Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 14 September 2026

Report Title
Rotherham Community Equipment Service

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Executive Director Approving Submission of the Report
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Report Author(s)
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Ward(s) Affected
Borough-Wide

Report Summary
The Care Act 2014 places a statutory duty on local authorities to prevent, reduce or delay care and support needs and to meet eligible assessed needs. Community equipment plays a pivotal role in discharging these duties, supporting individuals to live independently, for longer, while reducing demand on higher-cost health and social care services. The NHS has parallel duties under the NHS Act 2006 to meet health related needs.

The Rotherham Community Equipment Service is currently jointly commissioned by Rotherham Council and South Yorkshire ICB (Rotherham Place) to support children, young people and adults in maintaining or restoring independent living within the community. South Yorkshire Integrated Care Board (SY ICB) is currently the lead commissioner for the Service, and all procurement activity has been undertaken by them in accordance with their procurement procedure rules.

An opportunity has arisen to work jointly with Doncaster and Sheffield Councils and SY ICB. All three of the current Place contracts end in March 2027.

Recommendations

That Cabinet:

1. Approve, in principle, Rotherham Metropolitan Borough Council (RMBC) participating in a joint procurement exercise for a Community Equipment Service alongside other partners Doncaster City Council, Sheffield City Council and South Yorkshire Integrated Care Board, subject to approval by the respective organisations.
2. Note that Sheffield City Council will be the lead commissioner and their Financial and Procurement Procedure Rules will be followed with Rotherham Metropolitan Borough Council being an associate commissioner alongside Doncaster City Council and SY ICB.
3. Approve, the Council being a party to an extension of the current Community Equipment Service contract for up to six months, if required, to support effective mobilisation and continuity of service with SY ICB as the lead commissioner of the current contract.

List of Appendices Included

Appendix 1 – Equality Initial Screening (Part A).
Appendix 2 – Equality Full Assessment (Part B).
Appendix 3 – Carbon Impact Assessment.

Background Papers
N/A

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
No

Exempt from the Press and Public
No

Rotherham Community Equipment Service

1. Background

1.1 The Care Act 2014 places a statutory duty on local authorities to prevent, reduce or delay care and support needs and to meet eligible assessed needs. Community equipment plays a pivotal role in discharging these duties, supporting individuals to live independently, for longer, while reducing demand on higher-cost health and social care services. The NHS has parallel duties under the NHS Act 2006 to meet health related needs.

1.2 Rotherham Council and South Yorkshire ICB (Rotherham Place) jointly commission the Rotherham Community Equipment Service, which supports children, young people and adults to live independently in their communities by helping them maintain or regain essential daily living skills. South Yorkshire ICB is the lead commissioner for the contract.

1.3 The service supplies, installs and maintains a range of equipment, which supports people with assessed health or social care needs to regain or maintain independent living within their communities. The equipment supports people with daily living activities and includes walking aids, air mattresses, toilet frames and specific special equipment such as seating for complex postural management or a hoist where required in an individual's home.

1.4 The current service is delivered by Medequip, which has been in place since 2019. The current contract is a block contract and is held by SY ICB as the lead commissioner. The annual contract value in 2025-26 was £2,750,685 with the Council contributing £282,000 and is due to expire on the 31 March 2027.

2. Key Issues

2.1 Since the procurement of the previous service for community equipment there have been changes to the commercial models in other areas across the country which have moved from a block contract model to a credit model. A block contract provides a fixed payment for an agreed level of service, up to an agreed limit, regardless of actual usage. Whereas a credit model charges only for the equipment and services provided, with costs adjusted according to activity. Alongside this there has been a shift in the role and function of Integrated Care Boards to be focussed on strategic commissioning. In line with this, SY ICB will operate on a pan-South Yorkshire basis and has confirmed that the aim is to move towards contracts based on a wider South Yorkshire footprint as soon as is achievable.

2.2 In addition to the changes to commercial arrangements and wider NHS organisational reform, there is an opportunity to review the current community equipment service model and commissioning arrangements to ensure alignment with local strategic priorities and national ambitions. This includes supporting the shift of care from acute hospital settings into

people's homes and communities, promoting greater independence and prevention.

