose Lunch as their top reason to visit the restaurant. Meeting other residents was the most popular second reason, whilst meeting external visitors was the most popular third option.

Overall, Lunch was the most mentioned reason for visiting the restaurant, followed by meeting other residents and then meeting external visitors. Further details may be found in the table below.

	Тор	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
	Reason	Reason	Reason	Reason
Cooked Breakfast	1	3	0	1
Cooked Lunch	16	0	0	1
Hot/Cold Drinks	0	1	2	1
Hot/Cold Drink plus	1	4	1	2
Snack	ı	4	I	<b>5</b>
Special Occasions/	0	2	4	2
One-Off Events	O	5	†	5
Meeting friends/family	1	5	1	2
who live in your scheme	ı	3	4	۷

Meeting friends/family who do not live in your	0	2	6	3
scheme				

This aligns with previous survey results, which indicate that the social aspect of eating in the restaurant is important to many of Willowmere's residents.

# Q11: Which of the three options (Similar to Current/Lite Bites/Vending Machines) do you think would be best in future?

Nearly 95% of the survey responses said that Option A - a service similar to the previous service – would be best in future. Of those who went on to choose  $2^{nd}$  and  $3^{rd}$  options, more than 80% who chose a middle option chose a "light bites" service and ~88% of those who completed a third option that a vending machine service would be the worst option.

Option	Best Option	Middle Option	Worst Option	Total
A – choice of hot meals	27	1	1	29
B – Lite Bites	2	15	1	18
C - Vending Machines	0	2	15	17
	29	18	17	

# Q12: What do you consider to be an acceptable price for a 2-course lunch?

Over half of the people who responded to this question said that they thought that £7.00-£9.00 was a reasonable price for a two-course lunch. A further 23% said that they thought £5.00-£7.00 was reasonable. One resident considered £3.00-£5.00 reasonable, whilst 5 residents (17%) thought that over £9 would be acceptable. The details are in the table below.

Option	Response
£3-£5	1 (3%)
£5-£7	7 (23%)
£7-£9	17 (57%)
More than £9	5 (17%)

# Q13a: Would you be willing to pay an additional weekly cost towards a long term, in-house catering service?

Just under two thirds of the residents surveyed said that they would be prepared to pay an additional weekly cost for an in-house catering service. Just over a third said that they would not be prepared to pay an additional weekly cost - some said that this was unaffordable, or

that they did not think they would use the restaurant often enough to make this cost-effective.

Additional Weekly Cost	Response
Yes	16 (64%)
No	9 (36%)

Q13b: Would you like the provider to deliver activities/seasonal events? Seven in ten residents said that they would like the catering provider to deliver activities/seasonal events. Many of those who supported this idea thought that this would help to bring external visitors into the scheme and several commented that they had supported these events previously. They welcomed more social activities. Most of those who did not support the idea, did not give reasons why.

Activities/Seasonal Events	Response
Yes	19 (73%)
No	7 (27%)

- Q14: How would you like the provider to link to the local community?

  Several people did not respond to this question, but of those who did, nearly 80% said that the local community should be welcomed in many of these saying that it would be good to see more people socially. Several residents were also supportive of the catering provider delivering meals to local residents who were housebound. One survey mentioned that welcoming external people into the restaurant would improve the viability of the service, and several suggested that there should be more (and better) advertising of the service. One resident suggested that if the local community were welcomed into the restaurant, residents should be given priority.
- Q15. Are there any other options you think would work well in your scheme? Responses to this question included several saying that hot food/a restaurant was needed and it would be nice to be able to socialist with friends/order a buffet for celebrations, birthdays and wakes. One survey suggested opening the facilities to external community groups. One person thought that an out-of-hours vending machine alongside the restaurant could be worth exploring.
- Q16. Please tell us anything else important to you about the catering service. Nearly half the people who answered this question commented that hot nutritious meals were important to them. There were also 9 mentions of the importance of the restaurant as a social hub. Two people mentioned including the local community. Some people mentioned concerns with less able people having to cook for themselves. There were also mentions of a personalised service, with choice, freshly cooked food and supporting employment of local people.

#### 9.4 Appendix 3: Soft Market Testing

In June 2025, the Council published a soft market questionnaire. Two responses were received. An anonymised summary of those responses follows – wording is as per the submission except where removed to preserve anonymity and relevance. Note that the questionnaire was explicitly "an information gathering exercise" and not a pre-qualification process or part of any formal procurement process.

Q1	Do You have experience of delivering catering services in an extra care housing scheme or similar environment? If so, what does this include?
A1.1	While <i>Organisation 1</i> has not directly operated within an Extra Care Housing Scheme, we have extensive experience delivering catering services in similar, service-focused environments that require a high level of care, attention to detail, and customer engagement. With over 40 years of industry experience and more than two decades as an independent, family-owned business, we've successfully managed long-term food and beverage contracts across a variety of multi-user and public settings.
	Our experience includes working with a number of organisations where we've been responsible for multi-site catering operations. These contracts have involved delivering consistent, high-quality meals while managing diverse dietary needs, upholding rigorous health and safety protocols, and ensuring excellent customer service standards.
	As a Real Living Wage employer, we place strong emphasis on staff training, food safety, and compliance with all relevant health and industry regulations—principles that align closely with the expectations of Extra Care Housing Schemes. Our ethos focuses on sustainable, affordable, and nutritious food offerings, and we are confident in our ability to tailor our services to support the wellbeing and nutritional needs of residents in such settings.
A1.2	While <i>Organisation 2</i> has not yet delivered catering services specifically within an Extra Care Housing Scheme, we have relevant experience operating cafés in inclusive and community-focused environments that support people of all ages, including older adults and individuals with additional needs. These include cafes in parks and leisure centres.
	All these settings serve a broad demographic, including older people, families, and individuals attending wellness and leisure programmes. Our approach in all locations emphasises:
	Affordable, nutritious menus designed with community health in mind, including options for specific dietary needs such as low-sugar, low-fat, and allergen-sensitive meals.

- Welcoming and accessible environments, where social interaction is encouraged, and customers are supported in a respectful and friendly way—key qualities in extra care settings.
- **Community engagement**, with seasonal menu changes, themed food days, and integration with on-site activities (e.g. leisure classes or community events), contributing to a sense of inclusion and belonging.
- Operational consistency, including managing staff, food safety, and customer service to meet both commercial targets and community expectations.
- What do you understand to be the main challenges to the delivery of catering services in Extra Care Housing Schemes? How can these be effectively addressed to improve outcomes for the residents of Cheshire East?
- A2.1 Delivering catering services in Extra Care Housing Schemes presents a unique set of challenges, primarily centred around the need to balance nutritional standards, individual preferences, and health-related dietary requirements within a consistent and cost-effective operation. Key challenges include:
  - 1 Meeting Diverse Dietary Needs

Residents often have specific health conditions (e.g. diabetes, dysphagia, or allergies) requiring tailored meals. Maintaining variety while ensuring all food meets nutritional and medical guidelines can be complex.

Our Solution: Prioritising staff training in dietary and allergen awareness and working closely with health professionals and residents to ensure menus are inclusive, safe, and nourishing. We regularly update our meal offerings based on seasonal produce and resident feedback.

#### 2 Maintaining Choice and Dignity

Food is not only about nutrition—it's about comfort, familiarity, and dignity. A rigid or institutional approach to food can negatively impact quality of life.

Our Solution: We engage residents in menu planning, offer flexible meal options, and create a warm, welcoming dining environment that feels more like home than a care facility. This approach encourages independence and personal choice.

3 Ensuring Consistency and Quality with Limited Budgets
Managing quality, freshness, and variety while adhering to strict
budget constraints can be difficult.

Our Solution: Organisation 1 is agile and cost-efficient. We have strong supplier relationships and streamline procurement processes, allowing us to deliver high-quality food at competitive prices. We also use local suppliers wherever possible to support community resilience and reduce food miles.

#### 4 Staff Recruitment and Retention

Recruiting and retaining skilled, compassionate catering staff is a sector-wide challenge.

*Our Solution:* As a Real Living Wage employer, we value and invest in our team. We provide robust training, clear progression routes, and a supportive culture, which translates into more consistent, higher-quality service delivery for residents.

#### 5 Regulatory Compliance and Health & Safety

Ensuring that all food safety, hygiene, and care regulations are adhered to is crucial in a care environment.

Our Solution: We have embedded robust health & safety and food hygiene practices across all our sites, supported by ongoing training, internal audits, and a culture of accountability.

#### **Improving Outcomes for Residents of Cheshire East**

To enhance outcomes for residents, we believe in a partnership-based approach. This includes regular resident feedback sessions, collaboration with care teams, and a continuous improvement ethos. By listening and adapting, we can provide not just meals, but meaningful dining experiences that support physical wellbeing, mental health, and social engagement.

#### A2.2

Based on our experience operating cafés in inclusive, public-facing environments, we understand that delivering catering services in Extra Care Housing Schemes presents several unique challenges, particularly due to the diverse and evolving needs of elderly and sometimes vulnerable residents.

Below are some of the key challenges we anticipate along with potential strategies to improve outcomes for resident.

#### 1. Dietary and Health Considerations

The residents may have specific dietary requirements due to medical conditions, such as diabetes, heart disease, or dietary restrictions related to age (e.g., reduced sodium or sugar intake). When planning the meals it will be essential to take this into consideration.

## 2. Maintaining resident choice, independence and cultural requirements

Residents may have varied preferences around the meals and their timings. The residents may be from different cultural backgrounds with cultural requirements around the meals they have, meaning that providing a one-size-fits-all menu may not be effective.

#### 3. Staffing and Training

Ensuring adequate staffing will be key for the delivery of services. The staff delivering and preparing meals must be adequately trained not only in food safety but also in understanding the unique needs of residents in Extra Care Housing Schemes.

#### 4. Timing and Scheduling

Residents may have varying routines and care needs, which affect when and how they receive their meals.

#### **Strategies**

#### Food safety standards

Maintaining the food safety standard will be essential. As an organisation we ensure that staff working at our sites are trained in food safety. We have policies in place for staff to follow. We have process is place to ensure that we are following the law within UK for food handling and safety. Some of the e.g. is temperature log for monitoring of temperature, stock rotation to ensure that wastage is reduced.

We maintain detailed logs of all ingredients, recipes, and allergens, as mandated by Natasha's Law 2021, ensuring this information is readily accessible to both staff and customers. These logs are regularly reviewed and updated to accommodate any new products we introduce.

We follow the HSE Health and Safety standards and ensure with the requirements within the premises. We have fire extinguisher, first aid kit in the premises as per the our Health and safety arrangements and all our electrical equipment's are PAT tested. We keep fire safety training records.

#### Collaborative working

It will be essential to work collaboratively with the management, staff and residents to ensure that the needs are met effectively and efficiently. We have experience within our current council contract for kids club where we have worked with staff to offer a menu that meet the needs and preference of the kids and equally nutritious and enjoyable.

#### **Meal Planning**

Ensuring that the meals are provided to the residents in a timely manner as per their care plan and schedule. Utilising the kitchen at site will allow the timely service of the meals and avoiding any delays.

#### Customisable menu

We will be looking to work with the staff and resistance to allow us to offer a flexible meal option that caters to the cultural and dietary needs of the residents. We will be looking to create a rotating menu with a range of options, allowing residents to choose meals based on preference. This will help prevent dissatisfaction.

#### Regular feedback

In our current practice we value customer feedback and utilise these to make improvement to our services and ensure that we are meeting the needs of the community. We would be looking to do the same in the extra care housing scheme by taking regular feedbacks from our residents and where reasonable and possible make changes to improve our services.

I believe that by taking these considerations into account and fostering a collaborative approach, catering services can make a positive and lasting impact on the lives of residents in Extra Care Housing Schemes.

- Q3 What would be your approach to making this a financially sustainable service? What type of additional support might you need to achieve this, for example, offset utility costs, ability to deliver outside of the facility, initial/ongoing subsidy from either the Council or scheme residents?
- A3.1 At *Organisation 1*, we understand that sustainability—both financial and operational—is critical in delivering long-term, value-for-money catering services in Extra Care Housing schemes like Oakmere and Willowmere.

#### Our Approach to Sustainability:

#### 1. Optimising Core Operations

We would apply our proven model of efficient staffing, smart procurement, and minimising food waste to keep overheads low while maintaining quality. Our established supply chains and inhouse menu development ensure meals are both cost-effective and tailored to residents' nutritional needs and preferences.

#### 2. Flexible, Resident-Centric Service

Offering tiered meal options (e.g., standard, lighter bites, premium dishes) provides choice while controlling costs. We also build resident engagement into our model—co-creating menus and running regular feedback sessions to ensure high satisfaction and steady meal uptake.

#### 3. Community Inclusion to Grow Revenue

With Oakmere and Willowmere already partially open to the public, we would actively promote the bistro as a welcoming space for local residents, families, and community groups. This not only supports intergenerational community-building but also creates additional revenue that helps subsidise resident services.

#### 4. Events and Social Dining

We would host regular themed events (e.g., seasonal lunches, community afternoon teas) to boost engagement and attract external footfall, turning dining into a social experience while supporting financial sustainability.

#### **Support That Would Enhance Viability:**

To make the service truly sustainable—especially in the early stages—we would welcome consideration of the following support mechanisms:

#### Utility Support

Assistance with utility costs (especially in shared or communal areas like kitchens and dining rooms) would help stabilise operating expenses and keep prices fair for residents.

#### Permission to Trade Beyond Residents

Being allowed—and actively encouraged—to open the bistro to the general public and nearby organisations would significantly improve viability. We could offer light catering to nearby community groups or small local events, generating additional revenue.

#### Initial Setup Support

A modest initial subsidy or fit-out support (where additional kitchen or point-of-sale equipment is required) would allow us to quickly establish a high-quality operation with minimal disruption.

#### Longer-Term Contract Structure

A multi-year contract would allow us to invest in community engagement and build a loyal customer base, both within the schemes and externally, leading to long-term stability without reliance on high subsidy levels.

Q3.2 Our approach to financial sustainability in an Extra Care Housing catering service would be based on a **balanced**, **multi-stream model** that draws on our experience operating successful community cafés in similar public-service environments.

#### 1. Core Principles for Sustainability:

- Affordable, nutritious meals for residents priced to cover direct costs while remaining accessible.
- Open access to the local community, allowing us to increase footfall, promote intergenerational use, and build additional revenue through non-resident visitors.
- Efficient kitchen operations, including careful stock control and minimal food waste through menu planning and forecasting.

 Experienced staffing model built around local recruitment and team consistency to keep costs down while maintaining high standards of service and engagement.

#### 2. Additional Support That Would Enhance Viability:

To ensure the service is not only sustainable but also delivers the social and wellbeing outcomes expected in Extra Care settings, we may require some targeted support, especially in the early stages:

- Initial support with utility and facilities costs (e.g., gas, electricity, waste management) to offset overheads while resident and public footfall builds.
- Permission and flexibility to serve external customers, including local community groups, delivery to nearby care homes or community centres, and public café access.
- Modest start-up subsidy or rent-free period to support mobilisation and staff recruitment/training before full-service uptake is achieved.
- Support with marketing and communication, especially from the Council or housing scheme operators, to promote the service to residents, families, and the local public.

#### 3. Ongoing Partnership and Evaluation:

Financial sustainability also depends on **clear performance expectations**, transparent communication, and regular review. We would propose:

- Quarterly financial and service reviews with Council representatives and scheme managers.
- Resident feedback mechanisms to align the offer with preferences and improve uptake.
- Flexibility to trial new ideas (e.g., afternoon teas, Sunday roasts, special events) that may increase income and engagement.

#### Conclusion:

With the right conditions, particularly access to both resident and community trade, and modest early-stage support—we are confident that an *Organisation* 2-led service could become financially self-sustaining while delivering meaningful outcomes for residents at Oakmere and Willowmere.

# Given your experiences and expertise within this field, can you describe a typical week in such a scheme, including opening days/times and menu options, etc?

#### A4.1 Opening Days and Times:

We would operate **7 days a week**, ensuring residents and visitors have consistent access to nutritious food and a welcoming dining environment.

- **Breakfast**: 8:00am 10:00am
- Lunch (Main Meal): 12:00pm 2:00pm
- Afternoon Tea / Light Bites: 3:00pm 4:30pm
- Evening Meal Service (Optional): 5:00pm 6:30pm

Public Access (Bistro): 10:00am – 4:00pm (Mon–Sat), 10:00am – 2:00pm (Sunday)

We can flex opening hours to suit resident needs and community demand.

#### Menu Structure:

Menus are built around **nutrition**, **comfort**, **and choice**, tailored to older adults with various dietary requirements. A **rotating 4-week menu cycle** would be used, updated seasonally and adapted with resident input.

#### **Daily Meal Options:**

#### **Breakfast:**

- Full English (with modified or smaller portions available)
- Porridge, cereals, toast, fresh fruit
- Tea, coffee, juices

#### Lunch (Main Meal):

- Two hot meal options daily (e.g., Roast Chicken or Vegetable Hotpot)
- Vegetarian and soft-food options always available
- Traditional puddings (e.g., Apple Crumble, Rice Pudding)
- Freshly prepared soup and roll for lighter appetites

#### **Afternoon Tea:**

- Sandwiches, quiche slices, savoury pastries
- Scones, tray bakes, fruit
- Tea/coffee and social time

#### **Evening Meal (Optional or Pre-Order):**

- Lighter options: omelettes, jacket potatoes, soup, or reheatable small dishes
- Snacks, fruit, and hot drinks available for later consumption

#### **Weekly Themes & Activities:**

- Monday: Resident favourites (comfort food classics, e.g., Cottage Pie)
- **Tuesday**: "Taste of the World" (e.g., mild curry, Italian pasta dishes)
- Wednesday: Soup & Sandwich Social (open to public)
- Thursday: Health & Wellbeing Menu (low-salt, diabetic-friendly focus)
- Friday: Fish Friday traditional fish & chips or baked fish alternative
- Saturday: Afternoon Tea Café open for residents and visitors
- Sunday: Roast Lunch with choice of meats, Yorkshire pudding, etc.

#### **Resident & Community Engagement:**

- Monthly Menu Planning Sessions with residents to gather feedback
- Themed Events e.g., Easter lunch, Jubilee tea parties, music & meal afternoons
- Invite Local Groups knitting clubs, walking groups, family socials

#### Additional Services:

- Meal Pre-ordering & Room Delivery (for unwell or less mobile residents)
- **Special Diets**: Gluten-free, diabetic, low-sodium, pureed/soft food menus available daily
- **Light Retail Offering**: Grab-and-go snacks, drinks, basic groceries (optional)

#### Staffing Model:

- Experienced catering manager on-site
- Trained chefs and kitchen assistants
- Front-of-house staff with dementia-friendly and safeguarding awareness
- Cleaning and compliance teams ensuring daily hygiene standards

#### A4.2

Drawing on our operational experience at Jollys Kafe sites such as **Howe Bridge Leisure Centre**, **Chaddesden Café in the Park**, and **Timperley**, we would propose the following model for a typical week in an Extra Care Housing Scheme like Oakmere or Willowmere:

#### **Opening Days & Hours:**

We recommend operating **7 days a week**, ensuring consistent service for residents while encouraging regular external visitors.

Monday to Friday: 8:30 AM – 4:30 PM
 Saturday & Sunday: 9:00 AM – 3:30 PM
 Breakfast Service: 8:30 AM – 10:30 AM
 Lunch Service: 12:00 PM – 2:00 PM

Afternoon Light Bites & Drinks: Until closing

Opening hours can be adjusted based on resident feedback and operational review.

#### **Menu Options:**

Menus would be rotated weekly, with **daily specials**, and adapted seasonally. Each day would typically include:

#### Breakfast

- Porridge with honey or fruit
- Toast, preserves, eggs (poached/scrambled/boiled)
- Low-fat yoghurts and fruit
- Hot and cold drinks

#### Lunch (Main Meal)

- Two hot options per day, e.g.:
  - Monday: Roast chicken or vegetable lasagne

- o Tuesday: Baked fish or macaroni cheese
- Wednesday: Cottage pie or vegetarian stew
- o Thursday: Chicken curry or lentil dahl
- o Friday: Fish & chips or cheese & onion pie
- Saturday: Quiche & salad or soup & sandwich combo
- Sunday: Full roast dinner (beef, pork, or vegetarian option)
- **Sides**: Seasonal vegetables, potatoes, rice or pasta
- **Desserts**: Fruit crumbles, sponge pudding, jelly & fruit, or diabetic-friendly options

#### Afternoon Offerings

- Toasted teacakes, scones, sandwiches
- Tea, coffee, soft drinks
- Light meals for those who missed lunch or prefer a smaller option

#### **Special Weekly Activities to Build Routine & Engagement:**

- Monday: "Meat-Free Monday" vegetarian specials
- **Wednesday**: Baking or cook-and-chat sessions with residents
- **Friday**: Fish Friday—open to community visitors
- Sunday: Roast lunch with option for families to join

#### **Additional Services:**

- **Pre-order service** for residents who prefer meals in their apartments
- **Takeaway or delivery service** to nearby community members (if allowed)
- Meal deals or loyalty cards to promote regular uptake

#### Conclusion:

A typical week in the scheme would be structured, welcoming, and flexible to the needs of residents, helping to provide not just good nutrition but social connection and routine. With thoughtful scheduling, inclusive menus, and responsive staffing, this model would enhance both wellbeing and sustainability.

Would your organisation be interested in tendering for this service? If so, what would be your desired length of contract to ensure best value, and how long would you require to mobilise the service from contract award? This should include recruitment of staff, advertisement and promotion of commissioned services/ activities.

**A5.1 Organisation** 1 confirms our strong interest in tendering for the catering services at Oakmere and Willowmere Extra Care Housing Schemes. As a family-owned, independent business with over 40 years' experience in the industry and more than two decades operating in the Northwest, we are well-positioned to deliver a sustainable, high-quality service that supports the wellbeing of residents and contributes positively to the surrounding community.

#### 2. Preferred Contract Length

To ensure best value and long-term sustainability for all stakeholders, we would recommend a **minimum initial contract term of 3 years**, with the option to extend by a further **2 years (3+2 model)**. This contract length would:

- Support meaningful investment in service development
- Enable long-term engagement with residents and community partners
- Promote pricing stability and operational continuity
- Encourage a strong commitment to local employment and supply chains

We propose the contract operate on a **cost-plus basis**, which means **Organisation 1** would be reimbursed for the actual costs incurred in delivering the service—such as food ingredients, staff wages, utilities, and operational expenses—plus an agreed fixed fee or percentage margin to cover overheads and profit.

This model provides transparency and flexibility, allowing the service to adapt to fluctuations in costs (for example, changes in food prices or utility bills) without compromising on quality or staffing levels. It also safeguards affordability and value for money, as all costs are open to review and aligned closely with actual service delivery needs. By combining a longer contract term with a cost-plus pricing model, we can ensure both financial sustainability for the provider and consistent, high-quality catering services that meet the needs of residents and the wider community.

#### 3. Mobilisation Period & Activity Breakdown

**Organisation 1** would require a **6–8 week mobilisation period** from the date of contract award to ensure a smooth and successful launch. This would include the following key phases:

#### Week 1-2: Initial Preparation

- Site assessments (kitchen layout, fixtures/fittings review)
- Mobilisation plan finalisation and assignment of project manager

#### Week 2-5: Recruitment & Training

- Local recruitment of catering staff (chefs, front-of-house, kitchen assistants)
- Delivery of training in food hygiene, safeguarding, customer service, and dementia awareness

#### Week 3-6: Marketing & Promotion

- Design and distribution of promotional materials to residents and surrounding community
- Early engagement with residents and families via menu tasters and open days
- Liaison with local organisations to encourage bistro footfall

#### Week 5-6: Operational Setup

- Supplier onboarding and stock procurement
- Setup of POS systems and menu scheduling
- Finalisation of daily service structure and dietary accommodations

#### Week 7: Soft Opening

 Trial service to residents only, incorporating feedback for final refinements

#### Week 8: Full Launch

• Public and resident-facing catering offer live, with full menu rotation and social dining events

# A5.2 Organisation 2 would be very interested in tendering for the opportunity to deliver catering services at Oakmere and Willowmere Extra Care Housing schemes. We believe our experience operating in inclusive, health-focused community settings aligns closely with the aims of Cheshire East Council in promoting independence, nutrition, and social engagement among older residents.

#### **Desired Contract Length:**

To ensure long-term viability, quality investment, and community integration, we would recommend a **minimum initial contract term of 3 years**, with the option to extend for a further **2 years** based on performance and mutual agreement.

This duration would:

- Provide enough time to build trusted relationships with residents
- Support investment in local recruitment, training, and community outreach
- Offer stability for sustainable service development and customer base growth

#### **Mobilisation Period:**

We estimate a **mobilisation period of approximately 8–10 weeks** from the date of contract award, broken down as follows:

- **Weeks 1–2**: Detailed handover and site visits, compliance checks, utility arrangements, equipment review
- **Weeks 3–5**: Recruitment of on-site catering team, including front-of-house and kitchen staff

- **Weeks 5–7**: Staff induction and training (food safety, dementia awareness, resident engagement)
- Weeks 6–8: Menu planning, supplier setup, marketing and communications to residents and local community
- **Week 9–10**: Soft launch or phased opening, feedback gathering and adjustments

This timeframe ensures a smooth, safe, and confident service launch, while building early awareness and engagement with residents and the local community.

#### **Conclusion:**

We are committed to delivering a high-quality, resident-focused catering service and would welcome the opportunity to bring the *Organisation 2* approach to Oakmere and Willowmere. With the right contract term and clear mobilisation planning, we are confident we can offer both immediate impact and lasting value

- Q6 In your experience, what would be the best ways to attract custom from residents and the local community?
- At *Organisation 1*, we've learned that attracting and sustaining interest from both residents and the wider community requires a careful balance of **quality**, **familiarity**, **affordability**, and **a welcoming atmosphere**. Based on our extensive experience delivering catering services in residential and public-facing environments, we would take the following approach to building and maintaining strong engagement:

#### 1. Resident Engagement from Day One

- **Menu Co-Creation:** Involving residents in menu design through tasting sessions, surveys, and monthly feedback groups ensures the offer is tailored to their tastes and needs, encouraging consistent uptake.
- Flexible Meal Options: Providing a range of portion sizes, soft food options, and traditional dishes gives residents more choice and control—key to maintaining dignity and appetite in older adults.
- Routine & Reliability: Having fixed mealtimes and consistent, friendly staff helps build trust and a sense of comfort, making the dining room a central part of daily life.

#### 2. Creating a Welcoming, Inclusive Environment

• **Open Café Culture:** Branding the dining space as a local café or bistro, with clearly advertised opening hours and public access, helps remove any stigma around "care home" dining and makes the space more appealing to the community.

- Warm Front-of-House Presence: Trained, friendly staff who greet visitors and engage with residents by name foster a sense of belonging that encourages repeat visits.
- **Community Integration:** We would invite local groups (e.g., coffee mornings, knit-and-natter, walking groups) to use the space, drawing in people who might otherwise not engage with the scheme.

