

Adults and Health Committee

23 June 2025

Recommission of Extra Care Housing and Care at Home Care and Support Services

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

Report Reference No: AH/15/2025-26

Ward(s) Affected: All

For Decision and Scrutiny

Purpose of Report

1. To advise Committee of the merging of the care and support services delivered across Care at Home and Extra Care Housing into one contract and one service offer, detailing how the new care model will support the needs of the borough both now and in the next seven years.
2. To advise Committee of the rationale informing the merging of these services and to provide detail on the transformational work that the Council wishes to undertake over the next three to seven years.
3. To provide Committee with a procurement overview and timeline including a justification in relation to the extension for the existing contracts.
4. To provide Committee with detail on how these statutory services will evolve to support the Council's agenda of Prevent, Reduce and Enable, whilst also working alongside independent and internal financial analysis that has been completed to support the future modelling of these services, ensuring that where possible efficiencies can be achieved.
5. To advise Committee on the steps that will be taken during the procurement of these care services which will focus on our commitment to deliver outcomes focused, high quality care whilst continually adhering to safeguarding policy and practice.

Executive Summary

6. Whether a person is living in their own home in the community or has a tenancy in an Extra Care Housing scheme, the expectation in relation to the quality of care provided is the same. People receiving care in either of these environments are doing so with the intention that they remain living in their own home, that

assessed needs are being met, that outcomes are being achieved and that they remain independent and a valued member of their local community.

7. Any care delivered in the borough should be done so in a manner that is least restrictive, focusing on the outcomes that a person wishes to achieve, adapting a reablement approach and implementing preventative measures whereby a person's need for support does not become permanent. Where possible, the need for hands-on care interventions should either be reduced or removed entirely as residents become more confident.
8. Care delivered across the borough should engage and link in with other service provisions such as Technology Enabled Care and community Equipment. Care Providers and the Council should be supporting residents to access support through innovative means, allowing care providers to prioritise those with a high need for hands on care and support whilst working proactively with those who could receive support through other social care channels. This may mean that residents are supported not only by commissioned services from the Council, but also Micro Enterprises and Community Catalysts situated in their local area.
9. For the first time, Cheshire East Council will be merging the care and support provisions delivered in Extra Care Housing and Care at Home so that they form one contract and one service provision. The intention is that care providers work with the Council to move away from traditional models of care and focus on more innovative and transformative means of care delivery.
10. By care providers working across both Extra Care and Care at Home, some care runs can be better structured to accommodate the varied needs of the different communities situated within the borough of Cheshire East. Residents can be supported by care providers to engage in the activities that are on offer within their local Extra Care Housing scheme and care providers can support landlords by referring people with eligible care needs into these schemes, spreading awareness in the community with regards to what these buildings have to offer. The long-term intention is to see Extra Care Housing Schemes become community assets, whereby they support residents living within them and residents in the local community. This is reflective of the original premise for why the Council initially developed Extra Care Housing. This premise is also reflective of national models and supports the definitions of Extra Care Housing as provided by Housing Lin.
11. The borough will be broken down into Care Communities, which will be reflective of the Community Social Work Teams' footprint. The intention is to strengthen communities by making them assets and equipped to deliver strength-based care, ensuring that all essential care services are accessible within a resident's local community. Due to the vast rural elements of Cheshire East, a long-term intention is to reduce the need for residents and providers to have to travel for prolonged periods in order to access and deliver essential care services.
12. To achieve this, the Council will work with the market to ascertain where providers are best placed to deliver care and support. Providers will be supported to sustain and grow their business in their chosen community / communities, rather than working under the current borough wide approach as dictated by the

current Framework arrangement. Providers will also be given the opportunity to express their interest with regards to whether they wish to deliver care and support in both Extra Care Housing and the local community or remain solely in one service area.