2.3 As part of the service review, the Council and SY ICB have considered options in the way the service is delivered in the future, including commissioning processes, opportunities for economies of scale and the associated commercial model.

2.4 An opportunity has arisen to work jointly with Doncaster and Sheffield, given the alignment around contract expiry dates and the approach SY ICB is taking to move to a new operating model which will impact on the NHS resources available to support the ongoing contract management arrangements for community equipment services at each of the three respective places.

2.5 Barnsley has a separate arrangement with a different provider, which is not due for reprocurement, and is therefore not currently part of this proposal. Provision could be made in the contract for Barnsley to join in the future.

2.6 In support of this work, the Council has participated in the SY ICB led sub-regional community equipment recommissioning programme to inform decision making regarding the future long term commissioning intentions. A programme governance framework is in place comprising a Joint Equipment Procurement Oversight Group, Operational Group and Finance Group, reporting to the Strategic Group including Council Service Directors and SY ICB's Portfolio Director. Each group has multi-place representation and regular, structured meetings which are intended to meet throughout the procurement phase, into mobilisation and delivery.

2.7 Preparatory work has included harmonisation of equipment catalogues, with clinicians across the three areas reviewing the catalogue and agreeing a standard range of equipment provision. This will simplify cross-border prescribing practice, improve consistency and equity of access for residents, and support more efficient recycling and stock management. If there is a specific clinical need that cannot be met through the standard catalogue, a local approval process will remain in place to ensure needs are met. The standardisation of equipment also delivers cost efficiencies by reducing the volume of stock held and the associated warehouse space required, whilst continuing to meet assessed needs. Work has also included the development of a draft joint service specification, informed by the views of people who draw on community equipment services across South Yorkshire, and a shared procurement timetable. The proposed specification is therefore intended to improve the quality, consistency and sustainability of services while maintaining local responsiveness to individual needs and ensuring residents continue to receive timely access to equipment that supports independence, wellbeing and care closer to home.

2.8 The change in contract provides an opportunity to review the current contractual commercial arrangements. Historically Rotherham has held a block contract arrangement, however, there has been a recurrent overspend

on the annual contract value which has been a key driver for the commercial review. The SY ICB have, historically, underwritten the overspend, but they have made it clear they are unable to continue to do so in the future.

2.9 In support of the preparatory work for a procurement process the following areas have been reviewed and a proposed approach developed:

- Assessment of the options for the commissioning delivery model, including lead commissioner – Sheffield City Council.
- Review of the contractual spend and associated forecast budgets.
- Assessment of the commercial models (block and credit) to inform future contractual arrangements.

2.10 The current provider is Medequip. The service is a joint service between Rotherham Council and SY ICB with SY ICB as the lead commissioner. The current contract is a block model with a total value for 2025/26 of £2,750,685. This funding covers the cost of the supply of equipment, delivery, collection, decontamination, repairs and recycling, a bar-coding system, the electronic ordering system, as well as management costs, staffing and provision of two warehouses and the electronic vehicle fleet.

2.11 The collective current budget for Rotherham, Doncaster and Sheffield is c.£12,860,000 per annum. Work on the future financial model is being finalised taking account of baseline information, future predicted demand and inflationary/efficiency factors. It is anticipated that the total contract value over a 10-year period, if an integrated service is approved with Sheffield and Doncaster, will be c.£136m, taking account of demographic growth and inflationary pressures. The Rotherham contract is estimated to be c.£2.7m and the Council's contribution c.£0.8m. This is a significant increase for RMBC from the current contract as analysis of spend has shown that a larger proportion of spend is in respect of social care responsibilities rather than health responsibilities than previously calculated. This will be funded from the Better Care Fund within the Adult Social Care Budget.

3. Options considered and recommended proposal

3.1 To support the Council and SY ICB in considering options around the delivery model for a procurement process and associated community equipment service, a series of options have been scoped, as set out below:

- **Option 1**: Standalone procurement by Rotherham Council
- **Option 2:** In-house direct provision of a community equipment service.
- **Option 3:** Joint procurement and commissioning across Rotherham, Sheffield and Doncaster, with Sheffield City Council as the lead commissioner, following their Financial and Procurement Procedure Rules with Rotherham Metropolitan Borough Council as an associate commissioner alongside Doncaster City Council and SY ICB. (preferred option).

