# Adults and Health Committee: Minutes

Date: 9 October 2025

Time: 10.00am – 12.15pm

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

Present: Councillors A Bradnam, S Caine, D Green, T Hawker-Dawson, R Howitt, D Keane, J Kerr, D Levien, L Navarro (Vice Chair), L Nethsingha, S Tierney, C Whelan and G Wilson (Chair)

## 20. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillor Y Malinowski, substituted by Councillor A Bradnam, Councillor A Osborn and Councillor J Sidlow.

There were no declarations of interest.

## 21. Minutes – 19 June 2025

The minutes of the meeting on 19 June 2025 were approved as an accurate record and signed by the Chair.

## 22. Minutes – 3 July 2025 (Special Meeting) and Minutes Action Log

The minutes of the special meeting on 3 July 2025 were approved as an accurate record and signed by the Chair.

A revised minutes action log was circulated to committee members and published on the meeting webpage on 7 October 2025. The revised version was noted.

## 23. Petitions and Public Questions

There were no petitions.

One public question was received from Simon Brignell on behalf of Toothless in Huntingdon. Mr Brignell referred to the latest NHS access data. This showed that 33% of people had no access to a dentist locally, compared to less that 5% in 2014. 30% of people felt there was no point trying to get a dental appointment and 90% of dental practices were not accepting new patients. Rural areas were worst affected. Mr Brignell asked about the evidence for the additional 14,000 dental appointments due to be delivered by the Cambridgeshire and Peterborough Integrated Care Board and asked for an update on Councillor Bulat's motion to Council about dentistry in December 2023. A copy of the chair's response is attached at Appendix 1.

## 24. Outcome of the Care Quality Commission Assurance Process

The report summarised the recent Care Quality Commission (CQC) assessment of adult social care (ASC) in Cambridgeshire. Provision within Cambridgeshire was as assessed as level 3, meaning evidence showed a good standard. Areas of success and good practice identified by the CQC included assessment and reablement, positive experiences with staff, the success of Care Together, strong provider relationships, and a commitment to listening and safeguarding procedures. Areas for improvement included the timeliness and efficiency of care, direct payments, equity and inclusion, market shaping, unpaid carers and transition and continuity of care. The ASC team was pleased and proud to receive a Good rating, but recognised there was still more to be done.

In discussion of the report, individual members:

- welcomed the Good rating, but noted that the overall score of 64 had only just achieved that rating (scores of 63 - 87 resulted in a rating of Good). They asked about the metrics behind this figure. The Executive Director of Adults, Health and Commissioning explained that attention would focus on those areas where the quality statements were less good but that the whole report would be considered to ensure changes were meaningful. A note would be provided with more information on how the score of 64 was broken down. **Action required**

- noted an error in the table at paragraph 3.2 with lines 1 and 2 being repeated at lines 4 and 5. The committee was advised that line 4 should have read ‘care provision, integration and continuity’ with a score of 2 while line 5 was ‘partnerships and communities’ with a score of 3.

- highlighted the conscientious preparation for the assessment, including an honest self-assessment of areas where improvement was still needed.

- expressed thanks to Councillor Howitt for his contribution as the chair of the committee for the previous four years.

- welcomed the recognition of the success of the Care Together programme and the positive feedback from both staff and partners about working with the council.

- encouraged efforts to increase the use of direct payments, including thinking about how to support people to use them. Work to improve the transition from children’s to adult services was also recognised as an area for continuing focus.

The Chair welcomed the CQC rating of Good for Cambridgeshire’s ASC services, but emphasised the importance of continuing improvement. He asked that the committee’s congratulations should be recorded and shared with staff, and commended the Executive Director for Adults, Health and Commissioning for the overall rating of Good and for this recognition of his leadership.

It was resolved unanimously to:

a) note the conclusion of the Care Quality Commission assurance process, the contents of the report and the Council’s ‘Good’ rating.

b) support the proposed next steps to develop an action plan, aligned with the Adults, Health and Commissioning Strategy, to embed improvements.