#### 3. Themed Days and Events

- Weekly & Monthly Specials: Events such as "Fish Friday," Sunday Roasts, or "Afternoon Tea Thursdays" become fixtures that people look forward to.
- Seasonal & Cultural Celebrations: Events around holidays (e.g., Easter Lunch, Christmas Dinner, Diwali Snacks) bring residents, families, and locals together and create shared moments.
- Entertainment Pairings: Music, quizzes, or local school visits alongside meal service make for memorable experiences and help build emotional connections with the service.

#### 4. Local Marketing & Word of Mouth

- **Targeted Promotion:** Flyers in local shops, GP surgeries, libraries, and community centres—combined with social media and council communications—help raise awareness of the service beyond the scheme.
- Family & Friends Engagement: Encouraging residents' visitors to dine with them builds word-of-mouth referrals. Offering discounts or loyalty schemes for returning guests can enhance this further.
- **Community Testimonials:** Sharing positive stories, feedback, and pictures (with permission) builds trust and gives new customers a reason to visit.

#### 5. Quality and Value

- Affordable Pricing with Clear Value: Transparent pricing that reflects quality and portion size is crucial. Offering meal deals or loyalty cards for regular guests can make the service more attractive.
- Consistency in Food & Service: High-quality meals served in a warm environment will always be the strongest selling point.
- In our experience operating community-facing cafés, attracting and retaining custom from both residents and the local community relies on a combination of reliable service, inclusive atmosphere, targeted outreach, and meaningful engagement. Below are the key strategies we would adopt:
  - 1. Build Trust and Routine Among Residents

- **Familiarity and consistency**: Assigning regular staff to the site helps build personal connections and encourages repeat visits.
- **Resident input on menus**: Involving residents in menu feedback and occasional tasting panels increases buy-in and satisfaction.
- **Flexible meal options**: Offering smaller portions, soft food alternatives, and options for room service or takeaway supports varying needs.
- **Activity-linked catering**: Aligning food service with scheme events (e.g. coffee mornings, quizzes, or birthday celebrations) increases uptake and social participation.

#### 2. Attract Local Community Members

- **Open access and clear signage**: Ensuring the café is visible and welcoming to the public, with clear external signage and walk-in access where appropriate.
- **Community partnerships**: Collaborating with local groups (e.g. walking clubs, carers' support, craft groups) to host meetups in the café space.
- Local promotions: Using flyers, community noticeboards, and social media to share menus, offers, and events with residents and nearby neighbourhoods.

#### 3. Themed Events and Social Activities

- **Weekly themed food days** (e.g. "Pie & Pud Wednesdays" or "Sunday Roast Club") encourage curiosity and repeat custom.
- **Seasonal events** such as Mother's Day lunches, Christmas dinners, or summer BBQs help bring families and the wider public in.
- **Intergenerational events** like school choir visits or grandparents' tea afternoons build community bridges and draw in new visitors.

#### 4. Consistent Quality and Value

- Affordable, high-quality food served in a clean, welcoming environment is the most reliable driver of word-of-mouth growth.
- Loyalty cards and meal deals can encourage residents and local visitors to make it a regular habit.

#### Conclusion:

Ultimately, building strong relationships with residents while creating a warm and open community hub is the most effective way to grow and sustain customer numbers. At *Organisation 2*, we've found that when

	people feel valued and included, they come back—not just for the food, but for the atmosphere and connection.
Q7	Please give any suggestions for how service delivery could have a positive impact on the local community.
A7.1	At <i>Organisation 2</i> , we believe that catering services within Extra Care Housing Schemes can be much more than just meal provision—they can serve as a <b>social</b> , <b>economic</b> , <b>and community anchor</b> . Below are several ways our service delivery model could generate meaningful impact for the local community:  1. Creating a Community Dining Hub  • Open Access Café/Bistro Model: By keeping the dining area open to the public during set hours, we can create a welcoming, inclusive space where local residents, family
	<ul> <li>Shared Events &amp; Celebrations: Hosting public events such as afternoon teas, themed food days, holiday meals, and charity brunches builds intergenerational and cross-community connections.</li> <li>Safe, Social Space for Isolated Individuals: Many older adults living locally may be lonely or isolated. An open, friendly catering facility gives them a safe, warm environment to enjoy food and make connections.</li> </ul>
	<ul> <li>2. Supporting Local Employment &amp; Training</li> <li>Hiring Locally: Prioritising local recruitment for front- and back-of-house roles creates jobs, reduces travel time for employees, and supports the area's economy.</li> <li>Apprenticeships &amp; Work Placements: Partnering with local colleges, schools, or training programmes (e.g., for hospitality, catering, or adult re-skilling) could offer structured work experience placements or apprenticeships.</li> <li>Inclusive Employment: We would be open to working with supported employment services to create opportunities for individuals with disabilities or barriers to work.</li> </ul>
	<ul> <li>3. Partnering with Community Groups and Services</li> <li>Community Group Use of Facilities: Allowing local groups (e.g., social clubs, carers' groups, dementia cafés) to use the space at off-peak times for events or gatherings helps build visibility and inclusion.</li> <li>Joint Activities with On-Site Teams: We'd work collaboratively with scheme staff to support social and wellbeing activities, such as cookery demonstrations, nutrition workshops, or gardening-and-cooking initiatives.</li> </ul>

• Local Supplier Engagement: Where feasible, we aim to source fresh produce, baked goods, and other ingredients from local farms and producers, supporting small businesses in the area.

#### 4. Promoting Intergenerational Links

- **Schools & Nurseries:** Hosting joint events or inviting local schoolchildren in for activities (e.g., singing at Christmas, baking sessions with residents) fosters understanding and connection between generations.
- **Volunteering Opportunities:** Encouraging local residents or young people to volunteer in the bistro or at events helps bridge community relationships and builds soft skills.

#### 5. Enhancing Community Health & Wellbeing

- Affordable, Nutritious Meals for All: Offering low-cost, nutritious meals to members of the public—including older people living nearby—supports community health and food security.
- **Nutrition Awareness Events:** Collaborating with local health teams (e.g., dietitians or wellbeing officers) to provide information about healthy eating, hydration, and food for specific conditions (e.g., diabetes, heart health).
- A7.2 At *Organisation 2*, we believe that catering services in Extra Care Housing schemes can do more than provide nutritious meals—they can become a vital social anchor for the wider community. Based on our experience in inclusive café environments, we see several opportunities to create a **positive and lasting community impact**:

#### 1. Creating a Community Hub

- Opening the café to the public transforms it into a welcoming, intergenerational space, reducing isolation among older people while encouraging casual visits from local families, carers, and groups.
- Hosting **community events** such as themed lunches, coffee mornings, or cultural celebrations helps foster connections between residents and their neighbours.

#### 2. Supporting Local Employment

- Recruitment would prioritise local staff, offering opportunities to individuals from the surrounding area, including young people, return-to-work parents, and semiretired individuals.
- Where possible, we would offer **apprenticeship or training roles**, contributing to local workforce development.

#### 3. Partnering with Local Organisations

- We would explore partnerships with local schools, charities, and wellbeing groups to co-host events or volunteer days, such as dementia-friendly café sessions or intergenerational storytelling mornings.
- Collaborating with health professionals or wellness providers (e.g. yoga or nutrition groups) would add value to residents while also drawing community members into the space.

#### 4. Showcasing Local Suppliers

• Where possible, we would source ingredients from **local food producers, bakeries, and suppliers**, supporting the regional economy and promoting sustainability.

#### 5. Providing Safe and Inclusive Space

- The café can be a neutral, stigma-free meeting point for carers, support groups, and individuals with additional needs offering not just food but belonging and support.
- We would ensure **accessibility and inclusivity**, making everyone feel welcome regardless of age, ability, or background.

#### **Conclusion:**

With the right ethos and community-minded approach, catering in Extra Care schemes can become a bridge between residents and the broader community—promoting wellbeing, inclusion, and economic benefit. At *Organisation 2*, we are committed to creating this kind of positive local impact wherever we operate





## **Equality Impact Assessment (EIA) and our equality duty**

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

Whilst <u>the Gunning Principles</u> set out the rules for consulting with 'everyone', additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity

- Race
- Religion or belief
- Sex
- Sexual orientation



#### Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement.

People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Please feel free to contact the <u>Equality and Diversity mailbox</u> who will try to help you to assess the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

# Section 1 – Details of the service, service change, decommissioning of a service, strategy, function or procedure

#### (Please delete the guidance in italics once you complete a section)

D 1 = 1.1	
Proposal Title	Restaurant & Catering Service in Oakmere and Willowmere
	Extra Care Housing schemes
Date of Assessment	23 April 2025
Assessment Lead Officer	Sophie Middleton – Project Manager (Extra Care)
Name and other officers	
involved	
Directorate/ Service	People – Adults, Health and Integration
Details of the service,	Following the closure of the Council's school meals service,
service change,	the in-house catering provision at Oakmere and Willowmere
<b>decommissioning of the</b> (which was managed and staffed by that service) also	
service, strategy, function ceased. An interim hot meals delivery service, togeth	
or procedure.	additional weekly activities was put in place pending a
	review of the provision.
	The catering service ended on 03 January 2025. The interim arrangements began on 06 January 2025 and were originally scheduled to finish at the end of May 2025. An extension to these arrangements is planned to ensure that hot meals can be provided to residents whilst a longer-term solution is sought.
	It is anticipated that the longer-term solution will be
	sustainable in-house catering. A report is currently being



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	prepared for Adults and Health Committee recommending	
	approval to procure onsite sustainable catering services at	
	both schemes.	
Who is impacted?	The majority of the people affected by a new sustainable	
	extra care catering service will be scheme residents, all of	
	whom are over 55. Currently, these residents can choose to	
	order hot meals for delivery to the scheme dining room	
	(Oakmere) or their apartments (Willowmere) via the interim	
	arrangements put in place by the Council. These meals cost	
	approximately £6.00 per two-course meal. If an in-house	
	provider can be procured, the interim arrangements will	
	· · · · · · · · · · · · · · · · · · ·	
	cease and residents will be able to purchase meals from that	
	provider to eat in the scheme dining room or in their	
	apartments. Residents may choose to make alternative	
	arrangements, either to the interim delivery service or to any	
	new provision put in place.	
	Staff and visitors to Oakmere and Willowmere do not have	
	access to the hot meals delivery service, but would be able	
	to purchase meals from an in-house catering and restaurant	
	service.	
Links and impact on other	Cheshire East Plan 2025-29	
services, strategies,	Commitment 2: Improving Health & Wellbeing	
functions or procedures.	2.1 Gap in health equalities is reduced across our diverse	
	borough through a targeted approach.	
	2.2 Improved independence, health and wellbeing	
	through early intervention and prevention.	
	2.6 Lasting solutions are delivered through strong and	
	committed partnerships.	
	Commitment 3: An effective and enabling council	
	3.3 Innovative solutions are developed through a culture	
	of collaboration across the council and with residents,	
	businesses and partners.	
	3.4 Service delivery and new ideas are shaped by	
	consultation and engagement.	
How does the service,	An in-house catering service would provide a safe space for	
service change, strategy,	residents and older people in the local community to gather	
function or procedure	and eat in a protected and sympathetic environment. This	
help the Council meet the		
requirements of the	of opportunity between people who are protected	
Public Sector Equality	characteristic and people who do not share it by removing	
Duty?	disadvantages for the older age group.	
	· ·	



#### Section 2 - Information - What do you know?

#### What do you know?

The average age of the people living in Oakmere and Willowmere is 81 years and 7 months, with the population of Willowmere being slightly older and Oakmere slightly younger. Oakmere residents range from 58 to 95 years old, whilst Willowmere's residents are aged between 61 and 99 years old.

There are currently 56 people living in Oakmere (53 apartments) and the Council commissions care for 20 of these people. Of these 20 people with care packages, 2 have low care needs, 8 have medium care needs and 9 have high care needs.

The situation in Willowmere is similar - 70 people live in the scheme (71 apartments) and the Council commissions care for 26 individuals. Of these 26, 9 have low needs, 10 have medium needs and 7 have high or very high needs.

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It is the ambition of the Council to divert individuals who are considering moving into Accommodation with Care to Extra Care, and a thriving restaurant would make the schemes more attractive to people who can live independently with assistance.

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Our data shows that the current take-up of hot meals is less than the number of people who used the restaurant service when it was based onsite. This may be partly due to the hot meal deliveries being restricted to scheme residents only (for logistical reasons), whereas the on-site catering used by scheme staff and the local community as well.

Before closure, the restaurant service at Oakmere reported that they were preparing and selling 20-30 meals per day, whilst the hot meals provider has reported that they are delivering an average of approximately 7 meals per day. At Willowmere, the restaurant was selling between 30 and 40 meals per day, compared to approximately 17 meals delivered by the provider of the interim service.

#### Information you used to

A review of the catering provision was carried out and recommended procurement of an onsite catering provider.



	Council 🖤
arrive at the decision	Engagement with residents and the market was considered during this review.
	during this review.
	Building on previous engagement sessions, further resident engagement has taken place in February and May 2025. The February engagement was in the form of the PFI Annual Survey, which had a rate of return of 80% in Oakmere and 75% in Willowmere. Residents of both schemes expressed high satisfaction with the previous restaurant-based service and were very dissatisfied with the hot meal delivery service (which was new at the time). The preference for future provision was an onsite restaurant service, open daily.
	provision was an onsite restaurant service, open daily.
	Response to the May 2025 drop-in sessions and survey were similar.
	In June 2025, soft market testing resulted in two responses who were both confident that a sustainable service could be provided with minimal support from the Council.
Gaps in your Information	The level of demand for the proposed new service is
	unknown. Whilst a significant number of May 2025 survey
	respondents indicated that they would use an onsite
	restaurant service, there is no guarantee that this usage
	would be realised.
	It is recognised that some support would be required from the Council to ensure a sustainable service. Should the procurement be approved, bidders will be asked to indicate the support they would require, up to the limit of the existing budget and decreasing year-on-year as the service

### Section 3 - Information - What did people tell you?

question.

What did people tell you	Resident Engagement - Feb 2025:
about your proposals?	Avantage Annual Survey. High rates of return. Approximately
	96% of Oakmere respondents were satisfied with the
	previous (onsite restaurant) service whilst 88% of
	Willowmere respondents were satisfied with their onsite
	service. Satisfaction levels with the new hot meals delivery
	service were very low, although the service was very new at
	the time. Residents reported that lunch was the preferred

establishes itself and grows. This will be an evaluated



	Cheshire East Council
	meal time, with hot meals being cooked onsite 7-days-aweek.
	Resident Engagement - May 2025: The Council asked residents to complete a further survey in May 2025. In both schemes, most residents supported the return on an onsite catering service. Most residents preferred 7-day opening and lunch was the preferred meal time. The overwhelming majority of residents preferred a service with a hot lunchtime meal and snacks available at other times of the day. Many residents referred to the importance of communal dining as a social event, with some saying how much they missed this aspect of the previous onsite restaurant service.
	Market Engagement - June 2025:  Whilst neither of the respondents had direct extra care catering experience, both had relevant community-based experience. They identified key challenges including catering for diverse dietary needs, staffing, compliance and cost control. Both were confident that the service could be sustainable, provided that external customers could be accommodated and with a focus on efficiency, reducing waste and attracting customers by providing affordable meals.
Details and dates of the consultation/s and/or engagement activities	February 2025: Resident Survey (Avantage Annual Survey) Respondents: Oakmere – approx. 42 responses to survey, Willowmere – approx. 52 responses. Not all respondents answered every questions.  May 2025: Drop-In Sessions and paper-based Survey
	Respondents: 31 responses received from each scheme. In Oakmere, 30 residents spoke to officers, while in Willowmere only four residents did this.  June 2025: Market Engagement via The Chest

Section 4 - Review of information, consultation feedback and equality analysis

responses were received.

Are there any gaps in consultation and

engagement feedback?

Nine organisations reviewed the notification on The Chest,

Market engagement has been more limited as only two

with two organisations completing the survey.

Considerable resident engagement has taken place.



Protected	What do you	What did people tell	What does this mean?
characteristics	know?	you?	Impacts identified from the
groups from	Summary of	Summary of	information and feedback
the <b>Equality</b>	information used to	customer and/or	(actual and potential).
Act 2010	inform the proposal	staff feedback	
			These can be either
	Refer to Section 2	Refer to section 3	positive, negative or have
			no impact.
Age	The majority of the	Survey respondents	The proposed new service
	people affected by	were keen to	would have a positive
	the proposed new	emphasise the	impact as it would meet the
	service will be	importance of hot,	need for hot, nutritious
	scheme residents,	nutritious meals for	meals and because these
	all of whom are	older people as well	would mainly be served in
	over 55.	as the importance of	the restaurant, would meet
		the restaurant as a	the desire to bring internal
		community hub.	and external communities
			together.
Disability	Some scheme	As above.	As above.
	residents may have		
	a disability that may		
	mean they are		
	unable to shop for		
	their food and/or		
	prepare meals.		
Gender	n/a		
reassignment			
Pregnancy and	n/a		
maternity			
Race/ethnicity	n/a		
,			
Religion or	Some residents may	Information not	An onsite catering providing
belief	have special diets	requested/	a face-to-face service
	because of their	volunteered in	should be able to be more
	religion or beliefs.	surveys.	flexible about meeting
		,	varied dietary
			requirements.



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Sex	n/a	
Sexual orientation	n/a	
Marriage and civil partnership	n/a	

# Section 5 - Review of information, consultation feedback and equality analysis

Mitigation	What can you do to mitigate any negative impacts or further enhance positive impacts?	
Please summarise the impacts listed in section 4 and what will be done to mitigate these impacts	Procurement of an onsite catering provider would have a positive impact because:  • It would meet the need identified by residents and professionals for hot, nutritious meals to be available for residents and the local community  • The meals would mainly be served in the restaurant, making meal times a social occasion where residents and visitors to the schemes could meet and socialise together.  • An onsite provider would have the opportunity to get to know customers and their food preferences and be able to "flex" their offer to suit individuals and groups of customers, whether their preferences are medical, due to religion or beliefs, or personal choice.  • Residents who are unable to leave the scheme or who are unable to cook, would be assured of a choice of hot meals and the possibility that they can purchase additional snacks/light meals to eat in their apartments outside of opening hours.  Considerable resident engagement has taken place, together with targeted market engagement. The draft catering services specification has been shaped by insights provided by both residents and participating providers, and has been designed to offer the provider sufficient flexibility ensure the long-term sustainability of their business throughout the contract period.	



#### Section 6 - Monitoring and review

Details of monitoring activities	Should procurement take place and a contract awarded to an onsite provider, monitoring will be via the contract monitoring regime (yet to be decided).
Date and responsible officer for the review of the EIA	Sophie Middleton, Project Manager (Extra Care)  This EIA will be reviewed either if a decision is made not to procure a new service or if the proposed procurement is approved but fails.

#### Section 7 - Sign off

When you have completed your draft EIA, it should be sent to the <u>Equality, Diversity and Inclusion Mailbox</u> for review.

If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Name	Dan Coyne
Date	28.08.2025
Signature	Daniel Coyne

Once the EIA has been signed off, please forward a copy to the <u>Equality, Diversity and Inclusion</u> <u>mailbox</u> for it to be published on the website.

For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

**Help and support** - For support and advice please contact the <u>Equality, Diversity and Inclusion mailbox</u>





**OPEN** 

#### **Adults and Health Committee**

22 September 2025

**Integrated Sexual Health Services Recommission** 

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/43/2025-26

Ward(s) Affected: All Wards

For Decision

#### **Purpose of Report**

- 1 This report seeks approval to proceed with the recommission of the Integrated Sexual Health Service in Cheshire East.
- The Cheshire East Plan directly informs this work under Priority 2: 'Improving Health & Wellbeing', which includes commitments to improve outcomes, promote early intervention and prevention, and support individuals to thrive. These priorities are reinforced in the Cheshire East Joint Health and Wellbeing Strategy, which emphasises improving wellbeing and tackling inequalities.

#### **Executive Summary**

- This report outlines the current sexual health model and the proposed recommissioning approach, which includes resident/stakeholder coproduction.
- The existing service, delivered by Axess Sexual Health, operates under an integrated approach that brings together education, testing, treatment and support into a seamless and cohesive care pathway.
- This is a mandated service under the Health and Social Care Act (2012) and is strategically aligned with the Cheshire East Plan (2025–2029), specifically Priority 2: 'Improving Health and Wellbeing'. This report seeks approval to proceed with the recommissioning process.

#### RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the commencement of work on recommissioning the Integrated Sexual Health Service.

#### Background

- Section 2B of the NHS Act 2006 requires upper-tier and unitary local authorities to take appropriate steps to improve the health of people in their areas. Furthermore, the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 mandates councils to provide comprehensive open-access sexual health services.
- 7. The Cheshire East Plan 2025–29 outlines several priorities that will guide the recommissioning and delivery of sexual health services, in particular, addressing health disparities and focusing on prevention and early support. An integrated model also reflects the Council's commitment to strong partnerships and delivering targeted, community-based solutions, that improve health and wellbeing across the borough.
- 8. Sexual health services across Cheshire East are delivered by Axess Sexual Health, part of Liverpool University Hospitals NHS Foundation Trust, offering open-access and confidential care. The service is designed to be inclusive and accessible with emphasis on partnership working and community reach.
- 9. The service operates across all three nationally defined tiers:

Tier 1: Basic Sexual Health Services – prevention and early intervention

- Pregnancy prevention advice
- Teenage pregnancy prevention initiatives
- Outreach and education programmes
- Digital/online services, including:
  - Free condom distribution
  - Expert sexual health advice and guidance

Tier 2: Intermediate Clinical Services - more advanced clinical care

- Contraception services (routine methods and emergency contraception)
- Sexually Transmitted Infection (STI) testing and screening, including Chlamydia testing for 15–24-year-olds
- Postal STI testing kits (via SH:24)
- Early diagnosis and treatment of STIs

Tier 3: Specialist Sexual Health Services - involve complex clinical interventions and specialist care for individuals with more advanced or ongoing needs.

- Long-Acting Reversible Contraception (LARC)
- Routine cervical screening (smear testing)
- HIV care and treatment, including medication
- STI preventative care, management and treatment
- Vaccination programmes targeting gonorrhoea and Mpox.
- 10. Of further note is that, Axess provides a range of inclusive services including HIV testing and PrEP access, dedicated LGBTQ+ and young people's clinics, safe spaces, outreach services for hard-to-reach groups and sexual health education supported through schools and youth services, with training also offered to professionals through a 'trainer the trainer' model.

- 11. The sexual health service plays a critical role in preventing the spread of sexually transmitted infections (STIs), reducing unplanned pregnancies, supporting healthy relationships, and addressing inequalities.
- 12. The need for these services is underpinned by (also see Appendix 1):
  - Persistent rates of sexually transmitted infections (STIs), particularly among young people and vulnerable groups
  - The importance of early intervention and prevention to reduce long-term health and social costs
  - National and local public health priorities including reducing health inequalities and improving reproductive health outcomes.
- 13. Cheshire East performs well against the England average for most Public Health indicators. Please see Appendix 1 for further details.
- 14. Sexual health outcomes are closely tied to wider social determinants of health. Groups most affected by poor sexual health include young people aged 15—24; people from Black and minority ethnic communities; LGBTQ+ individuals, particularly men who have sex with men (MSM); people living in areas of high deprivation. These groups often face barriers to accessing services, including stigma, discrimination, and lack of culturally appropriate care<sup>1</sup>.
- 15. National data shows that STI rates and unplanned pregnancies are higher in more deprived areas. In Cheshire East, while overall rates are lower than the national average, pockets of inequality persist, particularly in urban and more deprived communities such as central parts of Crewe. Access to long-acting reversible contraception (LARC) and targeted outreach in schools and youth settings are essential to reducing disparities.
- 16. A key factor in the transmission of STIs is the age and sexual health behaviour of individuals. In Cheshire East, recent data shows that young people aged 15—24 remain the group most at risk of acquiring STIs, particularly chlamydia and gonorrhoea, reflecting national trends.
- 17. Recommissioning a robust sexual health service is crucial to sustaining an integrated care model that ensures open-access and confidential provision. This approach improves accessibility, reduces health inequalities, and enhances health outcomes. It supports early diagnosis, ensures efficient use of resources, and promotes continuity of care. Furthermore, it aligns with national priorities and enables targeted interventions for high-risk populations.
- 18. Two procurement options are likely to be considered:
  - Direct Award Process This route is available as part of the Procurement Provider Selection Regime (PSR), allowing for a streamlined approach where specific criteria are met.
  - Competitive Tender Process This involves a formal procurement exercise to invite bids from potential providers, ensuring value for money.
- 19. The intention is to return to Committee in January or March 2026 with the

<sup>&</sup>lt;sup>1</sup> GOV.UK. (n.d.). Sexual health: variation in outcomes and inequalities. [online].

proposed model for the new service. This will update on co-production work. The current service contract is set to expire on 30th September 2026.

#### **Consultation and Engagement**

- 20. Work will take place to ensure sexual health services are aligned with local needs and priorities. This will support the development of an integrated, evidence-based model that is equitable, sustainable and insight led.
- 21. The process will be underpinned by needs analysis including review of alternative service models, national evidence, NICE guidelines, and the new Sexual Health Joint Strategic Needs Assessment. This evidence-based approach will ensure the redesigned service is responsive, effective, and aligned with local priorities and best practice.
- 22. As part of the recommissioning process. A multidisciplinary project group would also be established, with representation from Commissioning, Public Health, the Integrated Care Board (ICB), Healthwatch and Children's and Education services. A comprehensive consultation and engagement strategy will also be developed, incorporating stakeholder input.
- 23. Coproduction will be a central to this recommission, ensuring that services are designed and delivered in partnership with the people who use them e.g. young people, LGBTQ+, various ethnic groups, and people living with HIV. A briefing will also be held with members to update on progress and capture views.
- 24. A mix of engagement methods, including focus groups, surveys and creative workshops will ensure flexibility and wider reach. Crucially, maintaining ongoing communication and showing how feedback has influenced decisions fosters long-term relationships and empowers communities to shape services that reflect their needs and experiences. This programme of work is envisaged to take place following, and subject to, approval of this report until the end of November 2025.
- 25. This recommission provides an opportunity to develop a service model that reflects our health and care Blueprint for locality-based services delivered through our Care Communities, and which also reflects the aspirations of the NHS 10-year plan.
- 26. The provider market will also be engaged through a survey and follow-up meetings where they indicate interest.

#### **Reasons for Recommendations**

27. This is a mandatory Public Health service which supports national priorities and local sexual/reproductive outcomes (including addressing health inequalities).