3.2 **Option 1: Standalone procurement** by **Rotherham Council**

3.2.1 Rotherham, Doncaster and Sheffield's current Community Equipment Service contracts are due to end in March 2027. As the South Yorkshire Integrated Care Board (SY ICB) has indicated its intention to move towards commissioning on a pan-South Yorkshire basis where appropriate, continuation of the current SY ICB and Rotherham Council joint contractual arrangement is not a viable option. Rotherham Council could independently procure a new Community Equipment Service, including responsibility for service specification, procurement, contract management and governance. This would provide greater direct control over service design and delivery.

3.2.2 However, independent procurement would introduce additional operational complexity because community equipment provision supports both health and social care outcomes, making it difficult to separate demand, funding responsibilities and service pathways. This is particularly relevant given that many prescribers work within integrated health and social care teams, including the Community Occupational Therapy Service. It could also lead to increased costs through the duplication of procurement, commissioning and contract management functions, together with the loss of economies of scale available through a wider South Yorkshire arrangement. In addition, there would be a greater risk of fragmented service delivery and reduced opportunities to share learning, innovation and best practice across the South Yorkshire system.

3.2.3 On that basis, this is not the preferred option.

3.3 **Option 2: In-house direct provision of a community equipment service.**

3.3.1 Rotherham would fully integrate the community equipment service within its operations by employing dedicated staff and managing all aspects of warehousing, logistics, procurement, maintenance, cleaning, collection, and delivery.

3.3.2 Although this approach provides theoretical oversight of service delivery, the Council and Rotherham Clinical Commissioning Group (as was, prior to the formation of SY ICB) agreed to discontinue this model, previously delivered by The Rotherham NHS Foundation Trust in 2019, as it was not operationally or financially sustainable. This model would require significant capital investment for warehousing, fleet, IT systems, inventory infrastructure, and workforce resource.

3.3.3 There would be ongoing logistical challenges given the complexity and time critical nature of a service which supports hospital discharge and keeping people in their own homes. It would not be possible to purchase stock at the lowest price due to overheads and a lack of purchasing power, and there would be a lack of commercial knowledge, expertise, and skill within services.

3.3.4 On that basis, this is not the preferred option.

3.4 **Option 3: Joint procurement and commissioning across Rotherham, Sheffield and Doncaster, with Sheffield City Council as the lead commissioner – Preferred Option.**

3.4.1 Rotherham Metropolitan Borough Council would participate in a joint procurement exercise alongside other partners, Doncaster City Council, Sheffield City Council and SY ICB in relation to a joint Community Equipment Service. Sheffield City Council would be the lead commissioner and their Financial and Procurement Procedure Rules would be followed with Rotherham Metropolitan Borough Council being an associate commissioner alongside Doncaster City Council and SY ICB.

3.4.2 This option is subject to approval by all parties.

3.4.3 The use of the NHS Standard Contract provides the most seamless contract form as it can be used across health and social care and all three Places, avoiding the need to harmonise all the existing variants and legal frameworks.

3.4.4 This approach enables each organisation to retain local control over finance, activity, and performance while benefiting from a unified service model across Rotherham, Doncaster and Sheffield. The approach also enables access to specialist equipment expertise and enhanced procurement capacity, and responsiveness during periods of increased demand.

3.4.5 **A joint procurement provides the greatest overall benefit for residents and partner organisations across Rotherham, Doncaster and Sheffield as it:**

- Enables adults, children and young people who require community equipment to access a more consistent and equitable service, regardless of where they live, helping to reduce unwarranted variation and support better outcomes across South Yorkshire.
- Supports people to remain safe, independent and active in their own homes and communities, reducing the risk of avoidable hospital admissions, unnecessary care placements and delays in discharge from hospital.
- Improves the experience of unpaid carers by providing timely access to equipment that helps them undertake caring responsibilities safely and effectively, reducing stress and supporting carers' wellbeing.
- Provides a consistent equipment offer and shared clinical standards, helping to ensure that residents receive the right equipment at the right time and improving safety, quality and user experience.
- Enables shared stock and a unified catalogue, increasing availability of equipment and reducing delays for residents who require essential

items to support daily living, recovery, independence and participation in education, work and family life.

