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Adults and Health Committee

Agenda

Date:	**Monday, 17th November, 2025**
Time:	**10.30 am**
Venue:	**Committee Suite, Delamere House, Delamere Street, Crewe, CW1 2LL**

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.

Please Note: This meeting will be live streamed**.** This meeting will be broadcast live and a recording may be made available afterwards. The live stream will include both audio and video**.** Members of the public attending and/or speaking at the meeting should be aware that their image and voice may be captured and made publicly available**.** If you have any concerns or require further information, please contact Democratic Services in advance of the meeting.

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 3 - 12)

   To approve as a correct record the minutes of the previous meeting held on 22 September 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 Constitution, 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 - Petitions Scheme Criteria, and falls within the remit of the Committee. Petition organisers will be allowed up to three minutes to speak.

5. **Second Financial Review 25/26** (Pages 13 - 36)

To consider a report which provides an update on the current forecast outturn for the financial year 2025/26.

6. **Medium Term Financial Strategy Consultation 2026/27 - 2029/30** (Pages 37 - 50)

To receive a report which asks the Adults and Health Committee to provide feedback, as consultees, on the development of the Cheshire East Medium-Term Financial Strategy 2026/27 to 2029/30. Feedback is requested in relation to the responsibilities of the Committee.

7. **Adult Carers Service Redesign** (Pages 51 - 66)

To receive a report which seeks approval to proceed with the re-design and recommission of the Cheshire East Adult Carers Service.

8. **Work Programme** (Pages 67 - 70)

To consider the Work Programme and determine any required amendments.

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 22nd September, 2025 in the Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

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

Councillors C Bulman, J Clowes, N Cook, S Corcoran, S Gardiner, R Moreton, H Moss, J Place, S Holland and A Kolker

OFFICERS IN ATTENDANCE

Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Hayley Doyle, Director of Commissioning and Integration (Adults)
Nikki Wood-Hill, Lead Finance Business Partner
Jennie Summers, Head of Legal Services
Dan Coyne, Head of Integrated Commissioning
Dr Matt Atkinson, Public Health Consultant
Nik Darwin, Programme Lead, Integrated Commissioning - Thriving and Prevention
Mark Lobban, Programme Director, Adult Social Care and Enabling Communities
Elizabeth Hopper, Head of Service, Urgent and Emergency Care and New Models of Care
Professor Rod Thompson, Director of Public Health
Sam Jones, Democratic Services Officer

The Chair varied the order of business. Notwithstanding this, the minutes are in the order of the agenda.

15 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Liz Wardlaw and Sue Adams. Councillors Andrew Kolker and Sally Holland were present as substitutes.

16 **DECLARATIONS OF INTEREST**

In the interests of openness and transparency, the following declarations of interests were made:

Councillor Carol Bulman declared that, in relation to Item 7, she was the Ward Member for Middlewich, where the Willowmere Extra Care Housing facility was located.

17 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the previous meeting held on 23 June 2025 be approved as a correct record.

18 **PUBLIC SPEAKING/OPEN SESSION**

Mr John Moulton spoke on behalf of residents of the Oakmere and Willowmere Extra Care Housing residents, in connection with Item 7, and stated that he had lived in Willowmere since it had opened. Mr Moulton said that he and other residents had worked closely with Cheshire East's Communities Team to look at how the on-site restaurant could be re-opened in a way which would satisfy the residents, the council and an operator. Mr Moulton stated that residents viewed it as essential that there was provision for a hot nutritional meal to be provided, not only for their physical well-being, but for their mental well-being as the restaurant provided important social interaction for residents. Mr Moulton also noted the important role which the previous restaurant played in supporting the wider community of Middlewich and strongly supported the recommendations within the report and committed to continue to work alongside any new provider and Cheshire East Council.

19 **FIRST FINANCIAL REVIEW OF 2025/26**

Councillor John Place arrived at the commencement of this item.

The committee considered a report on the First Financial Review and Performance Position of 2025/2026.

It was noted that the Adults and Health Committee were reporting forecast of £0.3 million underspent. However, there was uncertainty in fluctuating care costs which could influence this; it was noted that there was an "optimistic" forecast for the Adults and Health Committee of £0.7 million underspent and a "pessimistic" forecast of £4.6 million overspent – the difference between best and worst cast for FR1 was £5.3 million.

Members were updated that 52% of placements in 2025 / 2026 were at the guide price, but there were several scenarios as to how the finances could play out for the rest of the year and a significant level of risk in the forecasts. It was noted that at FR2 the most likely case was balanced position, and not £700,000 underspend; due to unplanned activity in hospitals in July 2025 but this was starting to level out. It was noted that activity was closely related to challenges faced by NHS partners, and conversations were taking place regarding S117 aftercare and agreement of continuing healthcare packages.

It was noted that Cheshire East Council was also seeing an increased number of resident self-funders who were running out of funds at a higher-than-normal rate and earlier in the year. It was noted that the

transformation plan savings were profiled to be realised later in the financial year and that active monitoring was taking place. It was noted that we were likely to see emergent winter pressures.

Members were updated that reserves that the council holds will continue to be monitored against the position and level of risks in the service committee and council as a whole.

It was noted that Cheshire East Council was working closely with partners on commissioning, but the conversations with the NHS and Integrated Care Board was increasingly complex.

Members were updated that the public health ringfenced reserves could only be spent on specific costs, and over time the amount may reduce. It was noted that the national guidance was to hold 5% of reserves to cover any emergency local health issues, and that the reserves may be used to increase the levels of vaccination and immunisation uptake and awareness.

Members were updated that it was expected that the 4-year MTFS set in Feb 2025 anticipated that the Adults and Health Committee budgets would flatline, but this may change dependant on unforeseen demand.

RESOLVED (Unanimously):

That the Adults and Health Committee:

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.

20 **ACCOMMODATION WITH CARE CONTRACT: DECISION TO RECOMMISSION**

The committee considered a report which sought approval from Members to recommission the ‘Accommodation with Care’ contract (Residential and Nursing Care Homes) ahead of the contract expiry date 31st March 2026.

Members were updated that there were 97 Care Homes within Cheshire East through which the council commissioned 1423 beds for adults in long

term placements. It was noted that Cheshire East had a framework of requirements with 75 of those care homes which expired on 31 March 26. It was noted that as part of the recommissioning exercise disruption to residents in these homes would be minimised and that Cheshire East would invite the remaining 22 care homes to join their existing framework. There was a proposal for the recommission to be in place for five years with option for a further two years. It was noted that the majority of care homes in Cheshire East were rated as “good” or “outstanding” by the Care Quality Commission (CQC) and where needed the council would work with care homes via an action plan to improve the quality of the care which they delivered.

Members were updated that there were a number of strands within the Transformation Programme to ensure that Cheshire East Council had fewer long-term placements for residents. It was noted that the contract does not guarantee business to care homes but provided them with the opportunity for them to bid for packages to ensure that Cheshire East Council gets the right placements and the right price. It was noted that the council currently had a project underway with self-funders to support them to make decisions which may be alternative to long-term care at an earlier stage and was developing an Accommodation With Care strategy to assist the council in planning where care homes of different styles were likely to be required around the county. It was noted that the planning department encourage the Adults and Health directorate to comment on planning applications which come forward from care home to ensure that the demand is in the right place.

It was noted that the previous contract commenced in 2018, some of the care homes had joined in the intermediary years, but all of the contracts would come to an end on 31 March 2026. It was noted that it was a regulated market and the CQC would have a review of each care home, in addition to this, Cheshire East Council has a risk matrix which was managed monthly which set out all intelligence the council had on providers, which was gathered via social workers, complaints, safeguarding enquiries, etc. and the council’s quality assurance team would work with providers who were struggling to develop an improvement plan and would take an active part in oversight.

Members noted that this was a very significant and costly contract for the council and raised concerns that there were several care homes who had not tendered for a number of years. It was noted that there would be opportunities within the framework for contracts to be terminated if needed due to safeguarding issues or non-compliance, and that review periods could be built in if required.

It was noted that there was a significant difference between the prices which self-funders paid directly to a care home for their care, compared with what Cheshire East Council pays for care. Members were updated that it was not a straightforward calculation and that if the council took over the care for self-funders, it would not necessarily mean reduce costs.

It was noted that the 22 care homes in Cheshire East which were not currently part of the council's framework were spread out throughout Cheshire East and were largely those which had been recently constructed. It was noted that if a care home was purchased by another company, due diligence would be carried out to ensure that it met Cheshire East Council's requirements.

RESOLVED (By Majority):

That the Adults and Health Committee:

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

21 **FUTURE OPTIONS FOR CATERING IN OAKMERE AND WILLOWMERE EXTRA CARE HOUSING**

The committee considered a report which outlined the 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.

Members were updated that there had been a temporary meal service since the original serviced ceased operation in April 2025. It was noted that residents had been heavily involved in the provision of a new scheme, working closely with Cheshire East Council, and there was demand for an on-site provision which would be cost neutral by the end of the contract. It was noted that the aim was for the new provision to be in place by 1 March 2026, and the interim arrangements would remain in place until then. It was noted that their request was for a hot and healthy meal to be available at lunchtime least five days per week.

It was noted that the school catering contract had previously provided the meals on site and that going forward all commercially viable options would be sought, especially those which were sustainable and would have a beneficial impact on the wider community. It was noted that early market engagement suggested that a number of suppliers were interest in the contract and Cheshire East Council would hold several sessions with prospective parties.

It was noted that there was a need to manage expectations with residents, to ensure that that facility was well utilised, and also of the substantial benefits to physical and mental wellbeing associated with sharing a hot meal.

Members thanks residents for their collaborative working with Cheshire East Council.

RESOLVED (Unanimously):

That the Adults and Health Committee:

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.

2. 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.

22 **RECOMMISSIONING OF SEXUAL HEALTH SERVICE**

The committee considered a report which sought approval to proceed with the recommission of the Integrated Sexual Health Service in Cheshire East.

Members were updated that there had been national changes since the contract was last commissioned and there was a need to ensure that it was a service which the public could access easily. It was noted that this was a mandatory service and there was an intention for further reports to the committee in 2026 / 2027 which detailed the preferred procurement process.

Members were updated that sexual health was not just limited to one age group and the service would be reassessed to ensure that it engaged all age groups and was fit for purpose for society. The importance of reaching residents who engaged in higher risk sexual activity was noted.

It was noted that chlamydia was difficult to test for, and that if low rates are detected it could be difficult to understand if that was because of low levels in the population, or due to low levels of people coming forward for testing. It was noted that some people may choose to go to areas outside of their locality for testing. It was noted that Cheshire East was an area with lower rates of HIV which could also alter attitudes towards testing, leading to people getting tested late and therefore receiving treatment at a later stage.

Members requested more statistical data in the reports and were updated that Cheshire East Council benchmarks its testing with neighbouring local authorities to ensure best practice.

