

Adults and Health Committee: Minutes (Public)

Date: 5 March 2026

Time: 10.00am – 12.55pm

Venue: Red Kite Room, New Shire Hall, Alconbury Weald PE28 4YE

Present: Councillors M Black, Bradnam, S Caine, D Divine, T Hawker-Dawson, R Howitt, D Keane, J Kerr, D Levien, L Navarro (Vice Chair), E Tong, C Whelan and G Wilson (Chair)

49. Changes to Committee Membership

The committee noted that Councillor A Bradnam had joined the committee since the last meeting, succeeding Councillor L Nethsingha. Councillor Nethsingha had been appointed a substitute member of the committee.

50. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillors S Fisher, substituted by D Divine; D Green, substituted by E Tong; J Sidlow and S Tierney.

There were no declarations of interest.

51. Minutes – 22 January 2026 and Minutes Action Log

The minutes of the meeting held on 22 January 2026 were approved as an accurate record and signed by the Chair. The minutes action log was noted.

52. Petitions and Public Questions

No petitions or public questions were received.

53. Additional Adult Drug and Alcohol Treatment Service Funding

The committee had approved commissioning plans for the Adult Drug and Alcohol Treatment (DAAT) Service in June 2025. However, confirmation of national drug strategy funding had still been awaited at that time. That confirmation had now been received and the committee's approval was sought to award grant related funding to commissioned providers through the modification of the existing contract and Section 75 agreement. Funding was confirmed for the next three years. Funding for the Individual Placement Support Service (IPSS) to help people receiving DAAT services to enter employment had also been confirmed for the next three years. It was recommended that the Section 75 agreements with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to provide this service should be extended for three years. Peterborough City Council had confirmed its support for these arrangements. The purpose of the DAAT was to strengthen the local treatment service. The focus of this additional funding would be to improve the capacity of local systems. Mortality rates

relating to drug and alcohol use were increasing both locally and nationally, including for non-opioid users. The service was place-based and trauma informed. The current provider had been in place for seven years and had shown flexibility and resilience in their service delivery, with performance staying strong across the period. Robust monitoring systems were in place.

Individual members raised the following issues in discussion of the report:

- asked whether the grant figures for years two and three remained indicative. It was confirmed that the annual grant figure had only been confirmed for the first year. The same sum would be built into budget assumptions for years two and three.
- asked what would happen if the grant funding for years two and three was less than the first year. Officers advised that this was always a possibility and the challenge then would be to ensure the service could adapt and be flexible. Change Grow Live was a national provider and was used to responding flexibly to this type of challenge.
- welcomed Government's three year funding commitment to support planning and to provide some assurance about what would happen in the future. The Chair voiced a note of caution about the amounts of grant funding which might be received in future years.
- asked how arrangements with Peterborough City Council (PCC) worked in practice. The committee learned that there was a joint CCC/ PCC delivery board. The Public Health team worked closely with their opposite numbers at PCC and there were quarterly joint performance meetings in addition to stakeholder meetings.
- learned that the IPSS was delivered across Cambridgeshire to people receiving structured drug and alcohol treatment. There was IPSS funding allocated to both CCC and PCC.
- learned that Change Grow Live (CGL) worked in partnership with other agencies and had co-commissioning arrangements with the Probation Service and CPFT.
- welcomed the additional funding being provided by Government, noting that treatment completion rates were higher than those seen elsewhere.
- sought clarification of what aspects of the service model were new. Committee members learned that the service had always been evidence based, but there was a new competency framework alongside the additional funding so service delivery was being adapted to meet this. The new service delivery model also reflected the development of longer-acting medication in recent years which meant service users no longer needed to make daily visits to a pharmacy. The new delivery model would also take a more place-based approach. This clarification was welcomed, but the member asked that the structure of future commissioning reports should be revised to include what had worked previously and what had not, rather than relying on members drawing this out through questioning. The Chair advised that this would be discussed at Spokes. **Action required.**

