

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 17th November, 2025 in the Committee Suite, Delamere
House, Delamere Street, Crewe, CW1 2LL

PRESENT

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

OFFICERS IN ATTENDANCE

Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Hayley Doyle, Director of Commissioning and Integration (Adults)
Mark Lobban, Programme Director, Adult Social Care and Enabling
Communities
Professor Rod Thompson, Director of Public Health
Jill Broomhall, Director of Adult Social Care
Curtis Vickers, Head of Service - Integrated Commissioning
Alice Clark, Integrated Commissioning - Thriving and Prevention
Nikki Wood-Hill, Lead Finance Business Partner
Jennie Summers, Head of Legal Services
Sam Jones, Democratic Services Officer

27 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sue Adams and
Councillor Rob Moreton.

28 DECLARATIONS OF INTEREST

There were no declarations of interest.

29 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting held on 22 September 2025 be
approved as a correct record.

30 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

31 SECOND FINANCIAL REVIEW 25/26

Members considered a report which provided an update on the current forecast outturn for the financial year 2025/26.

Members were updated that at the end of the finance review (FR) 2, the Council was forecasting an adverse variance of £2.345 million which was an improvement from FR1 of £360,000. However, this position was after the application of £25.261 million of Exceptional Financial Support. For the Adults and Health Committee, the forecast was for a £77,000 overspend, which was a deterioration of £372,000 since FR1. For the Adults and Health Committee, the worst-case financial scenario would be a £6.2 million overspend if mitigations linked to savings, grants and vacancies could not be delivered, and if there was a large increase in returning self-funders. There continued to be significant risks to the adult's forecasts as detailed within the report which were linked to challenging NHS pressures and an increase in the level of returning self-funders.

Members were updated that the Social Care Ombudsman's report noted a nationwide increase in complaints in connection with charging; the number of complaints which Cheshire East Council received in connection with charging was lower than the national average, and most complaints related to the level of public knowledge regarding charging. It was noted that the Council's "Prevent, Reduce, Enable" strategy was still in its formation, and as such, the council would not achieve the full level of savings in year one, however, there were mitigations in place to recover these savings elsewhere, and the savings for Prevent, Reduce, Enable would be recovered over the full four year scope of the MTFS.

It was noted that the Council changed its Adults Social Care charging policy from April 2024, following a formal consultation. The charging policy was largely driven by national policy and there were statutory instruments to instruct local authorities how it could be implemented. It was noted that Cheshire East Council was due to consult on their charging policy prior to COVID, which delayed the process, however, this was conducted in 2023, at which point the additional 25% buffer was removed and the council now adopted the national policy which included the minimum income guarantee.

Members noted that the council had not miscalculated the amount of income it was anticipating in relation to adult social care, but it was often the case that people did not engage with the local authority until later in the social care process. The council had to implement charges as a national policy, and if customers did not engage with the council as soon as they required care to determine any contributions, the council would invoice users for the full cost of the service, which often triggered individuals to provide up to date information on income, which then resulted in reductions in the amount which they would pay towards their social care.

Members were updated that Cheshire East had many “self-funders” – over 50%, but there had been a recent uptick in the number of people who had run out of funds and were therefore coming to Cheshire East for support. It was noted that care fees had increased dramatically over the last three years, so people’s capital and assets were not supporting them for as long. It was noted that users and care homes were encouraged to advise the local authority of this, but they were not contractually obliged. It was noted that the council would revise their methodology on calculating these figures.

It was noted that the council had a statutory obligation to provide social care, and it could not turn users away if they are entitled to it, which made it increasingly difficult to apply a predicted figure to the amount which the council would spend on this. The council would continue to deliver budgets and control expenditure as best it could.

Members thanks officers for their work on the reports and budget monitoring; with the Adults and Health Committee’s predicted overspend to be only 0.45% of its budget.

RESOLVED:

That the Adults and Health Committee:

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.

32 MEDIUM TERM FINANCIAL STRATEGY CONSULTATION 2026/27 - 2029/30

Members considered a report which provided an update on the current forecast outturn for the financial year 2025/26.

Members were updated that the report showed the current MTFS, with a forecast budget gap of £18.2 million for 2026 / 2027, which assumed the delivery of £27 million of council-wide transformation savings, and delivery of all the savings within services, including the 5% vacancy rate. Members were updated around the work which had been carried out to calculate the demographic growth in the MTFS. However, there were several additional

pressures, such as the council tax base, NHS pressures, EHCP numbers, and returning self-funders which could impact on the budget. The government's autumn statement and the provisional local government finance settlement in December 2025, would also impact on the development of the MTFS.