#### **Other Options Considered**

Option	Impact	Risk
Recommission	Increased value for money and a service shaped around local need	The ability to address local needs effectively with available resources
No Commission	This would mean the current contract would lapse without replacement. This would not be a viable option as it would mean not providing a mandated open-access sexual health service	High risk of increased STI rates, unplanned pregnancies, and early intervention opportunities  Significant public health, legal and reputational consequences

#### **Implications and Comments**

#### Monitoring Officer/Legal/Governance

- 22. This is a statutory service that is fully funded through the ring-fenced Public Health grant provided directly to the Council by Central Government. The current contract costs £2.506m per annum.
- 23. There are no financial implications associated with the decision to recommission the contract. The financial implications will be assessed once bids are received, to inform the decision-making process.

#### Section 151 Officer/Finance

28. This is a statutory service that is fully funded by the public health ring-fenced grant that the Council receives directly from Central Government. There are no financial implications of this recommission on the council's existing Medium Term Financial Strategy (MTFS).

#### **Human Resources**

29. It is not anticipated that additional staff resources will be needed for the recommissioning of the Sexual Health Service.

#### **Risk Management**

30. Risks will be managed by the project team, with mitigation put in place where necessary.

#### **Impact on other Committees**

31. The service is predominantly adults focused but the engagement session will include members of the Children and Families Committee.

#### **Policy**

32. The activity outlined in this report supports the following aim and priorities within the Cheshire East Plan 2025–29:

# Commitment 1: Unlocking Prosperity for All

Reducing health related barriers to education, employment, and participation in community life.

Supporting young people and adults to make informed choices, contributing to long- term wellbeing/ productivity.

Ensuring equitable access to services thus helping to reduce health-related inequalities

# Commitment 2: Improving Health and Wellbeing

Reduce health inequalities through outreach & prevention.

Early intervention and prevention, inc. STI testing, contraception, promotion.

Supporting young people to thrive through education, safeguarding and access to confidential care.

Strengthening partnerships to deliver joined-up care.

# Commitment 3: An Effective and Enabling Council

Engagement with residents/stakeholders to shape services that meet local needs.

Digital-first service delivery, while maintaining inclusive access for those who need in-person/ community-based support.

Delivering value for money through integrated, efficient service models.

#### **Equality, Diversity and Inclusion**

33. An Equality Impact Assessment will form part of the recommissioning process.

#### Other Implications

34. The recommission will include consideration of social value e.g. to minimise the environmental impact of the service.

#### Consultation

Name of Consultee	Post held	Date sent	Date returned
Statutory Officer (or deputy) :			
Ashley Hughes	S151 Officer	Click or tap to enter a date	Click or tap to enter a date
Kevin O'Keefe	Acting Monitoring Officer	Click or tap to enter a date	Click or tap to enter a date
Legal and Finance			
David Hallworth	Finance Business Partner	11/09/25	11/09/25
Adrian Leslie	Lawyer	09/09/2025	09/09/2025
Other Consultees:			
Curtis Vickers	Head of Integrated Commissioning		28.08.2025
Liane Halliday	Head of Procurement		28.08.2025
Executive Directors/Directors			
Rod Thompson	Director of Public Health		28.08.2025
Helen Charlesworth-May	Executive Director of Adults, Health and Integration	05.09.2025	09.09.2025

Access to Information			
Contact Officer:	Victoria Davies, Project Manager victoria.davies@cheshireeast.gov.uk Darwin, Programme Lead nik.darwin@cheshireeast.gov.uk		
Appendices:	Appendix 1 – Overview of Current Delivery		
Background Papers:	Cheshire East Joint Health & Wellbeing Strategy 2023-2028 Cheshire East Plan 2025-2029		

#### Appendix 1 - Overview of Current Delivery

Sexually transmitted infections (STIs) remain a significant public health concern both nationally and locally with persistent rates observed among young people aged 15–24 and other vulnerable populations. Recent data from 2024 indicates that this age group continues to account for a disproportionately high number of new STI diagnoses, particularly chlamydia and gonorrhoea<sup>1</sup>.

Contributing factors include increased sexual activity, lower rates of condom use and barriers to accessing timely sexual health services. Vulnerable groups - including individuals experiencing socioeconomic disadvantage, LGBTQ+ communities and those with limited access to healthcare, also face elevated risks. These trends highlight the continuing need for targeted prevention, early intervention and inclusive service delivery to reduce transmission and improve sexual health outcomes across the borough.

The tables below present key sexual health indicators for Cheshire East, focusing on STI rates (including chlamydia, syphilis and gonorrhoea). These notifiable infections are key indicators of sexual health. In Cheshire East, these trends are monitored through local sexual health profiles to inform targeted public health strategies. Nationally, they align with UK Health Security Agency and NHS England priorities to reduce health inequalities and improve sexual and reproductive health outcomes.

Note – the tables below show major Public Health indicators<sup>1</sup>. The values given are the age standardised rate which are adjusted for population demographics, meaning a fair comparison between areas can be made.

#### **STI Testing Overview (2024)**

#### **Key Insights:**

	Cheshire East	England	Comparison
STI testing rate (excluding chlamydia, aged <25) per 100,000	2,907 per 100,000	4,088 per 100,000	Worse than England
STI testing positivity (excluding chlamydia, aged <25)	5.8%	6.4%	Better than England

- The STI testing rate for under-25s (excluding chlamydia) is lower in Cheshire East than the national
  average, which may suggest less engagement with testing services or lower service availability.
  Therefore, there is an opportunity in the recommissioning work, to look at how engagement can be
  enhanced, such as by targeted outreach and improved service visibility.
- STI testing positivity is lower in Cheshire East than England. This could reflect more effective local prevention work.

#### Service Level Data:

- 100% of patients requiring a face-to-face appointment received it within 2 working days in 24/25, whereas 86% of those requesting an online test received it within 2 days.
- 100% of patients contacting the service with an urgent care need received support or assessment on the same day.
- The number of tests undertaken by residents has increased by 12.5% in 24/25, whilst positive results have decreased by 15%.
- 93% of patients received their test results back within 8 working days. Note: these results are skewed
  by the longer wait for herpes results and users not providing contact details. 99% of online patients
  received their test results within 48 hours from the time the sample was received.
- The number of patients aged 19 and under attending the service in Cheshire East has increased during the last year by 30% compared to the previous year.

1

<sup>&</sup>lt;sup>1</sup> Sexual and Reproductive Health Profiles | Department of Health and Social Care, data is for 2024 unless indicated

#### Chlamydia & Syphilis Indicators (2024)

Indicator	Cheshire East	England	CE Comparison
Chlamydia Detection rate (Females aged 15–24)	1,315 per 100,000	1,589 per 100,000	Worse than England *
Proportion of females screened for Chlamydia (aged 15–24)	14.2%	18%	Worse than England
Chlamydia Diagnostic rate (per 100,000)	73	124	Better than England
Syphilis diagnostic rate	15.8%	16.5%	Similar

#### **Key Insights**

- \* Chlamydia detection rate is a counterintuitive indicator, as to score better, more cases must be identified. This disregards effective prevention efforts and associated lower transmission rates locally.
- The local screening proportion for chlamydia (females 15–24) at 14.2%, reflects significant engagement with young people, including focused campaigns. There is the potential to close the gap with England through additional outreach, education and school/college partnerships.
- Syphilis diagnostic rates are comparable between Cheshire East and England, indicating:
  - stable surveillance and consistent diagnostic activity
  - effective monitoring and control measures are in place.
- General Practitioners in Cheshire East are actively involved in delivering the chlamydia screening programme for under-25s, alongside other sexual health services such as LARC and IUD provision.

#### Gonorrhoea & Genital Warts Indicators (2024)

Indicator	Cheshire East	England	CE Comparison
Gonorrhoea Diagnostic rate per 100,000	73	124	Better than England
Genital warts diagnostic rate per 100,000	36.4	43.4	Better than England

#### **Key Insights:**

- Recent data shows that Cheshire East's STI diagnostic rate stands at 73 per 100,000, notably lower than the national average of 124 per 100,000. This suggests a lower local prevalence. Importantly, it provides a clear baseline for expanding outreach and testing initiatives, particularly among undertested groups, to support early detection and treatment.
- Nationally, Gonorrhoea diagnoses have been steadily rising since the early 2000s, with a temporary dip during the COVID-19 pandemic due to reduced testing.
- The highest rates of Gonorrhoea are seen among gay, bisexual and other men who have sex with men (GBMSM), who account for nearly half of all diagnoses in 2022. Cheshire East reflects this national pattern.
- There is an increasing diagnostic trend which is a concerning development from a public health perspective and reflects patterns observed across all regions in England. In response, the UK launched a world-first national gonorrhoea vaccination programme in August 2025. Axess Cheshire East is implementing this initiative by targeting high-risk groups, including gay, bisexual, and other men who have sex with men (GBMSM), as well as individuals with recent bacterial STIs or multiple sexual partners. Staff are being trained to deliver the vaccine opportunistically during routine sexual health consultations.
- Genital warts are the third most commonly diagnosed sexually transmitted infection (STI) in the UK and are caused by infection.

#### Long-Acting Reversible Contraception (LARC) Indicators (2023)

LARC uptake is a key indicator of effective contraceptive provision. These methods are highly reliable, long-lasting and reversible, helping to prevent unintended pregnancies i.e. intrauterine device (Coil)/contraceptive pill/implants. Monitoring LARC usage reflects service accessibility, supports health equity and informs commissioning and workforce planning. This data helps to assess the quality and reach of reproductive health services, testing activity and contraception usage.

Indicator	Cheshire East	England	CE Comparison
Total prescribed LARC (excluding injections) per 1,000	50.1	43.5	Better than England
Sexual and Reproductive Services prescribed LARC (excluding injections) per 1,000		18	Similar

#### **Key Insights:**

- Cheshire East demonstrates strong performance in LARC provision, with a total prescription rate of 50.1 per 1,000 population, significantly higher than the national average of 43.5. This suggests an effective local service and strong public engagement with long-term contraceptive options.
- The rate of LARC prescriptions through sexual and reproductive health (SRH) services in Cheshire East is 18.1 per 1,000, closely aligned with the national figure of 18 per 1,000. This consistency indicates that local SRH services are performing on par with national standards, ensuring equitable access to contraception.
- Just under 10% more implants have been inserted in 24/25 in comparison to the previous year.
- Higher uptake of LARC methods is associated with reduced rates of unintended pregnancies and improved reproductive health outcomes. Cheshire East's performance reflects effective service delivery, proactive patient engagement and a commitment to accessible, high-quality contraceptive care.
- LARC provision is subcontracted to local GP practices, extending the reach and accessibility for local residents.

#### **HIV Indicators (2023)**

Indicator	Cheshire East	England	CE Comparison
HIV Testing Rate	2,056	2,770	Worse than England
HIV Diagnosis Rate per 100,000	7	10.4	Better than England

#### **Key Insights:**

- Approximately 113,500 people are living with HIV in the UK with 100,063 individuals accessing HIV care in England (national overview). In Cheshire East, 308 people were living with diagnosed HIV in 2023. This equates to a rate of 0.63 per 1,000 population aged 15–59, which is lower than many other areas in England.
- Around 4,700 people in England are estimated to be living with undiagnosed HIV. However, treatment
  coverage is high, with 98% of diagnosed individuals receiving care and 98% of those treated being
  virally suppressed, meaning they cannot transmit the virus sexually.
- HIV treatment and care in Cheshire East has been a standout area of success locally. The integrated
  approach has ensured consistently high testing rates, particularly among gay, bisexual and men who
  have sex with men. The treatment programme has included innovative express clinics and community
  outreach, leading to almost 400 people accessing treatment.

 Cheshire East is part of the Cheshire and Merseyside Fast Track Cities programme, aiming to end new HIV transmissions by 2030. This is a collaborative initiative, which brings together local councils, NHS services, community organisations and people living with HIV to improve prevention, testing, treatment and support.



**OPEN** 

#### **Adults and Health Committee**

22 September 2025

#### **Adult Social Care Transformation Plan Update**

Report of: Executive Director Adults, Health and Integration

Report Reference No: AH/28/2025-26

Ward(s) Affected: All

**For Scrutiny** 

#### **Purpose of Report**

- To provide an update on progress of the Adult Social Care Transformation Programme as outlined in the Report AH/28/2024-25 Agenda for Adults and Health Committee on Monday, 20th January, 2025, 10.00 am | Cheshire East Council
- 2 The programme is aligned to the following Corporate Plan objectives:
  - Increase the opportunities for children, young adults and adults with additional needs
  - A council which empowers and cares about people
- The content of this report is also aligned to the endorsed polices presented to Corporate Policy Committee on 21 March 2024: "Cheshire East Approach to Transformation" and the 21 August 2024 "Cheshire East Council Transformation Plan". These policies will support the Council to address the 4-year funding gap of £100m as outlined in the MTFS 2025/29.

#### **Executive Summary**

4 We have too many older people receiving long term support in care homes and our average costs for supporting people with a learning disability and autism are high (although paradoxically our hourly rates are low compared to our neighbours). To address these significant priorities, we have implemented an ambitious Adult Social Care Transformation Programme.

Prevent, Reduce and Enable (PRE)

5 We need to ensure that we have the right support for people to remain at home and avoid permanent care home placements. This might mean

- increasing capacity in some services or filling gaps whilst ensuring consistent decision making.
- We will need to ensure short term interventions are managed correctly, to allow time for recovery whilst lowering contributory factors that mean people get admitted into Care Homes. The Prevent, Reduce and Enable Project will ensure we continue to promote wellbeing, prevention, independence, and self-care for people across Cheshire East.

Learning Disabilities and Autism (LDA)Services

- 7 We need to transform the way we provide accommodation with care and support for people with a learning disability.
- 8 In the short term we will reduce voids, review night cover and shared hour arrangements. In the longer term we will develop modern accommodation with efficient staffing ratios, increase shared lives, developed trusted strategic partner arrangements that can deliver independent living with choice and control whilst balancing cost and efficiency.

#### Recommendations

#### **RECOMMENDATIONS**

The Adults and Health Committee is recommended to:

Note the content of the report and that further papers will be brought to Adults and Health Committee when there are significant decisions to be made.

#### Background

- On the 21 August 2024 the Corporate Policy Committee approved the Council's Transformation Plan. The Plan describes how the Council will approach, resource and deliver the changes needed to become a radically different organisation that delivers better outcomes for residents whilst spending £100million less by 2028. An update on the Plan was presented to Corporate Policy Committee on 6<sup>th</sup> August 2025 and agreed that regular comprehensive progress reports would be required going forward Agenda for Corporate Policy Committee on Wednesday, 6th August, 2025, 5.30 pm | Cheshire East Council.
  - 10 The Council's Transformation Plan has evolved, and the Portfolio is now organised into the following programmes:
    - Access to Services
    - Enabling Communities
    - Service Delivery
    - Corporate Core

- 11 The Adult Social Care Transformation Programme is part of Service Delivery and delivering 2 major projects:
  - Prevent Reduce and Enable
  - Leaning Disability and Autism Services

#### **Prevent Reduce & Enable**

- 12 Prevent, Reduce & Enable (PRE) is a project focused on helping people live independently for longer through investing in community-based interventions, avoiding a requirement for residential care
- 13 Since the previous Committee update, there has been an Outline Business Case (OBC) developed focusing on mobilising a range of early intervention and prevention initiatives:
  - (a) An expansion in reablement capacity, to ensure that this is available to more residents to help them retain and regain their independence, without requiring intrusive long-term care
  - (b) An expansion in Occupational Therapy capacity to enable earlier involvement in care planning, reducing a need for large packages of care by focusing on technology, equipment and self-care
  - (c) The use of Community Connectors and Local Area Coordinators at the Front Door of adult social care, to increase the use of signposting and connect residents to support closer to home
- 14 The project also focuses on expanding the use of Tech-Enabled Care (TEC) by ensuring it aligns with the needs of residents and is considered as part of operational decision making; and continuing to monitor the impact of the self-funder pilot in enabling residents to make sustainable financial decisions about their care and support.
- 15 Following the sign-off of the OBC, a pilot was initiated in June in Macclesfield. The Pilot has bought together operational staff who have co-designed an operational model focused on regular multi-disciplinary case discussions to understand and resolve issues quickly.
- 16 Since its start in June 2025, the PRE pilot has:
  - (a) Engaged with 50 residents from the pilot area, of which operational staff indicated 72% (36 individuals) had eligible Care Act needs, potentially resulting in a CAH package of care
  - (b) Enabled 60% of these residents to receive a reablement intervention, 52% to receive support from Occupational Therapy and 74% to receive signposting and connection to their local communities
  - (c) Enabled avoided Care at Home hours equivalent to an annual avoided spend of £129.1k, based on the 16 residents who have completed a PRE intervention

- (d) Identified and actioned opportunities to improve support and pathways for residents to ensure they continue to receive timely preventative interventions
- 17 The pilot will be reviewed in September, and the scope increased to include hospital discharges. At the end of the pilot the model will be standardised and rolled out across the Borough

#### **Learning Disability and Autism Services**

18 The LDA Transformation Project is focused on reviewing supported living arrangements, Care4CE modernisation and increased use of Shared Lives to enhance independence, person-centred care and ensure long-term financial sustainability.

#### Supported Living Transformation

- 19 An outline business case was approved in June 2025 to reshape how commissioned care is delivered in Supported Living settings. A fixed-term Project Team will undertake reviews over a six-month period. The Team Manager is in place and is actively appointing to the wider team.
- 20 Additional progress in this area has included:
  - (a) The launch of a new pathway for Care4CE Supported Living, with the aim of improving placement numbers and reducing voids
  - (b) A process put in place to improve the visibility and monitoring of supported living vacancies across Cheshire East
  - (c) Livity Life, Cheshire East's TEC provider, has completed 59 reviews, leading to installations that support greater independence for residents

#### Care4CE Modernisation

- 21 A new Head of Service has been appointed and is undertaking a service-wide review to identify short-term improvements and inform long-term transformation planning
- 22 In the longer-term, a full business case will be developed that will explore workforce development, property modernisation and development of new service models to better align the service with operational priorities and demand

#### Shared Lives

- 23 The Shared Lives business case, focused on investing in recruitment and retention of Shared Lives carers, was approved by Transformation Board in January 2025
- 24 To enable early implementation, a staff member from within the existing service has been appointed to lead on targeted marketing and carer

- recruitment to increase the number and diversity of carers, and promote Shared Lives as an alternative to Supported Living
- 25 In line with the business case, rates paid to Shared Lives carers have also increased to align with the offer elsewhere in the North West, to recognise the valuable support these carers provide
- 26 Further work is now underway on developing a recruitment campaign, community engagement and improving the assessment and placement process to enable service growth.

#### **Consultation and Engagement**

27 The approach outlined in this report will be shared with staff, service user groups and provider forums. Feedback will be used to shape the required business cases.

#### **Reasons for Recommendations**

28 Members will need to consider further papers as and when there are substantive decisions to be made.

#### Other Options Considered

29 None. This report is to ensure Members of the Committee are sighted on the detailed approach to Adult Social Care Transformation as outlined in the MTFS 2025/29 report.

#### **Implications and Comments**

#### Monitoring Officer/Legal

30 Agreed proposals must be implemented in accordance with the Council's responsibilities under the Care Act 2014 and any other relevant legislation and the Council's Constitution and Contract Procedure Rules. The Service has confirmed that Legal Services will be engaged appropriately in the drafting of any business cases so that legal advice and support informs the process. Where any of the review outcomes and proposed changes are deemed significant (by reference to the definition of Significant in the Constitution) then a report will need to be brought to Committee for decisions on those specific matters.

#### Section 151 Officer/Finance

31 The MTFS 2025/29 report shows that the combined savings from Learning Disability and the PRE projects totals £15m. As such, these represent a major part of the Council's wider transformation programme and it will be important that planned savings are maximised given overall financial pressures currently being faced by the Council.

#### Page 182

Savings Project	25/26	26/27	27/28	28/29
Prevent, Reduce, Enable	£ 1,500,000	£ 2,833,000	£ 2,833,000	£ 2,833,000
Learning Disability and Autism Provision	£ 2,500,000	£ 2,500,000		
Total	£ 4,000,000.00	£ 5,333,000.00	£ 2,833,000.00	£ 2,833,000.00

32 The figures in the MTFS are based upon benchmarking and national best practice and are subject to refinement as business cases are developed.

#### Human Resources

33 Workforce considerations will be fully considered, both internally and externally as business cases are further developed.

#### Risk Management

34 As part of the MTFS and Transformation processes risks are assessed and reported on a regular basis, and remedial action taken if required.

#### Impact on other Committees

35 None to note at this time.

#### **Policy**

36 The approach set out within this report is in line with and part of the Council's Transformation Plan. The approach also will also contribute to the Corporate Plan aim "A council which empowers and cares about people". It also fully aligns with the objectives of the Cheshire East Learning Disability Plan 2024/29.

#### Equality, Diversity and Inclusion

37 EIAs will be completed as business cases are developed. However, it is anticipated that the recommendations will have a positive impact on people from protected characteristic groups.

#### Other Implications

- 38 The report provides details of service transformation across the borough and all communities.
- 39 The transformation projects align to the priority within the Cheshire East Corporate Plan 2021-2025 to increase opportunities for all children and young adults with additional needs.
- 40 These proposals will have a positive overall impact on the health and wellbeing of Cheshire East residents.
- 41 There are no direct implications for climate change.

### Page 183

#### Consultation

Name of Consultee	Post held	Date sent	Date returned
Statutory Officer (or deputy) :			
Ashley Hughes	S151 Officer	11/09/25	12/09/25
Kevin O'Keefe	Acting Monitoring Officer	11/09/25	12/09/25
Legal and Finance			
Jennie Summers	Head of Legal Services	11/09/25	Click or tap to enter a date
Nicola Wood-Hill	Finance Manager	11/09/25	Click or tap to enter a date
Roisin Beressi	Principal Lawyer	12/09/2025	12/09/2025
Other Consultees:			
Executive Directors/Directors			
Helen Charlesworth-May	Executive Director Adults, Health and Integration	01/09/25	05/09/25

Access to Information	on
Contact Officer:	Mark Lobban mark.lobban@cheshireeast.gov.uk
Appendices:	Appendix 1 Adult Social Care Transformation Programme Update September 2025
Background Papers:	MTFS 2025/29 report (Adult & Health Committee 20/01/25)  Cheshire East Approach to Transformation (Corporate Policy Committee 21/03/24)  Cheshire East Council Transformation Plan (Corporate Policy Committee 21/08/24)



# Adult Social Care Transformation

September 2025





# Introduction | Summary of Progress

Adult Social Care has worked in collaboration with Cheshire East's transformation partner Inner Circle to design and deliver new transformation opportunities; in addition to continuing to progress existing service improvement activity.



Phase 1
Deep Dives

Identified opportunities for savings through transformation:

- · Prevent, Reduce, Enable
- Learning Disabilities
   and service improvement:
- · Commissioning & Brokerage
- Partnership Case Reviews



Phase 2
Outline Business
Cases & MTFS

Developed outline business cases for two key areas of transformation:

- Prevent, Reduce, Enable (PRE) to keep more people out of care homes
- Learning Disabilities to review our offer to residents



Phase 3
Final Business Cases
& Forecast

We are now focused on mobilisation and testing our proposed transformation approach, enabling us to refine our approach, and confirm the benefits that can be achieved



# Introduction | Ambition of the Programme

Our transformation programme will deliver better outcomes whilst delivering significant savings.

			Financial Benefi	ts					
Workstream Title	:	25/26	26/27	27/28	28/29	Outcomes			
	MTFS	Forecast	MTFS	MTFS	MTFS				
Prevent, Reduce, Enable	£1.5m	£0.65m	£2.83m	£2.83m	£2.83m	<ul> <li>More people enabled to live independently at home for as long as possible</li> <li>Fewer people entering care homes</li> </ul>			
LD Programme	£2.5m	£1.0m	£2.5m			<ul> <li>More people enabled to live in home-based settings, either with families or in their own homes</li> <li>The offer to residents is fitfor-purpose for the needs of residents in Cheshire East</li> </ul>			
Commissioning & Brokerage	£0.5m	£0.5m	£0.25m			<ul> <li>Market management is strengthened</li> </ul>			
Partnership Case Reviews	£2.5m	£2.5m				<ul> <li>Legal requirements around joint funding are upheld by all parties</li> </ul>			

# Introduction | Overview of Programme









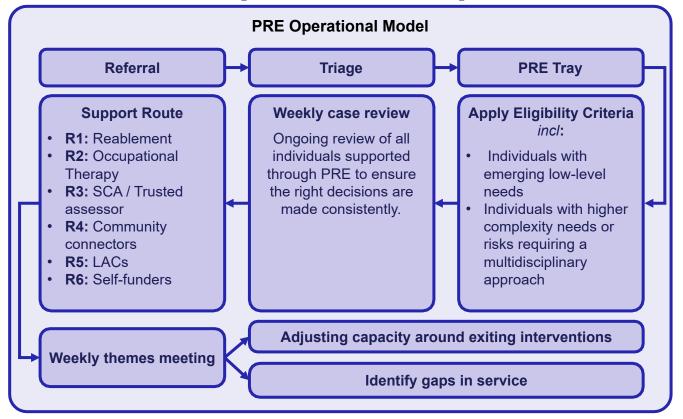


# PRE | Plan

		2024 2025									2026									
Mo	onth	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Phase 2																				
Phase mobilisation																				
Staff engagement																				
Data analysis and triangulation																				70
Outline business case development																				Page 190
Financial model development																				Φ - <u>-</u> -
Outline business case approved																				90
Phase 3 pre-design																				
Phase 3																				
Phase mobilisation																				
Pilot planning and set up																				
Launch and run pilot																				
Formal review of pilot																				
Pilot end / extension / reformat																				
Full business case development																				
Refreshed financial model development																				
Submit full business case for approval																				
Prepare for full scale roll out																				

### **PRE** | Overview of Approach

The PRE pilot went live in **June** following a data-led review of interventions based in Macclesfield. A review will take place in **September** to assess progress and to extend the scope to include hospitals.



Enabling prosperity and wellbeing for all

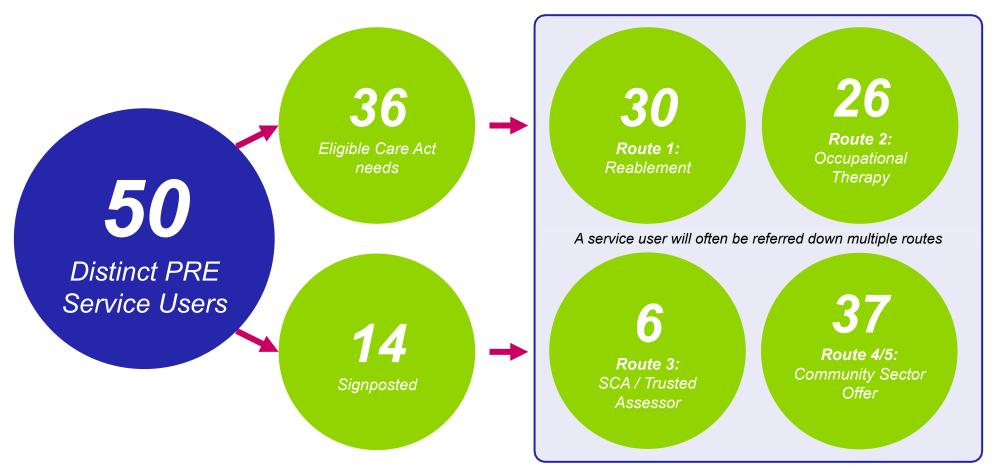
The PRE Operational Model focuses on early identification of preventative interventions for residents who come through the Adults front door in the pilot area.