- Provides greater resilience and service continuity, reducing the risk of disruption for residents and service users should there be supply chain or provider issues.
- Provides value for money through the use of a pooled equipment service, equipment recycling arrangements and economies of scale, enabling resources to be focused on frontline support and improved outcomes for residents.
- Enables improved market interest, stronger commercial leverage and more efficient procurement arrangements, helping to secure a sustainable service for the future.
- Enables each Council and the SY ICB to retain responsibility for and control of their own equipment budgets and expenditure.
- Reduces duplication across procurement, contract management and service oversight, allowing commissioning capacity to be focused on service improvement and responding to the needs of local communities.
- Strengthens compliance with statutory duties under the Care Act 2014 and NHS Act 2006, supporting timely hospital discharge, promoting independence and contributing to effective health and care system flow.

3.4.6 On that basis, **option 3 is the preferred option**.

3.5 **Recommended proposal**

3.5.1 To support alignment with the operating model across South Yorkshire, achieve economies of scale and streamline processes a joint approach across Rotherham, Doncaster and Sheffield is recommended with Sheffield City Council acting as lead commissioner for the contract.

3.5.2 A 5-year contract, with the opportunity to extend for up to a further 5 years, with a break point after year 8, is recommended as it offers greater value for money and service stability than a short-term contract by giving providers the confidence to invest in workforce, technology and service improvements over a longer period. It also reduces the costs and disruption associated with frequent re-procurement, supports long-term transformation, and encourages stronger strategic partnerships. The break clauses enable the provider to be held to account, , with the contract only continuing where performance and outcomes are being delivered.

3.5.3 Whilst Sheffield City Council will undertake the role of lead commissioner on behalf of the partnership, each organisation will continue to provide strategic oversight, monitor demand management and financial performance and contribute to an effective joint management framework. This approach

maintains local accountability while supporting the benefits of a collaborative commissioning model.

4. Consultation on proposal

4.1 Options have been considered by Rotherham Council Adult Social Care and Children and Young People's Services and SY ICB's Place Executive Team alongside Doncaster and Sheffield executive groups and governance structures.

4.2 The options and development of the service specification have been informed by customer feedback, and experience and learning from across the region and nationally. This includes:

- A fast and reliable service, with prompt delivery of equipment during periods of crisis or urgent need.
- Professional, friendly and respectful service staff.
- Personalised and collaborative clinical staff.
- Support for carers and families particularly during end-of-life care, reducing stress and maintaining dignity.

4.3 Customers reported that the service enabled increased independence, mobility and quality of life, helping people to carry out daily activities more safely. The service was seen as enabling people to remain safely at home, reducing the need for hospital admission or residential care. Some people identified areas for improvement including suitability of equipment and the return of equipment. A minority reported communication and delivery issues. These have been factored into the service development and will inform the new contract. Customers will also form part of the evaluation panel and there will be further engagement around mobilisation and contract management.

4.4 Several Councils across the region were also engaged to understand the service model and what learning could be applied to the revised contract. The Yorkshire and Humber Association of Directors of Adult Social Care (ADASS) undertook an independent review which has informed the recommendations. .Areas consulted included:

- Kirklees Council.
- Barnsley Metropolitan Borough Council.
- Hull City Council.
- East Riding of Yorkshire Council.
- Lincolnshire County Council.
- Nottinghamshire County Council.
- North Lincolnshire Council.

5. Procurement Timeline

5.1 The following procurement timeline has been established, subject to approval by Cabinet and partner organisations:

Issue of Invitation to Tender	5 October 2026
Deadline for tender queries	26 October 2026
Deadline for submission of tenders	6 November 2026
Evaluation of tenders	9 November – 27 November 2026
Moderation Meeting	w/c 30 November 2026
Notification of result of evaluation	14 December 2026
Standstill Period	14 December – 23 December 2026
Mobilisation Period	1 January 2027 – 31 March 2027*
Contract Start Date	1 April 2027*

** Given the scale and complexity of mobilising the service SY ICB have recommended that provision is made to extend the current contract by up to six months, if required, subject to the Council approving being a party to this, with SY ICB continuing as the lead commissioner.*

6. Financial and Procurement Advice and Implications

6.1 The current budget is £282k and has not increased for a number of years. The current cost of social care equipment is significantly higher than this and the Council has been protected from this cost by the contract that was agreed. This will not be the case in any new contract so additional budget will need to be identified in all the options being considered.