13. The Council's long-term intention is to strengthen the borough so that each community can work in a localities-based way whereby the number of providers delivering care and support in each community is determined by the specific need in that area. To get to this point, the Council will need to work with the market to ensure resilience and stability, whilst gradually reducing the number of providers currently contracted to deliver home care.
14. To ensure that this is done in a manner that does not destabilise the market, the new contract term will vary between three years (minimum) and seven years (maximum). Some elements of the service will go out on a shorter contract term whilst Commissioners support providers to engage on the transformational journey. Service continuity, resident safety and high-quality care continues to be the focus and main priority.
15. To ensure that the new contract and service offer can meet need now and successfully evolve in the future, Commissioners are seeking to extend the current care contracts by a further 12 months, meaning that the start date for the new service would be 1st September 2026. This is to allow for appropriate engagement with the market and with residents in the borough living in their own home and in Extra Care Housing. This will also ensure providers are prepared for when the tender goes live under the new Procurement Act regulations and that the market remains stable and services are not disrupted.
16. The extension will enable Commissioners to engage with operational teams including reablement teams, to ensure that the new specification and service offer centralises around prevention, reablement and outcomes focused care.
17. The extension will ensure that the Council meets all the requirements as determined by the new Procurement Act which will mitigate any risk of challenge from providers both existing and new.
18. The extension will allow for robust analysis of the needs of the borough and analysis of the current providers service delivery.
19. The extension will allow for financial analysis to be completed and the findings to be incorporated into the new model and service specification. An analysis by an independent organisation is due to be finalised by the end of June 2025. This analysis will identify where savings can be made and where the contract can be amended to achieve value for money and avoid the risk of over and duplicate spend.
20. The extension will allow Commissioners to initiate operational pilots ahead of the new contract going live. These pilots will focus on reducing the need for hands on care using services such as Technology Enabled Care. Initiating these pilots ahead of the new contract go-live will support providers to adjust their way of thinking and begin to work with the Council to deliver innovative means of care

delivery. It will support providers to prepare for the requirements that will be dictated in the new service specification.

21. Commissioners have also proposed that ahead of contract go live, a review is completed to look at domestic calls within the Extra Care Housing and Care at Home sector, calls which may be better directed to the third sector and charity organisations. This is a critical piece of work as the new service intends to evolve the third sector through the likes of Micro Enterprises and Community Catalysts.
22. As of May 2025, the contract extension was approved at DLT. The current procurement timeline is currently as follows:
23. Document Write Ups and Relevant Analysis included establishment of Extra Care Housing and Care at Home Oversight Group: April, May, June 2025.
 - Engagement with the Market, Residents and Carers: June, July and August 2025
24. Internal Governance for final sign off on the logistics of the new model including a full options appraisals and risk analysis: July / August 2025.
 - Tender Go Live: September 2025 until the end of October 2025 giving an 8-week window for providers to prepare and submit their bids
25. Evaluation on bids received: All of November and December 2025 finishing Mid-January 2026. Governance to Award End of January and beginning of February 2026.
 - Award and Standstill: March 2026
 - Mobilisation: All of April, May, June, July, August 2026.
 - Contract start: 1st September 2026

*It is important to note that these timelines are dictated by any activity associated with the procurement (for example, the number of bids received could be very high) and therefore the dates provided for activity post Tender Go Live may be subject to change.

RECOMMENDATIONS

The Adults Health Committee is recommended to:

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

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

Background

26. The contracts for the care and supported delivered in Extra Care Housing and Care at Home original terms were the 3rd September 2018 - 3rd September 2022. Due to unprecedented difficulties faced in the market relating to provider sustainability, the contract was extended until the 4th September 2024 and then again to the 5th September 2025. This was to allow for analysis of the Care at Home market, focusing on the care hours delivery by community and the number of providers in situ.
27. Due to the new Procurement Act coming into force in February 2025, the required processes associated with a live procurement changed substantially, with more being required from the Council in relation to provider support and engagement during a tender process. Should Councils not fulfil the new requirements, the risk of provider challenge and ineffective procurement processes runs very high.
28. As of April 2025, the Council is commissioning Care at Home with 63 care providers. This equates to 21,512 hours of care and 1,423 residents across the borough being supported. From a contractual and quality assurance perspective, this is too large a number and poses risks. The Council wishes to reduce this number so that safeguarding, quality assurance and contractual management colleagues can implement effective and frequent processes and procedures to ensure that high quality and safe care remains the priority. Contractual leads want to build meaningful relationships with the providers they work with, ensuring that engagement between both parties is regular and productive.
29. The current contract value for Care at Home services and Extra Care Housing combined is: £107,189,144.