This is complimented by weekly meetings to review cases and identify emerging themes and trends. Common trends coming through include:

- Better support for carers
- Clarity on the Tech-Enabled Care (TEC) offer
- The benefits of a multidisciplinary team

These sessions have enabled rapid discussion on what needs to change or be enhanced, with actions taken to ensure interventions densure East maximum impact.

### **PRE** | *Progress in Numbers*





### PRE | Case Impact Data



### PRE | Case Impact Stories

#### **Background**

Limited post-discharge support left Mrs M unable to manage daily tasks and reliant on her daughter for care.

- Referred on 17<sup>th</sup> June by daughter following hospital discharge
- Returned home without support
- Experienced pain and mobility issues, limiting ability to manage daily tasks
- Relied on daughter, who travelled an hour daily to provide care

#### Intervention

A coordinated response quickly put support in place to stabilise Mrs M at home.

- Package of care started on 18<sup>th</sup> June via Reablement: 3 x 30 min calls daily
- TEC installed: key safe and pendant alarm supplied
- OT support provided: bed lever, commode, toilet seat raiser

#### **Review & Progress**

### Support was gradually reduced as independence was regained.

- 7<sup>th</sup> July: Package of care reduced to 2 calls per day; microwave recommended to support independent meal prep
- 23<sup>rd</sup> July: All care calls ended as independence was regained

#### **Outcome**

# Early intervention supported recovery and prevented further escalation of needs:

- Prevented further deterioration in wellbeing
- Avoided hospital readmission
- Reduced risk of carer breakdown

# Page 19

#### **Background**

# A prison release referral highlighted significant health and mobility challenges impacting daily living

- Referred on 26<sup>th</sup> June by prison link worker ahead of release
- Returning to his flat in Macc, previously supported by daughter
- Mr. T was overweight, incontinent and had arthritis in both knees
- Low mood and very poor mobility
- Unable to wash, dress, prep meals, or maintain home.

#### Intervention

# A multi-agency support package was put in place to aid Mr T's transition and recovery

- Package of care: 2x 45 min calls (morning and bed-time)
- OT support provided: aids and minor adaptions provided
- Community Connector / LACs: social activities, voluntary services, shopping support
- Food support: parcel provided by local food bank

#### **Review & Progress**

# Support was stepped down as Mr T regained confidence and independence

- 18th July: Package of care reviewed
- Mr. T had regained confidence and independence in most daily activities
- The decision was made to end future care calls

#### **Outcome**

# Early support prompted recovery and successful reintegration into the community

- Prevented deterioration in physical and emotional wellbeing
- Enabled Mr. T to regain confidence and independence
- Supported successful reintegration into the community

### **PRE** | Self-Funder Pilot Progress



#### **Background**

(81)

Mrs

Case

# A family referral raised questions about need for residential care placement

- Lived in a care home for 5 months
- Family contacted ASC to review need for ongoing care and requested a Mental Capacity Assessment
- She expressed a clear wish to return home.
- Assessment confirmed Mrs. D has capacity to make decisions about her care and living arrangements

#### Intervention

# Targeted support was introduced to help Mrs D return home and regain independence

- Package of Care: 2 calls per week to assist with shopping and showering
- Rehab support: short-term rehab identified to help Mrs. D return to baseline level of independence.

#### Outcome

# Independence was restored quickly, leading to reduced care needs and costs

- After 3 weeks, Mrs. D had returned to her baseline level of independence and was able to move home
- Mrs. D's care costs reduced from £1,000/week to £100/week





# LD Programme | Plan

	2024 2025													2026					
Month	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Phase 2																			
Phase mobilisation																			
Project governance mobilisation																			
LD Transformation data analysis and discovery activity																			
Data cleansing and provider audit for Supported Living																			T
TEC engagements and workshop																			ag
Strategic analysis to set provider-level investigations and action plan																			Page 197
Shared Lives business case development and approval																			)7
Phase 3																			
Shared Lives business case mobilisation																			
Supported Living business case																			
Care4CE outline business case draft																			
Handover of Care4CE business case to HoS																			
Shared Lives recruitment post appointed																			
Commissioned Care Review Team Manager appointed																			
Mobilisation and delivery phase Commissioned Care Review Team																			
Implementation of shared Lives delivery plan																			
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### LD Programme | Overview of Progress

The LD Programme is shaping a new way of delivering support in the community. The focus of the work is on ensuring services are right for residents while supporting the market to become more sustainable.

#### Supported Living

- The 'Commissioned Care Review Team' as outlined in the business case is being recruited to and will be in place to start reviews of Supported Living placements in September 2025
- The team will undertake 387 reviews across ten providers by March 26
- Work will be undertaken in collaboration with providers, ensuring provision meets residents' needs and aligns with a sustainable market model

#### Care4CE

- A review of the service is being undertaken by the new Head of Service to ensure the service meets the needs of residents
- A new Supported Living referral pathway has been introduced across all networks to better understand where Care4CE can't meet needs and aims to reduce voids across the service

#### Shared Lives

- To enable rapid mobilisation, internal resource has been identified to oversee recruitment of new Shared Lives carers
- A targeted comms and recruitment plan has been developed and aims to reach a wider range of potential carers

Each of these programmes of work has established KPIs for both activity and spend which will be tracked as they move into delivery



### LD Programme | Commissioned Care Review Team

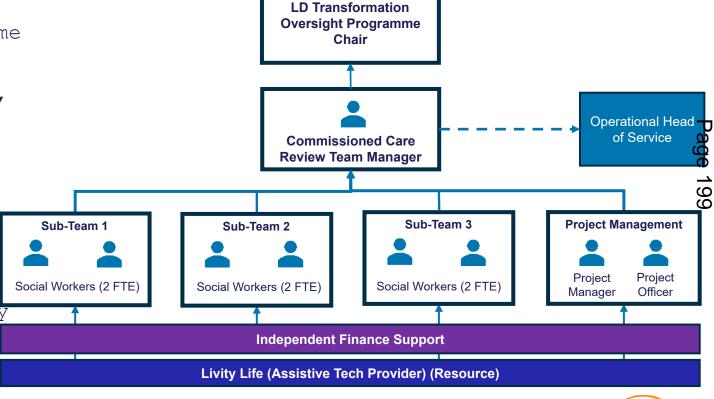
The team chart below reflects the agreed Commissioned Care Review Team Structure as detailed in the

**Outline Business Case.** 

Alongside mobilisation, the programme is developing Standard Operating Procedures to ensure a clear and consistent approach across the team, and a fair and equitable experience for providers.

These will set out agreed ways of working for how reviews are planned and delivered.

This will help ensure a consistently high standard of review, with provider engagement that is constructive, transparent and solution-focused.





# ertaken by packages <sup>(</sup>

### LD Programme | Outcomes & Impact

• The LD Programme is forecast to achieve savings of £1.0m in 25/26 following implementation dates of the Supported Living and Shared Lives activity initiating in September 2026.

• Through partnership working with our TEC provider (Livity Life) and Cheshire East's Learning Disability Teams, 20 items of equipment have already been identified and deployed to enable residents in Supported Living to live more independently.

• The Shared Lives carer allowance is being increased in line with other regional Shared Lives services to recognise the positive work of current carers, support retention and to make recruitment more appealing.

£1.0m

Forecast savings for 25/26

59

TEC Reviews undertaken by Livity Life of care packages

2

New Shared Lives carers in application pipeline (10 sessional, 1 respite, 1 longterm)

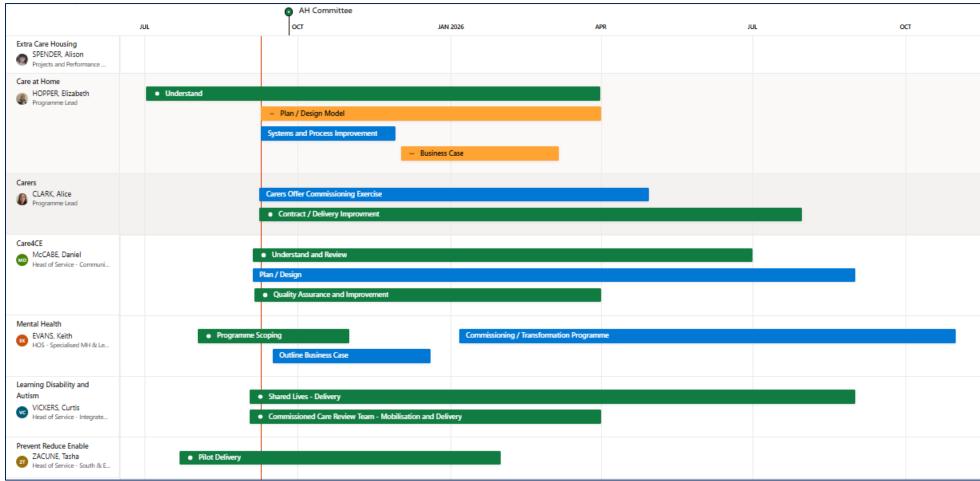
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New sessional support Shared Lives carers onboarded





### Next Steps | Transformation Pipeline







## Next Steps | Overall Progress

- We provide good Adult Social Care services, and this transformation programme will enable us to further improve services
- We want to ensure we can deliver better outcomes, which often comes with reduced costs
- Some timing challenges between budget setting for the MTFS and refinement and implementation of the transformation programme means that some delay to savings will need to be mitigated
- However, we are working in the right areas and are on track against our plan to deliver the impact we want for the residents of Cheshire East





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**OPEN** 

#### **Adults and Health Committee**

22 September 2025

Smoking in Pregnancy Incentives Scheme - Update & Evaluation

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/08/2025-26

Ward(s) Affected: All

For Decision and Scrutiny

#### **Purpose of Report**

As set out in previous reports to this committee, this report presents an evaluation of the Cheshire East Smoking in Pregnancy Incentives Scheme and recommends the transition to the National Smoke-Free Pregnancy Incentive Scheme.

#### **Executive Summary**

- In 2023, Cheshire East Council introduced a financial incentives scheme to support smoking cessation in pregnant women and their household members, implemented in partnership with local maternity services and our integrated wellbeing service (One You Cheshire East).
- The scheme supported national and local priorities to reduce smokingrelated harm in pregnancy and promote healthy early years and aimed to demonstrate the effectiveness of financial incentives for smoking cessation in pregnancy.
- Over the period, smoking at time of delivery fell from 11.7% (2021/22) to 7.2% (2023/24), outperforming the national average (7.4%)<sup>1</sup>.
- Quit rates at 4 weeks in phases 1 and 2 were 39% and 35% respectively, above the 2022/23 NHS Stop Smoking Services Carbon monoxide- (CO) verified average in England of 30.9%<sup>2,3</sup>.
- Feedback highlighted the importance of relational support and CO monitoring. Providers identified operational challenges and suggested ways to improve household member engagement.

7 The national scheme is now launching across both local maternity trusts.
This report supports winding down the local scheme, with learning retained for future application.

#### Recommendations

The Adults and Health Committee is recommended to:

- 1. Scrutinise the report findings and support the following actions:
- 2. Agree to the continuation of the household member component of the intervention during the transition to the national model.
- 3. Agree to the phasing out of the local scheme for pregnant women and household members as the national offer expands to include significant others.
- 4. Agree to retain the option to reintroduce a local scheme if national funding ends. In this case, improve household member engagement through earlier promotion, simplified consent procedures, and remote CO monitoring.

#### **Background**

- 8 Smoking is the leading modifiable risk factor in pregnancy, increasing the risk of miscarriage, premature birth, and sudden infant death<sup>4</sup>.
- National guidance recommends financial incentives to support smoking cessation in pregnancy, based on evidence showing it is both effective and cost-effective (summarised in previous council reports)<sup>5–10</sup>. Adding to this evidence base was a key reason for the implementation of the Cheshire East scheme.
- The scheme offered vouchers up to £400 for pregnant women and £200 for household members, contingent on CO-verified abstinence at staged milestones. Implementation has been a collaborative effort between the Council, both local acute trusts and One You Cheshire East.
- The pilot scheme has operated in two phases. Phase 1 (Feb 2023–Mar 2024) was delivered by One You Cheshire East. Phase 2 (from May 2024) was led by maternity unit-based practitioners for pregnant women, and One You Cheshire East for household members.
- Prior to the scheme's introduction, smoking status at the time of delivery in 2021/22 was 11.7% in Cheshire East. The latest figure shows a substantial drop to 7.2% in 2023/24, now better than the national average of 7.4%.

#### **Consultation and Engagement**

13 Feedback from stop smoking practitioners and service users was gathered to understand what worked well in the scheme and identify any barriers to success.

#### **Quantitative outcomes:**

- 14 Phase 1: 238 referrals; 21 achieved 4-week quit (39%). See Appendix 1.
- Phase 2 (May 2024 onwards): 92 referrals; 17 achieved 4-week quit (35%). See Appendix for summary table. See Appendix 1.
- Phase 2 participants in Mid Cheshire Trust were mostly White British women. 19 were employed, 17 unemployed, 4 self-employed, and one each a carer and student. Most lived in one of our more deprived areas. This suggested the scheme was reaching those who experience area-based inequalities.
- 17 In Phase 2 of the scheme, 52% of referred women set a quit date, compared to 22% in Phase 1 marking an improvement in engagement.

#### Participant feedback:

- In 18 semi-structured interviews conducted with service users (17 pregnant women and 1 partner) the scheme was widely described as "brilliant", "supportive", and "life-changing". See Appendix 2.
- Though the baby's health was the main stated reason for quitting, financial incentives helped reinforce commitments and maintain engagement with support services. Regular CO monitoring and supportive, non-judgemental practitioners were also central to a person's perceived success on the scheme.
- 20 Participants reported barriers to partners engaging in the service (including lack of awareness and practical barriers), most frequently that the partners did not feel ready to quit.

#### Service provider feedback:

- Four group sessions with smoking cession practitioners from the maternity services and One You Cheshire East revealed that the scheme was viewed positively. The incentive payments were seen as a useful adjunct that helped maintain participants' motivation.
- 22 Challenges around administrative burden and communication delays were noted. Difficulties in recruiting partners were acknowledged but there was strong support for retaining the scheme's household element.

#### **Reasons for Recommendations**

This evaluation demonstrates the effectiveness of financial incentives in supporting smoking cessation during pregnancy. While local maternity units are transitioning to the national scheme, its long-term continuation depends on sustained funding. Should national funding be withdrawn, the evidence presented here supports retaining a local offer to ensure ongoing support for pregnant smokers in Cheshire East.

The household member component incurs minimal cost and is funded through the existing contract with One You, with expenditure only incurred when a household member actively participates. Given its potential to reduce smoking in the home, there is strong justification for its continuation in the interim of the transition to the national scheme (and should this ever be retracted).

#### **Other Options Considered**

Option	Impact	Risk
Stop the	This would	The opportunity to further incentivise household
scheme	achieve an	members to quit and reduce second-hand smoke
entirely.	insignificant	exposure to the unborn child (alongside associated
	financial saving.	morbidity and mortality) would be lost during the
		transition to the national scheme.

#### **Implications and Comments**

Monitoring Officer/Legal/Governance

As per the Health and Social Care Act 2012, it is incumbent on the Council to take steps aimed at improving the health of the local population. This report in providing a service evaluation of the local smoking cessation scheme calls for no further legal comment.

#### Section 151 Officer/Finance

The project has made use of funding obtained from Public Health CHAMPS. This forms part of the Public Health ring-fenced grant which goes through an annual certification process. Spend has been limited due to take up (circa £16K to date). The aim would be to continue to utilise these existing monies to fund vouchers during the transition to the national scheme. This specific external funding source means that no changes are required to the Council's existing Medium Term Financial Strategy (MTFS).

#### Human Resources

27 None.

#### Risk Management

28 Risks are managed by the project team with mitigation put in place where necessary.

#### Impact on other Committees

29 No impact on other Committees to outline.

#### Policy

The activity outlined in this report supports the following commitments from the Cheshire East Plan 2025-29:

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing  2.1 Gap in health equalities is	Commitment 3: An effective and enabling council
	reduced across our diverse borough through a targeted approach	3.4 Service delivery and new ideas are shaped
	2.2 Improved independence, health and wellbeing through early intervention and prevention	by consultation and engagement
	2.4 Children and young people thrive and reach their potential with targeted support when and where they need it	

#### Equality, Diversity and Inclusion

An Equality Impact Assessment was completed when the One You Cheshire East service was recommissioned covering stop smoking activity.

#### Other Implications

#### 32 Rural communities

(a) Stop smoking support for household members is provided via the Council's commissioned One You Cheshire East service. This includes online and face-to-face support in a variety of locations including rural communities. Note that this does not extend to the incentives scheme which requires in-person CO-verification.

#### 33 Children and young people

(a) The scheme positively impacts on health outcomes for children.

#### 34 Public Health

(a) Smoking is the leading cause of preventable death and disease worldwide, and the leading cause of health inequality in the UK. A coordinated system-wide approach with the ambition of enabling a Smokefree Cheshire East has the potential to have significant Public Health benefits on a population level and to help to reduce health inequalities across the Borough.

#### 35 Climate change

(a) A small number of increased journeys to maternity units is required by participants; low-carbon options should be supported.

### Page 210

#### Consultation

Name of Consultee	Post held	Date sent	Date returned
Statutory Officer (or o	deputy) :		
Ashley Hughes	S151 Officer	29/08/25	02/09/25
Roisin Beressi	Principal Lawyer (Adults & Education)	15/08/25	26/08/25
Legal and Finance			
Patrick Rhoden	Principal Accountant	15/08/25	18/08/25
Other Consultees:			
Helen Charlesworth-May	Executive Director – Adults, Health and Integration	29/08/25	09/09/25

Access to Info	ormation
Contact Officer:	Dr Henna Reddy
	henna.reddy@cheshireeast.gov.uk
Appendices:	Appendix 1 - Additional quantitative outcomes
	Appendix 2 - Table summarising key smoking behaviour outcomes based on participant feedback
	Appendix 3 – Background papers and references

#### Appendix 1 – Additional quantitative outcomes

1 Summary tables of phase 1 and phase 2 data – pregnant women.

Referrals to scheme	238
Quit date set	54
4-6 week quit	21 (39%)
12-14 week quit	19
34-38 week quit	10
Table 1. Pregnant women - ph	nase 1 data

Referrals to scheme	92	
Quit date set	49	
4-6 week quit	17 (35%)	
12-14 week quit	12	
34-38 week quit	2	
Table 2. Pregnant women – pi	hase 2 data	

Referrals to scheme	8
Quit date set	8
4-6 week quit	4 (50%)
12-14 week quit	4
34-38 week quit	2
Table 3. Household member data.	

2 Mid Cheshire Trust provided additional data on participants for phase 2 of the scheme:

#### Page 212

- a. Participants were mostly White British women aged 18–41. Of 41 women in Phase 2, 35 were White British, four from other White backgrounds, and two from unspecified ethnic groups.
- b. Employment varied: 19 were employed, 17 unemployed, 4 selfemployed, and one each a carer and student. Most lived in the five most deprived IMD decile suggesting the scheme supports a reduction in area-based inequalities. There was no clear link between deprivation score and scheme completion.

#### 3 East Cheshire Trust additional data

- a) From January to July 2025, 16 women were referred to the scheme, with 4 eligible patients declining support at booking.
- b) Currently, 11 women are enrolled on the scheme: 1 of these have completed stage 2 (4-6 week quit), 6 have completed stage 3 (12-14 week quit), and 1 has completed stage 4 (34-38 week quit). Of note, on the 30<sup>th</sup> July, upon CO verification, one of these patients will have completed the scheme, one will have achieved stage 4 and a further three will have achieved stage 3.

#### Additional quantitative outcomes:

The national quit rate of household members is not measured, thus a similar comparison for this cohort is not feasible, but the 50% 4-week quit can be compared to the NHS-reported CO-verified quit rate for smokers in general of 20,2%.

### Appendix 2 - Table summarising key smoking behaviour outcomes based on participant feedback.

#### Participant feedback:

- Eighteen semi-structured interviews were conducted with service users of the Cheshire East Smoking in Pregnancy Incentives Scheme. These included 17 pregnant women and one household member (partner). Interviews explored participants' motivations, experiences, barriers, and facilitators to quitting, and suggestions for improvement.
- The scheme was widely described as "brilliant," "supportive," and "life changing."
- While the baby's health was the main reason for quitting for all women, the financial incentives helped reinforce commitment and prompted some to engage with support services they may otherwise have avoided, providing a "push" or "extra nudge," particularly for those with tighter finances.
- Participants consistently highlighted the relational and non-judgemental support from stop smoking practitioners, as well as the use of CO monitoring, as central to their success often more impactful than the vouchers themselves.
- Some used vaping or Nicotine Replacement Therapy (NRT) to quit, with the provision of NRT emphasised as a valuable tool for participants. Vaping was often seen as a "less bad" substitute, though several women expressed a desire to eventually quit vaping as well.
- Many reported successful quits or substantial reductions. Most participants reported they do not want to return to smoking and felt confident in maintaining abstinence. The main triggers for relapse including social settings and stress. Relapse risk was noted after childbirth, indicating a need for postnatal support.
- Awareness and uptake of the household member component was limited, often due to practical barriers (e.g. work commitments, NRT costs for non-pregnant adults, and lack of awareness/early communication). The most commonly stated barrier was partners not feeling ready to quit.
- Suggestions for improvement from participants included earlier and clearer promotion of the scheme, more proactive communication at the antenatal stage, more voucher flexibility (e.g., longer expiry dates, wider voucher retailer options, and stronger post-natal follow-up.
- Overall, participants endorsed the scheme and felt it contributed meaningfully to behaviour change during pregnancy. While the financial incentive was not typically the primary motivation to quit, it played a meaningful and complementary role for many participants by stimulating them to sign up and helping them stay motivated and feel rewarded.

#### Some meaningful quotes from participants:

"It wasn't about the money really; it was about doing it for the baby. But I won't lie, the voucher gave me a reason to keep going."

"I wasn't planning to quit, but when I heard there was support *and* vouchers, I thought, maybe it's worth trying."

"The baby is the main reason... the vouchers helped though, gave me something to aim for."

"It made me stop and think. I'd been told to quit before but never did anything about it until now."

"It kept me going - knowing there was another reward if I stayed on track."

"With everything so expensive, the vouchers helped loads."

"I still have that feeling of wanting one - don't think that would ever go away... but I can talk myself out of it, tell myself 'You don't need that'."

"It was the kick needed, shall we say."

"[Referring to CO reading] When I saw that zero result, it was like oh my god I'm actually doing this."

"Just having someone to talk to made all the difference."

"[Smoking practitioner is] lovely and I don't want to let her down, and the baby needs me to do it, and I'm going to get a voucher for doing it – so let's just see what we can do."

"Without the scheme, I'd have just gone back to vaping. The vouchers and information really made me stop and think."

"It's not just doing it for me now but for baby as well – that's the best time to quit."

"I will never smoke again."

Outcome Category	Count	Notes / Comments
Fully quit smoking	10	Clear self-reported cessation maintained at time of interview
Reduced cigarette consumption	5	Reported significant cut-down (e.g. from 20–30/day to 2–5/day)
Still smoking (occasionally or regularly)	3	Reasons included stress, mental health issues, and partner influence

Table 3. Summary of key smoking behaviour outcomes based on participant feedback.

#### Service provider feedback:

- Service provider feedback was gathered through four sessions with stop smoking practitioners from local maternity trusts and One You Cheshire East. These sessions aimed to explore providers' experiences of delivering the scheme, assess its perceived effectiveness, identify operational challenges, and gather recommendations for improvement.
- Providers viewed the scheme positively, especially for maintaining motivation. The relational support and CO monitoring were seen as more impactful than financial rewards in supporting behaviour change.
- Though not seen as the main driver of success, vouchers were generally seen as a helpful adjunct or a "bonus", especially valued by participants that may tip the balance for those on the fence. They were used for practical and meaningful purposes (e.g., baby items, occasionally treating themselves to something nice). It gave participants "something real" to hold on to early in pregnancy.
- 13 Compared to the national scheme, CE's version was seen as more forgiving and supportive (e.g. allowed multiple attempts, broader eligibility criteria). Providers appreciated that the CE scheme extended into the postnatal period, recognising relapse risk. Additionally, once the system moved from paper to electronic vouchers, distribution became more secure and efficient.
- 14 Challenges were noted around administrative burden (manual data entry), voucher logistics (delays in release), communication delays, and low uptake among household members.
- Providers reported barriers to engagement, including delayed or missed communication about the scheme, challenges in verifying CO status by phone (at initial contact), and distress caused when women were excluded due to high CO levels.

#### Page 216

- Operational issues included insufficient staffing, reliance on manual data entry, delays in voucher distribution, and digital exclusion. Some participants also encountered confusion due to the sequencing of voucher stages when quit attempts began later in pregnancy
- 17 Household member enrolment was limited by consent logistics (relied on women communicating information and partners self-referring), work constraints, lack of remote access, and some women being unaware of this component. However, there was strong support for retaining the household element, given the influence of partners on quit success, and a desire to see continued local innovation even within the national scheme framework.
- Provider recommendations emphasised the need for streamlined systems (e.g. top-up cards like the national scheme), earlier identification at booking appointments, a formal administrative system to replace manual data entry on Excel, and co-designed future iterations that reflect practitioner insights. Additionally, the more frequent vouchers offered by the national scheme was seen as a better reward system, with the first £25 voucher highlighted as "too little for the effort of the hardest first 4 weeks".
- Suggestions for improving household member uptake included clearer pathways, a dedicated webpage for specific information and easy self-referral, proactive follow-up, and digital access solutions (e.g., remote support through CO monitoring at home).

#### Appendix 3 - Background papers and references

## Background Papers:

- 1. Office for Health Improvement and Disparities. Smoking status at time of delivery. Public health profiles. [Internet]. 2025 [cited 2025 July 21]. Available from: https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/15/ati/502/are/E06000049/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
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- 4. Royal College of Physicians. Hiding in plain sight: Treating tobacco dependency in the NHS. A report by the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians; 2018.
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- 10. NICE. Tobacco: preventing uptake, promoting quitting and treating dependence. Guidance [Internet]. NICE; 2021 [cited 2025 Jan 6]. Available from: https://www.nice.org.uk/guidance/ng209

11. ASH. Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021 [Internet]. ASH. [cited 2025 July 21]. Available from: https://ash.org.uk/resources/view/delivering-asmokefree-2030-the-all-party-parliamentary-group-on-smoking-and-health-recommendations-for-the-tobacco-control-plan-2021



**OPEN** 

**Adults and Health Committee** 

22 September 2025

Safeguarding Adults Review - BELLA

Report of: Helen Charlesworth-May, Executive Director of Adult's,

**Health and Integration** 

Report Reference No: AH/42/2025-26

Ward(s) Affected: All Wards

**For Scrutiny** 

### **Purpose of Report**

- The purpose of this Report is to inform the Adults and Health Committee about the Safeguarding Adults Review regarding "BELLA". The Safeguarding Adults Board appointed an independent author, Frances Millar, to facilitate the review and write the final report, which accompanies this briefing. It has been approved by the Safeguarding Adults Board and is ready to be published on the SAB website.
- The Safeguarding Adults Board have a legal duty to undertake a Safeguarding Adults Review, when it suspects that an adult at risk has died due to abuse or neglect and agencies could have worked better to support the individual. Cheshire East Council is committed to creating safe communities with accessible services, where people can live free from abuse or harm, and to creating a culture of learning where lessons can be learned to prevent future harm. This Safeguarding Adults Review meets the Strategic objectives of the Council.