6.2 The recommended option is estimated to cost c£0.8m so c£500k will need to be identified. The Better Care Fund (BCF) annual uplift has allocated funding available to support this. This approach has SY ICB support in principle and will be confirmed as part of the annual BCF planning framework and allocations.

6.3 Whilst the focus of this report is on the re-procurement activity of the community equipment service, there are no direct procurement implications for the Council. In taking the role as lead commissioner and contract holder, it will be for Sheffield City Council to ensure all procurement activity is undertaken in compliance with the relevant procurement legislation (most notably the Procurement Act 2023) and Sheffield's own procurement procedure rules.

6.4 In relation to the decision around possibility of extension to the current arrangement, the procurement implication is for the South Yorkshire Integrated Care Board as current contract holders, to ensure compliance with procurement legislation (most notably the Public Contracts Regulations 2015) as well as their own procurement procedure rules.

7. Legal Advice and Implications

7.1 Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

7.2 Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.

7.3 Under Section 2 and 8 of the Care Act 2014 the Council is obligated to meet the eligible needs for care and support of its population in accommodation in a care home or by providing care and support to those individuals in their home or in the community.

7.4 Under Section 2B of the NHS Act 2006 the Council has a duty to take such steps as they consider appropriate for the improvement of the health and wellbeing of people living in their area.

7.5 The duty can be met by commissioning the service using a process compliant with the Council's contract procedure rules and the Procurement Act 2023 (PA2023), or by providing the service in house. This service is being commissioned and procured by Sheffield City Council; their rules will therefore apply.

7.6 The contract will be in two parts, the Goods and Services contract will be procured and managed by Sheffield City Council and consideration around that contract and the compliance of the procurement of that contract will be under Sheffield City Council internal rules and procedures. The second contract will be either a collaboration agreement or an inter authority agreement between the participating parties in order to protect each authority within this relationship.

7.7 Legal Services continue to be consulted and have full involvement and oversight of the processes and drafting of both agreements and will have full involvement and oversight throughout.

8. Human Resources Advice and Implications

8.1 Options 1 and 2 in this report would create HR implications for Rotherham Council, including implications around TUPE.

8.2 In Option 2, the presented model would have additional resource implications for support services and management to ensure the effective management and operation of an 'in house' provider.

8.3 Option 3 presents no direct HR implications for Rotherham Council. Should the procurement process lead to a new community equipment provider, TUPE of staff from the current provider to the new provider is likely to take place, however this will be a provider-to-provider agreement, without direct involvement for the Council.

8.4 The procurement timeframe from the lead Commissioner will need to take account of any consultation timelines in line with TUPE regulations.

8.5 There would be no TUPE implications for Rotherham Council in this model.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Having access to an integrated community equipment service allows children, young people and vulnerable adults to access aids to daily living and supports them to live safely at home and promote independence. Equipment supports children who have mobility and other daily living needs to attend school and access short breaks. When specialist equipment is required the Children's Equipment Panel determines the most appropriate equipment and funding so that children do not experience unnecessary delays in assessing support.

9.2 For families and carers, the service reduces the physical and emotional demands associated with caring responsibilities and increases confidence in meeting a child's needs safely and effectively. In addition, Community Equipment Services deliver wider system benefits by preventing avoidable health complications, reducing demand on acute and social care services, and providing a cost-effective means of supporting children and young people to remain healthy, independent and engaged in everyday life.

10. Equalities and Human Rights Advice and Implications

10.1 Equality Impact Assessments have been completed by the Council and SY ICB, looking at how one joint service covering Rotherham, Doncaster and Sheffield would affect the local population. The assessment, as set out in Appendices 1 and 2, found no evidence of actual or potential discrimination arising from the proposal and identified no adverse impacts on people with protected characteristics. The assessment concluded that the move to a jointly commissioned service across Rotherham, Doncaster and Sheffield is expected to have a neutral or positive impact by improving consistency of access, reducing variation in equipment provision, increasing access to specialist equipment, and strengthening cross-boundary working. The service will continue to be delivered on the basis of assessed need, supporting disabled people, older people, individuals with long-term conditions, carers, and other groups who may experience inequality. Ongoing engagement with people using the service, carers and stakeholders, together with equality monitoring and contractual requirements, will ensure the service remains accessible, equitable and responsive to the needs of local communities.