Consultation and Engagement

30. As the offer of care and support is not changing with regards to assessment and accessibility processes and, as the care model in Extra Care Housing is not changing with regards to staff being on site twenty-four hours of the day, a legal consultation is not needed at this time. Coproduction however is essential to ensuring the success of these services over the next three - seven years. Multiple

engagement events have taken place to ensure that the market is involved in shaping how these services are delivered.

31. Commissioners are committed to the new service specification and care model being co-produced, ensuring that services are consistent, the market is sustainable and that future services delivered meets the ever-changing needs of the borough. This high level of coproduction also ensures that the Council fulfils the criteria as set by the new Procurement Act.
32. Internally, an Extra Care Housing and Care at Home Oversight Group has been established which will meet every three weeks. The purpose of this group will be to make key decisions in relation to the new service specification and care model and will involve all relevant stakeholders such as Finance, Legal, Procurement and Operational Colleagues. The Oversight Group will continue to meet post the new tender going live, to support the Council in implementing a robust mobilisation plan which will ensure ongoing communications, engagement and support to both providers delivering care and residents in receipt of care.
33. Commissioners are hosting provider events both virtually and face to face with Care at Home and Extra Care Housing Providers to feedback on the Council's intentions and gain critical insight from those delivering care in relation to how future services can be a success and identifying what barriers we may face. The intention is that providers have numerous engagement opportunities with the Council as a means to build positive relationships and trust.
34. The People's Panel is also being re-established with specific agendas being taken to the group. These agendas include capturing lived experience from those receiving care at home services and those that provide a caring role for adults with social care needs. The engagement from the Peoples Panel will be used to support with the evaluation process post the tender going live.
35. Engagement with residents in the Extra Care Housing Schemes will take place via face-to-face events where all residents, including those not in receipt of care, will be given the opportunity to express their wishes and views.
36. Following successful awarding and identification of providers delivering care and support in Extra Care Housing, there will be six weekly landlord forums established which will consist of Commissioners, Care Providers, Landlords and Resident Representatives. These forums will meet to ensure seamless working between all parties involved in these schemes, best practice will be shared and innovation will be the driving point as we seek to optimise these services to their full potential.
37. Written communications will be sent to all residents in receipt of care to alert them to the tender process and providing key information and assurances. Within these written communications will be the opportunity for residents to feedback on their current services and experience via a written questionnaire or online submission using the Councils intranet.
38. Post award, all stakeholders including residents and those with lived experience, will be given the opportunity to support with the mobilisation, getting to know the

providers who will be operating in their locality / scheme and having the assurance that their voice and views can be effectively captured and embedded into future contract management processes.

Model Options

39. The merging of Extra Care Housing and Care at Home Services will promote universal standards and practice with regards to high quality, innovation and enabling and compliant care with regards to safeguarding. It is for this reason that the service provisions are merging into one contract and one service specification.
40. Practically, there are several different options that can support how these services can work alongside one another. Commissioners had identified the following options:
41. Commission as is (Like for like. Whilst this is not a viable option, Commissioners feel it is important to include this in the options appraisal as it rationalises why things need to change)
42. Commission using a borough wide Framework including Extra Care Housing Schemes in this framework
43. Commission using the Localities approach on a borough wide level from day one of the new contract commencement
44. Commission using a tiered approach, removing the Framework in the four localities that have an Extra Care Housing scheme and maintaining a Framework in the rural areas
45. Benefits Realisation and Check and Challenge sessions have taken place internally and the final model (as detailed below) has been deemed to be in the boroughs best interests:
 - The localities with an Extra Care Housing Scheme in situ will go out on a seven year contract and will have a dedicated number of providers working in that area. The number of providers will be determined by need and demand in that area. The purpose of a seven year contract will be to afford providers appropriate time to fully embed a localities based model and to establish intrinsic links between Care at Home and Extra Care Housing.
 - The localities in the borough without an Extra Care Housing Scheme in situ (largely rural areas) will go out on a shorter term contract of three – four years. This is to allow for positive partnership working in these areas which tend to be difficult areas to source care for. Providers operating in these areas will do so using a Framework model however, the number of providers on the Framework will have a cap. The intention is that the Council supports providers in these areas to evolve and overcome current practical issues faced so that when the services are recommissioned in

the future, all of the borough will be ready to operate using a localities based model.