- suggested that the committee should write to Government seeking a replacement for the Police and Crime Commissioner's contribution to early intervention and prevention funding for addiction issues when that role was abolished. The Chair stated that that this could be discussed at a Spokes meeting. **Action required.**
- asked what would happen if PCC decided against funding their element of the services. Officers advised that a new Section 75 agreement would be produced solely for CCC.
- asked what metrics would be used to measure success and added value. Officers offered to provide an update reporting outcomes on the first year of operation. Monthly statistics were also produced for internal monitoring purposes which could be shared outside of the meeting. **Action required.**
- asked about the potential risk of relying on a single service provider. Officers advised that CGL was one of the largest national providers and this risk was assessed as quite low. Having a single provider also enabled them to develop links with many other services which would be complex to manage with multiple providers.

Moving to the report recommendations the Chair highlighted that recommendation c) was for noting only as Peterborough City Council's decision about whether to extend its current delegation and partnering agreement rested solely with that council.

It was resolved unanimously:

- a) to support the modification of the contract awarded to 'Change Grow Live' for the provision of the Cambridgeshire Drug and Alcohol Treatment and Recovery Service, to include additional grant funding up to the total contract value of £52,811,677 over the seven-year contract duration from 1 April 2026 to 31 March 2033. Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans.
- b) to support an extension of three years to a Section 75 agreement with the Cambridgeshire and Peterborough Foundation Trust for them to continue to provide the Individual Placement Support Service across Cambridgeshire and Peterborough from 1 April 2026 and ending 31 March 2029 with the total agreement value of £903,681. Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans.
- c) Peterborough City Council to extend its current Delegation and Partnering Agreement that delegates authority to Cambridgeshire County Council to enter on its behalf into the extended Section 75 agreement with the Cambridgeshire and Forward Plan ref: 2026/046 Peterborough NHS Foundation Trust to provide the Individual Placement Support Service from 1 April 1, 2026, to 31 March 2029.

- d) to delegate authority to the Executive Director of Adults, Health, and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to award the additional funding of £4,950,353 to Change Grow Live as an uplift on the value of the contract that will commence 1 April 2026 and end on 31 March 2033.
- e) to delegate authority to the Executive Director of Adults, Health, and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to extend the current Section 75 agreement with the Cambridgeshire and Peterborough Foundation Trust from 1 April 2026 until 31 March 2029 with the total value of £903,681.

54. Finance Monitoring Report

At the end of January 2026 there was a forecast overspend for the Adults, Health and Commissioning directorate of £3.041m, which was equivalent to 1.3% of its annual budget. The major cost pressure remained the learning disability budget and related to the separation of the Learning Disability Partnership (LDP) pooled budget. Proactive action was continuing to mitigate cost pressures, working closely with the Integrated Care Board (ICB). The remaining pressures had been built into the 2026/27 budget which was approved by Council in February. Key factors likely to impact the forecast during the remainder of the 2025/26 financial year included the difficulty predicting demand for services, challenging savings targets and market pressures. Vacancies were being managed proactively, but this had been a challenging period for the Public Health team during its restructure and recruitment. The levels of overdue Adult Social Care (ASC) debt had increased in January, particularly in relation to aged debt, but both the overall debt level and aged debt had decreased in February. The increase in January in overdue debt from health partners related mainly to the community equipment service and this had been cleared in February. The finance team continued to work closely with the Council's income and debt collection team.

Individual members raised the following issues in discussion of the report:

- asked about mitigations against savings on the LDP budget. The committee learned that learning disability packages were focused on getting the right package in place for individuals and maximising their independence. A piece of work had been done to look at all contracts and how they delivered which had led to a reduction in some spend areas. Following the decoupling of the LDP and changes in management structure the focus had shifted to a strengths-based approach. Taken together these actions had reduced the overspend and it was hoped it would be reduced further by the end of the financial year.
- noted that the savings expected from ending the LDP pooled budget were not being delivered in full and highlighted the need to be cautious about predicting savings from changed arrangements as they often ended up costing more. In this context they expressed concern that Addenbrookes Hospital's acute care strategy which centred on a smaller hospital and more care in community might lead to unforeseen costs to the Council. Officers acknowledged that this might lead to some additional costs, although the detail was not yet known. However, if care

was being provided in the community as an alternative to in-patient hospital care this would primarily be a cost to the health service budget. The potential impact on district and city councils was noted.