#### **Executive Summary**

A referral was made to Cheshire East Safeguarding Adults Board regarding BELLA, as she experienced life changing injuries due to being hit by a train on 27<sup>th</sup> January 2024. The Safeguarding Adults Review Panel met on 18<sup>th</sup> March 2024, and the Safeguarding Board agreed that the criteria for a statutory Safeguarding Adults Review were met. The scope of the SAR covered the period 1/1/23 – 27/1/24. BELLA and her mum were able to contribute to this Review.

- BELLA is a 26-year-old woman who was diagnosed with Autism in 2017. She also lives with the impact of a traumatic brain injury and non-epileptic seizures. She is creative and enjoys hobbies including arts, crafts, music, singing and climbing. These hobbies, together with her love of animals allows her to "self sooth", regulate her emotions and reduce anxiety.
- Professionals who have worked with Bella describe her as an articulate and self-assured individual when she is not experiencing a difficult mental health crisis. She has a strong sense of independence and knows her own mind, often making decisions with clarity and conviction. Bella is softly spoken and, at times, finds it more comfortable to communicate through text rather than verbal conversations, which helps her express herself more effectively. Overall, professionals see Bella as someone who is deeply connected to the things she values most, with her dogs being a cornerstone of her emotional support system. By recognising and respecting these protective factors, those around her can better support her journey towards stability and wellbeing.
- BELLAs complex case included incidents of self-harm, mental health crisis and challenges associated with cross border provision. Her care and support needs meant that she was eligible for assessment and services as defined by the Care Act 2014 and the review highlighted the support being provided by her Care Team and Family.
- Whist there had been previous safeguarding concerns, the Safeguarding Adults Review focused on the significant incidents which occurred in January 2024, the second one resulted in her being hit by a train and sustaining life changing injuries:

#### 26th January 2024

- 1820 hours: Ambulance service reported a call from Bella stating suicidal intent and her presence on the train tracks. British Transport Police (BTP) officers were dispatched.
- While en route: A train driver spotted Bella on the tracks, stopped the train, and brought her to next main station.
- At main trainline station: Bella engaged with officers but was timid and nervous, holding a teddy bear named Chester. She confirmed suicidal intentions and agreed to attend Hospital voluntarily.
- Hospital interaction: Due to sensory sensitivities, Bella waited in the police vehicle until a room became available. A senior mental health practitioner assessed Bella and concluded this was a behavioural issue rather than a mental health crisis. Bella's support worker, agreed to supervise Bella at home.
- **Outcome:** Bella was escorted to her home address by the Police and under the supervision of her support worker.

#### 27th January 2024

- **1016 hours:** A train driver reported seeing Bella near the train station. Bella walked onto the track and was struck by the train despite emergency braking.
- Response: Paramedics stabilised Bella at the scene before transferring her
  to Salford Royal Hospital with life-threatening injuries, including leg, pelvis,
  chest, and head trauma. Bella's father was informed and accompanied her to
  the hospital
- As part of the Safeguarding Adults Review all Agencies within and external to Cheshire East, submitted Individual Management Reports to indicate how and why they had been in contact with BELLA. The Author collated this information and provided an analysis in line with the key lines of enquiry. A Practitioner Event provided valuable insight into the case. Within the final report the Author was able to identify key message regarding Transitions between Care Settings, Multi Agency Communication and Coordination, Mental Health and Autism Care, Safeguarding Practices and Risk Management.
- 9 Bella and her mum also contributed to the SAR. Prior to the incident Bella described feeling unheard and invisible with her distress being dismissed as being "behavioural", rather than a way of demonstrating her deteriorating mental health. Whilst her mum felt that the concerns she raised about Bella were often not taken seriously. They both wanted this SAR to make a difference to other families in similar circumstances.
- The details of the SAR are not contained within this Report, as they are contained within the SAR Report itself and can be found at the end of this report.

#### RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Scrutinise and note the learning and recommendation of the BELLA Safeguarding Adults Review.

#### **Background and Context**

- 11 The purpose of a Safeguarding Adults Review is to:
- Establish the facts that led to the incident and whether there are any lessons to be learned from the case about how local professionals and agencies worked together to safeguard BELLA
- Highlight areas of good practice to be shared
- Identify how and within what timescales any actions will be acted on, and what is expected to change.

- Contribute to a better understanding of the nature of Adult Safeguarding
- Ensure that the experiences of BELLA are heard regarding her experience of accessing care and support in Cheshire East.
- Prior to January 2024 the Review highlighted a 28-month period where BELLA was demonstrating episodes of risky behaviour, including multiple suicide attempts, in and outside of care settings. She had also made allegations of rape and sexual assault, with an ongoing criminal investigation.
- At the same time, she was experiencing some relationship difficulties with her family due to disputes about religion, and challenges in relationships with specific carers, continuity of Care Coordinators/ Social Worker and consistency of staff from the same Care Agency
- 14 BELLA had multiple admissions between Emergency Departments, Mental Health Units, Acute Medical Wards, and private Mental Health facilities. However, the SAR found that communication was not always robust or undertaken across agencies
- One care episode showed that BELLA was denied the opportunity of a Mental Health Assessment as she stayed in Police car due to intolerance of closed spaces and people, therefore she was discharged home transported by British Transport Police. Conversely on the last hospital admission prior to the incident in January 2024, BELLA was discharged home following being on section 2, as her presentation was considered to be behavioural rather than a mental health crisis post attempt on life previous day. Previous assessments indicated that hospital environments were not the best place for Bella to be assessed and therefore she was sometimes not admitted to hospital or was discharged earlier than expected.

#### 16 **Briefing - Key Learning**

#### 17 Good Practice and Protective Factors

- Examples of compassionate, flexible, and person-centered care were evident:
- Adapted assessment environments
- Attention to Bella's relationship with her pets
- Persistent carers escalating concerns despite resistance
- Rationale: Good practice exists and must be celebrated to drive cultural and practice improvements.

**Recommendation:** Strengthen organizational culture through positive learning, reflective practice, and recognition of effective care.

### 18 Autism-Specific Care and Trauma-Informed Practice

- Bella's autism and trauma history were not consistently considered in care planning.
- Fluctuating capacity was present but often overlooked or poorly documented.
- Interventions often focused on 'behavioural' presentations, missing underlying mental health distress and trauma responses.
- Rationale: The Autism Act 2009, NICE guidance, and neurodiversity research all point to the need for bespoke, strengths-based, sensory-aware responses.

**Recommendation:** Implement a specialist autism and trauma-informed care framework, training staff across agencies.

#### 19 Communication, Risk, and Capacity Assessment Gaps

- Risk and mental capacity assessments were inconsistently applied or recorded.
- Discharge planning lacked clarity and oversight in high-risk situations.
- Example: Discharge following suicidal ideation with no community DoLS, despite intensive supervision needs.
- Rationale: Clear documentation and legal literacy are essential for defensible and person-centred care.

**Recommendation:** Strengthen internal governance, record-keeping, and assurance around MCA/DOLS processes.

#### 20 Multi-Agency Communication and Discharge Coordination

- Poor coordination and lack of joint discharge planning were evident.
- Multiple agencies involved, yet no single point of oversight.
- Cross-border working introduced further fragmentation.
- Rationale: Consistent MDT involvement and joint risk planning is a national expectation under CQC standards and Care Act duties.

**Recommendation:** Mandate multi-agency discharge plan assessments for high-risk cases, with shared templates and expectations.

### 21 Exploitative Relationships and Missed Safeguarding Responses

- Bella disclosed multiple short-term relationships and allegations of sexual assault.
- No clear safeguarding pathway, risk strategy, or exploitation panel response evident.

 Rationale: Legal and statutory duties require exploitation to be proactively recognized, assessed, and managed.

**Recommendation:** All high-risk safeguarding referrals to include explicit consideration of sexual and criminal exploitation risks.

#### 22 Fluctuating Capacity and Professional Assumption-Checking

- Practitioners at times viewed Bella's risk-taking as 'lifestyle choice' without robust analysis of her capacity at the time.
- Carer and family concerns were often downplayed or dismissed.
- Rationale: The Mental Capacity Act 2005 and case law (e.g., GW v A Local Authority) emphasize the need for nuanced and situational assessments.

**Recommendation:** Embed professional curiosity and assumption-checking into safeguarding policies, supervision, and audit.

#### 23 Family Inclusion and the Power of Lived Experience

- Bella and her mother described a sense of being unheard and invisible within the system.
- Their reflections were honest and brave and offer critical insights for improvement.
- "The only people who listened were the security guards."
- Rationale: Listening to families is not an optional courtesy—it is a professional and ethical duty.
- Recommendation: Include the voice of individuals and families in all decisionmaking and explicitly record how this has influenced outcomes.

#### **Consultation and Engagement**

24 No consultation is required for this Report

#### Reasons for Recommendations

This Report sets out the learning and recommendations from the Safeguarding Adults Review to ensure that service delivery is improved and to prevent further incidents of harm. The Safeguarding Adults Board will oversee the Action Plan.

#### **Other Options Considered**

There are no other options to consider as the Safeguarding Adults Board has met its Statutory Duty under the Care Act 2024 to undertake a Safeguarding Adults Review and to share the learning.

Option	Impact	Risk
The Care Act places a	The impact of this incident	Without Cheshire East
Legal Duty on Local	resulted in BELLA sustaining life	Council having an
Authorities and partner	changing injuries.	effective Safeguarding
Agencies to protect		Adults Board, there
Adults at Risk from	The Safeguarding Adults Board	would be no other
Abuse, Neglect and	seeks assurances from Partner	means to ensure that
Exploitation.	Agencies about how they protect	Partner Agencies are
AND	Adults at Risk from abuse and	working to prevent
The Care Act places a	neglect.	Adult Abuse and to
legal duty on Local		facilitate Statutory
Authorities to host a		Safeguarding Adult
Safeguarding Adults		Reviews. The aim of a
Board.		SAR is to promote
		learning and to
		improve service
		delivery.

#### **Implications and Comments**

#### Monitoring Officer/Legal/Governance

- Section 44 of the Care Act 2014 places a duty on Local Adult Safeguarding Boards to arrange Safeguarding Adult Reviews (SARS). SABs must carry out a SAR when an adult with care and support needs has died of suffered serious harm, and it is suspected of known that the cause was neglect or abuse, including self-neglect, and there is concern about how agencies worked together to protect the adults from harm. Under S44(4) of the Care Act 2014 a SAR can be undertaken in any other case concerning an adult with care and support needs.
- The aim of a SAR is not to apportion blame but to share learning that will improve the way agencies work individually and together to minimise the possibility of it happening again.
- The recommendation will ensure compliance with the Care Act and its statutory duties.
  - Section 151 Officer/Finance
- There are no financial implications or changes required to the MTFS as a result of the recommendations in this report. Implementation of learning from this review will be carried out by the service within existing resources.

#### Human Resources

There are no Human Resource Implications from this Review. However, Staff should be able to access appropriate AUTISM training to help inform and improve knowledge and skill and communication.

#### Risk Management

There are no Risk Management Implications from this Review.

#### Impact on other Committees

This report will be presented to the Adults and Health Committee on 22 September 2025.

#### **Policy**

- There are no Corporate Policy implications for this SAR.
- The Adult Safeguarding Board will be monitoring the Recommendations indicated in this Safeguarding Adults Review.

36

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing	Commitment 3: An effective and enabling council

#### Equality, Diversity and Inclusion

37 BELLA had Autism. One of the key lines of enquiry focussed on how well Agencies respond to Safeguarding concerns for people who are Neuro Diverse. The Safeguarding Adults Board will seek assurance from Partner Agencies about how they are improving access to support, as part of the recommendations from this Review.

#### Other Implications

There are no implications to rural communities in this Review.

### Consultation

Name of Consultee	Post held	Date sent	Date returned
Statutory Officer (or deputy):			
Adele Taylor	S151 Officer	Click or tap to enter a date	Click or tap to enter a date
Roisin Beressi	Principal Lawyer	18/06/25	25/06/25
Legal and Finance			
Nikki Woodhill	Finance Manager	18/06/25	24/06/25
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Appendices:	Appendix 1 – BELLA – Final Report	
	Appendix 2 – Actions	
Background Papers:	Bella – SAR – Easy Read	
	Bella – 7 Minute Briefing	





### **Cheshire East SAR Bella**

**Final Report** 

Frances Millar: Independent Reviewer and Author

Board approval: 30th April 2025

#### **Acknowledgments**

First and foremost, I would like to express my heartfelt gratitude to Bella and her mother. Their courage, honesty, and commitment to sharing their experiences ensured that Bella's voice remained central to this review. Their openness has provided vital learning, and their determination to contribute to improving safeguarding practice for others is truly commendable. This report would not have the same depth or meaning without their invaluable contribution.

I would also like to thank the Business Manager and Business Officer of the Board for their coordination, administrative support, and professional assistance throughout the review process.

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### Contents

01. Who is Bella?	4
02. Introduction	5
03. Scope	6
04. Safeguarding Adults Board SAR Referral	7
05. Their Voice, Our Learning	8
06. Methodology	10
07. Key themes and lines of enquiry	11
08. Parallel investigations	13
09. Professionals involvements	13
10. Synopsis of events pertinent to the review	16
11. Practitioner engagement	19
12. Key messages from the event	21
13. Analysis of practice and findings (with theoretical foundations)	22
14. Summary of learning for the recommendations	29
15. System learning and recommendations	31
16. Conclusion	31
Appendices.	
1. References	37
2. Terms of Reference	40
3. Glossary	46

#### 01. Who is Bella?

Bella is a softly spoken creative and determined young woman of 26 years old who finds joy and meaning in her hobbies and pursuits. She has a deep passion for her animals, which provide her with a sense of freedom, connection, and comfort. Her love for craft work, such as diamond painting art, highlights her patience and creativity, while her journey into learning the guitar and singing demonstrates her resilience and drive to explore new forms of expression and purpose.

Bella also has a strong affinity for climbing, which not only reflects her adventurous spirit but also proactively supports her emotional regulation. Climbing provides a positive outlet for her liking for heights, particularly during times of anxiety, allowing her to channel her feelings into an activity that promotes a sense of accomplishment and calm. Through these varied and meaningful pursuits, Bella channels her energy into positive, fulfilling outlets, even as she navigates significant challenges with determination.

Bella has been open to being in employment. She has undertaken roles of a kitchen porter and a care agency within the timeline of this review.

Diagnosed with autism in 2017, Bella also lives with the effects of a traumatic brain injury and non-epileptic seizures (NEAD). These conditions, combined with high levels of anxiety and occasional episodes of paranoia, have brought challenging moments into her life. Despite these hurdles, Bella continues to display a remarkable strength of character. She is supported by a caring team and her family, who provide stability and encouragement as she works to overcome her difficulties.

Bella's connection to her creative and recreational activities, along with her love for her pets and close relationships, reflect her resilience and ability to find comfort and joy in the world around her. Her story is one of perseverance, warmth, and a determination to thrive, even in the face of adversity.

#### 02. Introduction

- 2.1 This Safeguarding Adults Review (SAR) was initiated under Section 44 of the Care Act 2014<sup>1</sup> following a series of incidents involving Bella, who meets the definition of an adult at risk under the Care Act 2014. The purpose of this review is to identify lessons for multi-agency working to enhance future safeguarding practice. Bella's complex case involved incidents of self-harm, mental health crisis, and cross-border care provision.
- 2.2 Bella's complex case included incidents of self-harm, mental health crisis, and challenges associated with cross-border care provision. It was evident that Bella had care, and support needs as defined by the Care Act, which requires an assessment of such needs. These needs arise from, or are linked to, physical or mental impairments / illnesses, in addition to sensory, learning, or cognitive disabilities or illnesses, substance misuse, brain injury<sup>2</sup>.
- 2.3 Recent Incidents resulting to significant physical harm

#### 26th January 2024

- **1820 hours:** Ambulance service reported a call from Bella stating suicidal intent and her presence on the train tracks. British Transport Police (BTP) officers were dispatched.
- While en route: A train driver spotted Bella on the tracks, stopped the train, and brought her to next main station.
- At main trainline station: Bella engaged with officers but was timid and nervous, holding a teddy bear named Chester. She confirmed suicidal intentions and agreed to attend Hospital voluntarily.
- Hospital interaction: Due to sensory sensitivities, Bella waited in the police vehicle
  until a room became available. A senior mental health practitioner assessed Bella and
  concluded this was a behavioural issue rather than a mental health crisis. Bella's
  support worker, agreed to supervise Bella at home.
- Outcome: Bella was escorted to her home address by the Police and under the supervision of her support worker.

#### 27th January 2024

- **1016 hours:** A train driver reported seeing Bella near the train station. Bella walked onto the track and was struck by the train despite emergency braking.
- **Response:** Paramedics stabilised Bella at the scene before transferring her to Salford Royal Hospital with life-threatening injuries, including leg, pelvis, chest, and head trauma. Bella's father was informed and accompanied her to the hospital.

<sup>&</sup>lt;sup>1</sup> Sections 44(1)-(3), Care Act 2014

<sup>&</sup>lt;sup>2</sup> Care and Support (Eligibility Criteria) Regulations 2014.

#### Critical Learning: Professional Curiosity

These critical incidents highlighted opportunities to strengthen risk management, autism-informed care, discharge planning, and multi-agency communication — both in terms of information sharing and coordinated response to enable practitioners with decision making. Bella's discharge from hospital occurred within the context of significant complexity, including her autism, fluctuating capacity, and complex trauma history. This reinforces the importance of exercising caution when attributing distress to 'behavioural issues' and highlights the value of embedding professional curiosity and reflective practice when supporting individuals with such complex presentations.

### 03. Scope of the Review

#### 3.1 Purpose

The purpose of a Safeguarding Adults Review (SAR) involving Bella is not to re-investigate the circumstances, assign blame, carry out employment resources functions, or determine the cause of serious harm. Instead, its focus is on learning and improving practices to ensure better outcomes for adults at risk in the future. The key aims are:

- To have focus on Bella with emphasis person-centred care and understanding Bella and her families experiences, needs, and perspective.
- Framing the issue ensuring that balancing systemic learning with compassionate care while acknowledging the uniqueness of Bella.
- To reflect on the circumstances of Bella's case and identify opportunities for learning about how local, regional professionals and agencies work together to safeguard adults.
- To evaluate the effectiveness of procedures, both across agencies and within individual organisations, and explore areas for enhancement.
- Highlight strengths and areas for improvement within the collaborative interagency and multiagency practice.
- To apply the lessons learned to strengthen safeguarding practices and develop best practices across the whole system.
- To provide a report that draws together and analyse the findings from agencies, providing constructive recommendations for future action.

#### 3.2 Appreciative Inquiry Approach

Reflective and appreciative approaches allow for a more balanced analysis of safeguarding cases by acknowledging good practices while critically examining areas for improvement. This adopts learning and professional development without disproportionately attributing blame<sup>3</sup>. This review adopts a reflective and appreciative approach, seeking to understand the factors that influenced the actions of agencies and professionals and exploring what supported or, at

<sup>&</sup>lt;sup>3</sup> Cooperrider, D.L. and Srivastva, S. (1987). *Appreciative Inquiry in Organizational Life*. Research in Organizational Change and Development, 1, pp.129–169.

times, hindered their ability to safeguard Bella effectively. It recognises and values the dedication and compassion demonstrated by those involved in Bella's care. Examples of good practice include social workers and personal advisers who made her needs their priority, as well as community police officers who identified Bella as an adult with care and support needs in a high-risk situation and worked proactively with other agencies to address concerns about her safety and care placement. By building on the strengths evident in this case and addressing identified challenges, this SAR aims to contribute positively to the ongoing improvement of safeguarding practices for adults at risk. Highlighting and learning from examples of good practice, such as proactive collaboration among agencies or professionals prioritising individual needs, aligns with findings from SARs and safeguarding reviews. This approach helps improve future safeguarding practices<sup>4</sup>.

#### 3.3 Timelines

The SAR covers the period from January 2023 up to the incident on the 27<sup>th</sup> January 2024, focusing on the events leading to the incidents and subsequent care provided to Bella. Additional context may be reviewed where necessary, including prior safeguarding referrals and agency interactions. The SAR aims to explore the gaps in decision-making and multiagency communication.

### 04. Safeguarding Adults Board SAR Referral

Cheshire East Safeguarding Adults Board (CESAB) has a statutory duty<sup>5</sup> to arrange a Safeguarding Adults Review (SAR) where:

- [Amended to reflect this case] In line with the Care Act 2014, a Safeguarding Adults Review (SAR) is required when an adult with care and support needs has experienced serious abuse or neglect, and there is reasonable cause for concern about how agencies worked together to safeguard the adult. In this case, the SAR focuses on understanding the circumstances that led to Bella experiencing serious harm, with the aim of identifying learning to strengthen future safeguarding practice, and
- There is reasonable cause for concern about how the Board, its members, or others worked together to safeguard the adult.
- **4.1** A Safeguarding Adults Board (SAB), in this instance CESAB, has the authority to commission reviews in circumstances where there is potential learning to be derived from how agencies worked together, even if it is inconclusive as to whether, in Bella's case significant harm was the result of abuse or neglect. Abuse and neglect also include self-neglect<sup>6</sup>.
- **4.2** Board members are invited to actively participate in and support the review process, with a focus on uncovering valuable insights and opportunities to enhance future safeguarding practices. The Safeguarding Adults Review (SAR) is not about apportioning any blame nor

<sup>&</sup>lt;sup>4</sup> Local Government Association (2024). Second National Analysis of Safeguarding Adult Reviews: April 2019 – March 2023. Available at: https://www.local.gov.uk.

<sup>&</sup>lt;sup>5</sup> Part 1 – Care Act 2014

<sup>&</sup>lt;sup>6</sup> Care Act 2014, Section 42 and Statutory Guidance Chapter 14)

responsibility but about promoting a culture of learning and collaboration. Its aim is to identify areas of strength, good practice that can be shared and / or improvement in how agencies, both individually and collectively, safeguard and support adults with care and support needs who are at risk of abuse, neglect, including self-neglect, and who may be unable to protect themselves.

**4.3.** On 7th February 2024, British Transport Police (BTP) submitted a referral for consideration of a Safeguarding Adults Review (SAR) regarding Bella, highlighting a series of incidents reflecting her distress and risky behaviours aimed at self-harm and with suicidal ideation. One such incident occurred on the evening of Friday, 26th January 2024. At 18:20, the ambulance service informed BTP that a woman was on the phone, reporting that she was on the train tracks and feeling suicidal. While officers were enroute, a train driver spotted a woman (who we know to be Bella and will be referred to as such instead of woman from the referral) on the tracks and managed to stop the train. Bella then boarded the train, and the driver transported her to Stockport station, the closest safe location. BTP officers met Bella at the station and ensured she was taken to a place of safety. Despite appearing extremely timid and nervous, clinging to her teddy bear, "Chester," Bella engaged with the officers and expressed her willingness to attend the hospital voluntarily where she was seen and assessed by mental health professionals and subsequently discharged.

The following morning, on 27th January 2024, at 10:16, a Northern Trains driver operating a service from Crewe to Manchester Piccadilly reported seeing Bella near the train station. As the train approached, Bella stepped onto the tracks and placed herself in the train's path. Despite the driver applying the emergency brakes, the train struck Bella. Emergency services, including officers and paramedics, responded promptly. Bella, was found unconscious but breathing and was transported to Hospital with life-threatening injuries, including trauma to her legs, pelvis, chest, and head.

**4.4.** CESAB's Practice Review Group discussed the case on 18<sup>th</sup> March 2024. It was recorded that the group agreed the case did meet the criteria for a SAR, as it appeared Bella's life changing injuries from the significant events occurred highlighted the need for reflection and learning to better understand the challenges and opportunities for multi-agency working in supporting and safeguarding individuals in distress, like Bella. Through this review, the focus is on identifying ways to strengthen support systems and ensure effective, compassionate responses in future cases.

### 05. Their Voice, Our Learning

Meeting with Bella and her mother face-to-face in their home provided invaluable insight into their lived experience through exceptionally challenging times. This personal interaction was not only a privilege, but a profound reminder of why listening to individuals and their families is central to good safeguarding practice — not as a procedural step, but as a fundamental act of respect, humanity, and effective care.

During our conversation, Bella's mother shared warm memories of family holidays in Caernarfon, North Wales, while Bella talked fondly about her love of climbing and horse riding. These personal recollections gave context to Bella's identity beyond her care needs, placing her firmly as a young woman with a life rich in relationships, interests, and potential — a

perspective too often lost within systems focused solely on risk management and service thresholds.

When the conversation turned to the purpose of the SAR, both Bella and her mother spoke with raw honesty about their sense of frustration, fear, and helplessness during Bella's contact with services. Bella described feeling unheard and invisible, her distress dismissed as 'behavioural' rather than being recognised as the very real manifestation of her deteriorating mental health.

#### Bella said:

- "I didn't wake up wanting to feel how I did."
- "I didn't want to feel like killing myself."
- "I was scared."

Her mother reflected on her own desperate attempts to advocate for Bella and the repeated barriers she faced when trying to have her concerns taken seriously:

- "I was desperate."
- "I tried to call and call, but they didn't reply."
- "When I got through, I was dismissed they were rude."

Together, they described a cycle of missed opportunities — moments when professionals could have paused, listened, and reconsidered their assumptions. Instead, decisions were made that Bella and her mother believe directly contributed to the near-catastrophic incident that followed. Bella also reflected on who, in her view, actually listened to her:

#### "The only people who really listened to me in hospital were the security guards."

Bella and her mother's motivation for contributing to this review was clear: they want to ensure that "**no other family**" is left feeling as invisible, dismissed, and helpless as they did. They spoke not just out of frustration, but with hope — hope that by sharing their experience, professionals will understand the human impact of their decisions and take steps to prevent the same mistakes being repeated.

Since the incident, Bella has not only made significant physical progress in her recovery, but has also received what she describes as more holistic and person-centred care ["It feels like they get me now"], particularly in relation to her mental health. Bella spoke positively about the support now in place and clearly expressed that she no longer experiences any negative or intrusive thoughts. Bella also told us she is doing well physically, and this combination of appropriate support and recovery has left her feeling safer, more in control, and hopeful for her future.