The improvement in education of sexual health over the years was noted by members.

RESOLVED (Unanimously):

That the Adults and Health Committee:

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

23 **ADULT SOCIAL CARE TRANSFORMATION PLAN UPDATE**

The committee received a report which provided an update on the progress of the Adult Social Care Transformation Programme as outlined in a report to January 2025 committee.

Members were updated that the Transformation Plan was currently progressing two major programmes – Prevent, Reduce and Enable, and the Learning Disability Programme, with the aims of improving care to residents, reducing costs, and creating £15 million of savings over the next four years. Members were updated that outline business cases were being produced, and full business cases would be developed. Officers were assessing the results of the Prevent, Reduce and Enable pilot which had been started in June 2025 in Macclesfield. It was noted that there had been a number of case studies where residents had been assisted to be more independent and had been able to move out of care homes and back into their own homes, which was better for residents and more cost effective for all. It was noted that there were finance, enabling and workforce strategies in place to support the transformation plan.

Members were updated that one of the next steps would be to look at Mental Health Services and issues relating to employment and housing as well as how Cheshire East Council could work more closely with the NHS to improve mental health support to residents. It was noted that Cheshire East Council has one of the highest average care package costs for learning disability in the country with a perceived low hourly rate.

It was noted that work was underway to look to reduce admissions to care homes via ongoing assessments with residents, technology improvements, reablement and identification of gaps for other methods of support. It was noted that the transformation was concerned with making financial savings and not cuts for support; and individual needs assessments would be carried out on a case-by-case basis.

Members requested that the committee receive feedback from those who are receiving and using the service, and that the transformation is delivered at pace with KPIs.

RESOLVED (Unanimously):

That the Adults and Health Committee:

1. 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.

24 **SMOKING CESSATION INCENTIVE SCHEME UPDATE**

The committee considered a report which presented members with an evaluation of the Cheshire East Smoking in Pregnancy Incentives Scheme and recommended the transition to the National Smoke-Free Pregnancy Incentive Scheme.

It was noted that in Cheshire East the overall rates of smoking at time of delivery had fallen below the national average for England, and that the feedback from the scheme had been positive and women had found the scheme helpful. Lessons learned from the scheme would be fed into the national rollout. It was noted that not as many mothers took up the scheme which was initially hoped, but there was an improvement in uptake when the scheme was transitioned to being delivered directly in a maternity unit.

Members noted the success of the scheme and the value for money which it had proven and that were updated that of those who continue to smoke during pregnancy, it was likely that they were in areas of deprivation and may have more reasons as to why it would be more difficult for them to stop smoking. It was noted that switching to vaping for some mothers had been a useful quitting-aid.

It was noted by Members that foetal alcohol syndrome was also a problem and hoped that the success of this scheme could be built on to help address this issue. Members also noted that it would be useful to have more data regarding the babies of smoking / non-smoking mothers who were in need of specialist care and suffered from infantile asthma and other respiratory illnesses.

RESOLVED (By Majority):

That the Adults and Health Committee:

1. Scrutinise the report findings.
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.

25 **MINUTES OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD**

RESOLVED:

That the minutes of the Cheshire East Health and Wellbeing Board from 1 July 2025 be received and noted.

26 **WORK PROGRAMME**

The committee consider the Work Programme and determine any required amendments. It was noted that due to upcoming changes to the Council's governance system, the Work Programme would be revised from March 2026.

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.

RESOLVED:

Members approved the Work Programme and requested that officers consider whether reports with quantitative indicators of success could be brought to the committee.

The meeting commenced at 5.30 pm and concluded at 8.20 pm

Councillor J Rhodes (Chair)

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Agenda Item 5

OPEN

Adults and Health Committee

17 November 2025

Second Financial Review 25/26

Report of: Ashley Hughes, Executive Director of Resources (Section 151 Officer)

Report Reference No: AH/02/25-26

Ward(s) Affected: Not applicable

For Decision and Scrutiny

Purpose of Report

1 This report provides the Adults and Health Committee an update on the current forecast outturn for the financial year 2025/26. This is the second financial review (FR2) and is based on our income, expenditure and known commitments as at the end of August 2025.

2 The report is structured into four parts:

a) An Executive Summary of the Council's Financial Position

b) A Summary of Recommendations

c) An Adults and Health Committee focused narrative

d) An annex for the Committee that summarises the service level financial forecast and the detailed capital programme.

3 The Executive Summary of the Council's Financial Position provides the Committee with summary details of the Council's forecast outturn for all services. This provides the Committee with contextual information on the financial position of the Council. The Committee is asked to focus their scrutiny on the forecasts and supporting information relating to services within the remit of the Committee whilst understanding the overall financial position of the Council.

4 The Summary of Recommendations requests the Committee's approval for amendments to the Committee's budget, in line with the Committee's authorisation levels.

5 The Committee focused narrative presents the current revenue and expenditure commentary with an update on the 2025/26 approved budgeted change items relating to the Adults and Health services.

6 The annex includes the summary of the service level financial forecast and the individual projects within the Directorate's capital programme.

7 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.

8 The full report to Finance Sub Committee on 3 November 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 FR2 Report.

Executive Summary – Council Financial Position

9 This is the Second Financial Review monitoring report (FR2), showing the forecast outturn position for the 2025/26 financial year.

10 The report provides the current forecast outturn position for the revenue budget, capital budget, Dedicated Schools Grant (DSG) and Transformation Programme for the financial year 2025/26.

11 The Second Financial Review (FR2) forecast revenue outturn is an **adverse variance of £2.345m** against a net revenue budget of £360.198m which is an improvement of £0.802m compared to the overspend reported at FR1 of £3.147m.

12 The current forecast is that services will be £12.904m over budget in the current year, whilst central budgets are forecast to be £10.559m under budget, resulting in the overall outturn overspend of £2.345m overspend.

13 This is after the application of planned use of conditional Exceptional Financial Support **£25.261m** as set out in the approved budget in February 2025. Please see Table 1 at the top of page 3 for details:

Table 1 2025/26 FR2	Revised Budget £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance FR1 £m	Movement from FR1 to FR2 £m
Service Committee					
Adults and Health	167.257	167.334	0.077	(0.295)	0.372
Children and Families	98.420	107.283	8.863	8.998	(0.135)
Corporate Policy	43.708	43.492	(0.216)	0.062	(0.278)
Corporate Policy - Cross Transformation	(13.452)	(3.821)	9.631	9.631	-
Economy Growth	28.756	25.996	(2.760)	(2.285)	(0.475)
Environment and Communities	43.618	40.921	(2.697)	(2.545)	(0.152)
Highways and Transport	17.151	17.159	0.008	0.114	(0.106)
Total Service Budgets	**385.458**	**398.364**	**12.906**	**13.680**	**(0.774)**
Finance Sub:					
Central Budgets	55.000	44.439	(10.561)	(10.533)	(0.028)
Funding	(415.197)	(415.197)	-	-	-
Total Finance Sub	**(360.197)**	**(370.758)**	**(10.561)**	**(10.533)**	**(0.028)**
Exceptional Financial Support	(25.261)	(25.261)	-	-	-
TOTAL	**-**	**2.345**	**2.345**	**3.147**	**(0.802)**

14 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 £2.345m overspend. Each Directorate has plans underway to deliver approved budget changes (growth and savings) identified as part of the 2025/26 approved budget per MTFS line.

15 The value of additional mitigation plans not yet reflected as delivered at FR2 are estimated at £1.933m, giving a potential improved overall forecast of £0.412m overspend. However, should the current mitigations included in the FR2 forecast not materialise, alongside further risks identified, then the forecast overspend position could increase to £21.191m adverse.

16 The opening DSG deficit is £112.149m with an in-year projected movement of £33.829m to forecast a year end deficit of £145.978m.

17 The FR2 forecast outturn position against the approved Transformation budget changes for 2025/26 is outlined in Table 2 below. The Committee should note that one off in year mitigations totalling £1.789m have been identified to temporarily offset the forecast overspend.

Table 2 - Transformation Budget Saving	Original Budget £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance FR1 £m	Movement from FR1 to FR2 £m
Access to Services & Corporate Core (Cross cutters including Digital/Workforce/3rd Party Spend/Fees & Charges)	(13.452)	(3.821)	9.631	9.631	-
Service Delivery – Adults Social Care	(7.000)	(7.000)	-	-	-
Service Delivery – Children's	(3.788)	(0.868)	2.920	2.420	0.500
Service Delivery – Place	(0.175)	(0.175)	-	-	-
Total	**(24.415)**	**(11.864)**	**12.551**	**12.051**	**0.500**

18 The movement of £0.500m in the forecast variance is due to delays in the Children and Families Services Birth to Thrive Transformation project, which means that savings will now not be delivered in 2025/26.

19 The capital programme for the current year is forecasting expenditure of £167.700m in year, an underspend of £40.791m against a budget of £208.491m at FR2. This is an increase against the approved MTFS budget of £173.142m due to increases in Supplementary Capital Estimates (SCEs) of £23.031m as well as some reprofiling of projects.

20 The overall forecast revenue overspend of £2.345m remains a significant financial challenge for the Council when considered in addition to the planned use of Exceptional Financial Support (EFS) of £25.261m.

21 Reserves at out-turn were £29.413m, being £6.299m of General Fund Reserves and £23.114m of Earmarked Reserves. A planned net use of Earmarked Reserves and the General Fund Reserve is forecast at £2.282m leaving £27.131m 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.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Note the overall Council's Financial position as described within the Executive Summary – Council Financial Position.

2. Scrutinise the latest revenue forecast for Adults and Health Directorate, review progress on the delivery of the MTFS approved budget policy change items (Table 3), the RAG ratings and to understand the actions to be taken to address any adverse variances from the approved budget.

3. Note the overall in-year forecast capital spending for Adults and Health Directorate of £0.132m against a revised MTFS budget of £0.468m in Tables 4 and 5.