- asked about the difficulty finding placements for people with complex needs. Officers advised that care at home or as close to home as possible was sought when assessing a person's care needs, but in some cases it was necessary to source care further away to best meet their needs, including outside of Cambridgeshire. Out of county placements were kept under regular review and if a suitable care option became available closer to home there would be conversations with the service user about bringing them closer.
- welcomed the principle of strengths-based care packages, but noted the potential for new care packages to be diluted because of the budgetary pressures faced by the Council. The Executive Director for Adults, Health and Commissioning acknowledged this concern and emphasised the importance of an appropriate and robust assessment focused on meeting need. He welcomed scrutiny of this issue.
- asked about the level of confidence in meeting the shortfall on planned savings. Officers advised that savings were risk assessed on a quarterly basis. Confidence was quite high in relation to those savings already being delivered, with some over-delivering against target. The Executive Director for Adults, Health and Commissioning stated that he did not expect much change in the savings position before year end. Hospital discharge was a wider system issue which it was hoped would be resolved during the following financial year. The team had worked hard throughout the year to look at all areas of directorate spend and to continue to drive costs down. It was difficult to see the current shortfall being addressed in full before year end, but officers were doing all they could.
- asked about the level of debt by health partners. Officers advised this would return to around £2m in February. Some of this was historic debt relating to the former Clinical Commissioning Group and the ICB was working proactively with the Council to resolve this. Work to improve systems going forward to avoid a recurrence of these issues was continuing and making progress. It might be necessary in the future to look at a further restructuring of this debt in light of local government reorganisation and the restructure of the ICB, but it was not the time for that yet. There were no debt write-offs relating to health. Around £700k of debt had been written off by the Adults, Health and Commissioning (AHC) Directorate so far in 2025/26, but this was always the option of last resort. The finance monitoring report set out the directorate's debt and write-offs as a risk to the service budget, while overall responsibility for debt write-offs rested with the Section 151 Officer and was reported to other committees.
- shared the view that it was a matter of courtesy to share any recommendations relating to AHC debt which were being made to other committees with Adults and Health Committee members too. They felt that the amount of information on debt in the finance monitoring report was disproportionate and would like to see future iterations reporting on the sensitivity of systems and officers to deal with people struggling with finance. Officers advised that they aimed to include any information

being shared with other committees within the finance monitoring report, but they did not want to take sensitive issues around write-offs to more than one committee. If the committee felt that the balance of the report in relation to debt reporting was wrong that could be amended. It was important to acknowledge that there would always be a level of debt due to issues like probate and court of protection issues. The Chair emphasised that reducing debt was not the only consideration in this context and that the Council was there to protect people with the challenges they faced.

- observed that the report was for noting, whereas they felt that the committee should hear what was being proposed and have the opportunity to comment and make recommendations to the service or to the Strategy, Resources and Performance (SRP) Committee. They also hoped that the committee's comments were reflected in reports to SRP. The Chair commented that whilst the recommendation was to note the report the committee did scrutinise it. The committee was advised that SRP received an integrated finance monitoring report covering all service areas and that Executive Directors and the finance team were scrutinised in detail at those meetings.

The committee:

- a) noted the Adults, Health and Commissioning Finance Monitoring Report as at the end of January 2025-26.
- b) noted the update on Adult Social Care debt.