Since the incident, Bella feels safer and more settled in her current environment, surrounded by her much-loved pets — two dogs and two cats — and with the freedom to pursue her creative interests. During the visit, the care agency staff demonstrated a thoughtful, personcentred approach, respecting Bella's autonomy while ensuring her practical needs were met. When the staff quietly took the dogs for a walk to allow us space to talk, Bella's instinctive check — "Did you make sure the dogs are okay?" — was a gentle but telling reminder that feeling safe, cared for, and listened to matters at every level, from the small everyday acts to the biggest life-changing decisions.

This meeting was not just an opportunity to gather information. It was a stark and necessary reminder that listening — truly listening — to individuals and their families is not an optional courtesy, but an essential professional duty. Bella and her mother have gifted this review their truth, their pain, and their hope. Their voices must not only be heard within this report, but must resonate in practice, policy, and culture change going forward.

- Critical Learning: Listening is not a courtesy it is a safeguard.
- Challenging assumptions essential safeguards in practice

Bella and her mother's experiences highlight a fundamental safeguarding lesson: When individuals and families raise concerns about distress, risk, or unmet needs, listening carefully and with curiosity is essential — not only to understand what is happening, but to prevent avoidable harm.

### 06. Methodology

This Safeguarding Adults Review (SAR) has been undertaken using a hybrid methodology, carefully chosen to suit the specific complexities of Bella's case. The process will include an analysis of Agency Reviews, with an emphasis on critical reflection, a chronological analysis of events, and a Learning and Reflection Workshop for practitioners. This personalised approach ensures that all relevant information is captured from the professionals directly involved in Bella's care while creating space for collaborative reflection and development.

By incorporating these elements, the SAR process not only aims to provide answers and understanding for Bella's family and those close to her, but also seeks to identify systemic barriers and enablers that affect best practice. As highlighted in the Preston-Shoot et al. (2020) National SAR Analysis, it is vital to adopt a whole-system understanding when conducting reviews of this nature. The findings from that analysis demonstrates how factors that enable or obstruct good practice often reside within interconnected domains of the system. This means the focus must extend beyond individual actions to consider how organisational structures, policies, and inter-agency collaboration either align to support best practice or, in some cases, create misalignments that weaken it.

In this case, Bella is placed at the heart of the SAR process. The aim is not only to understand the circumstances leading up to and following key incidents but also to explore how the systems designed to support her have interacted and, at times, failed to do so effectively. This includes the involvement of nine NHS organisations, two police forces, two independent/private providers, and adult social care, alongside primary care services such as the GP and crisis line. Each of these agencies has played a role in Bella's life, and the SAR will explore how well their efforts have been coordinated and aligned with Bella's needs.

The Learning and Reflection Workshop is a critical part of this methodology. It provides an opportunity for frontline professionals to reflect on their involvement in Bella's care, share their experiences, and critically examine their practices. This reflective process, combined with the evidence-based insights from research such as Preston-Shoot et al.'s (2020) national analysis, offers a powerful platform for identifying lessons learned. It also creates a space to

highlight examples of good practice while addressing systemic barriers that may have hindered optimal outcomes.

Additionally, a virtual workshop will be held to review the first draft of the SAR overview report. This collaborative review phase allows stakeholders to refine findings, ensuring that the final report reflects a comprehensive and balanced understanding of the case.

Central to the SAR process is the recognition of Bella's individuality, including her family relationships, personal needs, and the protective factors in her life, such as her strong bond with her pets. The whole-system approach ensures that her experiences are not viewed in isolation but as part of a broader context where different domains of the system—such as policy frameworks, organisational culture, and inter-agency communication—interact and impact her care.

The SAR process will ultimately focus on identifying the facilitators and barriers <sup>7</sup>to good practice, with the aim of making recommendations for improvement across the partnership. By placing Bella at the centre and drawing on the insights from evidence-based research, this review seeks to provide not only understanding and remedial action but also a roadmap for systemic improvement to better support individuals in similar circumstances.

### 07. Key Themes and Lines of Enquiry

**7.1** Each line of enquiry will adopt a person-centred and whole-system perspective, ensuring that Bella's unique circumstances and experiences are at the forefront. The themes will focus on identifying both the barriers and facilitators to effective practice, drawing on evidence-based insights and reflecting on the interaction between policies, practices, and professional behaviours. This approach aims to provide a comprehensive understanding of what worked, what did not work, and how future practice can be improved to support individuals like Bella.

Based on information provided by the agencies these include:

#### **Transitions of Care**

- Examination of Bella's discharge processes from hospital admissions, to include
   Emergency Department and Hospital Admissions and stepping down from a Section 2
   under the Mental Health Act
- Exploration whether appropriate planning, risk assessment, and support mechanisms were in place to ensure a safe and effective transition.
- Special attention will be given to how the transition process balanced Bella's autonomy, her fluctuating capacity, and the need for ongoing support, including how any identified risks were communicated across agencies.

<sup>&</sup>lt;sup>7</sup> Preston-Shoot, M., Braye, S., Preston, O., Allen, K. and Spreadbury, K. (2020) National SAR Analysis April 2017 – March 2019: Findings for Sector-Led Improvement. London: LGA/ADASS

#### **Multi-Agency Communication and Coordination**

- An analysis of information-sharing practices and decision-making processes across the numerous agencies involved in Bella's care, with particular emphasis on the challenges posed by regional boundaries and differing organisational systems.
- This theme will consider whether effective communication protocols were in place, how well agencies collaborated to provide a cohesive response, and whether any systemic gaps hindered the coordination of care.
- Drawing on the Preston-Shoot et al. (2020) National SAR Analysis, the review will adopt a whole-system lens to evaluate how misalignments between agencies may have obstructed good practice.

#### **Mental Health and Autism Care**

- This line of enquiry explored how well Bella's autism, mental health needs, and fluctuating capacity were understood, assessed, and responded to across agencies, particularly in high-pressure settings such as A&E and during crisis events.
- Chronology informs inconsistent application and understanding of legal frameworks, including the Deprivation of Liberty Safeguards (DoLS) process.
- Within her care setting, the review also identified the use of restrictive practices, such as 1:1 and 2:1 supervision, and restrictions on movement and personal items, without clear evidence that these were formally authorised under Community DoLS or escalated to the Court of Protection where required.
- This raises questions about the system-wide understanding of when to apply formal legal frameworks, particularly where individuals experience fluctuating capacity and high-risk presentations. In such cases, the review will consider whether the importance of seeking timely legal advice, including consideration of inherent jurisdiction, to ensure that restrictive interventions were appropriately authorised and the individual's rights are safeguarded.
- Consideration that the learning reflects a wider opportunity for strengthening legal
  literacy across agencies, ensuring that practitioners not only recognise when legal
  processes should be triggered, but also understand the importance of embedding
  legal safeguards into person-centred care planning, particularly for autistic adults with
  complex needs.

#### Safeguarding Practices and Risk Management

#### Risk Identification and Response

- Agencies' responses to Bella's risks of self-harm, absconding, and other behaviours will be evaluated under Section 42 of the Care Act 2014, which mandates safeguarding enquiries for adults at risk.
- The review will consider compliance with the Care and Support Statutory Guidance (DHSC, 2023), ensuring a person-centred and outcomes-focused approach.
- Safeguarding Procedures and Protective Factors

 The review will assess the application of safeguarding principles from the Care Act 2014, such as empowerment, prevention, and partnership, while examining whether Bella's protective factors, such as her relationship with her pets, were incorporated into her safeguarding plan.

#### Fluctuating Capacity and Decision-Making

 The review will assess whether Bella's fluctuating capacity were assessed under the Mental Capacity Act 2005 (MCA), with focus on adherence to its five key principles and the Code of Practice, particularly in balancing her autonomy with safeguarding measures.

#### Professional Responses to Distress

Responses to Bella's distress and self-harm will be reviewed with reference to:

- NHS England's 'Positive and Proactive Care' (2014) on reducing restrictive interventions.
- The Suicide Prevention Strategy for England (2012) for multi-agency approaches to suicide risk.
- NICE Guidelines NG116: Self-Harm (2011), promoting trauma-informed, empathetic care.

#### Crisis Planning and Multi-Agency Follow-Up

The review will evaluate crisis planning and follow-up care to capture coordinated and timely multi-agency responses.

### 08. Parallel Investigations

Parallel investigations are currently underway, including an inquiry led by the Care Quality Commission (CQC) and a separate ongoing Police investigation relating to allegations of sexual assault. Both processes have been carefully considered to ensure that efforts are not duplicated, and that each investigation remains focused on its specific remit. The CQC inquiry aims to assess the standards of care provided, identify any regulatory breaches, and recommend improvements, while the Police investigation seeks to establish whether any criminal offenses have occurred. Clear communication channels have been established with the Police who have been very supportive in this process, to facilitate information-sharing where appropriate, ensuring that both investigations are thorough and complementary, rather than overlapping or conflicting. This collaborative approach again demonstrates the importance of interagency cooperation in addressing complex cases effectively.

### 09. Professionals Involvements

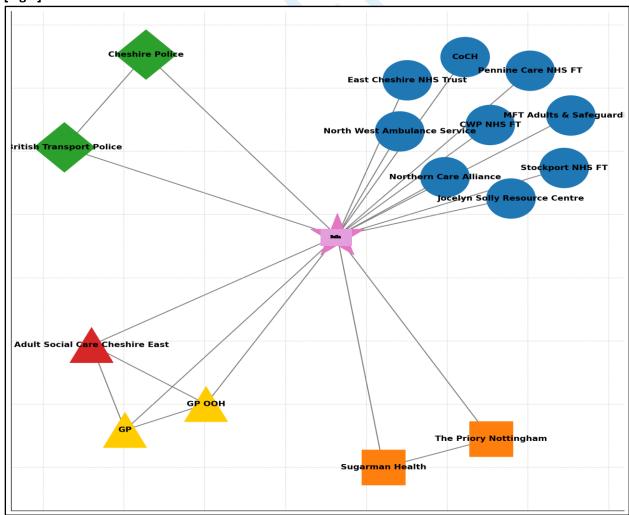
#### 9.1 Involved agencies

The diagram below (Fig. 1) provides a visual representation of the numerous agencies involved in Bella's life, highlighting the extensive network of support and services that play a role in her care. However, this also emphasises the significant challenges of effective communication and information-sharing across such a complex, multi-agency framework. It is important to recognise that the difficulty in coordinating efforts between organisations can exacerbate the challenges of managing complex cases such as Bella's, where consistent, person-centred care is essential.

The agencies involved include nine NHS organisations, two police forces, two independent or private sector providers. Additionally, Bella's primary care contact has been grouped to encompass adult social care her GP, out-of-hours GP services, and the crisis line. Each of these stakeholders has a unique role in Bella's care, but the lack of seamless communication between them often results in fragmented support, duplication of effort, or, at worst, critical gaps in care.

Central to this discussion is the necessity of placing Bella herself at the heart of all these interactions. This means not only considering her as an individual but also recognising the importance of her immediate support network, which includes her mother, family, and cherished pets. These elements are integral to her sense of stability and wellbeing and should be acknowledged in every decision and plan of action.





**9.2** A solution to improve coordination and information-sharing across these agencies is urgently needed to ensure that Bella's care is truly holistic and cohesive. This might involve creating a unified framework for communication, a shared digital platform for real-time updates, or a designated lead professional to oversee her case. Such measures would prioritise Bella's needs while reducing the strain on the various services involved. By embedding a person-centred and collaborative approach, agencies can better address the complexities of her circumstances and work together to provide more effective and compassionate care

#### 9.3 Professionals' Description of Bella

- **9.3.1** Professionals who have worked with Bella describe her as an articulate and self-assured individual when she is not experiencing a difficult mental health crisis. She has a strong sense of independence and knows her own mind, often making decisions with clarity and conviction. Bella is softly spoken and, at times, finds it more comfortable to communicate through text rather than verbal conversations, which helps her express herself more effectively.
- **9.3.2** One of the most significant aspects of Bella's life is her deep bond with her two Labradors. These dogs are not just companions but also serve as a key protective factor in her emotional wellbeing. Professionals consistently note how her interactions with her dogs bring her comfort and stability during challenging times.
- **9.3.3** The importance of her dogs in her life has also been a source of difficulty in the past. There have been historical disputes with neighbours regarding the dogs, which have acted as a trigger for Bella, highlighting just how central they are to her sense of security and happiness. This connection emphasises the need for those supporting Bella to consider the role of her pets when planning her care and interventions.
- **9.3.4** Overall, professionals see Bella as someone who is deeply connected to the things she values most, with her dogs being a cornerstone of her emotional support system. By recognising and respecting these protective factors, those around her can better support her journey towards stability and wellbeing.

### 10. Synopsis of events pertinent to the review

**10.1** It can be identified from the Timeline of Risky Behaviour in Figure 2 there were five key episodes. However, the review focusses on the last two episodes but does include references to other triggers within Section 10.4 of the report.

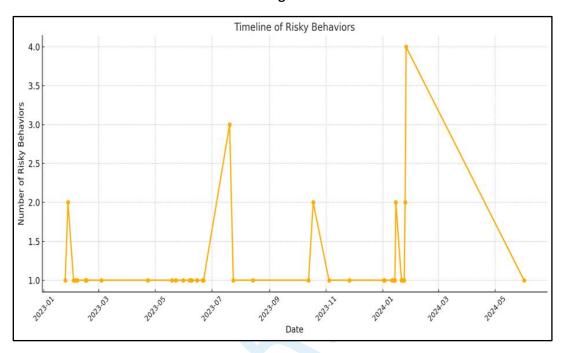


Fig 2.

#### 10.2 Key Incidents

**10.2.1** On 26 January 2024, Bella we know is a young woman with autism, epilepsy, and a history of self-harm, contacted emergency services while standing on the railway tracks, expressing suicidal intent. British Transport Police (BTP) and paramedics intervened, and she was transported to Stepping Hill Hospital. The Senior Mental Health Practitioner assessed her as having "behavioural issue" and arranged for her to return home under the supervision of a support worker provided by her Care Agency.

**10.2.2** The following day, 27 January 2024, Bella deliberately walked onto the railway tracks, where she was struck by a train. This resulted in critical injuries requiring multiple surgeries. CCTV footage confirmed her actions were intentional. These incidents raised significant concerns regarding the safeguarding measures, or lack thereof, implemented in the 24 hours between the two events.

#### 10.3 Historical Context

Bella has a complex history marked by repeated episodes of emotional dysregulation, suicidal ideation, and risky behaviours. Her autism and epilepsy compound her mental health challenges, which have led to repeated attendances at A&E, referrals to mental health

services, and placements in various care settings. Despite these interventions, Bella has often absconded, placing herself in high-risk situations, such as being found in a cave in the Peak District during a previous episode of crisis.

Her impulsivity and masking behaviours often make it difficult for professionals to accurately assess the severity of her distress. For example, staff have observed her presenting as calm and engaging following incidents of self-harm, despite expressing thoughts of ending her life earlier.

Bella has a complex history of mental health challenges, including repeated attendances at A&E, some of which resulted in mental health liaison referrals. She has expressed suicidal thoughts and, on several occasions, made serious attempts to end her life.

The team at her accommodation continues to provide steady support, ensuring that Bella has the stability she needs to navigate her challenges. Although her circumstances are complex, Bella's story highlights her strength, creativity, and the importance of compassionate, personcentered care.

#### 10.4 Recent Social and Emotional Stressors

In the months preceding the incidents, Bella faced several significant stressors that compounded her vulnerabilities. She experienced uncertainty about her job, which was a source of anxiety, and she made the difficult decision to leave her faith community, leading to estrangement from her family and a significant loss of social support. The emotional impact of this decision was not adequately followed up, despite its significant influence on her wellbeing. This event is likely to have caused emotional strain and impacted her sense of belonging. These stressors likely contributed to her heightened vulnerability and risky behaviours during this period.

Bella disclosed engaging in multiple short-term relationships with men, raising concerns about her risks of being exploited. Despite discussions about her capacity to consent to relationships, no comprehensive safeguarding plan was developed to address these risks.

Her difficulties with emotional regulation and non-compliance with prescribed medications have exacerbated her mental health struggles. These factors, combined with impulsive tendencies and self-injurious behaviours, have created an ongoing pattern of crisis that require careful, person-centred management.

#### 10.5 Support System and Protective Factors

Despite her challenges, Bella has protective factors that provide a foundation for resilience:

- A dedicated care team provides consistent and flexible support. For example, after high-risk behaviours, her carers ensured her pets were cared for, fed, and walked, maintaining an element of stability in her life.
- Bella's connection to her family, although was strained at times, remained and still remains a source of strength. Her mother provides valuable insights into her behaviours.

• Her love for animals and creative hobbies, such as diamond creative art and learning the guitar, serve as positive outlets for her emotions.

These strengths, combined with a stable and attentive support system, offer a foundation for hope and progress.

#### 10.6 - Missed Opportunities

#### **Safeguarding Referrals and Section 42 Enquiries**

Critical safeguarding referrals were not consistently submitted or followed up. For example, following her prolonged hospitalisation for suicidal ideation and absconding attempts, no safeguarding referral was recorded, despite clear evidence of risk.

#### Mental Capacity Assessments (MCA) and DoLS

There were multiple references to MCAs and DoLS submissions, yet records indicate conflicting practices. On several occasions, Bella was discharged after being deemed to lack capacity without safety plans in place. Conversely, she was detained without clear documentation supporting the legality of these decisions.

When 1:1 or 2:1 supervision was implemented at home, no consistent Community DoL was considered to ensure her rights and safety.

#### **Discharge Planning**

Discharge meetings, while held, often lacked actionable safety plans. For example, after a high-risk admission, it was agreed that Bella would return home on a 1:1 plan, with her photo provided to police in case she absconded. Within 24 hours, she attempted to abscond again, highlighting the inadequacy of the plan.

#### **Trauma-Informed Care**

Despite Bella's disclosure of sexual assault and ongoing police investigations, her care plans lacked any reference to trauma-informed support. Additionally, her emotional response to leaving her faith community was not addressed, despite its significant impact on her mental health.

#### **Carer Escalations**

Carers frequently escalated concerns, expressing their inability to manage Bella's behaviours, such as absconding or self-injury. These concerns were at times dismissed, leaving Bella and her carers unsupported.

#### Critical Learning:

- **Les Escalation** from face-to-face carers must be treated as vital safeguarding intelligence.
- Safeguarding processes (including referrals and Section 42 enquiries) must be consistently triggered following high-risk incidents, even where the individual is known to multiple services.
- Legal frameworks (MCA, DoLS, Community DoLS, and potential inherent jurisdiction applications) must be applied consistently and with clear documentation, particularly where restrictive practices are in place.
- Life events and social stressors must be actively considered and followed up in care and risk planning, particularly for individuals with known vulnerabilities.
- **Contextual safeguarding** approaches should be embedded to address risks linked to exploitation, relationships, and situational vulnerability.
- **Trauma-informed care** must emphasise care planning, with clear recognition of how past experiences and identity shape risk, presentation, and support needs.

### 11. Practitioner Engagement

**11.1** The reviewer would like to thank the practitioners who have or had direct involvement with Bella for their honest reflections at the practitioner event held on the 27<sup>th</sup> November 2024. The focus of the event was to gain an understanding of why workers responded in the way they did. By using this method, the risk of hindsight bias was reduced and enabled the reviewer to see the situation from the worker's perspective and any wider issues presented.

#### 11.2 Participants at the event were from:

- Cheshire East Adult Social Care
- Sherbourn Health
- Pennine Trust
- Northern Care Alliance
- Cheshire Police
- British Transport Police
- General Practice
- Cheshire East Safeguarding Team
- Priory Hospital Nottingham

**11.3** There was a key focus for the event utilising pause and reflect exercises in breakout rooms to discuss and feedback questions as follows:

What Standards of Care would you expect?

- What are your thoughts on Bella's Experience?
- What are your thoughts of Mum's Experience?
- What good practice did you identify?
- What learning have you observed?
- Any barriers observed to prevent effective practice?
- Key learning points?

This was replicated across different episodes of care with a very rich, meaningful and productive feedback from the groups with emerging themes as follows

#### 11.4 Emerging Themes from the Practitioner Event:

#### 11.4.1 Professional Curiosity and Challenge

The need for practitioners to maintain professional curiosity and engage in constructive challenge within and between agencies to better understand and address complex cases. Key points highlighted were the unpicking individual agency learning to discuss and challenge collectively in parallel to balancing legal frameworks with observations and unique assessments for individuals. Good Practice Example was the persistence of escalation despite unavailability of a local acute mental health bed.

#### 11.4.2 Interagency Collaboration and Information Sharing

Multi-agency collaboration is crucial but often hindered by system and communication barriers. Agencies need to work cohesively to avoid fragmentation for example information-sharing between NHS Trusts and partner agencies remains inconsistent, leading to gaps in care coordination. Evidence of supporting **Good Practice Example** is how Pennine Trust shared self-soothing strategies with A&E staff and adapted care environments to reduce Bella's distress.

#### 11.4.3 Autism-Specific Care and Individualised Support

A better understanding of autism and personalised care planning is essential for improving outcomes. Autism is not adequately addressed within the frameworks of the Mental Health Act, creating systemic issues. Bella's risky behaviours were perceived by some as often self-soothing mechanisms and not suicide attempts, highlighting the need for reframing practitioner language. **Good Practice Example** is when Bella was encouraged to engage in climbing activities, a less risky alternative to her self-soothing behaviours, showed a personcentered approach.

#### 11.4.4 Communication and Capacity Considerations

Fluctuating capacity and communication challenges necessitate a nuanced approach to decision-making and risk management. In Bella's case, her capacity varied, yet the chronologies provided by agencies for the review indicate that it was assessed as intact 95% of the time. Also, some practitioners felt that Bella's changeable communication style sometimes made it difficult to gauge her true intentions – there was no reference to how this could be or was resolved. A **Good Practice Example** is when care staff documented Bella's daily activities thoroughly and adjusted support based on her changing needs and preferences

#### 11.4.5 Family Dynamics and Inclusion

It was acknowledged that there are times to when managing family involvement is complex, particularly when there are disagreements between the individual and their family members. There was an understanding from some agencies that at one point Bella had become estranged from her mother which posed challenges in including her in care planning. **Good Practice Example** was that social workers balanced respecting Bella's decisions while maintaining communication with her mother where appropriate.

#### 11.4.6 Risk Management and Safeguarding Procedures

Risk management frameworks need to be flexible and person-centered to ensure safety while respecting individual autonomy. Bella often fled situations she found uncomfortable, emphasising the need for bespoke safety planning. There was a peak in risky behaviours every 2–3 months which may suggest patterns that could inform proactive interventions. **Good Practice Example** from Care Agency effectively tailored support on a day-to-day basis, stepping up or down care as needed demonstrating the Making Safeguarding Personal and listening to the voice choice and control of Bella.

#### 11.4.7. Good Practice and Compassionate Care

There were multiple examples shared of compassionate, person-centered care should be highlighted to strengthen future practice. Staff demonstrated kindness and creativity in adapting care environments, such as conducting assessments in cars or providing colouring materials to help Bella during time of anxiety. Staff also recognised and helped with caring of Bella's dog and cats and saw them as a protective factor, therefore ensuring the animals well-being became part of Bella's care plan.

#### 11.4.8. Systemic Barriers and Recommendations

There was a general consensus that there are systemic challenges, such as resource constraints and fragmented systems, limit the effectiveness of care and interagency collaboration, these include lack of interoperability between health systems creates duplication and inefficiencies in addition hierarchical decision-making can undervalue the insights of frontline care staff. Practitioners agreed and shared that developing a joint care plans and patient/ person passports would help to improve consistency and reduce the burden on families who have to repeatedly share their stories.

### 12. Key Messages from the event

- It was recognised that risk factors may be known however many people with multiple risk factors will not go on to attempt suicide, or significant injury.
- > By building on examples of good practice and addressing identified barriers, future care can be more effective, compassionate, and tailored to individual needs.

The reviewer shared the finding of The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) NCISH | The University of Manchester pertinent to this case to include:

- High Suicide Rates Among Autistic Individuals: Autistic people, particularly those without accompanying intellectual disabilities, face a significantly increased risk of suicide.
- ii. **Challenges in Risk Assessment**: Standard risk assessment tools often fail to accurately predict suicide risk in autistic individuals, necessitating more personalized and nuanced approaches.
- iii. **Importance of Tailored Interventions**: Implementing autism-specific care frameworks and interventions is crucial to effectively address the unique needs of autistic individuals within mental health services.
- iv. **Need for Enhanced Training:** There is a pressing need for mental health professionals to receive specialised training to better understand and support autistic individuals, particularly in crisis situation

Practitioners were transparent that they were not aware of this research nor the 10 elements of safer care but acknowledged it will be good learning and therefore this to be embedded into the recommendations.

# 13. Analysis of Practice and Findings (with Theoretical Foundations)

#### **SUMMARY**

#### TABLE 1

Ref	Subject	Initial Findings
ı	Autism-specific care and complex needs	<ul> <li>Bella's needs as an autistic individual with complex mental health challenges were insufficiently considered in crisis planning.</li> <li>Agencies must ensure that the intersection of autism and mental health risks is holistically addressed in care planning.</li> </ul>
II	Documentation gaps	Critical decisions, including the rationale for Bella's episodes of crisis and hospital discharges, were not adequately recorded, leading to gaps in continuity of care and accountability.
III	Agency collaboration and coordination	<ul> <li>Poor coordination across multi-agency services hindered effective safeguarding.</li> <li>The lack of robust communication protocols contributed to inconsistent understanding of risks and responsibilities among stakeholders</li> </ul>

IV	Cross-border challenges	<ul> <li>Managing Bella's care across different regions delayed communication and created uncertainty in decision-making reflecting the need for clearer protocols in cross-border cases.</li> </ul>
V	Behavioural vs. Mental health needs	Practitioners approach to behavioural manifestations as potential indicators of mental health crisis, ensuring appropriate intervention.
VI	Risk-informed discharge	<ul> <li>Comprehensive joint risk assessments should have guided discharge decisions, particularly in high-risk cases to ensure safety and continuity of care.</li> </ul>

#### 13.1 Overview

The review of findings highlights systemic challenges, areas for improvement, and examples of good practice in supporting individuals with autism and complex mental health needs. These insights are strengthened by integrating theoretical frameworks, research evidence, and key legislative and statutory guidance relevant to the UK context.

#### 13.2 Systemic Challenges in Autism-Specific Care

Autism-specific needs are often inadequately addressed within health and social care systems, exposing significant gaps in service provision. The neurodiversity paradigm (Singer, 1998; Armstrong, 2010) highlights the importance of recognising autism as a natural variation in functioning, necessitating tailored and strengths-based interventions. This perspective aligns with the statutory duty under the Equality Act 2010, which mandates reasonable adjustments for individuals with disabilities, including autism, in all service settings.