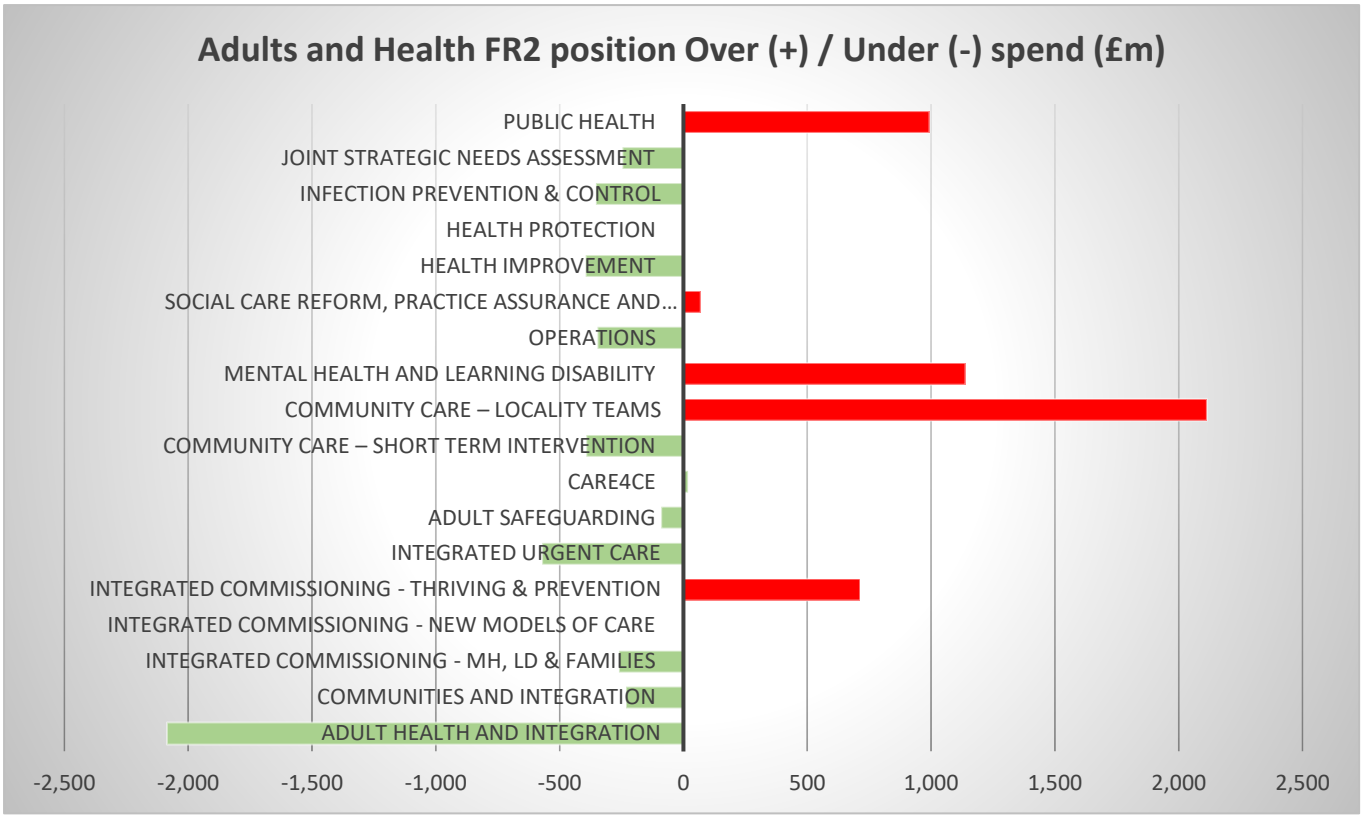
4. Note the available reserves position as per Table 6.

Adults and Health Committee Focused Narrative

Revenue and Expenditure Commentary including an update on the 2025/26 Approved Budget Change Items

22 The Adults and Health Committee second financial review for 2025/26 presents a forecast overspend of ££0.077m reflecting a deterioration of £0.372m since FR1. The early assumptions included in FR1 and FR2 have been developed using information about the impact of transformation activity. However, estimates remain subject to change over the remaining seven months of 2025/26. Under a worst-case scenario, FR2 indicates a potential overspend of £6.212m.

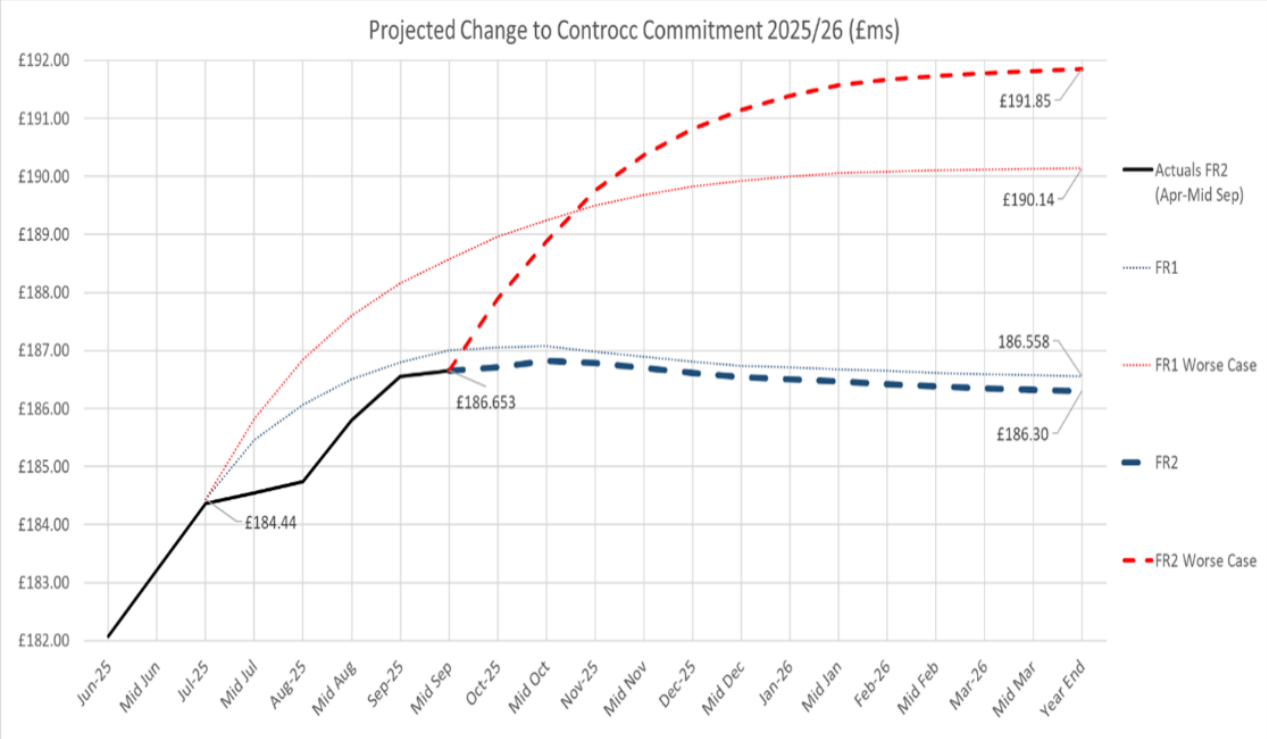
The graph below presents the service level position of the Directorate with the summary data available within Section 1 of Annex 1.



23 The forecast for client contributions to adult social care have been revised down following internal review work over the summer. The expected positive variance against budget has reduced from £3.462m to £2.717m. This £0.745m adjustment to the original projection reflects a more accurate assessment of recoverable income. The recently published annual review from the Local Government and Social Care Ombudsman's reported a 28% rise in complaints nationally in respect of care charges, highlighting wider challenges in this area.

24 This has been partially offset by a £0.330m positive variance on care cost accruals. This forecasted variance for 2025/26 reflects a prudent estimate of the value of pending costs which relate to prior financial years. Now that 5 months of 2025/26 has elapsed, current forecasts predict this benefit in year.

25 Care costs have continued to rise since FR1. There was a sharper-than-expected increase in July. However, growth in August was below the forecasted rate, resulting in a broadly neutral impact over the two-month period. These variances reflect the variability in care cost trends and highlights the challenges in forecasting commissioned care costs. The following chart shows the change to forecasted gross cost commitment since FR1:



Figures in Chart:
FR1 (April – July) Actual Commitment for 2025/26, ***£184.440m***
FR2 (April – Mid-September) Actual Commitment for 2025/26, ***£186.653m***
FR2 Forecasted closing Commitment (including growth and savings estimates) ***£186.300m***
FR2 Forecasted closing Commitment, worst case scenario, (including of growth and savings estimates) ***£191.850m***

Summary of 2025/26 Financial Commitment as 12th September (FR2):

PSR	Age Band	Accomodation with Care	Supported Living	Care at Home	Direct Payment	Day Care	Shared Lives	Total
Learning Disability Support	18-64	£ 12,205,181	£ 26,854,178	£ 8,422,182	£ 5,607,750	£2,165,890	£ 277,434	£ 55,532,614
Learning Disability Support	65+	£ 1,773,730	£ 4,095,960	£ 1,056,724	£ 7,352	£ 93,545	£ 25,515	£ 7,052,826
Memory & Cognition	18-64	£ 2,042,129	£ 456,861	£ 270,843	£ 154,496	£ 9,892	£ 11,643	£ 2,945,864
Memory & Cognition	65+	£ 28,262,062	£ 255,688	£ 2,907,814	£ 662,434	£ 68,541	£ 58,343	£ 32,214,883
Mental Health	18-64	£ 2,243,393	£ 5,743,965	£ 2,035,980	£ 438,585	£ 11,256	£ 84,221	£ 10,557,398
Mental Health	65+	£ 5,667,641	£ 523,540	£ 956,047	£ 82,773	£ -	£ 39,875	£ 7,269,877
Physical Support	18-64	£ 3,114,119	£ 2,254,340	£ 3,752,477	£ 2,447,669	£ 97,601	£ 91,169	£ 11,757,375
Physical Support	65+	£ 31,890,380	£ 660,130	£19,604,394	£ 892,311	£ 12,972	£ 45,898	£ 53,106,085
Sensory Support	18-64	£ 157,900	£ 529,779	£ 191,476	£ 500,308	£ 44,627	£ -	£ 1,424,089
Sensory Support	65+	£ 537,361	£ 1,044	£ 181,288	£ 35,500		£ 3,842	£ 759,035
Social Isolation Support	18+	£ 395,915	£ 835,409	£ 387,750	£ 322,427	£ 118,757	£ 89,677	£ 2,149,935
Social Isolation Support	18-64	£ -	£ -	£ -	£ -	£ -	£ 22	£ 22
Substance Misuse Support	18+	£ 201,550	£ 107,778	£ 92,761	£ -	£ -	£ 703	£ 402,792
Support for Carer	18+	£ -	£ -	£ 3,635	£ 163,744	£ -	£ -	£ 167,379
Support for Carer	18-64	£ -	£ -	£ -	£ 2,221	£ -	£ -	£ 2,221
Block Contract Commitments								£ 1,310,587
Total		£ 88,491,360	£ 42,318,673	£39,863,371	£ 11,317,569	£2,623,081	£ 728,343	£ 186,652,984

Risks

26 FR2 assumes transformation savings to be delivered in the remaining 7 months of 2025/26 in line with the planned profile of savings. The original MTFS 2025/26 savings targets were informed by the Inner Circle deep dives (July 2024), which provided high-level estimates of potential savings. Business cases are now progressing, with pilots underway and implementation support being recruited. While the full-year savings remain achievable, some in-year mitigation is required due to the timing of delivery. An additional £2.549m is expected to be delivered in 2025/26, and £1.490m has been verified as delivered by FR2:

MTFS Saving 2025/26	Budget (£ms)	FR2 - Total Forecast (£ms)	FR2 Budget Variance (£ms)
Prevent, Reduce, Enable	-£1.500	**-£0.339**	**£1.161**
Learning Disability Transformation	-£2.500	**-£1.000**	**£1.500**
Commissioing and Brokerage	-£0.500	**-£0.500**	**£0.000**
Partnership Case Review	-£2.500	**-£2.200**	**£0.300**
Preparing for Adulthood	-£0.868	**£0.000**	**£0.868**
Total	**-£7.868**	**-£4.039**	**£3.829**

27 Demographic growth: The FR2 position assumes externally commissioned care growth of £2.2m between FR2 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 chart above illustrates the forecasted impact of this £2.194m growth and the estimated £2.549m in savings between FR2 to the year end. The worst-case line excludes the estimated savings and adds in a £3.000m risk associated with an increase to the number of returning self -funders being picked up.

