Special Meeting of the Adults and Health Committee: Minutes

Date: 3 July 2025

Time: 2.00 p.m. – 3.49 p.m.

Venue: New Shire Hall, Alconbury Weald, PE28 4YA

Present: Councillors M Black, A Bradnam, S Caine, D Green, T Hawker-Dawson, D Keane, J Kerr, D Levien, Y Malinowski, L Navarro (Vice-Chair), C Poulton, J Sidlow, S Tierney, G Wilson (Chair)

12. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillor Howitt (substituted by Councillor Black), Councillor Nethsingha (substituted by Councillor Poulton), and Councillor Whelan (substituted by Councillor Bradnam).

Councillor Wilson declared a non-statutory disclosable interest in relation to Agenda Item 7 (Public Health Performance Report Q4 2024/25), due to his wife's previous employment as a health visitor.

Councillor Levien declared a general non-statutory disclosable interest due to his wife's employment as a health care assistant.

Members clarified that this was a special meeting of the Adults and Health Committee as there were key decisions that needed to be decided before the scheduled October meeting. It was noted that there had not been a Spokes meeting prior to the special meeting.

13. Petitions and Public Questions

No public questions or petitions were received.

14. The Future of Place-Based Commissioning in Adult Social Care

The Committee received a report which provided an overview of plans to embed a place-based preventative community approach to commissioning adult social care, based on learning and impacts of the Council's four-year Care Together programme. Members learnt that the funding for Care Together, in its current form, would end in March 2026, so the service proposed to embed Care Together as part of the Adults, Health and Commissioning Strategy as part of 'business as usual' (BAU) to continue and expand the work across Adults, Health and Commissioning.

The Director of Public Health confirmed that the proposal was supported by Public Health and aligned with both national policies and public health principles, particularly the focus on prevention and delivering care closer to communities. Public Health had committed funding to support the approach and ensured alignment with the new

behaviour change services which would be commissioned in October, which would enable collaborative working. Future pilots and projects would place an emphasis on evaluation measures, with Public Health reserves allocated to ensure robust assessment.

The Executive Director for Adults, Health and Commissioning stated that the 'Fit for the Future: 10 Year Health Plan for England' had been published. Key proposals included changes to governance structures, such as the potential abolition of Integrated Care Partnerships, the transfer of Health Watch and some social care functions to local authorities and changes to Integrated Care Boards (ICBs). The Executive Director for Adults, Health and Commissioning highlighted the development of intermediate care and the integration into neighbourhood health services and the importance of their alignment. Members learnt that the plan promoted the move from acute care to community care. Members noted that the principles of the Care Together programme, and the preventative model, were something the Service wanted to continue.

While discussing the report, Members:

- noted challenges in measuring evaluation outcomes.

- sought assurance on monitoring of place-based services. Members were informed that place-based commissioners monitored service delivery and impact.

- questioned the financial implications of integrating Care Together in business as usual (BAU). The Executive Director for Adults, Health and Commissioning clarified that the intention was to sustain the model's positive impact within the existing budget. While future seed funding would be required, it would be accommodated within the current budget until March 2026. A review of structural arrangements was planned for 2026-27, with no additional budget ask required.

- welcomed the use of microenterprises, however emphasised the need for business support and mitigation strategies.

- raised concerns regarding the administrative burden on microenterprises, such as writing reports to the Council. Members were assured that commissioners worked closely with businesses to agree proportionate methods for evidencing delivery and outcomes.

- queried how the Key Performance Indicators (KPI) targets were set and reviewed. Members were informed that current targets were stretch targets and had been met. Work would be undertaken with local providers to see how these could be further stretched, while also ensuring these were reasonable for local providers.

- sought clarification on the innovation principle of place-based commissioning. The Executive Director for Adults, Health and Commissioning explained adult social care was built on co-production and strength-based approaches, with innovation driven by community needs.

It was resolved unanimously to:

a) scrutinise the report and note the impact of the Care Together programme and the innovative community commissioning that has been

delivered in line with Cambridgeshire's preventative delivery model for Adult Social Care.

b) support the proposed next steps to embed a place-based approach to commissioning adult social care services in Cambridgeshire.

15. Adult Social Care Accommodation Update and Care Home Block Contract Extension

The Committee received a report which provided an update on the approach undertaken to address adult social care supported accommodation needs for working aged adults. The report also included a proposal for extending block bed contracts for older people to support residential and nursing care needs whilst ensuring continued value for money.

While discussing the reports, Members:

- queried the 8% capacity reduction despite the ageing population. Members learnt that block contract beds would be reduced to improve utilisation and value for money and the provision to purchase spot beds was still available. Members queried the five-year demand forecast.