It was noted that the council would be required to change details in reports as a result of the different ways in which government grants were allocated, with grants such as the Market Sustainability and Investment Fund now being part of the Revenue Support Grant and no longer a ringfenced grant within the service. It was noted that, regarding pay inflation, going forwards the budgets would be allocated to the service areas after the agreed levels had been confirmed in order to reduce the amount of variance in the budgets. Members were updated that services were working to ensure that business cases were implemented and were confident in the figures at this point in time but that the MTFS would continue to flex as its developed between now and February 2025.

Members were updated that client contributions were based on reflecting what had been seen in earlier reporting periods, and that the council had some social care users who paid the full cost of their care needs, so if the cost of their care increased, then they would see an increase in the amount which they would pay. It was noted that the impact of the government budget would be monitored and factored into calculations, and there was a lot of complexity when it came to calculating costs related to pensions, benefits and the Better Care Fund.

It was noted that when an individual funded their own care via assets or capital, a judgement would be made on how long this might be sustainable for, and for what minimum amount of time. When an individual began to run out of funds, or had run out of funds, the council would assess the current care level to check that it was appropriate; the council could then make a judgement on how their care was best provided. If users were commissioning a level of care which was above best value, the council would require the individual to either move to an appropriate home, or for their family to contribute top-ups to the contributions to allow them to stay in their current residence. It was noted that the adult social care transformation workstream worked with self-funders from the earliest stage possible to make ensure that they didn't "over commission" care for themselves and ensure that they only paid for an appropriate amount of care. It was noted that there were also a large number of people who could not work, and not of pensionable age, who required extremely complex and expensive care.

It was noted that the adult social care capital programme was currently small, but the council was progressing an accommodation strategy to make a judgement as to where it was more cost effective for the local authority or external providers to provide the care, which may affect the capital programme going forwards.

RESOLVED:

That the Adults and Health Committee:

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 were set out in paragraph 11.

33 ADULT CARERS SERVICE REDESIGN

Members received a report which sought approval to proceed with the re-design and recommission of the Cheshire East Adult Carers Service.

Members were updated that the service was part of Cheshire East's statutory responsibilities and enabled it to provide information and support to carers. It was noted that, in line with the transformation programme, Prevent, Reduce, Enable, the council wanted to transform the way in which it supported unpaid carers in Cheshire East to ensure that they could support carers to continue their role for as long as possible, and to be as well as possible during that time. It was noted that it was important to utilise domestic homicide data, and to note that the health and social care network would struggle if it was not for the informal carers. It was also noted that it was important to ensure that the transition from child from adult carer support was improved.

It was noted that the current arrangements would come to an end on the 31 December 2026, and that a further report would be brought back to the Adults and Health Committee in Spring 2026 to seek permission to proceed with the proposed model. It was noted that all delivery models would be looked in to, with the aim for the new contract to commence in January 2027. It was noted that alongside this work, Cheshire East were seeking to refresh its All-Age Carers Strategy which would run until the end of 2025. The service would be 100% funded via the Better Care Fund.

Members were updated that the current provider had almost 8000 adults carers registered with them, but a total of 21,338 had been referred to them, and the consultation would aim to seek responses from all who had given permission to be contacted, as well as consultation with residents and as wider variety of groups as possible, and would work with the existing provider to contact those needed. Members were updated that officers were working closely with colleagues in the Children and Families Committee to help determine what a new service should look like, and to ensure unity between the two services. Close collaboration with NHS and

other services would be key to ensure that carers who were struggling could be signposted towards help.

It was noted that some users only engage with the service for one off advice and guidance and that the survey had recorded that a number of respondents recorded negative responses, such as feelings of isolation, loneliness, self-neglect and feelings of having no control over their daily life, which needed to be improved.

It was noted that in terms of the council's upcoming governance changes, the team had developed an extensive co-production approach and would keep members briefed.

RESOLVED (Unanimously):

That the Adults and Health Committee:

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

34 WORK PROGRAMME

The committee considered the Work Programme and determined any required amendments.

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.

Members were advised that the agendas for the upcoming committee meetings in January and March 2026, already had long agendas and were likely to be full day meetings, and were updated that there would be important reports on council finances and transformation ahead of the new governance arrangements which would be being implemented in May 2026.

RESOLVED:

Members approved the Work Programme and requested that information on the KPIs used in the Transformation Plan be included in the report at the next meeting.

The meeting commenced at 10.30 am and concluded at 11.51 am

Councillor J Rhodes (Chair)