NHS

28 A material financial risk associated with the ongoing NHS restructuring which was highlighted in the FR1 report remains.

29 There is an emerging significant risk associated with current and forecasted winter pressures. Both Acute Trusts are being placed into NHS Tier 1 intervention status, which is part of a national escalation framework used during periods of extreme operational pressure. This escalation presents a challenge to the local authority; early indicators are already highlighting

increased pressure on discharge pathways and increasing financial pressure to the local authority. This position will continue to be closely monitored through the winter period.

Mitigations

30 The position assumes it will be possible to replicate 2024/25's use of grants against eligible criteria.

31 The forecast assumes that staffing levels remain consistent with the September payroll. Underspends in year are currently being driven by held vacancies, which are forecast at FR2 to continue throughout 2025/26.

Update on 2025/26 Approved Budget Change Items

32 The following section provides an explanation of the key drivers behind variances to the budget for the Adults and Health directorate. Table 3 provides detailed commentary on the progress against the approved budget change items that were agreed as part of the approved budget in February 2025.

Table 3 – Detailed List of Approved Budget Change Items

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 2025/26 Revised Budget as per Cover report Table 1		**167.257**	**167.334**	**0.077**	
Change from 2024/25 budget		**21.494**	**21.571**	**0.077**	
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

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)
4	Demand in Adult Social Care	5.000	5.000	-	Amber – The Council has 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.£1.7m 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.

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)
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)	(0.339)	1.161	Amber - The Prevent Reduce Enable programme has been established in accordance with the Council's Strategic Transformation programme. The pilot began on 16th 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 £650k.This is a shortfall of £850k against the MTFS. Offsetting savings are being identified.

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)
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.

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)
					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. The Council is 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

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)
					date this year the Council has achieved £0.684m.
In year	Other forecast mitigations within the Adults services	-	(4.545)	(4.545)	Mitigations linked to maximisation of eligible grants, careful management of vacancies, and client income. To reconcile to FR2.
In year	Other forecast pressures within the Adults services	-	0.083	0.083	Other variances to reconcile to FR2 position.

Capital Programme

33 **Table 4** below sets out the Adults and Health capital programme position for 2025/26 as at FR2, showing forecast of £0.132m against revised MTFS budget at outturn of £0.468m.

Table 4 Capital 2025/26	MTFS £m	Out - turn £m	Actuals FR1 £m	Actuals FR2 £m	Forecast Spend £m	Gov Grants £m	Ext Contributions £m	Rev Contributions £m	Cap Receipt £m	Prud Borrow £m	TOTAL £m
Adults and Health	0.389	0.468	-	-	**0.132**	0.132	-	-	-	-	**0.132**

34 Movements in the forecast 25/26 expenditure are made up of a Supplementary Capital Estimate (SCE)m for Community – Rural Shared Prosperity Fund £0.088m, carry forwards from 24/25 £0.167m with subsequent reprofiling to 2026/27 £0.424m, notably the Electronic Call Monitoring System £0.389m.

35 **Table 5** shows the movement in the 2025/26 Capital budget since the MTFS Budget was approved in February 2025.

Table 5 Capital Movement 2025/26	MTFS Budget 2025-29 £m	SCE Outturn and FR1 £m	Carry Forward & Budget Reduction Outturn and FR1 £m	Virement Outturn and FR1 £m	Re profiled to future FR1 £m	SCE FR2 £m	Virement FR2 £m	Budget Reduction FR2 £m	Re profiled to future FR2 £m	FR2 2025/26 £m
Adults and Health	0.389	-	0.167	-	(0.424)	-	-	-	-	**0.132**

36 Each Committee is being asked to recognise the need for capital restraint particularly if external borrowing is required. This is being monitored and tracked through the work of the Capital Programme Board.

Reserves Position

37 Table 6 below shows the Adults and Health position on reserves by the end of 2025/26.

Table 6 Earmarked Reserves	Balance at 1 April 2025	Drawdown to Support Service Exp	Additional Contributions to Reserves	Balance Forecast at 31 March 2026	Notes
	£m	£m	£m	£m	
Public Health Reserve	(3.204)	-	(0.465)	(3.669)	Ring-fenced underspend to be invested in areas to improve performance against key targets.
PFI Equalisation - Extra Care Housing	-	-	(0.046)	(0.046)	Surplus grant set aside to meet future payments on existing PFI contract.

					The reserve was temporarily appropriated to support the budget deficit. Additional contributions, above the original schedule, will be required to realign the reserve balance to the funding shortfall.
Total Reserves	**(3.204)**	**-**	**(0.511)**	**(3.715)**	

Consultation and Engagement

38 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

39 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.

40 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

41 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

42 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.

43 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.

44 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.

45 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.

46 This report provides an update on progress for 2025/26 for all services.

47 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

48 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.

49 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.

50 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.

51 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.

52 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.

53 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:

1. Spending decisions could be made that exceed the available resources of the Council. This would unbalance the budget, which is unlawful.

2. Spending decisions to restrict or hide pressures could be made that avoid an immediate deficit, but in fact are based on unlawful activity.

54 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.

55 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

56 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

57 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

58 All Committees will receive this financial update report.

Policy

59 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

60 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.

61 The approval of supplementary estimates and virements are governed by the Finance Procedure Rules section of the Constitution.

Equality, Diversity and Inclusion

62 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):			
Chris Benham	Director of Finance and Deputy S151 Officer	05/11/2025	05/11/1025
Kevin O'Keefe	Interim Director of Law and Governance (Monitoring Officer)	05/11/2025	06/11/2025
Legal and Finance			
Hilary Irving	Interim Head of Legal Services	05/11/2025	05/11/2025
Other Consultees: Executive Directors/Directors:			

Access to Information	
Contact Officer:	Chris Benham – Director of Finance Chris.benham@cheshireeast.gov.uk
Appendices:	Annex 1 - Detailed Second Financial Review 2025/26
Background Papers:	The following are links to key background documents: MTFS 2025-2029 First Financial Review 2025/26

ANNEX 1

Second Financial Review 2025/26

Results to end of August 2025

Adults and Health Committee

Contents

Section 1: 2025/26 Forecast Outturn

1.1. The table below shows a detailed forecast of each service area within the Adults and Health Directorate:

Monthly Budget Monitoring SUMMARY - AUGUST 2025

Committee	Service Area Tier 3	Revised Budget	Forecast Outturn	Variance	FR1 Variance	Movement from FR1
Adults and Health	Adult Health and Integration Total	-5.438	-7.524	-2.086	-	-2.086
Adults and Health	Communities and Integration Total	3.085	2.853	-0.232	-0.445	0.213
Adults and Health	Integrated Commissioning - MH, LD & Families Total	0.798	0.537	-0.261	-	-0.261
Adults and Health	Integrated Commissioning - New Models of Care Total	-	-	-	-	-
Adults and Health	Integrated Commissioning - Thriving & Prevention Total	0.782	1.496	0.714	0.075	0.639
Adults and Health	Integrated Urgent Care Total	-6.929	-7.500	-0.571	-	-0.571
Adults and Health	Adult Safeguarding Total	1.844	1.754	-0.089	-	-0.089
Adults and Health	Care4CE Total	17.918	17.937	0.018	0.038	-0.020
Adults and Health	Community Care – Short Term Intervention Total	3.254	2.862	-0.393	-	-0.393
Adults and Health	Community Care – Locality Teams Total	87.635	89.749	2.114	-1.763	3.877
Adults and Health	Mental Health and Learning Disability Total	65.522	66.661	1.139	1.800	-0.661
Adults and Health	Operations Total	-1.769	-2.115	-0.346	-	-0.346
Adults and Health	Social Care Reform, Practice Assurance and Development Team Tota	0.555	0.625	0.070	-	0.070
Adults and Health	Health Improvement Total	0.394	-	-0.394	-	-0.394
Adults and Health	Health Protection Total	-	-	-	-	-
Adults and Health	Infection Prevention & Control Total	0.354	-	-0.354	-	-0.354
Adults and Health	Joint Strategic Needs Assessment Total	0.246	-	-0.246	-	-0.246
Adults and Health	Public Health Total	-0.994	-	0.994	-	0.994
Adults and Health		**167.257**	**167.334**	**0.077**	**-0.295**	**0.372**

Section 2: Capital

2.1 The table below is a detailed list of Adults and Health Capital schemes :

Adults & Health													CAPITAL
CAPITAL PROGRAMME 2025/26-2028/29													
	Forecast Expenditure							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													
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**

Agenda Item 6

OPEN

Adults and Health Committee

17 November 2025

Medium Term Financial Strategy Consultation 2026/27 - 2029/30

Report of: Ashley Hughes, Executive Director of Resources, Section 151 Officer

Report Reference No: AH/09/2025-26

Ward(s) Affected: Not applicable

For Scrutiny

Purpose of Report

1 The Adults and Health Committee is being asked to provide feedback, as consultees, on the development of the Cheshire East Medium-Term Financial Strategy 2026/27 to 2029/30. Feedback is requested in relation to the responsibilities of the Committee.

2 The report sets out the latest budget position for 2026/27 to 2029/30 and the list of budget savings proposals. relevant to the remit of this Committee. that has been included in the public consultation which was launched in November 2025.

Executive Summary

3 The Medium-Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2025/26 to 2028/29 was approved by full Council on 26 February 2025.

4 The MTFS is underpinned by a set of assumptions around income, expenditure and core funding that result in a 4-year position. The budget could only be balanced for the 2025/26 financial year by use of Exceptional Financial Support (EFS) by way of a capitalisation direction. This is not sustainable in the medium to long term and needed to be addressed urgently for the Council to be financially sustainable. The gaps forecast in later years were addressed as part of the business planning process this year, as well as the Council learning to live within its means by delivering all savings and containing approved growth

within 2025/26, otherwise there will be increased pressures in future years and preparing a balanced budget / MTFS will continue to be challenging.