11. Implications for CO2 Emissions and Climate Change

11.1 Climate Impact Assessments have been completed by the Council and SY ICB, looking at how one joint service covering Rotherham, Doncaster and Sheffield would affect the environment. As set out in Appendix 3, the assessment found that the proposals are expected to have a minor positive environmental impact by improving resource efficiency, increasing the

reuse, refurbishment and recycling of equipment, reducing stock duplication and waste, and creating opportunities for more efficient logistics and transport planning across Rotherham, Doncaster and Sheffield. No significant adverse impacts were identified, and environmental sustainability requirements will be embedded within the procurement and contract management arrangements to support ongoing carbon reduction and service resilience.

12. Implications for Partners

12.1 Approval of the recommended option will enable the continued provision of community equipment services to citizens of Rotherham who draw on the service to support them to continue to live independently for as long as they are able and choose to do so. A collaborative commissioning approach on a South Yorkshire sub-regional level provides a number of benefits including:

- Equitable access for people who draw on the service through shared stock and a unified catalogue, reducing duplication and improving recycling.
- Aligned delivery speeds and clinical governance, reducing variation and improving safety and efficiency - facilitating positive experiences and outcomes for people who draw on the service.
- Innovation, shared data and operational insight for the benefit of people who draw on the service.
- Opportunity to share best practice across the sub-regional partnership for the benefit of people who draw on the service.

12.2 There is the opportunity across partners to streamline resources to manage the contractual arrangements, working jointly across local authority and health partners.

13. Risks and Mitigation

13.1 There are several risks which are being managed as part of the service review and procurement of the community equipment service, namely:

1. **Market Position:** There is a risk of reduced supplier competition following the collapse of NRS Healthcare, potentially resulting in increased costs or reduced service quality.

   Mitigation: A comprehensive procurement and market engagement plan is being carried out to maximise market interest and inform the final service specification.

2. **Lead Commissioner Arrangements:** If Sheffield City Council is unable to obtain approval to act as Lead Commissioner, it may not be possible to proceed with the preferred joint approach.

   Mitigation: Sheffield City Council is obtaining independent legal advice and developing formal partnership agreements to support the proposed commissioning arrangements. This has been confirmed.

3. **Multiple Commissioning Organisations:** Co-ordinating procurement activity across several Councils and South Yorkshire ICB increases complexity and may result in delays or inefficiencies.

   Mitigation: A dedicated programme governance structure has been established including a Joint Equipment Procurement Strategic Group, Oversight Group, Operational Group and Finance Group, underpinned by robust programme management arrangements which will continue throughout procurement, mobilisation and contract management. A legal agreement will define roles, responsibilities and governance arrangements between Sheffield City Council and participating organisations. The service specification will establish core requirements relating to provision, response times, recycling, financial controls and Key Performance Indicators (KPIs), whilst retaining flexibility for locally commissioned services.

4. **Financial Baseline and Future Cost Modelling:** There is a risk that establishing a robust South Yorkshire-wide financial baseline will be challenging due to significant variation across the three commissioning areas. Differences in equipment catalogues, service models, coding practices, demand recording, recharge methodologies and local contract management arrangements make direct comparison difficult.

   Mitigation: A detailed financial and activity baseline exercise across all participating partners using definitions and reporting methodologies agreed by the Finance Group has been undertaken. Further benchmarking and catalogue mapping to identify variation, duplication and opportunities for standardisation has been carried out. The procurement process and market engagement activity will be used to test cost assumptions and identify efficiency opportunities. A common financial and performance reporting framework for implementation from contract commencement will be put in place with contractual mechanisms to monitor demand, utilisation, recycling rates and unit costs throughout the life of the contract.

14. Accountable Officers

Ian Spicer, Executive Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	21/08/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	10/08/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	18/08/26

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