55. Performance Report Quarter 3 2025/26

In relation to Adult Social Care (ASC), the committee's attention was drawn to a slight drop in performance on the quality of life score in December 2025. However, regional and national benchmarking showed other councils had also seen this and Cambridgeshire remained above regional and national comparators. The number of statutory reviews in the last 12 months for people receiving long-term support continued to decline, but it was hoped that initiatives introduced at the end of 2025 would start to improve that position.

In relation to Public Health, attention was drawn to the level of development of children eligible for free school meals. Cambridgeshire's performance was on an improvement trajectory, although it was currently below the national average. The county was also below the national target for health checks, but a programme of work to address this was in place and an improvement was expected.

Individual members raised the following issues in discussion of the report:

- acknowledged the complex levels of challenge faced and noted that some areas were currently ahead of target.
- expressed concern about obesity levels amongst children. The Director of Public Health described this as a key issue where a lot of work was being done. However, the reasons behind childhood obesity were complex and included

factors like national policy and the food environment which were outside of the Public Health remit. For this reason it was not possible to give an assurance that the Council was on a path to achieving a green RAG rating, but the Public Health grant allocation for 2026/27 was being reviewed to see what more could be done.

- noted that there had been a new Falls Strategy, but that the figures for the number of falls leading to hospital admissions were pretty bad. They wanted to understand why the strategy's objectives were not being met. The Director of Public Health advised that it was recognised that this was not where the Council wanted to be and the structure of the service had recently been reviewed. This found that some data relating to Tier 1 low risk strength and balance support in the community had not been collected in the right way. This was being revisited to make sure it had the impact intended and was reaching right people. It would be relaunched in the summer. Tier 2 support had been built into the new behaviour change contract, including building it into neighbourhood health services. The member asked for more detailed information on how implementation of the Falls Strategy was progressing at a future date. The Chair advised that an initial update could be taken to Spokes. **Action required.**
- noted that while the percentage of Cambridgeshire care homes rated Good or Outstanding by the Care Quality Commission (CQC) remained above the target of 80% quite a few of these might not have been inspected recently. The percentage had also reduced over time from 88% to 81% so the direction of travel was not encouraging. The Executive Director for Adults, Health and Commissioning acknowledged that a small number of care homes might not have been inspected recently, but most had been so it was positive to see that performance in this area remained within target. This did not detract from the seriousness with which those care homes which did require improvement were treated. Often providers requiring improvement would act to address the issues identified but they would remain rated as Requires Improvement until a re-inspection had taken place.
- commented that many care homes were only inspected on covid infection control measures during the pandemic and asked when the CQC would have caught up with its full inspection programme. Officers advised that they were unable to answer that as it was a matter for the CQC. However, the Council did not rely solely on the CQC rating and officers would act straight away if there were any concerns.

Summing up, the Chair welcomed the positive improvements reported in many areas and the plans in place to deal with other areas.

It was resolved to scrutinise and comment on the performance information presented.

56. Adult Social Care Customer Care Annual Report 2024/25

The committee learned that 923 pieces of feedback on Adult Social Care (ASC) services had been received in 2025/26, a decrease of around 10% compared to the previous year. There had been quite a significant increase in dissatisfaction and referrals to the Local Government and Social Care Ombudsman (LGSCO), mainly

relating to charges and assessment outcomes, but the number of complaints upheld remained fairly static. The process for learning from complaints included managers meeting to discuss key themes with the findings being shared with all heads of service with processes being changed as required.

Individual members raised the following issues in discussion of the report:

- welcomed the section on learning from complaints, but suggested the report should be written in more plain English and state where things had gone wrong.
- noted that the majority of LGSCO cases were upheld. Their hope would be that senior managers reviewing cases would identify justified complaints before they were referred to the LGSCO.
- noted that the main source of complaints to the Council as a whole was the ASC charging policy, with people feeling that it was not fair or was not fairly administered. The Council had an anti-poverty strategy and they felt this was not being applied to its own ASC clients. They also felt that the actions identified in the previous year's review should be put in place. Officers advised that work had been taking place with staff on the importance of early conversations around charging and assessment and embedding that in practice. An important aspect of this was looking at how this was made as clear as possible, but it was far from easy. Where no information was available on a person's income and assets it had to be assumed that they should be charged the full cost of their care, but it might subsequently become clear they were unable to pay. Payment was also complicated in cases involving probate or the court of protection. However, the number of people refusing to pay for their care was small. The fact that health care was free at the point of contact but social care was not also caused confusion. The Chair acknowledged a member's request that complaints around the ASC charging policy should be addressed further through the committee's work and advised that this could be discussed at a future Spokes meeting.
Action required.

It was resolved unanimously to:

- a) note and scrutinise the information in the Annual Adult Social Care Customer Care Report 2024-2025.
- b) agree to the publication of Annual Adult Social Care Customer Care Report 2024-2025 on the Cambridgeshire County Council's website.

57. Saxon Pit – Public Health Oversight Group

Following concerns from the local community about the potential risk to health from activities around Saxon Pit the Public Health team had undertaken a multi-agency risk assessment and made five recommendations. One of these was to establish a Public Health Oversight Group. It was recommended that the membership of this group should include the chair and vice chair of the Adults and Health Committee as the Chair and Deputy Chair and the county councillors for Whittlesey North and Whittlesey South. It

was noted that the Planning Committee had refused an application to allow the expansion of Saxon Pit the previous day, but that this decision might be appealed.

A member commented that they had sat on the Planning Committee and highlighted the valuable contribution made by the Public Health representative.

It was resolved unanimously to note the establishment of this group, following consultation with Spokes, and agree the appointment of the Cambridgeshire County Council representatives:

- Councillor Graham Wilson Chair
- Councillor Luis Navarro Deputy Chair
- Councillor Chris Boden Whittlesey North
- Councillor Michael Fisher Whittlesey South

58. Adults and Health Committee Agenda Plan, Training Plan and Committee Appointments

The committee was advised that the agenda plan would be reviewed by Spokes the following week. It was proposed that the Adult Social Care Customer Care annual report for 2025/26 would be brought to the meeting in December. The Director of Public Health's annual report would be scheduled for September alongside an update on the Public Health Strategic Plan. A refresh of the Carers Strategy would probably be scheduled for October alongside proposals for the commissioning of a carers' support service.

Individual members raised the following issues in discussion of the committee agenda plan:

- referred to the debate about the capital programme for housing when members had been told that this would be reduced in the current year, but that a strategy would be brought forward. They asked when this would be included on the committee agenda plan.
- repeated a request for consideration of insourcing to be included on the agenda plan. The Chair advised that this would be discussed at Spokes. **Action required.**
- noted that a cut to the Handyperson Service had not been brought to the committee for discussion or included in the Council's business plan which they felt was democratically wrong. This was not a big financial cut, but it was significant to a voluntary organisation in the county. The committee had been told a year ago that every £1 spend on the Handyperson Service had saved £7.50. The Executive Director for Adults, Health and Commissioning advised that extensive conversations about this had taken place in other meetings and the decision to cut the service had been reported to the Strategy, Resources and Performance Committee as an in-year decision. However, in hindsight, it would have been more appropriate to have brought this decision to the Adults and Health Committee.

It was resolved unanimously to:

- a) note the agenda plan.
- b) note the training plan.
- c) note that existing committee appointments to outside bodies and internal advisory groups remained unchanged.

59. Exclusion of the Public and Press

It was resolved unanimously that the press and public be excluded from the remainder of the meeting on the grounds that the agenda contained exempt information under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed - information relating to the financial or business affairs of any particular person (including the authority holding that information).

60. Allocation of 2026/27 Uplift Funding for the Adult Social Care Market

The report set out the recommended approach to the allocation of Adult Social Care (ASC) uplift funding in 2026/27.

It was resolved unanimously to:

- a) approve recommendation a).
- b) approve recommendation b).

(Chair)