Tender Requirements

46. The tender requirements have gone through internal discussions and scrutiny to ensure that we are only awarding to providers who are committed to delivering the ask of the service and we have assurance that these providers deliver safe and high quality care. The following stages will be embedded into the procurement process:

- Providers bidding must pass an initial stage whereby their financials and business logistics, including where their office base is, meets our requirements.
- Upon passing this stage, providers must pass stage two, which will focus on specific safeguarding and quality assurance questions which will have been designed by the Councils Safeguarding and Quality Assurance Leads.
- Upon passing this stage, providers must pass stage three, which is a Standard Questionnaire capturing their experience and skills to deliver the service ask.
- Upon passing this stage, providers must pass stage four, a full Evaluation which will be the providers opportunity to explain to the Council how they can meet our requirements and the needs of the borough as detailed in the new service specification. This commitment from providers will then be embedded into future contract management sessions and PMF documents.
- Providers that pass all four stages will proceed to interview and / or presentation which will include lived experience as part of the evaluation panel.

47. If a provider fails any of these stages, then they will not be commissioned to work with us. These five stages offer assurance to the Council that we are not putting providers or residents in receipt of care at risk as we cannot, at present, be solely reliant on CQC inspection ratings.

48. Post award, Quality Assurance teams may subject successful providers to further evaluation by means of a quality assurance visit and assessment. This is to mitigate any risks and safeguard any decisions that are linked to care provider change overs.

49. Whilst this may present as many different elements for providers to achieve, the Council is mindful that many CQC ratings are now dated and we do not currently implement our own assessment processes, such as PAMMS, to officially assess and score providers. Current national intelligence tells us that this tender will generate a lot of interest with many bids being received. We need to have assurances that we have the right evaluation processes to ensure that work awarded is done so fairly and equitably.

50. Due to the advancement of technology, Commissioners were concerned that the use of professional bid writers and artificial intelligence could lead to bids being received that do not reflect the true ethos of a care organisation. It is believed that having multiple evaluation stages will mitigate this risk.
51. The evaluation process will also consist of Localities Workshops, which will consist of all relevant stakeholders such as Operational Team Managers, Contracts, Commissioning, Procurement and the ICB. The purpose of these workshops will be to award work to providers who have passed all evaluation stages, in a manner that best meets the needs of the borough and its residents.

Reasons for Recommendations

52. The recommended extension for the current contracts and service provisions enables the Council to successfully go out to procurement fulfilling the requirements of the new Procurement Act.
53. The recommended model of the borough being broken down into specific care communities, reflective of the social work community teams promotes business sustainability, continuity of service and supports the Council to implement more robust contractual management of these services. It also supports the Council's agenda to move away from using SPOT providers and supports the management of contract spend, reducing the risk of overspend.
54. The recommended option allows for the Council to build on existing provider relationships and allows time for providers to have essential input into the new Service Specification and contract. This engagement will promote positive relationship building and will ensure that providers are ready to deliver the ask as established in the ITT documents when they are published in September 2026. This mitigates the risk of de-stabilisation and challenge within the marketplace.
55. The recommended options allow for Commissioners to pilot the Prevent, Reduce, Enable approach, ensuring that all providers understand with and work alongside this concept and that the new service specification captures the essence of this approach and how it can be successfully achieved.
56. The recommended approach allows for transformational work to begin on day one of contract commencement in a manageable approach. By phasing the contract timescales and by adapting the localities approach in just four of the localities, we can ensure that this is a success and that areas of risk, such as rural, do not become destabilised which could lead to unsafe care or care being undelivered.
57. The recommended phased approach allows us to work with the market and bring providers with us on our transformational journey. It allows providers to have their say and input into future models so that when we do go to reduce the number of providers we are working with, we do so safely.
58. The recommended phased approach also allows the Council to work with providers as they navigate recent decisions dictated by Central Government in relation to overseas workers and national recruitment. These decisions have a

wide scale impact on the care market and Contract Officers within the Council need to understand mitigate any risks working with care organisations. To implement a mass change in the care model alongside these issues could lead to many providers going out of business which would have a direct impact on those reliant on and in receipt of hands on care at home.