5 The budget gap in the last update paper received by Corporate Policy Committee and Finance Sub Committee, without mitigations, was £33.3m on the General Fund Revenue budget for 2026/27. This is the year, by law, that elected members must set a legal budget by no later than the 11 March 2026.

6 Since that budget assumptions report there have been further changes identified that needed to be worked towards, and details are set out in the Corporate Policy Committee report of 30 October 2025.

7 The proposals are those being consulted on, and not necessarily the final budget that Corporate Policy Committee will recommend to Budget Council in February 2026.

8 Finance Sub-Committee have received a further update highlighting risks and issues that have not been taken into account at this point due to uncertainty or inability to quantify those risks. The risks relating to the Adults and Health Committee remit include:

(a) That the modelled demographic and complexity of need growth numbers do not change materially over the life of this MTFS. Prioritised and focused support of £10m of growth to Adult Social Care has been reviewed. The growth required in 2026/27 has been revised to £6.0m with further reductions over the life of the MTFS to 2030.

(b) An MTFS can only succeed when a Council's policies and procedures, plans and strategies, and outcomes are focused on the Council's core business. There will be tension between delivering financial sustainability across both capital and revenue budgets and meeting wider objectives which the Council must navigate through the MTFS process.

9 In more detail, there are additional risks and opportunities affecting this Committee that it must take into account:

(a) There is very unlikely to be legislative change for Adult Social Care in the lifetime of the MTFS, whilst NHS reform is progressing.

(b) The "status quo" whereby price, driven through National Living Wage increases, and demand, expressed through the Council's large population of adults over the age of 85 and cohort of adults with Learning Disabilities, continue to rise is very real and

present. To not transform would be the largest material risk to budgets under this Committee.

(c) Digitalisation of Adult Social Care over the MTFS is an opportunity to be taken, and underpin and develop the current transformation programmes to deliver both financial and non-financial benefits

10 A programme of public engagement during November and December will be undertaken to support the 2026/27 budget setting and consultation.

11 The Council must ensure the conditions for successful delivery of budget proposals are in place. Without the following conditions, it will be difficult to confirm the robustness of estimates under Section 25 of the Local Government Finance Act 2003.

- A robust, consistent, corporate Programme and Project Management approach in a suitably resourced Programme Management Office.
- Delivery plans for proposals must consist of the cost of change where it is appropriate to do so, including those from services not involved directly in delivery.
- A strong culture of owning performance and delivery, underpinned by monthly officer-led Performance Boards.
- Elected members agree to oversee delivery through quarterly Star Chambers and apply the same methodology to challenge the budget process into 2027/28.
- Delivery, in full, of the Financial Leadership Improvement Plan, particularly around the Enterprise Resource Programme and budget holder accountability.

RECOMMENDATIONS

The Adults and Health Committee is asked to:

1. Note the updated budget position for the period 2026/27 to 2029/30 as set out in Table 3.

2. Scrutinise and feedback on the list of Adults and Health budget savings proposals that are contained in the budget consultation launched in November 2025 as contained in Annex 1.

3. Note the conditions for successful budget delivery, as approved by Corporate Policy Committee on 30 October 2025, which are set out in paragraph 11.

Background

12 The Medium-Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2025/26 to 2028/29 was approved by full Council on 26 February 2025.

13 As a reminder, Table 1 below sets out the revenue budget estimates for the four years from 2025/26 to 2028/29 as at February 2025.

Table 1: Summary position for 2025/26 to 2028/29	Approved Net Budget 2025/26 £m	Estimated Net Budget 2026/27 £m	Estimated Net Budget 2027/28 £m	Estimated Net Budget 2028/29 £m
Adults & Health	159.449	157.245	158.761	160.240
Children & Families	97.290	97.226	97.025	96.767
Corporate Policy	42.786	47.182	49.072	50.557
Economy & Growth	28.442	29.137	29.569	29.897
Environment & Communities	45.702	48.971	49.953	56.745
Highways and Transport	16.901	17.053	17.121	17.151
Council Wide Transformation savings	(13.452)	(34.182)	(45.212)	(45.212)
Total Service Budgets	377.118	362.632	356.289	366.145
CENTRAL BUDGETS:				
Capital Financing	35.039	38.758	41.860	43.248
Flexible use of Capital Receipts	(1.000)	(1.000)	(1.000)	(1.000)
Bad Debt Provision (change)	(0.050)	(0.050)	(0.050)	(0.050)
Contingency Budget	15.953	30.861	42.783	55.709
Risk Budget	-	3.800	1.960	0.750
Pension adjustment	(0.727)	(0.727)	(0.727)	(0.727)
Use of (-) / Top up (+) Reserves	1.304	5.000	8.898	8.898
Total Central Budgets	50.519	76.642	93.724	106.828
TOTAL: SERVICE + CENTRAL BUDGETS	427.637	439.274	450.012	472.972
FUNDED BY:				
Council Tax	(307.264)	(325.591)	(344.983)	(365.498)
Business Rate Retention Scheme	(57.122)	(57.122)	(57.122)	(57.122)
Revenue Support Grant	(0.849)	(0.849)	(0.849)	(0.849)
Specific Unring-fenced Grants	(37.140)	(34.098)	(34.098)	(34.098)
TOTAL: FUNDED BY	(402.375)	(417.660)	(437.052)	(457.567)
Exceptional Financial Support - Capitalisation Directi	(25.261)			
Funding Position (+shortfall)	-	21.614	12.961	15.406

14 The table above highlighted the fact that the Council continued to face a significant four-year funding gap at that time and was only able to balance in 2025/26 with the use of EFS. There continues to be the requirement to increase general reserves to more appropriate levels, to

support the future financial sustainability of the Council and the above four-year budget built this level to £20m.

Budget assumption updates – base scenario (September/early October)

15 There was further refinement to some of the assumptions and resulting values since the MTFS approved in February 2025 (Table 1). These changed the overall funding position for 2026/27 onwards as per Table 2 below. A list of updates included in this table can be found in the previous report.

Table 2: Base Scenario position for 2026/27 to 2029/30	Approved Budget 2025/26 £m	Estimated Net Budget 2026/27 £m	Estimated Net Budget 2027/28 £m	Estimated Net Budget 2028/29 £m	Estimated Net Budget 2029/30 £m
Adults & Health	159.449	**167.450**	**172.795**	**178.074**	**188.074**
Children & Families	97.290	**101.130**	**104.805**	**108.395**	**118.395**
Corporate Policy	42.786	**45.812**	**46.132**	**46.008**	**46.008**
Economy & Growth	28.441	**28.707**	**28.699**	**28.577**	**28.577**
Environment & Communities	45.701	**47.590**	**47.163**	**52.519**	**52.519**
Highways and Transport	16.901	**16.942**	**16.896**	**16.809**	**16.809**
Council Wide Transformation savings	(13.452)	**(34.182)**	**(45.212)**	**(45.212)**	**(45.212)**
Transformation pump priming	-	**15.000**	**5.000**	**-**	**-**
Total Service Budgets	377.116	**388.448**	**376.277**	**385.169**	**405.169**
CENTRAL BUDGETS:					
Capital Financing	35.039	**34.997**	**37.637**	**38.932**	**38.690**
Flexible use of Capital Receipts	(1.000)	**(10.000)**	**(5.000)**	**(1.000)**	**(1.000)**
Bad Debt Provision (change)	(0.050)	**(1.000)**	**(0.050)**	**(0.050)**	**(0.050)**
Contingency Budget	15.953	**44.661**	**49.743**	**61.459**	**69.453**
Pay inflation	-	**10.154**	**18.382**	**26.746**	**35.110**
Pension adjustment	(0.727)	**(0.727)**	**(0.727)**	**(0.727)**	**(0.727)**
Use of (-) / Top up (+) Reserves	1.304	**5.000**	**8.898**	**8.898**	**5.000**
Total Central Budgets	50.519	**83.085**	**108.883**	**134.258**	**146.476**
TOTAL: SERVICE + CENTRAL BUDGETS	**427.635**	**471.533**	**485.160**	**519.427**	**551.645**
FUNDED BY:					
Council Tax	(307.264)	**(326.341)**	**(345.769)**	**(366.323)**	**(388.069)**
Business Rate Retention Scheme	(57.122)	**(47.084)**	**(46.767)**	**(46.919)**	**(47.048)**
Revenue Support Grant	(0.849)	**(63.851)**	**(79.786)**	**(85.300)**	**(86.161)**
Specific Unring-fenced Grants + DAMPING	(37.140)	**(0.929)**	**2.251**	**3.936**	**(0.929)**
TOTAL: FUNDED BY	**(402.375)**	**(438.205)**	**(470.071)**	**(494.606)**	**(522.207)**
Exceptional Financial Support - Capitalisation Directi	(25.261)				
Funding Position (+shortfall)	**-**	**33.328**	**15.089**	**24.821**	**29.438**

Budget assumption updates – latest base scenario

16 Further work has been undertaken to reduce the £33.3m gap, demonstrating to MHCLG and our Assurance Panel that we are doing what we have been charged with and working towards a route out of EFS.

17 Therefore, there has been further refinements to some of the assumptions and resulting values since this time. These change the

overall funding position for 2026/27 onwards as per Table 3 below. The current shortfall in 2026/27 is now estimated to be £18.2m. The full list of updates and all savings proposals can be found in the Corporate Policy Committee paper:

Table 3: Base Scenario position for 2026/27 to 2029/30	Approved Budget 2025/26 £m	Estimated Net Budget 2026/27 £m	Estimated Net Budget 2027/28 £m	Estimated Net Budget 2028/29 £m	Estimated Net Budget 2029/30 £m
Adults & Health	159.449	**162.601**	**162.435**	**164.189**	**166.697**
Children & Families	97.290	**94.245**	**92.766**	**91.194**	**96.194**
Corporate Policy	42.786	**44.537**	**44.536**	**44.172**	**44.172**
Economy & Growth	28.441	**26.235**	**25.771**	**25.051**	**24.801**
Environment & Communities	45.701	**45.673**	**45.065**	**50.228**	**52.234**
Highways and Transport	16.901	**18.084**	**18.175**	**18.083**	**17.815**
Council Wide Transformation savings	(13.452)	**(26.943)**	**(37.973)**	**(37.973)**	**(37.973)**
Transformation pump priming	-	**10.000**	**5.000**	**5.000**	**-**
Total Service Budgets	377.116	**374.432**	**355.775**	**359.943**	**363.939**
CENTRAL BUDGETS:					
Capital Financing	35.039	**34.997**	**37.637**	**38.932**	**38.690**
Flexible use of Capital Receipts	(1.000)	**(15.000)**	**(10.000)**	**(10.000)**	**-**
Bad Debt Provision (change)	(0.050)	**(1.000)**	**(0.050)**	**(0.050)**	**(0.050)**
Contingency Budget	15.953	**48.538**	**53.620**	**65.336**	**73.330**
Pay inflation (moved from service budget to contingency budget from 2026/27 until final pay agreement reached)	-	**10.223**	**18.451**	**26.815**	**35.179**
Pension adjustment relating to ASDVs only	(0.727)	**-**	**-**	**-**	**-**
Use of (-) / Top up (+) Reserves	1.304	**5.001**	**15.456**	**14.479**	**12.011**
Total Central Budgets	50.519	**82.759**	**115.114**	**135.512**	**159.160**
TOTAL: SERVICE + CENTRAL BUDGETS	**427.635**	**457.192**	**470.889**	**495.456**	**523.100**
FUNDED BY:					
Council Tax	(307.264)	**(327.119)**	**(346.587)**	**(367.173)**	**(388.962)**
Business Rate Retention Scheme	(57.122)	**(47.084)**	**(46.767)**	**(46.919)**	**(47.048)**
Revenue Support Grant	(0.849)	**(63.851)**	**(79.786)**	**(85.300)**	**(86.161)**
Specific Unring-fenced Grants + DAMPING	(37.140)	**(0.929)**	**2.251**	**3.936**	**(0.929)**
TOTAL: FUNDED BY	**(402.375)**	**(438.983)**	**(470.889)**	**(495.456)**	**(523.100)**
Exceptional Financial Support - Capitalisation Direction	(25.261)				
Funding Position (+shortfall)	**-**	**18.209**	**-**	**-**	**-**