The Autism Act 2009, the first disability-specific legislation in England, and the accompanying Statutory Guidance for Local Authorities and NHS Organisations (2015), require the provision of autism-specific training for professionals and the development of local autism strategies. However, gaps in care planning, such as those seen in Bella's case, highlight the need for systemic reform to bridge these gaps effectively.

The double empathy problem (Milton, 2012) identified the need for professional training in autism-specific communication, as miscommunication between autistic and neurotypical individuals often results in unmet needs. Despite guidance from NICE (2012, updated 2021) emphasising person-centred, autism-informed care, Bella's experience demonstrates inconsistent application of these principles, particularly in addressing her sensory, cognitive, and emotional needs.

Fluctuating capacity presents additional challenges, especially during emotional dysregulation (Mazefsky et al., 2013). The Mental Capacity Act 2005 provides a legal framework for assessing capacity on a decision-specific and time-specific basis. Research by Kitzinger and Kitzinger (2015) highlights the complexity of applying the Act in fluctuating situations, calling for dynamic and nuanced approaches that account for these fluctuations. There was omission of consistent practice.

#### 13.3 Communication Gaps and Multi-Agency Collaboration

Effective multi-agency collaboration is essential in managing complex, cross-border cases using high-reliability organisation (HRO) principles (Weick & Sutcliffe, 2001). This advocates for clear communication, shared goals, and systematic protocols across agencies. These principles align with the statutory duty under the Care Act 2014, which requires local authorities to work collaboratively with health partners to promote wellbeing and prevent gaps in care.

The findings demonstrate fragmented communication, as seen in inconsistent use of multidisciplinary team (MDT) meetings and the failure to document key decisions in systems for example Liquid Logic. The Health and Social Care Act 2012 emphasises the importance of integrated care pathways, while Sloper (2004) highlights shared decision-making and consistent information-sharing as critical enablers of collaboration.

Furthermore, national guidance, such as Working Together to Safeguard Children (2018) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018), highlights the importance of robust inter-agency safeguarding procedures. However, in Bella's case, the lack of interoperable systems hindered information flow between agencies. Research by Farre and McConachie (2020) highlights the need for shared digital platforms to enhance collaboration, a challenge also identified in the Second National Analysis of Safeguarding Adult Reviews (2024).

#### 13.4 Safeguarding Practices and Risk Management

Safeguarding areas requiring strengthening include delayed escalation, insufficient risk management, and inconsistent application of statutory frameworks. The Care Act 2014 places a statutory duty on local authorities to safeguard adults at risk of harm, including autistic individuals. Additionally, the Children and Families Act 2014 provides a legal framework for safeguarding young people transitioning to adult services.

Risk assessment frameworks must account for the unique needs of individuals, including sensory sensitivities, trauma histories, and fluctuating capacity (Wong et al., 2020; Cashin et al., 2021). In Bella's case, safeguarding failures included missed opportunities to identify and mitigate risks, such as suicidal ideation and personal trauma from a number of incidents. The trauma-informed care (TIC) framework (SAMHSA, 2014) and cultural competence theory (Sue et al., 1992) advocate for recognising trauma and cultural contexts in risk assessment and intervention.

Inconsistent application of the Mental Capacity Act 2005, particularly in relation to Deprivation of Liberty Safeguards (DoLS), reflects broader challenges in balancing autonomy and safeguarding responsibilities. Manthorpe and Martineau (2010) emphasise the need for clearer guidance in using DoLS in fluctuating capacity scenarios, a key issue in Bella's case.

The Mental Capacity Act 2005 (MCA) protects the right of individuals aged 16 and over to make their own decisions, even if those decisions might be considered unwise. However, this principle (Section 1 of the MCA) can conflict with the duty under Section 42 of the Care Act 2014, which requires local authorities to safeguard adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves.

For a person to be deemed capable of making a decision, they must:

- Understand the information relevant to the decision.
- Retain that information long enough to make the decision.
- Use or weigh the information as part of the decision-making process.
- Communicate their decision effectively.

Practitioners have a duty to present information in a way that supports the individual's decision-making and consider "executive capacity" – the ability to carry out decisions and manage consequences. They must also assess the potential influence of external pressures, such as trauma or coercion, on the decision-making process.

Assessments of capacity should not merely accept decisions as "lifestyle choices" without exploring their broader context. NICE guidance<sup>8</sup> advises practitioners to observe how individuals execute decisions in real-life situations, recognising the situational nature of decision-making. Factors such as adverse childhood experiences, trauma, and "enmeshed" relationships must be considered, as these can impair decision-making.

Where evidence suggests that someone may struggle to understand or act upon information outside of the assessment setting, this should be thoroughly investigated, utilising one's own Professional Curiosity. While the presumption of capacity under Section 1 of the MCA is a foundational principle, it does not override professional responsibilities to safeguard individuals from abuse, neglect, or exploitation.

There is an important distinction between a person who understands and chooses to take a risk and someone who lacks the awareness or ability to appreciate the risk and its consequences. Practitioners must remain vigilant to this difference when conducting assessments, planning care, and safeguarding individuals like Bella. In Baker J, GW v A Local Authority [2014] EWCOP20, para. 45, the judgment highlighted \*There is a difference between someone who has an appreciation of risk and yet goes on to take the risk – albeit unwisely – and someone who ... lacked awareness of the risk and sufficient problem-solving ability".

### 13.5 Discharge Practices and Post-Discharge Oversight

Discharge planning is a critical component of safe care, particularly for individuals with complex needs and high-risk behaviours. The continuity of care theory (Haggerty et al., 2003) and transition theory (Schlossberg, 1981) emphasises the importance of structured, personcentred transitions. Furthermore, the Care Quality Commission (CQC) standards for effective discharge planning stress the importance of MDT involvement, family engagement, and robust contingency planning to mitigate post-discharge risks.

In Bella's case, the decision to discharge without robust contingency plans reflects an inadequate level of established standards. There have been occasions where such discharges from care are inconsistent with the commitments outlined in the NHS Constitution for England, which guarantees safe and effective discharge processes. Chang et al. (2021)

<sup>8</sup> NICE (2018) Decision Making and Mental Capacity, London: Overview | Decision-making and mental capacity | Guidance | NICE.

<sup>9</sup> Baker J, GW v A Local Authority [2014] EWCOP20, para. 45

highlight that proactive MDT collaboration is critical to addressing and managing postdischarge risks, a sentiment echoed in the Second National Analysis of Safeguarding Adult Reviews (2024)<sup>10</sup>, which identifies unsafe discharge practices as a recurring issue contributing to preventable harm.

## 13.5.1 Concerns Regarding Discharge Under the Mental Health Act (MHA)

The handling of high-risk individuals, particularly those detained under Section 2 of the Mental Health Act (MHA)<sup>11</sup>, requires rigorous application of safeguarding principles and legal frameworks. In this case, discharging an individual who exhibited suicidal behaviour, such as attempting to jump off a hospital roof, under the justification of "behavioural problems" raises significant concerns regarding the adequacy of risk assessments and adherence to professional obligations.

## Critical Learning:

Discharge decisions for high-risk individuals must be strengthened by trauma-informed, autism-aware, and comprehensive risk assessments, in line with MHA, MCA, and safeguarding legislation. Where safeguarding concerns persist, this should trigger professional challenge, escalation, and clear documentation of dissenting views.

This case highlights the need for all staff involved in high-risk discharges to have strong legal literacy, safeguarding awareness, and a clear understanding of multi-agency planning processes.

## 13.5.2 Behavioural Issues vs. Risk of Harm

The input provided by community staff regarding Bella's discomfort with enclosed spaces and her known behavioural triggers offered helpful insight into her preferences and sensory needs, and demonstrates good practice in seeking and reflecting Bella's voice within care planning. However, this review has identified opportunities to strengthen how risk is assessed and balanced alongside behavioural explanations, particularly when an individual presents with co-existing mental health, autism, and trauma-related needs.

## Critical Learning:

Behavioural issues and mental health crisis are not mutually exclusive—what may present as a coping mechanism or behavioural response could also be an indicator of underlying distress, trauma, or unmet mental health needs. In situations where behaviours escalate to life-threatening actions, such as suicide attempts, there is an opportunity for systems to prioritise risk management and safeguarding responses, alongside understanding and accommodating behavioural triggers.

This does not negate the importance of person-centred adjustments but highlights the need for a balanced, holistic risk-informed approach.

<sup>&</sup>lt;sup>10</sup> Second National Analysis of Safeguarding Adult Reviews: April 2019 – March 2023 (2024).

<sup>&</sup>lt;sup>11</sup> 1983) *Mental Health Act 1983: Elizabeth II. Chapter 20. Section 2.* London: HMSO. [Amended by the Mental Health Act 2007]

## 13.5.3 Understanding and Interpreting Professional Input

The decision to discharge Bella was accompanied by the presence of five staff to escort her home, indicating that some level of ongoing risk was recognised by the discharging team. However, once home, she was left in the care of a single carer who had already raised concerns about their ability to manage her safely in that environment. This escalation, alongside Bella's own messages to her mother expressing fear and a sense of being unsafe, highlights a clear disconnect between the level of risk acknowledged in the hospital and the support provided upon discharge.

Additionally, Bella's mother contacted the hospital directly, raising urgent concerns that the discharge arrangements were unsafe and warning that they placed Bella at heightened risk. This was a missed opportunity to pause, reflect, and reconsider the discharge decision within a broader safeguarding context, particularly given Bella's presentation, history of crisis behaviours, and the protective role her mother has historically played in raising valid safeguarding concerns.

Ultimately, the disconnect between the hospital's awareness of risk, the concerns raised by the carer and Bella's family, and the actual discharge arrangements highlights a critical gap in safe discharge processes — particularly for individuals with complex needs, autism, and a known history of escalating risk in community settings.

## Critical Learning:

This incident reinforces the need for formal, multi-agency discharge planning processes, including documented risk assessment, consideration of fluctuating capacity, clear escalation protocols, and professional challenge where discharge arrangements do not align with the level of known risk.

#### 13.5.4 Risk to Community Carers

The decision to discharge Bella into the care of a single carer, particularly from an external care agency, raises significant safety concerns as the single carer would potentially not have the capacity or training to manage Bella's high-risk behaviours effectively on their own, potentially endangering both Bella and the carer.

• Inappropriate delegation of responsibility: The transfer of such a high-risk individual into an inadequately supported environment reflects a failure in the discharge planning process and in safeguarding responsibilities.

This is not framed as a criticism of individual decision-making, but rather as a learning opportunity for all agencies involved in discharge planning and multi-agency risk management. It highlights the importance of ensuring that all professionals have a shared understanding of risk, and that no individual practitioner is placed in a position where they are left solely responsible for managing high levels of known and emerging risk without adequate support, supervision, or contingency planning.

## 13.5.5 Positive Practices and Strengths

Despite systemic challenges, several examples of compassionate, person-centred care were evident. Adaptive approaches, such as conducting reviews in familiar settings and maintaining consistent staffing, align with humanistic theory (Rogers, 1951) and the core principles of the NHS Long Term Plan (2019), which prioritise personalised care tailored to individual needs.

Key examples include recognising and addressing Bella's specific emotional and environmental needs, such as the importance of her teddy bear and appropriate human contact to provide comfort and reassurance during moments of distress. The police demonstrated sensitivity to environmental challenges by adapting their approach, ensuring Bella felt safe and supported in non-threatening settings. Similarly, carers played a crucial role in escalating concerns about risks and safety, although their voices were not always sufficiently acknowledged in decision-making.

Compassionate, personalised care extended to maintaining Bella's connection to meaningful aspects of her life, such as caring for her dog. This small but significant consideration demonstrated an understanding of how familiar routines and relationships contribute to overall wellbeing. Additionally, emotional support for Bella's mother was provided, recognising the vital role of family in managing complex care needs and the importance of sustaining their capacity to support Bella.

The use of positive behavioural support (PBS) frameworks (Gore et al., 2013) was evident in the consistent and dynamic support provided by the Care Agency. These practices align with the SEND Code of Practice (2015), which advocates for tailored strategies to meet the specific needs of individuals with autism.

Intermediaries and tailored communication strategies were employed effectively to engage Bella and address her complex needs. These practices reflect adherence to the Accessible Information Standard (2016) and the Public Sector Equality Duty, as set out in Section 149 of the Equality Act 2010, which requires public bodies, including NHS services, to eliminate discrimination, advance equality of opportunity, and foster good relations. By ensuring that communication is accessible and responsive to individual needs, these approaches highlight the importance of accommodating diverse communication styles to build trust and improve outcomes.

## Positive Learning and Good Practice

Throughout Bella's care, there were numerous examples of compassionate, person-centred practice. Professionals adapted their approaches to meet Bella's sensory and emotional needs, demonstrating creativity, professional curiosity, and a strong commitment to her wellbeing.

These many positive examples highlight the dedication, compassion, and good practice that should be celebrated and embedded in future work

## 14. Summary of Learning for the Recommendations

## Reinforce the Need for a Clear Narrative around Decision-Making

The absence of documented risk assessments and capacity assessments during key periods significantly limits the review's ability to fully understand the rationale behind key decisions made by agencies. In future practice, agencies should ensure not only that decisions are recorded, but that the narrative underpinning these decisions is transparent, including:

- The risks and options considered.
- How differing professional views were managed.
- How Bella's voice and her mother's concerns were captured and responded to. This strengthens accountability, supports learning, and ensures defensibility when decisions are scrutinised.

## **Explicitly Reference Concerns about Fragmented Multi-Agency Working**

There are no consistent references in the chronologies in relation to multi-agency risk assessments or discharge planning meetings, despite the complexity and high-risk nature of the case. This lack of coordinated oversight created a fragmented response, increasing the likelihood of missed opportunities to safeguard effectively.

## Strengthen Analysis around Risk Assessments and Capacity Assessments

Whilst agencies have indicated that risk assessments and capacity assessments were completed, it is the responsibility of each organisation to assure the quality, completeness, and appropriateness of these documents through internal scrutiny and governance processes prior to their formal sign-off and submission to the review.

As these assessments were not consistently provided to the review, independent assurance regarding their quality and appropriateness cannot be given within this report. This reflects a system learning point, highlighting the importance of robust internal assurance processes to ensure that critical assessments consistently meet required standards and are available for multi-agency learning and review.

## Strengthen the Section on Autism and Trauma-Informed Responses

The absence of a clear autism diagnosis until adulthood may have contributed to a focus on 'managing behaviour' rather than understanding needs through an autism-informed and trauma-informed lens.

## **Specific Analysis of Exploitation and Safeguarding Responses**

Despite clear indicators of exploitation risk, there is no evidence that agencies completed a specific risk assessment or invoked relevant safeguarding processes such as exploitation panels or multi-agency safeguarding meetings related to sexual exploitation or coercion. In particular after a number of allegations of sexual assaults and multiple relationships. This is a missed opportunity to proactively safeguard the individual.

## Clarify the Limitations of the Review (and Reiterate the Learning Focus)

The review has not been provided with all underlying risk assessments, capacity assessments, or care plans. Where evidence is absent, the review has highlighted this explicitly to support system learning. However to note with reference to risk assessment in employment situations, it is also important to recognise the positive potentials in respect of Bella's independence and a strength based approach with positive risk taking to help Bella grow and make her own choices.

## **Emphasise the Need for Assurances from Agencies in Real Time**

It is essential that learning from this case does not wait until the final report is published. Agencies should have already undertaken internal reflective reviews to identify immediate improvements in:

- Risk assessment processes and multi-agency information sharing and coordinated risk management.
- Embedding professional curiosity, escalation, and challenge into frontline and managerial practice. CESAB should require immediate assurance reports from all involved agencies to evidence that learning is being embedded in real-time, not deferred to a later point.

## Strengthen Recommendations to Reflect Multi-Agency Issues

The review highlights that no single agency can safely manage complex cases like Bella's in isolation, however no regular or routine multi-agency review processes for high-risk cases — not just at point of discharge, but throughout the care journey.

## **Ensure Bella's Voice and Family Perspective are Explicit**

Bella and her family described a sense of being unheard during key episodes of care and decision-making. They expressed frustration that risks were minimised and that opportunities for early intervention were missed.

## **Reinforce the Overall Learning Statement**

This review reinforces that safe and effective safeguarding for adults with complex needs requires relentless professional curiosity, compassionate practice, and collaborative risk management. Multiple missed opportunities were identified — not just by individuals, but by the system as a whole.

## 15. System Learning and Recommendations

The following table (Table 2) sets out the key recommendations arising from this Safeguarding Adults Review (SAR). These recommendations are designed to address the systemic issues and practice gaps identified, while also building on the examples of positive practice evidenced throughout Bella's care. Each recommendation is framed to promote sustainable improvement.

#### Table 2

No.	Recommendation
1	Embedding Professional Curiosity and Assumption-Checking into Practice
2	Autism and Trauma-Informed Care Framework
3	Multi-Agency Risk Assessment and Discharge Planning
4	Documented Decision-Making and Governance Oversight
5	Strengthen Safeguarding Responses to Exploitation and Complex Risk
6	Strengthen Legal Framework Use and Oversight (MCA, DoLS, CoP)
7	Real-Time Learning and Assurance during and after Reviews

Impact audits are suggested to be integrated into all recommendations to measure not only compliance but also the effect on service users, services, and staff. This ensures that improvements are meaningful, sustainable, and address the lived experiences of all stakeholders.

## 16. Conclusion

The findings and analysis presented in this section are drawn directly from the chronologies, agency reports, and supporting documentation formally submitted by each agency involved in Bella's care. The analysis and the recommendations made within this review are based solely on the information provided and signed off by each agency through the SAR process. It is understood and expected that all documentation—including Mental Capacity Assessments, Risk Assessments, records of MDT meetings, and Discharge Planning documentation—was subject to internal quality assurance within each contributing agency prior to submission to this review.

This reflects an important principle: the evidence base for this review relies on the completeness, accuracy, and transparency of each agency's own records and professional reflections. Where gaps in documentation, conflicting accounts, or incomplete recording have been identified, these have been highlighted and inform the learning and recommendations set out in this report. This is not to apportion blame, but to recognise the fundamental importance of robust record-keeping, clear decision-making, and transparent multi-agency communication as essential components of safe, lawful, and person-centred care—particularly for individuals with complex and fluctuating needs, such as Bella.

The integration of these findings with theoretical frameworks, statutory guidance, and national evidence further reinforces the urgent need for systemic reform across several areas:

- Autism-informed care that recognises sensory, communication, and processing needs within all safeguarding and mental health responses.
- Multi-agency collaboration that prioritises real-time information sharing, shared risk assessments, and collaborative care planning across agencies and regional boundaries.
- Discharge planning processes that embed multi-agency challenge, person-centred risk management, and clear post-discharge oversight.
- A consistent and legally literate approach to capacity assessments, restrictive practices, and lawful deprivation of liberty.

This SAR highlights both challenges and strengths, demonstrating that good practice does exist—particularly when professionals work flexibly, creatively, and with genuine person-centred compassion. By addressing the identified gaps and building on these positive examples, safeguarding partners have a real opportunity to better align their practice with national standards and evidence-based approaches.

Ultimately, implementing the recommendations in this review will not only strengthen safeguarding systems, but also contribute to a wider culture shift—one that values curiosity over assumption, collaboration over silo working, and person-centred care over procedural compliance. This is essential if we are to prevent similar incidents and ensure adults with care and support needs, like Bella, receive the safe, compassionate, and lawful care they deserve.

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## Appendix 2

## Terms of Reference for Safeguarding Adults Review (SAR) - BELLA Case

Name	Bella
Address	
Date of Birth	
Dates of incidents	26 & 27/01/2024

#### 1. Introduction:

This Safeguarding Adults Review (SAR) has been commissioned by Cheshire East Safeguarding Adults Board (CESAB) following the incidents involving Bella, a young woman with autism and epilepsy, which led to two significant suicide attempts on the railway tracks within two days, resulting in life-threatening injuries. The SAR will focus on the events leading up to these incidents, interagency collaboration, decision-making processes, safeguarding practices, and any opportunities for learning and improving safeguarding systems.

## 2. Purpose of a SAR:

The Care and Support Statutory Guidance under the Care Act 2014 makes it clear that the purpose of a Safeguarding Adults Review (SAR) is not to hold any individual or organisation personally accountable. Separate processes exist for that, such as criminal prosecutions, disciplinary procedures, employment law, and professional regulatory bodies like the Care Quality Commission (CQC), the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council (14.139). In contrast, the role of Safeguarding Adults Boards is to hold local organisations to account for how they protect adults with care and support needs.

The distinction is vital: for SARs to be effective learning tools, they must be seen as safe, constructive experiences that foster honesty, transparency, and openness. If SARs are approached with fear of blame or punishment, individuals and organisations are likely to become defensive, resulting in limited and guarded engagement, which undermines the whole purpose of learning from past incidents.

## 3. The Scope of this SAR is to:

- Complete Individual Management Reviews / Chronologies covering the period of 12 months up to and including the second incident.
- Review the circumstances leading to the incidents involving Bella on 26th and 27th January 2024.
- Examine the roles and actions of agencies involved in Bella's care and safeguarding, particularly after the first incident.
- Identify any gaps in interagency communication, safeguarding procedures, and risk management.
- Understand the decision-making processes concerning Bella's discharge and return to her home environment on 26th January 2024.
- Provide learning opportunities to improve the safeguarding of adults at risk, particularly those with complex needs, across Cheshire and beyond.

## 4. Key Areas to further learn from

## 4.1. Agency Roles and Responsibilities:

Examination of the roles of key agencies involved in Bella's care. These agencies involved include

- Bella's Care Service Provider,
- Adult Social Care,
- Mental Health Services,
- Ambulance Service
- Emergency Departments
- General Practitioner
- British Transport Police
- Greater Manchester Police
- Cheshire Police

## 4.2. Key Lines of Enquiries

 Whether safeguarding referrals and concerns were appropriately shared and acted upon.

### • Discharge and Risk Management:

- Analysis of the decision-making process that led to Bella being discharged from Stepping Hill Hospital on 26th January 2024, despite expressing suicidal intent and a history of mental health concerns.
- Whether proper multi-agency safeguarding discussions and planning occurred after Bella was discharged.
- > Review of the role of the mental health practitioner's assessment, particularly the determination that this was a behavioural issue rather than a mental health crisis, and whether this assessment was appropriate.

#### Interagency Collaboration:

- The effectiveness of communication and collaboration between agencies, particularly in sharing critical information about Bella's risks and history.
- Exploration of the potential challenges of cross-border working, as Bella's care involved agencies from multiple areas, including Stockport, Cheshire, and Nottingham.
- ➤ How Bella's care plan was monitored, and if there was sufficient oversight of the support provided by the care provider, particularly in the 24-hour period between the two incidents.

## Safeguarding Procedures:

- Review of Bella's known care and support needs, including her autism, epilepsy, and previous incidents of self-harm or suicidal behaviour, and how these were addressed within her care plan.
- Whether safeguarding alerts were appropriately raised and escalated, and if appropriate interventions were made following the initial incident.
- Consideration of Bella's rape allegation in January 2024 and its potential impact on her mental health and risk level.

## • Gaps in Documentation and Decision Making:

Identification of gaps in record-keeping, such as in the hospital discharge process and social care records (Liquid Logic), and their impact on care and safeguarding decisions.

- Clarity on who made key decisions regarding Bella's care and discharge, and whether these decisions were documented and followed best practices.
- If there were any policy gaps that impacted on this case or on the action taken by organisations and agencies involved.
- Whether there are any equality and diversity issues in relation to this case.
- > If there were any culture, status or reputation issues that impacted on this case.

In addition, the following Key Lines of Enquiry are required to be examined by the identified agencies.

- o Assessments by each organisation
- Mental Capacity
- Safeguarding Processes
- Information sharing
- o Risk assessment
- o Policies and Processes for Self-Neglect cases
- Supervision and support to Practitioners
- Professional Curiosity

## Learning and Recommendations:

- Identifying lessons learned from this case regarding safeguarding adults with complex needs, particularly those receiving 24/7 support.
- Providing recommendations for improving interagency safeguarding practices, risk assessment, and decision-making processes, to prevent similar incidents from occurring in the future.

## 5. Individual Management Reports

The following agencies are invited and politely requested to contribute to the SAR by submitting Individual Management Reports (IMRs):

- British Transport Police (BTP)
- Cheshire Police
- Greater Manchester Police (GMP)
- Pennine Care NHS Foundation Trust
- Care Agency provider
- Cheshire East Adult Social Care
- Care Quality Commission (CQC)
- Stockport Mental Health Services (Stepping Hill Hospital)
- Nottingham Priory
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- Any other relevant agencies involved in Bella's care.
- **5.1** The IMRs should be carried out by someone who was not directly concerned with Bella or her family, or the immediate line manager of the practitioner/s involved and are not Panel members of this SAR.
- **5.2** IMRs/ Chronologies should be completed in the format provided.
- **5.3** All IMRs must include a full chronology of significant events in the format provided.
- **5.4** It is important that all IMRs / Chronologies also capture good practice to enable sharing for the purpose of learning and implementing evidenced based practice.

#### 6. Timetable

- **6.1** The main timeline for this SAR will cover the 12 month period up to and including the first and second incident.
- **6.2** All IMRs and chronologies must be submitted to Cheshire East Safeguarding Adults Business Team electronically by: **31:10:2024**
- **6.3** Information will be collated from the Individual Management Reports (IMRs) from the agencies listed in point 5 where they will be analysed by the Panel and Overview Report Author.
- **6.4** All agencies submitting an IMR and chronology will have the opportunity to present their findings to The Panel on **05:12:2024**
- **6.5** The Panel will, having considered the IMR's and chronologies and taking account of the agencies presentations, agree the SAR outcomes and final publication issues at a meeting on **14:01:2025**
- **6.6** The Draft Report will be available for all agencies to comment on inaccuracies week commencing **04:02:2025.** All agencies will have 7 working days to notify of any inaccuracies or concerns. The independent chair/author may amend the report or will detail the concerns raised and reasons why the report has not been amended.
- **6.7** The Serious Case Group will meet on **20:02:2025** to agree the final Overview Report and Executive Summary.
- **6.8** The Final Overview Report will be circulated to an Extraordinary Cheshire East Safeguarding Adults Board Members before week commencing **24:02:2025**. Bella and where appropriate and applicable Bella's family will also be notified of the key findings.
- **6.9** The Independent Chair of the Safeguarding Adults Board will identify a SAB meeting to receive and discuss the Overview Report and Executive Summary, which will be presented by the independent chair/author, and the agreed recommendations. This may be an extraordinary meeting. This should be no later than **06:03:2025**
- 6.10 Practitioner Event: 27:11:2024

Once the report has been presented to Cheshire East Safeguarding Adults Board: All agencies involved with the SAR will take the Overview Report and Executive Summary through their own governance and accountability routes.

- All agencies involved with the SAR will debrief their staff.
- The Communication plan will be initiated.
- The action plan will be monitored by the Safeguarding Adults Board until it is completed.
- 7. Cross Border Collaboration- At the time of agreeing these Terms of Reference there are no other Safeguarding Adults Boards with an interest in the case that this SAR is based on. However given the complexity of Bella's care across different geographic and healthcare jurisdictions, a review of cross-border communication and collaboration between the different health trusts (e.g., Stockport, Cheshire East, Nottingham) will be essential to understanding the decision-making process and ensuring future improvements.