59. Commissioners have identified that there are wide spread links between Care at Home, Extra Care Housing and other services in adults social care. Complex Care which supports those with learning disabilities also operates on a Framework basis, with some providers delivering both Care at Home and Complex Care packages. Commissions intend to use the phased approach as an opportunity to review and strengthen the links between differing sectors and service frameworks so that rates of pay, service delivery and outcomes focused care are mirrored on a adults social care service wide level.
60. The phased approach enables Commissioners to ensure that services evolve in a manner that involves the ICB and mirrors the NHS ten year plan. Blended Roles and the evolvement of the role of the carer is part of the new Service Specification for Care at Home and Extra Care Housing. Commissioners intend to work with ICB and NHS colleagues throughout the contracts lifetimes so that the services delivered can be truly reflective of health and social care values, delivering care closer to home.

Other Options Considered

61. If we do not proceed with the contract extension, the only viable alternative for the Council would be to recommission these services using the same model that is currently in situ. Engagement and essential analysis to support the merging of these services will not be completed and we would run a high risk of going out to procurement with inappropriate ITT documents which would lead to issues within the marketplace and provider challenge.
62. The current model for Care at Home and Extra Care Housing, whilst meeting need, has several provider and service delivery issues which providers have raised directly with the Council. To recommission on a like for like basis would lead to a high risk of market failure and would destabilise working relationships with providers.
63. To recommission on a like for like basis would remove the opportunity for robust provider engagement and would deny the Council the opportunity to engage with critical groups in the borough who can provide essential information and service input through lived experience.
64. To recommission using a borough wide localities approach from day one comes with more risk then benefit and would likely lead to market failure and increased spend.

Implications and Comments

Monitoring Officer/Legal/Governance

65. Care at Home and the Care at Support provided in Extra Care Housing Services are Statutory services delivered under The Care Act 2014. The Council has a legal obligation to continue to provide these services, aligning the delivery of these services with the Councils blueprint and main agenda, which is to keep people living in their own home and in their local communities.
66. The existing contracts for both Extra Care Housing and Care at Home Services have been subject to multiple extensions, with the final extension looking to take the existing provisions to the 31st August 2026. Procurement have confirmed that a final extension can take place pending provider agreement to continue to deliver care under existing terms and conditions.
67. Under both The Care Act and Procurement Regulations, this recommission must take place to ensure that the Council supports the market with regards to sustainability, business viability, achieving value for money and ensuring 2014 high quality and innovative care is being delivered to residents in the borough. These contracts cannot be extended indefinitely. This will be the last extension.
68. To ensure that the Council meets their obligations under the new Procurement Regulations which came into force February 2025, both Legal and Procurement support a final extension to existing services as this allows the Council to prepare the commission in a manner that will avoid the risk of any potential challenge from the market.

Section 151 Officer/Finance –

69. Merging Extra Care Housing and Care at Home Services and evolving the offer to incorporate the values as established the Prevent, Reduce and Enable workstreams will achieve the positive financial benefits:
- 1) Care Runs can be better structured reducing issues such as travel time and ad hoc packages of care which increases provider oncosts
 - 2) Providers working on a localities basis enables the market to deliver innovative care where they can reduce the need for hands on care and care package costs by redirecting residents to other, lesser restrictive, care services.
 - 3) Evolving the offer in Extra Care Housing will ensure that residents are not moving into residential care settings which reduces spend and demand in this area of adults social care.
 - 4) Residents currently living in residential care could potentially be supported to move out and into Extra Care Housing if this is an appropriate option.

- 5) A move away from SPOT purchasing ensures that the Council is paying providers at contracts rates and not increased spend.
70. An independent financial analysis has been completed by Commercial Government and the findings are that further savings could be made by reducing the number of home care providers that the Council contracts with. If the Council can guarantee a higher volume of care delivery to a smaller number of care providers, provider overhead costs and associated employee costs are reduced. This therefore reduces the overall hourly rate of care. The analysis does however reference that in order for this to be successful, the market must be sustainable and that if a reduction in the number of care providers is implemented too quickly, the market will destabilise. This will have the reverse effect and will lead to the Council incurring costs due to needing to go off contract.
71. The Council's existing Medium Term Financial Strategy (MTFS) covering the period 2025 to 2029 contains significant transformation savings for the Adults Department. In total, across the four years these are currently set at £20.2m. Within this overall target, the individual project Prevent, Reduce, Enable, most closely aligned to this sector of care costs is envisaged to save £10m.
72. The recommissioning of Care at Home and Care within Extra Care Housing settings is a key part of the PRE savings, not solely by reducing costs and making efficiencies, but crucially in helping the Council avoid alternative types of that are far more expensive (e.g. bed based care in Nursing & Residential settings). Getting the recommissioning right is therefore a major contributory factor towards the overall success of the transformation programme for the directorate.
73. It is important to highlight two financial risks in relation to this paper. Firstly, extending the current arrangements and delaying the recommissioning until September 2026 will mean alternative savings will need to be found to address any shortfalls, either in 2025/26 or the first half of the 2026/27 financial year. This is necessary to ensure the Council's overall financial position does not deteriorate further.
74. Secondly, while the soundness of the rationale in making the proposed changes is acknowledged, there is the risk of the proposed changes destabilising the existing market. In turn, this could increase the cost to the council in respect of both provider costs and increased internal staffing costs. This risk will need to be carefully mitigated through the procurement and implementation of the new arrangements.