Next Steps

18 There has been further work carried out to challenge this updated position. Business case submissions for future planned savings were presented to Corporate Leadership Team on 13 October. Further changes that could be made to the above position (Table 3) have been included in the latest figures and a list of savings proposals is included at Annex 1 relevant to this Committee. For a full list of proposed budget savings please see the Corporate Policy Committee paper.

19 Further work to support Children's Services to review the demography and complexity permanent growth budgets of £10m with a target to reduce it by at least £5m per annum to 2030. This work began after the Ofsted inspection on Monday 20 October.

20 Savings still need to be delivered through service redesign and as part of the wider transformation programmes and should be considered as stretch deliverables where possible. This work will form part of the final set of proposals for February 2026. As such, stretch transformation numbers in relation to redesign are being completed by December 2025. It is important to note that Families First implementation is part of service redesign, and the Council has not attached any budget reductions to its delivery.

21 The Council will continue to review its MTFS and budget reductions programme going forward. The assumptions included within this report will be refreshed through November and December to take account of available information on Government funding decisions as well as the macro-economic environment.

22 Over the period November to January, these proposals will be further developed to ensure robust delivery plans are in place and work will commence, with a view to maximising the full year effect of delivery in 2026/27. Priority will be placed on income maximisation across all service areas to reduce the burden on expenditure reductions, however there will be a need for efficiencies in costs alongside a genuine requirement to invest in transformation where the return on investment delivers long-term improvements in outcomes for residents in line with the Cheshire East Plan alongside recurrent reductions in costs that support the MTFS.

23 The draft budget savings proposals will be subject to consultation and engagement both online and in person sessions with various stakeholders – the full details of Public Engagement in Support of the 2026/30 Budget Consultation are set out in paragraphs 22- 24 of the Corporate Policy Committee paper. These sessions will likely be prior to the Provisional Local Government Finance Settlement so would be updated with changes as a result of those announcements.

24 This position includes the list of savings proposals as contained in Annex 1 and summary Table 4 has been provided below.

25 This Committee is being asked to review and feedback on the list of items pertaining to this committee only.

TABLE 4 - DRAFT BUDGET SAVINGS PROPOSALS 2026/27 TO 2029/30	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
	(57.781)	(14.562)	(8.158)	7.086
Children and Families	(3.826)	(0.725)	(0.725)	-
Adults and Health	(11.769)	(5.984)	(4.537)	(2.961)
Corporate Policy	(5.988)	(1.423)	(1.517)	-
Corporate Policy - Council Wide Transformation	(13.491)	(11.030)	-	-
Economy and Growth	(2.885)	(0.543)	(0.597)	(0.250)
Environment and Communities	(4.615)	(0.653)	(0.544)	0.580
Highways and Transport	(0.257)	(0.154)	(0.238)	(0.283)
Finance Sub Committee - Central Budgets	(14.950)	5.950	-	10.000

Consultation and Engagement

26 The annual business planning process involves engagement with local people and organisations. Local authorities have a duty to consult on their budget with certain stakeholder groups and in Cheshire East we include the Schools Forum as well as business rate payers. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently provide these groups with, and where we can improve our engagement process.

27 All committees will receive reports during the November cycle of meetings for them to scrutinise proposals relating to the remit of the committee. There will be a further opportunity during the January 2026 committee meeting cycle to comment further as feedback is received.

Reasons for Recommendations

28 In accordance with the Constitution Committees play an important role in planning, monitoring and reporting on the Council's finances. Each Committee has specific financial responsibilities.

29 The Council's annual budget must be balanced. The proposals within it must be robust and the strategy should be supported by adequate reserves. The assessment of these criteria is supported by each Committee having the opportunity to help develop the financial proposals before they are approved by Full Council

Other Options Considered

30 The Council has a legal duty to set a balanced annual budget taking regard of the report from the Chief Financial Officer. As such options

cannot be considered that would breach this duty. Any feedback from the consultation process and individual committee feedback must still recognise the requirement for Council to fulfil this duty.

Option	Impact	Risk
Do nothing	Not an option as the council must legally set a balanced budget for the coming financial year	The Council would be acting unlawfully if budgets are not aligned to available resources

Implications and Comments

Monitoring Officer/Legal/Governance

31 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.

32 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.

33 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.

34 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.

35 This report provides an update on progress towards the setting of the 2026/27 budget.

36 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

37 Please see all sections of this report.

Human Resources

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

Risk Management

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

Impact on other Committees

40 All committees will work towards bringing forward budget change proposals to assist with the medium-term financial strategy.

Policy

41 The Cheshire East Plan sets the policy context for the MTFS and the two documents are aligned. Any policy implications that arise from activities funded by the budgets that this report deals with will be dealt

with in the individual reports to Members or Officer Decision Records to which they relate. This contributes to Commitment 3: An effective and enabling Council.

Equality, Diversity and Inclusion

42 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	23/10/2025	03/11/2025
Kevin O'Keefe	Interim Director of Law and Governance (Monitoring Officer)	23/10/2025	04/11/2025
Legal and Finance			
Chris Benham	Director of Finance and Deputy S151 Officer	23/10/2025	04/11/2025
Jennie Summers	Acting Head of Legal Services	23/10/2025	04/11/2025
Other Consultees: Executive Directors/Directors:			

Access to Information	
Contact Officer:	Chris Benham – Director of Finance Chris.benham@cheshireeast.gov.uk

Appendices:	Annex 1 – Proposals Budget Savings for Consultation
Background Papers:	The following are links to key background documents: MTFS 2025-2029 Financial Review 1 2025/26 Corporate Policy Committee – MTFS Consultation full report

Prev MTFS Ref	ANNEX 1 - DRAFT BUDGET SAVINGS PROPOSALS 2026/27 TO 2029/30		2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
	Adults and Health		**(11.769)**	**(5.984)**	**(4.537)**	**(2.961)**
1	**Client Contributions Increase**	The increase in income from client contributions is due to inflation adjustments for pensions and benefits, and higher placement costs. This increase is offset by expenditure growth proposals	(1.500)	(1.654)	(1.707)	(1.800)
New	**Budget for client contribution 2025/26 adjustment**	Adjustment to client contribution budget to ensure it aligns with current income levels in 2025/26.	(2.344)	-	-	-
9T	**Prevent, Reduce, Enable - Older People**	Continue the work to promote wellbeing, prevention, independence, and self-care for people across Cheshire East improving outcomes and reducing costs.	(2.830)	(2.830)	(2.830)	(1.161)
10T	**Learning Disability service transformation**	Delivering a person-centred, efficient care model that enhances independence for adults with a learning disability and maximises value for money	(2.500)	(1.500)	-	-
11T	**Commissioning and brokerage transformation**	Reforming the approach to purchasing care placements ensuring cost effectiveness	(0.250)	-	-	-
NEW	**5% vacancy factor**	To contribute to the Council's overall savings target through a managed reduction in staffing costs, achieved by holding a proportion of vacant posts unfilled for a defined period. This is being applied across all staffing areas at 5% of pay budgets. This approach assumes that a portion of staffing budgets will remain unspent due to natural turnover and strategic vacancy management	(2.345)	-	-	-

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Agenda Item 7

OPEN

Adults and Health Committee

17 November 2025

Adult Carers Service Redesign

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

Report Reference No: AH/20/2025-26

Ward(s) Affected: All

For Decision

Purpose of Report

1 This report seeks approval to proceed with the re-design and recommission of the Cheshire East Adult Carers Service.

Executive Summary

2 This report outlines the current carers support delivery model, and the proposed approach to re-designing the carers service.

3 The existing service provides a varied package of support to assist informal carers in their caring role as well as enabling them to live fulfilling lives and maximise their individual wellbeing. The proposed redesign aims to strengthen the Cheshire East support offer for carers, enabling them to be supported throughout and beyond the time of their caring role, providing a holistic response to meeting their needs whether these be financial, social, emotional, psychological or physical.

4 This is a statutory service mandated under the Care Act 2014 and is aligned with the Cheshire East Plan (2025 – 2029), specifically Priority 2: 'Improving health and wellbeing'.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the commencement of work to re-design and identify the most appropriate approach to recommission the Carers Service.

Background

5 Carers, also known as informal carers, family carers or unpaid carers, look after an adult in their life who would not be able to manage without their support. This could be looking after an ageing partner or relative, a disabled adult child, supporting an elderly neighbour or a loved one with substance use issues.

6 In the UK, around 11.9 million people provide unpaid care for a disabled, seriously ill or elderly loved one[1], saving the state £184 billion a year in 2021/22[2]. Yet many carers feel invisible or may not even recognise themselves as a carer and face significant inequalities compared to those without caring responsibilities[3].

7 In line with the council's Prevent, Reduce, Enable transformation programme, we are ambitious about transforming the way unpaid carers in Cheshire East can receive support to improve their quality of life, better health and wellbeing outcomes, and reduce caregiver strain. To achieve this, the intention is to complete a robust process to re-design a new extensive offer to support carers, which will include an appraisal of potential delivery models, such as procuring an external provider/s to deliver the service and insourcing all or part of the offer. The implementation of the recommended delivery model/commissioning approach will commence from Spring 2026, pending Committee approval in March. This is to fulfil the council's statutory responsibilities as outlined in the Care Act 2014.

8 We are also seeking to re-fresh the current Cheshire East All-Age Carers Strategy alongside the recommissioning process and will seek to align coproduction activity to ensure the voice of local carers drives the development of the new strategy vision and priorities. Further detail on plans and progress regarding the new strategy will be outlined in a committee paper to follow in 2026.