- sought clarification on the cost of spot versus block contract beds. Members were informed that spot pricing was monitored, and more beds could be purchased when required. The Executive Director of Adults, Health and Commissioning highlighted the importance of the individual's choice of placement. Members noted the ongoing challenge of balancing block and spot contracts. The report proposed extending block contracts which were being utilised and ending underused contracts.

- highlighted the security that block contracts provided and raised concerns about the availability of spot beds in smaller or specialised homes, particularly dementia care. Members were assured that decommissioning was discussed with providers and was a result of detailed contract management plans and did not pose a sustainability risk.

- highlighted the potential risks of reduced block contracts, including potential relocations and pressure to avoid appropriate places due to spot contract costs. The Executive Director for Adults, Health and Commissioning assured Members that there was sufficient capacity and quality was closely monitored. Members learnt that the Council purchased approximately 30-35% of the beds in the county. Members were assured that there was not a greater risk with spot purchasing than block contracts.

- sought details on the £42,000 weekly void cost. Members learnt that this reflected the cost of unoccupied block beds, which must be considered against spot placement costs.

- questioned how the spot and block contract prices had changed since the pandemic.

- noted the lack of nursing dementia beds in East Cambridgeshire and asked about local provision. Members were informed that spot purchases were used, and new developments were underway.

- noted the largest drop in block beds was in Huntingdonshire and queried if the beds were being used. Members learnt that placements were based on the individual's choice, and block beds were underutilised.

- raised concerns about approving significant funding without knowing specific providers. The Chair clarified that the total value included all contract extensions, therefore, if a contract was not extended, the total value would decrease. The Executive Director for Adults, Health and Commissioning confirmed that the ending of contracts would not cause home closures as the Council was not the sole buyer of beds.

- stated that it would have been helpful to know the Care Quality Commission (CQC) rating of the homes. The Executive Director for Adults, Health and Commissioning highlighted that a high proportion, higher than the region, in terms of beds or care homes in Cambridgeshire were rated 'good' or 'outstanding'.

- raised concerns about care quality in a particular home following a 2023 CQC review. The Executive Director for Adults, Health and Commissioning stated that safeguarding concerns should be reported and confirmed there was ongoing oversight of care quality, and care providers were held to account. While the Member stated they did not wish to raise any safeguarding concerns as the information raised was in the public domain, the Chair asked the Member to discuss any issues with the Executive Director for Adults, Health and Commissioning.

- noted that Members were not informed about a care home closure in Huntingdonshire.

- expressed concern about the national social care system.

- queried the risk of home closures due to ending block contracts. Members were assured that work was undertaken closely with providers, and their sustainability was considered. The Executive Director for Adults, Health and Commissioning informed Members that spot beds remained available if required.

- clarified that the Committee would need to move into confidential session if they wished to discuss individual care homes. It was noted that such information could be provided to Members outside of the meeting if requested.

- were assured that the risks related to the Government's Devolution White Paper had been considered.

The Chair highlighted that due to the financial scale, the decision had been brought to the Committee rather than being made as a delegated decision.

It was resolved to:

a) support an extension of the existing contracts for 497 block contracted beds within Care Homes at a total value of £170,503,696 for all contract extension

periods (as detailed in paragraph 3.5). Any subsequent inflationary uplifts will be applied in line with the Council's Business Plan.

b) support decommissioning of 45 block contracted block beds, across 5 care homes delivering a projected annualised saving of £1,201,000.

c) delegate authority to execute the contract extensions for the new block beds contracts starting 6 December 2025 and 17 January 2026 and subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

16. Contract Extensions – Older Persons Visiting Support and Floating Support Services

The Committee received a report which sought agreement for the Council to extend the contracts for two Housing Related Support services as per the current Terms of Reference. Both Housing Related Support services were early intervention and prevention services which aimed to provide support to older people and working aged adults within their own home.

While discussing the report, Members:

- asked how the services aligned with the county community navigator and care warden systems. Members learnt that the services were coordinated to avoid duplication and ensure appropriate support was provided.

- clarified that floating support services were funded by the County Council. Members noted that funding was provided for all the different services, but there was a different arrangement in Cambridge City and South Cambridgeshire due to separate partnership agreements with the local authority partners. Both of these councils had their own housing stock.