Human Resources

75. TUPE processes will apply during the mobilisation stage of the Procurement Process. This will be overseen by Commissioners and Procurement and ongoing work will take place with care providers impacted to ensure staff wellbeing, staff security and continuity of service delivery is maintained.

Equality, Diversity and Inclusion

- 76. These services are inclusive to any adult who requires them. They are intended to promote independence and to support people to live safely within their own homes. They can support those with Dementia, Learning Disabilities, Mental Health and Physical Disabilities.
- 77. Within Extra Care Housing, there is an age criteria of fifty-five onwards. Residents living in Extra Care Housing do not need to have a requirement for care. They can reside in the schemes by fulfilling the housing element whereby they have a local connection to the area where the scheme is situated.
- 78. Adapting the approach of Prevent, Reduce and Enable will ensure that residents in receipt of care are supported in a manner that is personal to their goals and outcomes. This will lead to residents feeling in control and building independence in a way that works for them.
- 79. An initial Equality Impact Assessment has been completed for this commission. It will be reviewed and updated again ahead of the tender go live.

Carbon Neutral

- 80. To achieve the commitments as stated in the Cheshire East Plan, which specifies that the Council will be a carbon neutral council with minimum offset by 2030, influencing carbon reduction and green energy production across the borough by 2045. This recommission will embed several contractual elements focusing on environmental factors ensuring that everyone plays their part and has accountability in relation to the environment and climate change.
- 81. The Council is committed to supporting the borough with regards to maintaining its rural heritage. To do this, the new contract will work with providers to promote positive climate engagement and be carbon and climate aware in their day-to-day practice.
- 82. Providers will be supported to implement concise care runs which will reduce travel time and the number of miles covered in between care calls. The merging of Care at Home and Extra Care Housing as one service provision supports providers to achieve this.
- 83. Providers will be supported to engage with local transport links so that non drivers can be supported to get to their workplace in an efficient manner.
- 84. The procurement for the new contract will put an expectation on providers to detail how they are accountable for and support positive climate and environmental engagement. The commitments providers make at tender stage will then be used to influence some of the future contract management of these services.
- 85. The Council will implement new contractual measures which will put ownership on providers to be accountable for and evidence how they have supported their local environment. Examples of this include reviewing how many miles care

providers are accruing each month and how often providers can recycle stock, for example uniforms.

86. Officers from the Council will frequently engage with providers to share learning and best practice in relation to becoming Carbon Neutral.

87. The requirement that all providers must have Electronic Call Monitoring in place by year three of the new contract will promote a positive move away from paper-based records.

88. Commissioners are beginning to engage now with those that had led on pilots to reduce carbon emissions. Some organisations have implemented electronic car access for staff due to the consistency of their care runs. Commissioners will explore options like this through the lifetime of the new contracts, taking any proposals through internal governance.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Adele Taylor	S151 Officer	Click or tap to enter a date	Click or tap to enter a date
Janet Witkowski	Acting Monitoring Officer	Click or tap to enter a date	Click or tap to enter a date
<i>Legal and Finance</i>			
Name	Job title	Click or tap to enter a date	Click or tap to enter a date
<i>Other Consultees:</i>			
<i>Executive Directors/Directors</i>			
Name	Job title	Click or tap to enter a date	Click or tap to enter a date

Access to Information	
Contact Officer:	Rebecca Cooke Project Manager, Commissioning Rebecca.Cooke2@cheshireeast.gov.uk
Appendices:	N/A
Background Papers:	