9 The current Carers Service contract has been extended for a period of 12 months and expires on 31 December 2026. The extension period enables the council to undertake robust coproduction with carers and other key stakeholders to decide what a new service should look like and the recommended approach to delivering that.

10 Cheshire East's Carers Hub is currently run by Making Space who, as of 31 June 2025, have 7,942 adult carers registered with them; 21,338 adult carers were referred to the service between January 2023 – June 2025, of which 12.5% (2,672) were new to the service.

11 Core functions of the current carers service include: information and advice; providing carer's assessments; one-to-one practical and emotional support over the telephone or face-to-face; facilitated group-based peer support and activities; dedicated carer breaks fund; individual carer grants through the

[1] Caring About Equality: Carers Week report 2025 (Online)
[2] Petrillo, Zhang and Bennett (2024). Valuing Carers 2021/22: the value of unpaid care in the UK (Online).
[3] Caring About Equality: Carers Week report 2025 (Online)

Living Well Fund; identification of carers within the borough; training for carers and host events for carers, their families and professionals.

12 Providing a robust carers support offer is integral to reducing inequalities for adults providing unpaid care for a loved one, ensuring they have opportunities to enhance their wellbeing and can access the right support at the right time, enabling them to continue their caring role or ensure the right support is in place if they do not wish to be in a caring role. Supporting carers and preventing carer burnout also means fewer people will need access to formal care, whether that's for the carer or the cared for. This is beneficial on an economic and personal level both for the carer and cared for. Further background information, including the national and local picture, statutory responsibilities and local services for carers is outlined in **Appendix 1.**

Consultation and Engagement

13 Extensive engagement and coproduction will be undertaken throughout the commissioning process to ensure the recommendations for a future service reflect the needs and wishes of carers.

14 Local carers will have opportunities to be involved in several different ways and through different mediums, to ensure as many people as possible are able to express their views and wishes. A steering group of individuals with lived experience and a multidisciplinary project group will also be formed including representation from adult social care, community development team, health and the Voluntary and Community Sector (VCS).

15 A four-phase engagement and coproduction plan has been developed:

- *Phase 1 –Needs analysis July – November 2025:* Review of current service performance and national evidence/guidelines, collating information about experiences of carers on a national and local level, comparing the Cheshire East offer with that of other Local Authority areas, and reviewing alternative delivery models. This phase is already underway.

- *Phase 2 – Broader Stakeholder engagement October 2025 – January 2026:* Engagement with carers, their families, and professionals across social care, health, other public sector services and VCS through face to face and online events/workshops and an online survey. This aims to gather views on what works well currently, current challenges, gaps in service provision and their views and aspirations for a future offer.

- *Phase 3 – Coproduction (1): Focused Co-design January – March 2026:* Commissioners will work with a smaller steering group of carers and staff across social care, health and the VCS, to complete an appraisal of options around the commissioning approach and service delivery model, and to codesign the recommended approach. Feedback gathered in phases 1 and 2 will also help to inform this process.

- *Phase 4 – Coproduction (2) Implementing the recommended option – April- Dec 2026:* Council officers will work with experts by experience (local carers) who are part of the steering group to co-design the new service model and implement the recommended delivery option, which may be through a tender process and/or developing services within the council.

16 Please refer to **Appendix 2** for further detail on the approach to engagement and coproduction.

Reasons for Recommendations

17 This is a mandatory adult social care service that meets local and national priorities and outcomes for unpaid carers across the adult social care and health landscape.

18 This report recommends re-designing and re-commissioning the Cheshire East Carers Service. This will allow the outcomes from the review, and codesign work with carers, to shape the development of the future offer. It will enable value for money and a better offer for carers to be achieved, as it aims to increase service reach and address existing gaps in service provision.

19 Additionally, the current contract has come to an end and there is a contract extension in place until December 2026, therefore, a competitive procurement or alternative delivery models, such as insourcing must be carried out to continue the service beyond this period.

Other Options Considered

20 A full options appraisal will be undertaken as part of the service re-design work, which will include exploring the options of insourcing the entire service or elements of the service.

Option	Impact	Risk
Do nothing	• Current contract would lapse without replacement. This would not be a viable option as it would mean not providing statutory support services for carers.	• Decline in carer wellbeing and increased likelihood of crisis situations where a carer is not able to cope/continue with their caring role. This also has implications for the wellbeing of the 'cared for' person. • Significant legal and reputational consequences for the council.

Implications and Comments

Monitoring Officer/Legal/Governance

21 The intention is to redesign the adult carers service to ensure an extensive offer is in place to support unpaid/informal carers. The council has statutory duties and powers to meet an adult's needs for care and support under sections 18 and 19 of the Care Act 2014 and a carer's needs for support under section 20 Care Act 2014.

22 The report outlines an approach to redesigning the service, which in due course will result in a report back to committee of a proposed model and commissioning approach for the delivery of appropriate services to support carers. Legal will support this process by advising on obligations under the Care Act and contract terms.

Section 151 Officer/Finance

23 The Carers Hub is currently funded from the Better Care Fund budget. The expectation is that the future offer will be met within this budget. The total annual value of a potential new carers service is still to be finalised; however it is not currently anticipated to exceed the current budget for this service (£751,000 per annum). Any potential increase in expenditure would have to be met through a reduction in spend in other adult social care areas and on the basis of a robust business case.

24 This is a statutory service that is fully funded by the BCF. There are no financial implications at this stage of the recommission on the council's existing Medium Term Financial Strategy (MTFS).

Human Resources

25 It is not anticipated that additional staff resources will be required for the recommission of the carers service.

Risk Management

26 If the recommendations of this report were not agreed, there would be no proposed service offer in place post December 2026 and the council would be breaching its statutory responsibilities. This also poses risks to the wellbeing of both carers and the cared for if support for carers is not in place. Additionally, there would be significant legal and reputational consequences for the council.

Impact on other Committees

27 A further report is tabled for Adults and Health committee in March 2026 which will include the outcome of engagement and coproduction work, including the recommended approach to commissioning a new service. A report will also be tabled for Children and Families Committee either for scrutiny or decision purposes, with regards to the support offer for parent

carers; this is pending outcome of engagement with Children and Families Services and the parent carer community regarding the future service model.

Policy

28 The activity outlined in this report supports the following aims and priorities within the Corporate Cheshire East Plan 2025 – 2029.

Commitment 1: Unlocking prosperity for all	**Commitment 2: Improving health and wellbeing**	**Commitment 3: An effective and enabling council**
• Supporting carers to make informed choices, contributing to long-term wellbeing and productivity. • Ensuring equitable access to services including seldom heard carers, therefore reducing health-related inequalities. • Reducing barriers to education, employment and participation in community life for unpaid/informal carers.	• Reducing health inequalities, and improving carer resilience/wellbeing through early intervention and prevention • Reducing/preventing crisis due to carer burnout • Supporting carers to thrive through access to timely and appropriate information, advice and support. • Strengthening partnerships to deliver joined up support for unpaid carers.	• Engagement and coproduction with residents/other stakeholders to shape services that meet local needs. • Digital solutions and face to face / community provision for those that need in- person support • Delivering value for money through efficient service delivery model.

Equality, Diversity and Inclusion

29 An Equality Impact Assessment will be completed as part of the commissioning process, and will be informed by the stakeholder engagement and co-production work.

Other Implications

30 The current service is an all-age model supporting adult carers, parent carers and young carers. From 1 January 2026, all support for young carers will be delivered by the council and not part of the commissioned contract. A decision has not yet been made as to whether services specifically for parents caring for a disabled child (under 18 years) will continue to be part of the new carers service or whether alternative service delivery arrangements will be put in place by Children and Families Services. The views of parent carers and Children and Families professionals will be gathered as part of the

engagement and coproduction process to inform future commissioning intentions.

Consultation

Name of Consultee	**Post held**	**Date sent**	**Date returned**
Statutory Officer (or deputy) :			
Ashley Hughes	S151 Officer	13/10/25	21/10/25
Kevin O'Keefe	Interim Director of Law and Governance (Monitoring Officer)	13/10/25	17/10/25
Legal and Finance			
Rebecca Dearden	Senior Lawyer (Adults & Education)	29/09/25	10/10/25
David Hallworth	Principle Accountant	29/09/2025	13/10/25
Other Consultees:			
Sam Jones	Democratic Services Officer	29/09/2025	29/09/25
Curtis Vickers	Head of Service Integrated Commissioning	29/09/2025	06/10/25
Members of AHI DLT: Dan Coyne, Jill Broomhall, Alison Spender, Helen Charlesworth-May	Head of Service – People and Communities, Director of Adult Social Care Operations, Projects and Performance Manager, Exec Director	02/10/2025	06/10/25
Executive Directors/Directors			
Helen Charlesworth-May	Executive Director – Adults, Health and Integration	13/10/25	03/11/25
Hayley Doyle	Director of Commissioning – Adults, Health and Integration	13/10/2025	27/10/25

Access to Information	
Contact Officer:	Sharon Brissett, Project Manager Sharon.brissett@cheshireeast.gov.uk Alice Clark, Programme Lead alice.clark@cheshireeast.gov.uk
Appendices:	Appendix 1 - Carers In Cheshire East background information Appendix 2– Approach to co-production
Background Papers:	Carers Week Report 2025 Cheshire East Council All-Age Carers Strategy 2021-2025

Appendix 1 - Carers In Cheshire East background information

Understanding carers

Carers, also known as informal carers, family carers or unpaid carers, look after an adult in their life who would not be able to manage without their support. Carers may look after an ageing partner, a disabled adult child, support an elderly neighbour or a friend with substance use issues. These carers are not paid for the support that they offer. Not all carers choose to be in a caring role but find that circumstances or expectations force them to fulfil this role. Many people do not identify themselves as a carer as the care they provide seems self-evident and necessary.

While some caring roles are limited to several hours a day or week or for a temporary period of time, other caring roles become all-consuming with carers having to relinquish paid employment or give up their own interests to be able to care for someone else.

Nationally, around 11.9 million people provide unpaid care for a disabled, seriously ill or elderly loved one[1], saving the state £184 billion a year in 2021/22[2] – more than half of the total cost of the NHS in 2024/25. According to research done by Carers UK, carers save the UK economy £184 billion per year, an average of £15,462 per carer. 1 in 9 of the workforce across the UK are juggling caring responsibilities with work. However, the significant demands of caring mean that an estimated 600 people give up work every day to provide unpaid care for a loved one. Carer's Allowance is the main carer's benefit and is £83.30 for a minimum of 35 hours. That is £617 per week less than the average cost of home care in Cheshire East for 35 hours of care; this gap is greater when you consider unpaid carers will often provide more than 35 hours of care in a week.