## 8. The Panel

**8.1 Primary Involvement:** The review process will prioritise the active involvement of Bella, ensuring that her voice is not only heard but meaningfully incorporated into the findings. It is widely recognised that individuals with learning disabilities have often been excluded from

decision-making processes that affect their lives, despite having a right to be fully engaged (Grove et al., 2019). Research shows that person-centered approaches are crucial to empowering individuals with learning disabilities, leading to outcomes that better reflect their needs and wishes (Department of Health, 2001; SCIE, 2018). This review will adopt such an approach, giving Bella a platform to express her experiences in a safe and supportive manner.

Where Bella consents, and where it is appropriate, her family and/or an advocate will also be engaged to ensure that Bella's broader support network is considered. Studies have highlighted the value of including family members, who can provide contextual understanding and ensure the individual's preferences are respected, especially when communication is complex (Tarleton, 2015). By integrating both Bella's perspective and those of her support network, the review will ensure a holistic approach to understanding her experience.

To facilitate this process, the panel will offer support services or advocate assistance to help Bella and her family understand the process and contribute effectively. This aligns with the recommendations of the Care Act 2014, which stresses the importance of advocacy to ensure people with learning disabilities can participate in reviews that impact them. Ensuring Bella's voice is heard in a meaningful way supports her rights to autonomy and empowerment, making her an active participant rather than a passive subject of the process

**8.2** Cheshire East Safeguarding Adults Board has commissioned Frances Millar as the Independent Author of the Overview Report and Executive Summary and Independent Chair of the SAR Panel.

Frances Millar is independent of Cheshire East and all agencies involved in this case. The Panel will be made up of:

- > Frances Millar Independent SAR Chair and Author
- Georgie Jones, T/DCI Cheshire Police
- Sandra Murphy, Head of Adult Safeguarding, Cheshire East Council
- Katie Jones, Business Manager, Cheshire East Safeguarding Adults Board
- Katie Mills, Head of Safety Quality & Improvement, ICB
- Katy Endean, Deputy Designated Nurse for Safeguarding, ICB
- Lynne Turnbull, CEO, Disability Positive
- Racheal Elliott, Locality Manager, Cheshire East Council
- Katie Mowe, Serious Case Review Officer, Cheshire Police

## 9. Communications plan

- All public or media enquiries will be managed by Cheshire East Council's Communications team. All agencies, statutory, voluntary and independent, should re-direct any enquiries to the Cheshire East Communications Team.
- The action plan will identify how all agencies should report the SAR through their respective governance routes.

## 10. Additional Areas

## 10.1 Legal Advice

Cheshire East Safeguarding Adults Board and The Panel will take legal advice where it is required.

#### 10.2 General Advice

General advice on Cheshire East's Safeguarding Adults Review procedure will be available from the SAB Business Manager.

**10.3** The SAR Panel will review and amend these Terms of Reference as required during the SAR. Cheshire East Safeguarding Adults Board (CESAB) will be informed of any changes to the Terms of Reference.

## 11. Confidentiality:

All information shared as part of the SAR will be treated confidentially and used only for the purposes of the review. Agencies are expected to cooperate fully and transparently, sharing all relevant data and documentation.

#### 12. Conclusion:

This SAR aims to provide a thorough review of the events leading to the incidents involving Bella, to ensure that all agencies involved in her care can learn from this case and improve their safeguarding practices for those adults who are at risk by definition of The Care Act 2014 in the future.

#### References

- The Care Act 2014
- The Care and Support Statutory Guidance issued under the Care Act 2014
- Cheshire East Safeguarding Adults Review Policy and Procedures
- SCIE Safeguarding Adult Reviews under the Care Act: implementation support.

These terms of reference have been agreed by Cheshire East Safeguarding Adult Review Panel and the CESAB Independent Chair and have been shared with Cheshire East Council Chief Executive and Cheshire East Council Director of Adult Social Services.

## Appendix 3 – Glossary of Acronyms

Acronym	Full Term and/ or Description
A&E	Accident and Emergency
ВТР	British Transport Police
CESAB	Cheshire East Safeguarding Adults Board
cqc	Care Quality Commission
СоР	Court of Protection
DHSC	Department of Health and Social Care
DoLS	Deprivation of Liberty Safeguards
GP	General Practitioner
HRO	High Reliability Organisation
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
NCISH	National Confidential Inquiry into Suicide and Safety in Mental Health
NEAD	Non-Epileptic Attack Disorder
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PBS	Positive Behavioural Support
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
Section 2	Provision under the Mental Health Act for the assessment of mental health conditions
SEND	Special Educational Needs and Disabilities
TIC	Trauma-Informed Care



No.	Recommendation	Action
1	Embedding Professional Curiosity and Assumption- Checking into Practice	During the next 12 months CESAB will run a Prevention Management & Learning (PML) Session focussing on Professional Curiosity  CESAB to link with SCEP on recent DARDR Action around Professional Curiosity  Q&A Sub-group to conduct a multi-agency audit on Professional Curiosity  CESAB will ask partners to provide evidence of their Supervision Policy
No.	Recommendation	Action
2	Autism and Trauma- Informed Care Framework	CESAB will promote existing or emerging autism strategies within organisations which should be aligned to Autism Act 2009 and NICE guidelines.  PML focussed session on neurodiversity (including communication) planned for May 2025  CESAB to request evidence of autism training from all partners.  CESAB annual single agency report and annual frontline visits to focus on trauma informed practice.  CESAB to produce a one minute guide (OMG) on understanding executive functioning and fluctuating capacity in autism.
3	Multi-Agency Risk Assessment and Discharge Planning	CESAB to promote best practice with regard to multi-agency risk assessments and discharge planning meetings for all individuals with complex needs and high-risk presentations.  Q & A subgroup to conduct a multi-agency audit focussed on hospital discharge, questions to include evidence of risk assessment and MCA, including views, wishes and feelings of the person being discharged. Evidence of dissenting views being recorded.  CESAB to ask partners to provide their 'Out of area' commissioning/ placement policies as part of the CESAB single agency report.



No.	Recommendation	Action
4	Documented Decision-	CESAB to seek assurance that partners have a Supervision policy, Record keeping policy and an audit
	Making and Governance Oversight	policy/procedure. Partners to evidence how their organisation ensures polices are complied with.  CESAB to request confirmation from agencies on how they ensure all employees are aware of their governance procedures.
5	Strengthen Safeguarding Responses to	Continue to work closely with SCEP, promoting forums such as the Serious & Organised Crime Group and the Operation Expel process.
	Exploitation and	Ensure that the board is linked to the Pan-Cheshire overarching All Age Exploitation Strategy
	Complex Risk	Promotion of the Complex Safeguarding Forum – policies and procedures, plus referral process
		To ensure the themes of exploitation and complex risk are captured in the annual Complex Safeguarding Forum Report
No.	Recommendation	Action
6	Strengthen the application of the Legal Framework Use and Oversight (MCA, DoLS, CoP)	Following learning from previous SARS, work is ongoing in relation to professional use and application of the MCA. So, this review will focus on DiDs (Deprivation of Liberty in a domestic setting) and CoP (Court of Protection).  The board will ensure the promotion of DiDs through its networks.  CESAB to seek assurance that line managers have legal literacy and can offer appropriate advice and support regarding MCA, CoP and DiDs cases



7	7 Real-Time Learning	<b>Real-Time Learning</b> Require all agencies to self-audit during the SAR process to identify immediate actions and learning, ra						
	and Assurance during	nce during than waiting for the final report.						
and after Reviews CESAB to require real-time assurance reports from agencies on:								
		How learning is being embedded.						
		What immediate practice changes have been made.						
		How learning is being cascaded.						
		Partners to evidence this in Single Agency Report.						

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## Safeguarding Adults Review about Bella



The Cheshire East Safeguarding Adults Board includes people from: - Cheshire East Council, Police, Health, Probation, Fire Service and many other organisations that help keep people safe.



The Board work together to make sure adults with care needs are kept safe from abuse and neglect.



In September 2024 Cheshire East Safeguarding Adults Board (CESAB) ordered a **Safeguarding Adults Review** about Bella.

A Safeguarding Adults Reviews (SAR) is carried out by the Board where an adult has died or has been badly hurt from abuse or neglect. The reviews look at how well people and organisations worked together to protect the adult.



This is an easy read summary of the report from the Safeguarding Adults Review.

This Report has some **information** about a young woman getting **seriously hurt**.

## **About Bella:**



Bella is aged 26.

Bella likes art, keeping fit and looking after her dogs.

Bella likes her teddy bear called Chester.



Bella is autistic, has epilepsy and a brain injury.

Bella also struggles with her mental health.



Bella lives in supportive living accommodation and has carers that support her every day.



A lot of other partners also help Bella such as the doctor, the council, the mental health service, housing and local hospitals.



In January 2024 Bella's carers and family were worried about Bella's depression and mental health.



On January 27th, 2024, Bella was feeling very sad and was seen upset on the train tracks at a railway station. Sadly, Bella was hit by a train.



Bella was seriously hurt and needed to stay in hospital for a long time. She is at home now but is still getting better.

## What we learnt from the Bella Review -



Staff need to listen to people and ask questions to find out what is important to people.



Staff need to understand how to help people that are autistic.



All agencies need to work together when they tell a person they can leave hospital. This includes managing **risks**.

Risks mean something that might harm or danger a person.



Staff need to make sure they write clear records.

Managers need to check that records are up to date with the right information.



Staff need to think about how some people might need more support due to their **complex needs**.

Complex needs are when a person has many different needs such as disability and mental health. They might need a high level of support and need help from different services.



Staff need to know how different laws like the **mental capacity act** can help people.

Mental Capacity Act is about making sure that people have the support they need to make as many decisions as possible.



Staff need to learn from safeguarding adult reviews. These reviews should happen quickly to make sure that services are better in the future.

# What happens now?



The Cheshire East Safeguarding Adults Board will make sure the learning from Bella's review is shared with all partners that keep people safe.



The Board will check with partners that they have made changes from the safeguarding adults review learning.



The report will be available on the Board's website

www.stopadultabuse.org.uk

# Who helped with this report?



The Board thank Bella and her mum for sharing their experiences. This will help agencies learn and make things better.







Easy Read summary of the Safeguarding Adults Review of Bella

Published by Cheshire East Safeguarding Adults Board, April 2025

www.stopadultabuse.org.uk

# Page 279 Minute SAR Briefing – Bella

2

Background:

Bella is 26 years old. She is a very creative person who also has a love for animals and keeping fit. Bella has epilepsy, a brain injury, complex mental health needs and is autistic. Bella lives in supportive living accommodation with 24hour support. She is very close to her family, especially her mother. Bella has received support from several organisations within Cheshire East including the local authority, mental health, housing, GP, hospital trusts, police and ambulance service. Plus, services out of area including mental health trusts, hospital trusts, a Private Health setting and British Transport Police. Bella's complex case includes incidents of self-harm, mental health crisis, risk taking behaviours and challenges associated with cross-border care provision. Bella's mental health declined in 2023 and in January 2024, she was missing from home on different occasions, each time, she was found near to train tracks. Sadly, in January 2024, Bella sustained life changing injuries when she was struck by a train. A Safeguarding Adults Review (SAR) was initiated under Section 44 of the Care Act 2014 following this incident involving Bella, who meets the definition of an adult at risk under the Care Act 2014. The purpose of the SAR was to identify lessons for multi-agency working to enhance future safeguarding practice. Bella and her mother were involved throughout this review, this ensured their views, opinions and concerns informed the SAR.

Resources and further information:

Safeguarding Adult Reviews in Cheshire East

Diagnostic overshadowing and how it impacts on people wit learning disability and autistic people | Local Government A

Commissioning self-advocacy as a basis for effective co-produced local Government Association

Best practice and insights report on improving housing choice for people with a learning disability | Local Government Association

What is professional curiosity? | Research in Practice

<u>Professional curiosity in safeguarding adults: Strategic Briefing (2020) |</u>
Research in Practice

http://www.stopadultabuse.org.uk/pdf/one-minute-guides/omg-professional-curiosity-final.pdf

6 Implementing change:

Discuss the themes with your team or service and consider how they may affect your practice. Determine what you or your team could do to act on these and implement any necessary changes.

**Practice implications:** Bella's complex mix of epilepsy, mental health problems, autistic spectrum condition and her use of risk-taking presented services with considerable challenges.

Staff have access to Legal Gateway Meetings/ Complex Safeguarding Meetings it is essential they utilise this if they need further advice/guidance. Information sharing and accurate record keeping is essential.

Professional curiosity is a term that describes the capacity and the skill to communication that allows a practitioner to explore and understand what is happening to a person or within a family rather than making assumptions or accepting things at face value. It requires practitioners to think 'outside the box', perhaps beyond their usual professional role, and to consider families' circumstances holistically.

The Purpose of a Safeguarding Adults Review:

- Establish the facts that led to the serious injury and whether there are any lessons to be learned from the case about how professionals and agencies worked together to safeguard Bella
- Highlight areas of good practice to be shared
- Identify how and within what timescales any actions will be acted on, and what is expected to change.
- Contribute to a better understanding of the nature of Adult Safeguarding
- Ensure that the experiences of Bella and her family are heard regarding their lived experiences and the impact of mental health and autism on young adults with complex needs

Key Themes:

Diagnosis of Autism and severe mental health – recognised that Bella's needs plus her risk-taking made Bella's case extremely complex.

Access to support - out of hours, out of area

Autism-informed care that recognises sensory, communication, and processing needs within all safeguarding and mental health responses.

Multi-agency collaboration that prioritises real-time information sharing, shared risk assessments, and collaborative care planning across agencies and regional boundaries.

Discharge planning processes that embed multiagency challenge, person-centred risk management, and clear post-discharge oversight.

A consistent and legally literate approach to capacity assessments, restrictive practices, and lawful deprivation of liberty.

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## Recommendations:

The SAR made the following recommendations:

Embedding Professional Curiosity and Assumption-Checking into Practice

Promotion of Autism and Trauma-Informed Care Frameworks

Importance of Multi-Agency Risk Assessment and Discharge Planning

Importance of timely documented Decision-Making and Governance oversight

Strengthen Safeguarding Responses to Exploitation and Complex Risk

Strengthen Legal Framework Use and Oversight (MCA, DOLs, CoP)

The value of Real-Time Learning and Assurance during and after Reviews



## CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 1st July, 2025 in the Council Chamber - Town Hall, Macclesfield, SK10 1EA

## **PRESENT**

## **BOARD MEMBERS**

Councillor Sam Corcoran (Chair), Cheshire East Council Helen Charlesworth-May, Executive Director Adults, Health and Integration

Councillor Stewart Gardiner, Cheshire East Council (via teams) Dawn Godfrey, Executive Director Children and Families, Cheshire East Council (via teams)

Phil Cresswell, Executive Director of Place, Cheshire East Council (via teams) Councillor Jill Rhodes, Chair of Adults and Health Committee, Cheshire East Council

Isla Wilson, Chair, Cheshire East Health and Care Place Partnership (via teams)

Superintendent Andrew Blizard, Cheshire Constabulary

#### **OFFICERS IN ATTENDANCE**

Guy Kilminster, Corporate Manager, Health Improvement Professor Rod Thomson, Interim Public Health Consultant Susie Roberts, Public Health Consultant (item 8 – via teams) Richard Hibbert, Head of Strategic Transport & Parking (item 9) Frances Handley, Democratic Services Officer

## 1 APPOINTMENT OF CHAIR

It was moved and seconded that Councillor Sam Corcoran be appointed the Chair.

## **RESOLVED:**

That Councillor Sam Corcoran be appointed as Chair.

## 2 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Louise Barry be appointed as Vice Chair.

The board was advised that there was an announcement from the department of Health and Social Care that Healthwatch as an organisation is pending closure. However it was confirmed that there will be a considerable amount of time before this comes into action. The board were updated that Healthwatch are still present and will still be delivering until advised otherwise.

## **RESOLVED:**

That Louise Barry be appointed as Vice Chair.

## 3 APOLOGIES FOR ABSENCE

Dr Paul Bishop - NHS Cheshire and Merseyside Integrated Care Board, Kate Little - CEO CVS Cheshire East

A minutes silence was held in honour of Councillor Chris Hilliard

### 4 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 5 MINUTES OF PREVIOUS MEETING

An amendment to minute no. 51 Better Care Fund 2025-2026 was agreed by the board, to change the wording to ensure there was clarity as to what the Board had raised questions about: i) ensuring that people had lasting powers of attorney and clear instructions as to what they wanted in terms of treatment and end of life preferences and ii) to query what was being done to ensure that a person was not in hospital over the weekend. The change required was to replace '...would be the only place available to be cared for' to 'because hospital was the only place available to be cared for on a Friday afternoon'.

#### **RESOLVED:**

That the minutes of the meeting held on 18 March 2025 be approved subject to the amendment

## 6 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

## 7 REVIEW OF MEMBERSHIP

The Cheshire East Health and Wellbeing Board's Terms of Reference require the membership to be reviewed and agreed at the first meeting of the Municipal Year. The Board considered a report which reviewed the membership for 2025-26.

It was noted that the board is yet to confirm a representative from a housing provider and a Business representative.

## **RESOLVED:**

That the statutory Cheshire East Health and Wellbeing Board members agree the following individuals as additional members for 2025-2026

Councillor Stewart Gardiner – Opposition Group representative Philip Cresswell – the Executive Director of Place

Isla Wilson – representing the Place Health and Care Partnership Board Superintendent Andrew Blizard – representing the Police and Crime Commissioner

Denise Bowman - representing the Chief Fire Officer

Kate Little - representing the community, voluntary and social enterprise sector

Claire Williamson – an additional representative for Children and Families

A housing provider representative – to be nominated

A Business representative – to be nominated

## 8 SEND JOINT STRATEGIC NEEDS ASSESSMENT

The board received a presentation on the Special Educational Needs and Disability (SEND) JSNA.

The Board discussed the need for partnership working to ensure a collaborative approach to delivering services and raised the importance of the Families First partnership programme work that is being undertaken.

The Board requested that the language and approach taken is considered to ensure inclusivity and accessibility in communications that all understand.

It was noted that there is a lot of focus on the diagnosis however it was suggested that there should be more emphasis on early intervention to assist with the escalation in the need for Education Health and Care Plans which would look more at support in the early stages and throughout assessments and tracking outcomes.

The Board highlighted that the education system needs to be considered by the government to seek more inclusive learning rather than a standardised way of learning.

## **RESOLVED:**

That the board note the findings and recommendations of the Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) review.

## 9 CHESHIRE EAST ACTIVE TRAVEL STRATEGY

The board received a report on the Draft Active Travel Strategy and Local Cycling & Walking Infrastructure Plans (LCWIPs) and discussed an

opportunity for the board to help shape the strategic direction for active travel and inform and influence the delivery plans.

Officers acknowledged the recent passing of Councillor Hilliard and again thanked them for their contributions and engagement with the officer team working on the documentation.

It was noted that there was a launch of a public consultation week commencing 7 July to run for 8 weeks and encouraged the board to engage.

The core funding for active travel is administered on behalf of the department of transport by an agency Active Travel England. There is growth in active travel grants both in capital and revenue.

In the production and finalisation of the strategy, it was noted that those authorities performing at a higher level would have greater access to funding so developing a new strategy and infrastructure plans was a key part of demonstrating the Councils ambition and commitment.

An observation from the last assessment was to develop relationships with partner organisations who have an interest in active travel, and there is an opportunity for the board to be involved.

The board expressed the need for an emphasis on safety and security to encourage the public to be involved in active travel.

The board suggested utilising social media to market the strategy as it was a powerful medium which would help get the message across quickly and would engage a wider audience.

The links to the Local Cycling Walking infrastructure Plans links can be found below;

Active travel in Cheshire East

Cheshire East's Active Travel Consultation

## **RESOLVED:**

To respond to the consultation and share the materials with partners and professional networks to ensure that the views of the health sector are fully considered and incorporated wherever possible.

## 10 ALL TOGETHER FAIRER POVERTY REVIEW

An update was provided to the Board to advise of the proposed review of Poverty that will be undertaken by the All Together Fairer Commission.

It was noted that Living Well in Crewe (the Commission's last piece of work) was now included in the Cheshire East Plan.

It was proposed that poverty was focused on as the next piece of work under this commission. The cost of living review of 2022 and the poverty JSNA that was undertaken in 2023 would be used as a baseline along with other local and national work to research and establish the extent to which we have locally successfully implemented the recommendations and what interventions are in place, and to establish where there are areas to improve. It is suggested that an update report is brought back to the board in the future.

The Board raised the difficulties of being a deprived family in an affluent area and the opportunities available for children and the impact it has on their futures and therefore welcomed the proposal of the initial scoping work to provide the evidence required to improve this.

The Board discussed the need for a rural poverty strategy and suggested that this is pushed where possible to the government.

The Board suggested that initiating a Citizens Assembly as part of the work would be worthwhile and findings from that included in the review. Utilising a participatory budgeting approach was also mentioned if the funding is available.

The importance of having visual representations such as the tartan rug to show the health inequalities across Cheshire East were raised. Improvements such as the pocket parks in Crewe and the Crewe Youth Zone that have been implemented to address the health inequalities across the borough need to be considered as well and the opportunities that they provide.

## **RESOLVED:**

To note and comment upon the proposed work.

The meeting commenced at 14.00 and concluded at 15.55

Councillor S Corcoran (Chair)



**Adults and Health Committee Work Programme 2025 – 2026** 

Report Reference	Adults & Health Committee	Title	Purpose of Report	Lead Officer	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Exempt Item	Is the report for decision or scrutiny?
November 20	)25								
AH/02/2025- 26	17 November 2025	Second Financial Review 2025/26 (Adults & Health Committee)	To scrutinise and comment on the Second Financial Review and Performance position of 2025/26, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Executive Director of Resources and S151 Officer	No	No	Yes	No	Scrutiny / Decision
AH/09/2025- 26	17 November 2025	Medium Term Financial Strategy Consultation 2026/27 - 2029/30 (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budgets approved by the Finance Sub-Committee in March 2025. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.	Executive Director of Resources and S151 Officer	No	No	Yes	No	Scrutiny Pa ge
AH/20/2025- 26	17 November 2025	All-Age Carers Service Re- Commission and All-Age Carers Strategy 2026- 2030 reports	Decision to agree strategy and to reprocure service.	Director of Strategic Commissioning and Integration	No	No	No	No	Decision 287
AH/29/2025- 26	17 November 2025	Adult Social Care Transformation Plan Update	To scrutinise the progress of the Adult Social Care Transformation Plan	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny
AH/44/2025- 26	17 November 2025	Domestic Abuse Related Deaths - Thematic Review Report	The purpose of the Report is for Committee to accept the findings from the Thematic Review in Domestic Abuse Related Deaths and Suicides	Director of Adult Social Care	No	No	No	ТВС	Decision (D)
AH/33/2025- 26	17 November 2025	Adults and Health Performance Scorecard	To scrutinise the Adults and Health Performance Scorecard.	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny Q
January 2026	6								
AH/03/2025- 26	26 January 2026	Third Financial Review 2025/26	To scrutinise and comment on the Third Financial Review and Performance position of 2025/26, including progress on	Executive Director of	No	No	Yes	No	Decision / Scruting

**Adults and Health Committee Work Programme 2025 – 2026** 

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		(Adults & Health Committee)	policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Resources and S151 Officer					
AH/10/2025- 26	26 January 2026	Medium Term Financial Strategy Consultation 2026/27 - 2029/30 Provisional Settlement Update (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budgets approved by the Finance Sub-Committee in March 2025. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.	Executive Director of Resources and S151 Officer	No	No	Yes	No	Scrutiny
AH/31/2025- 26	26 January 2026	Adult Social Care Transformation Plan Update	To scrutinise the progress of the Adult Social Care Transformation Plan	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny
AH/37/2025- 26	26 January 2026	Adults and Health Performance Scorecard: Quarter 2 for the year 2025 / 2026	To scrutinise the Adults and Health Performance Scorecard: Quarter 2 for the year 2025 / 2026	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny AG P 28 8
AH/25/2025- 26	26 January 2026	Procurement of an Integrated Sexual Health Service	Decision to reprocure a new sexual health service based on the model described in the report	Director of Public Health	Yes	Yes	No	No	Decision
AH/21/2025- 26	26 January 2026	Substance Misuse Strategy – 12 months update	To scrutinise the substance misuse strategy.	Director of Strategic Commissioning and Integration	Yes	Yes	No	No	Scrutiny
AH/41/2025- 26	26 January 2026	Connect to Work Governance Report	A report was taken to the Adults Health and Integration Committee on the 23.6.25. The purpose of that report was to seek the Committee's approval for the acceptance of the associated external funding.  Members subsequently requested a further report which would set out in more detail the proposed governance arrangements of the programme which were not know in June.	Director of Strategic Commissioning and Integration	No	No	Yes	TBC	Decision
March 2026									
AH/11/2025- 26	23 March 2026	Service Budgets 2026/27	The purpose of this report is to set out the allocation of approved budgets for 2026/27	Executive Director of	No	No	Yes	No	Scrutiny

# Adults and Health Committee Work Programme 2025 – 2026

		(Adults & Health Committee)	for services under the Committee's remit, as determined by Finance Sub Committee.	Resources and S151 Officer					
AH/31/2025- 26	23 March 2026	Adult Social Care Transformation Plan Update	To scrutinise the progress of the Adult Social Care Transformation Plan	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny
AH/26/2025- 26	23 March 2026	0-19 Recommission	Decision to reprocure service	Director of Strategic Commissioning and Integration	Yes	Yes	No	No	Decision
AH/38/2025- 26	23 March 2026	Adults and Health Performance Scorecard: Quarter 3 for the year 2025 / 2026	To scrutinise the Adults and Health Performance Scorecard: Quarter 3 for the year 2025 / 2026	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny
AH/24/2025- 26	23 March 2026	Smoking Cessation Incentives Scheme – Further Update	To provide the Committee with an opportunity to scrutinise and a further update on the Smoking Cessation Incentive Scheme	Executive Director of Adults, Health and Integration	No	No	No	No	Scrutiny D

## **Briefing Reports / Reports for Noting:**

Title	Purpose of Report	Lead Officer	Expected Circulation Date via the Members Hub
Accommodation with Care Recommission	To update Members on the Accommodation with Care recommission	Executive Director of Adults, Health and Integration	April 2025

**Note**: These reports will be circulated outside of committee meetings here: <a href="https://moderngov.cheshireeast.gov.uk/ecminutes/eccatdisplayclassic.aspx?sch=doc&cat=13395&path=13395">https://moderngov.cheshireeast.gov.uk/ecminutes/eccatdisplayclassic.aspx?sch=doc&cat=13395&path=13395</a>

## Task and Finish Groups:

Group	<b>M</b> embership	Established	Purpose

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