- requested contact information for P3 (People, Potential, Possibilities). Officers agreed to provide a contact **– action required.**

It was resolved unanimously:

1. In relation to the Countywide Floating Support Service, to:

   a) approve a 2-year extension allowed within the current contract at a value of £2,281,310.30 at 25/26; and

   b) contract values to be implemented in 12 month increments with authority delegated to the Executive Director for Adults, Health and Commissioning to award future extension periods in consultation with the Chair and Vice Chair of the Adults and Health Committee.

2. In relation to Older People's Visiting Support Service, to:

a) approve a 2-year extension allowed within the current contract delivered by P3 across Huntingdonshire, Fenland and East Cambridgeshire at a value of £1,031,996.78 at 2025/26;

b) contract values to be implemented in 12 month increments with authority delegated to the Executive Director for Adults, Health and Commissioning to award future extension periods in consultation with the Chair and Vice Chair of the Adults and Health Committee;

c) approve a 2-year extension of the Older People Visiting Support Service (OPVSS) contracts that sit under Partnership Agreements with South Cambridgeshire and Cambridge City at a total cost of £414,978 in Cambridge City and £615,551 in South Cambridgeshire; and

d) contract values to be implemented in 12 month increments with authority delegated to the Executive Director for Adults Health and Commissioning to award future extension periods in consultation with the Chair and Vice Chair of Adults and Health Committee.

17. Adults Performance Report Quarter 4 2024/25

Members received a report which provided an update on the performance monitoring information for Quarter Four 2024/25, covering the period January 1 to March 31 2025.

The Executive Director for Adults, Health and Commissioning drew Members attention to the Key Performance Indicators as listed in section 3.1 of the report.

While discussing the report, Members:

- queried the use of comparisons with statistical neighbours. The Executive Director for Adults, Health and Commissioning explained that statistical neighbours were used as a benchmark due to the size and demographics, alongside stretch targets. This was used as a reference point as many councils were measured this way nationally, irrespective of political administration. Members noted that there were a mix of local councils within the eastern region, including county and unitary councils.

- discussed the impact of council tax levels on funding for adult social care.

- noted that the national benchmark information was included for some items.

It was resolved unanimously to note the performance information and actions arising.

18. Public Health Performance Report: Quarter 4 2024/25

Members received a report which outlined the performance of Public Health commissioned services for Quarter 4 2024/25. It was noted that there was an error in the report title and the report was for the period Quarter 4 2024/25, not 2023/24.

While discussing the report, Members:

- queried the impact that vaping had on people stopping smoking and further asked if vaping encouraged smoking. The Director of Public Health explained it was unclear if vaping led to smoking. Vaping was considered as a tool to assist adults who were trying to quit smoking, although the long-term health effects of vaping were unknown. Vaping was included as part of broader tobacco control efforts, including work with young people. The report only reflected the number of quits.

- asked if evidence was being gathered to encourage governmental action on vaping. Members were informed that the Smokefree Generation initiative focused on young people and vaping. The Director of Public Health agreed to explore further opportunities that the Council could communicate to government on this issue – **action required.**

- requested local data on vaping. The Director of Public Health confirmed that school surveys included the proportion of young people that vaped and agreed to share this information with Committee – **action required.**

- sought clarification on why Indicator 59 was rated amber. The Director of Public Health explained that historic resource issues had caused a backlog. While the local target was 95%, the Service exceeded the national benchmark of 83%.

- clarified that stop smoking services were voluntary and aimed at adults who chose to quit.

It was resolved unanimously to:

a) acknowledge the performance and achievements; and,

b) note and comment on the proposed actions where improvements are necessary.

19. Adults, Health and Commissioning, including Public Health, Risk Register Update

Members received the risk register in relation to Adults, Health and Commissioning, including Public Health.

While discussing the report, Members:

- learnt that Risk 4 had an increased level of risk and would be reviewed by the Corporate Leadership Team due to the lack of clarity and the potential impact. The Executive Director for Adults, Health and Commissioning stated it would continue to be monitored by the directorate.

- questioned how the corporate risks, such as cyber-attacks, were managed. The Executive Director for Adults, Health and Commissioning explained that such risks were tracked through the corporate risk register and directorates maintained their own assessments. These were reflected in the register and reviewed in consultation with providers to ensure their cyber risk policies were robust. If there was a specific risk to a provider, or through a provider to the Council, that would be reflected in both the directorate and the corporate risk register.

- queried the mention of ‘wicked issues communications’ in Risk 5. The Executive Director for Adults, Health and Commissioning stated this was an internal term which referred to how emerging risks affecting providers were communicated. It was established that channels were used to share critical messages to support providers.

It was resolved unanimously to note the updated Adults, Health and Commissioning, including Public Health, Risk Register.

[Chair]