While the support that carers provide on an individual but also national level is high, this can have devastating impacts on them. For instance, over three quarters (79%) of carers responding to Carers UK's State of Caring 2023 Survey said they feel stressed or anxious as a result of caring and over a quarter of carers (27%) said their mental health was bad or very bad. 54% said their physical health had suffered and 22% reported that caring had caused them injuries[3]. 8 in 10 people caring for loved ones say they have felt lonely or socially isolated, this rises to 86% for carers providing more than 50 hours of care a week.[4]

It is estimated that that 4.8% of the population (aged over 5 years) in Cheshire East, reported providing up to 19 hours of unpaid care each week based on the 2021 Census. This figure decreased from 7.6% in 2011. To note Census 2021 was undertaken during COVID-19 which may have influenced how people perceived or managed their provision of unpaid care. The census question in 2021 was also different than the 2011 question, which asked whether someone provdies an unpaid caring role in excess of 19 hours per week.

[1] Caring About Equality: Carers Week report 2025 (Online)
[2] Petrillo, Zhang and Bennett (2024). Valuing Carers 2021/22: the value of unpaid care in the UK (Online).
[3] Carers UK (2023). State of Caring 2023, The impact of caring on: health. (Online)
[4] Carers UK (2019) Facts About Carers (Online)

Appendix 1 - Carers In Cheshire East background information

In the Survey of Adult Carers in England 2023/24, out of 227 responses, carers in Cheshire East reported:

- A self-reported quality of life score of 7.1 out of 12, compared to 7.3 nationally
- 55.9% had some social contact but not enough
- 18.2% felt socially isolated
- 12.7% often or always felt lonely
- 21.3% felt they were neglecting Themselves
- 15.9% felt they had no control over their daily life

Care Act 2014

Under the Care Act 2014, local authorities have a statutory obligation to ensure that people who live in their areas:

• receive services that prevent their care needs from becoming more serious, or delay the impact of their needs

• can get the information and advice they need to make good decisions about care and support • have a range of provision of high quality, appropriate services to choose from. T

The Act gives local authorities a responsibility to assess a carer's needs for support and the impact of caring on the carer. It also considers what a carer wants to achieve in their own day-to-day life while also assessing whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

Despite it being a statutory requirement that carers receive the same level of attention as the cared for, this has not always been the case with the focus often still remaining on the cared for person as the primary service user and client. Investment in, and a focus on, informal carers, is key to ensuring informal carers have opportunities to enhance their wellbeing and can access the right support at the right time in line with the council's priorities.

Supporting carers and preventing carer burnout also means less people will need access to formal care, whether that's for the carer or the cared for. This is beneficial on an economic level and personal level both for the carer and cared for.

Services for carers

Carers services offer a host of support to meet the multiple and varied needs of carers throughout their caring journey. Usually, the offer consists of a combination of information and advice, peer support and financial support to enable carers to make decisions that benefit their wellbeing.

Cheshire East's Carers Hub is currently run by Making Space who, as of 31 June 2025, have 7,942 adult carers registered with them; 21,338 adult carers were referred to the service between January 2023 – June 2025, of which 12.5% (2,672) were new to the service. This contract expires in December 2026.

Appendix 1 - Carers In Cheshire East background information

Core functions of the service include:

- identification of carers within the borough to enable more people to access appropriate support, particularly those who are seldom heard, such as working carers.
- information and advice in relation to a person's caring role and their own needs, including a quarterly newsletter
- completing carer's needs assessments to understand the physical and emotional impact of caring to identify what support they need and whether they are willing or able to continue caring
- one-to-one advice and support over the telephone or face to face including signposting and support to access other services and emotional/wellbeing support
- facilitated group-based support, delivered from a variety of community venues across the borough, providing group activities, informal training and opportunities for peer support and developing social networks
- Take a Break fund that provides a set number of free care at home hours for the cared for to enable carers to get a break from their caring role
- carer grants through the Living Well Fund
- also host events for carers, their families and professionals.

In addition to the contract with Making Space, in October 2024, a pilot project with an organisation called Mobilise was launched across all nine Cheshire and Merseyside Local Authority areas, funded through the Accelerating Reform Fund. Mobilise is a tech start up run by carers for carers. Mobilise aims to provide easily accessible and flexible support to unpaid carers using technology. The pilot will continue in Cheshire East until November 2025. Support for unpaid carers in Cheshire East

Their offer consists of:

- A weekly newsletter by carers for carers
- An e-support package, a personalised guide to caring
- 5-part email course - including essentials, rights around caring and working, registering with a GP, how to support yourself as a carer
- Virtual cuppas for carers
- Online carers financial checker
- AI-guided Mobilise Assistant that provides information on a range of topics, including national and local information/services
- 1-2-1 coaching over the phone with the Carer Support Team
- Peer to Peer Online Community Hub - carers can share their own experiences information, advice and emotional support

The preventative support offered by Mobilise to carers plays a significant role in avoiding carer burnout. 896 carers have accessed support from Mobilise in Cheshire East; 79% of carers in Cheshire East accessing Mobilise had never accessed support before.

Appendix 1 - Carers In Cheshire East background information

Part of Mobilise's success is the result of an untraditional approach and offer. For instance, the majority of engagement with Mobilise happens outside office hours, meeting the needs of carers at a time convenient to them.

The uptake of the out-of-hours support reflects a need amongst carers for flexible and personalised support outside of traditional working hours that is able to efficiently identify carers early and support them online.

Re-designing the support offer for informal carers

Enabling prosperity and wellbeing for all

Cheshire East Council

Co-producing the new offer – who we'll involve

Carers & their families

- Carers and their families – any carer caring for someone in Cheshire East (those who currently use the Carers Hub services and those who we may not yet know about)
- Members of the Carers Voice Group, People Panel and other local carer-led networks.
- Across all protected characteristic groups, tapping into local community groups/networks
- Parent Carer Forum
- Cheshire East Council Carers Staff Forum

Voluntary Community Sector
Such as….

Age UK , Alzheimer's Society, End of Life Partnership
Deafness Support Network, East Cheshire Eye Society,
Healthwatch, Advocacy Service, CAB
Black Minority Ethnic Refugee community orgs/groups:
e.g. O.C.E.A.N Cheshire, The Ubele Initiative
Vesta (support for polish families)
Town & Parish Councils
LGBTQ+ services e.g. Technicolour, CarerLinks+
Local walking groups

Strategic Boards

- Carers Partnership Board (due to launch Winter 2025/26)
- Mental Health Partnership Board
- Learning Disability Partnership Board
- Suicide Prevention Partnership
- Adults Safeguarding Board

Public sector professionals

- Adult Social Care community teams
- Progression to Adulthood Team
- OT Teams
- Care4CE
- Hospital Discharge
- Primary Care
- Home care providers
- Care Communities
- Community Development Team
- Housing
- Financial Welfare Team
- Adults & Children's Commissioners
- Leisure Services

Enabling prosperity and wellbeing for all

Cheshire East Council

Co-producing the new offer – how we'll do it

- Extensive engagement and coproduction will be undertaken to ensure the recommendations for a future service reflect the needs and wishes of carers.
- Local carers will have opportunities to be involved in several different ways and through different mediums, to ensure as many people as possible are able to express their views and wishes.
- A carers co-production steering group will be established
- A multidisciplinary project group will also be formed including representation from adult social care, community development team, health and the VCS.
- A four-phase engagement plan has been developed to maximise accessibility.

Approach to engagement and coproduction

Phase 1 Needs analysis July – November 2025	Phase 2 Broader Stakeholder Engagement Oct 2025 – Jan 2026	Phase 3 Co-design Jan – March 2026	Phase 4 Implementing the recommended option April-Dec 2026
• Review of current service performance and national evidence/guidelines • Collating information about experiences of carers on a national and local level that have been gathered to date • Comparing the Cheshire East offer with other Cheshire, Merseyside and Northwest areas • Reviewing alternative delivery models.	• Engagement with carers, their families, professionals across social care, health and other public sector services, Voluntary and Community Sector (VCS). This will include: • Attending different carer groups (those facilitated by the Carers Hub and independent carer-led groups/networks), as well as other local community groups across the borough and the Carers Voice Group, facilitated by the Carers Hub • Session at Carers Rights Day event (20 Nov) hosted by Carers Hub • Two public events aimed at carers and their families (1 online in eve, 1 daytime in person) • Online public survey for carers – launched Nov • Sessions with key stakeholder networks including Learning Disability, Mental Health and Carers Partnership Boards and the Parent carer Forum • Themed workshop sessions with professionals from wider stakeholder groups • For community-based groups and social care team meetings that commissioners are unable to physically attend, a crib sheet and survey will be provided, which enables organisations/services to hold their own discussion sessions and to feedback responses to commissioners.	• Commissioners will work with a smaller steering group of carers and staff across social care, health and the VCS, to complete an appraisal of options around the commissioning approach and service delivery model, and to codesign the recommended approach. • Feedback gathered in phases 1 and 2 will also help to inform this process. • Carers will be selected to be part of the steering group through expressions of interest gathered during phase 2.	Council officers will work with experts by experience (local carers) who are part of the steering group to co-design the new service model and implement the recommended delivery option, which may be through a tender process and/or developing services within the council.

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?
January 2026									
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: Quarters 1 and 2 for the year 2025 / 2026	To scrutinise the Adults and Health Performance Scorecard: Quarters 1 and 2 for the year 2025 / 2026.	Director of Adult Social Care	No	No	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
AH/45/2025-26	26 January 2026	Complex Needs Recommission	This report seeks approval to proceed with the recommissioning of Complex Needs Services in Cheshire East.	Director of Strategic Commissioning and Integration	Yes	Yes	No	TBC	TBC

Adults and Health Committee
Work Programme 2025 – 2026

March 2026									
AH/03/2025-26	26 January 2026	Third Financial Review 2025/26 (Adults & Health Committee)	To scrutinise and comment on the Third 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	Decision / Scrutiny
AH/11/2025-26	23 March 2026	Service Budgets 2026/27 (Adults & Health Committee)	The purpose of this report is to set out the allocation of approved budgets for 2026/27 for services under the Committee's remit, as determined by Finance Sub Committee.	Executive Director of Resources and S151 Officer	No	No	Yes	No	Scrutiny
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.	Director of Adult Social Care	No	No	No	No	Scrutiny
AH/44/2025-26	23 March 2026	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	TBC	Decision
AH/25/2025-26	23 March 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	23 March 2026	Substance Misuse Strategy – 12 months update	To scrutinise the substance misuse strategy.	Director of Strategic Commissioning and Integration	Yes	Yes	No	No	Scrutiny

Briefing Reports / Reports for Noting:

Adults and Health Committee
Work Programme 2025 – 2026

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: https://moderngov.cheshireeast.gov.uk/ecminutes/eccatdisplayclassic.aspx?sch=doc&cat=13395&path=13395

Task and Finish Groups:

Group	Membership	Established	Purpose

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