## 25. Adults, Health and Commissioning Strategy

The Adults, Health and Commissioning Strategy aligned to the county council's strategic framework and related strategies, including its Climate Change Strategy, Public Health strategic plan and Carers' Strategy. The findings of the recent Care Quality Commission assessment and the self-assessment process which had preceded it were reflected in the way the strategy would be delivered. Clear milestones had been identified to enable progress to be measured. The strategy was informed by significant engagement with the workforce, partners, providers, councillors, service users and unpaid carers.

In discussion of the report, individual members:

- welcomed the focus on place-based working, although they expressed concerns about delivering this in the context of changes to the NHS and cuts to integrated care board (ICB) funding. They described recent cuts in funding to the Arthur Rank Hospice by Cambridge University Hospitals NHS Foundation Trust as an example of how pressures on the NHS were not being considered in a joined up and strategic way which had implications for other system partners and local residents. The Executive Director for Adults, Health and Commissioning commented that the pace of transformation within the local NHS meant the council had not been sighted on some local issues, including the issues concern the Arthur Rank Hospice. It was pleasing to hear that some colleagues within the local ICB were potentially staying within the new ICB cluster so those existing relationships would remain. However, he was concerned how links would work with the bigger cluster and how the council would maintain a strong connection with that new organisation. The success of the Adults, Health and Commissioning Strategy was in part dependent on work with partners and in particular the ICB. It was crucial the council continued to build that relationship and gave challenge where engagement was not taking place.

- noted the three key themes of the NHS 10 Year Plan and asked whether the money would follow the work. The committee learned that significant cuts in ICB funding were impacting other system partners. No shifts in funding had been seen yet, but it was hoped that there would be some investment from the savings being made. It would be important to make sure the work done previously by the ICB was not lost and that best use was made of the North and South Place Partnerships.

- noted that the Health Scrutiny Committee would be scrutinising the Deputy Chief Executive of the Cambridgeshire and Peterborough ICB about the delivery of the NHS 10 Year plan at its meeting on 14 October 2025 and that this committee's discussion would be reflected in that work.

- welcomed the extensive consultation with committee members and Spokes which had informed the development of the Adults, Health and Commissioning Strategy. They liked the honesty about the areas which required improvement, including around market shaping, and advocated a more interventionist role with partners.

They had expected to see a reference to giving more support to voluntary and community sector partners and would like this to be made explicit. It seemed that the commitment to place-based commissioning was being incorporated into business as usual and they would like to see what actions were being taken to make that happen, although it was recognised that changes within the NHS might impact that.

- commented the priority was that that the council commissioned services in a way that achieved the best outcomes for residents. The Arthur Rank Hospice was an example of a charity delivering a fantastic service.

  Another member commented that officers had submitted no proposals for in-house services during the past four years and felt that unless councillors pressed for this it was not going to happen. They asked the Administration to reflect further on this.

The Chair stated that he had been impressed by the consultation which had taken place on the Adults, Health and Commissioning Strategy, including detailed member consultation, and its links to the county council's ambitions.

It was resolved unanimously to approve the Adults, Health and Commissioning Strategy – an overarching strategy outlining the Council's priorities for Adults, Health and Commissioning.

## 26. Section 75 Agreement Variation for the Sexual and Reproductive Health Service

The committee learned that the county council was the lead commissioner for the Sexual and Reproductive Health Service alongside Peterborough City Council (PCC). A new section 75 agreement had started in April 2025. PCC had not been able to commit to agenda for change uplifts at that time, but had since done so. Committee approval was required as the sum involved exceeded the threshold for key decisions. Associated delegations of authority to the Executive Director for Adults, Health and Commissioning were sought to cover the period to 2028 together with approval for any future in-year inflationary uplifts affecting the Sexual and Reproductive Health Service.

In response to questioning it was clarified that this was a mandated service funded through by the Public Health grant.

It was resolved unanimously to:

a) agree that the joint Cambridgeshire County Council and Peterborough City Council Integrated Sexual and Reproductive Health Service Section 75 Agreement with Cambridgeshire Community Services is varied to the value of £495,015 from 1 April 2025 until 31 March 2028. This funding uplift has been allocated by Peterborough City Council to address inflationary pressures within the Peterborough element of the joint Sexual and Reproductive Health Service.

b) agree that the current Delegation and Partnering Agreement between Cambridgeshire County Council and Peterborough City Council is amended to reflect the £495,015 increase in the value of the Peterborough City Council contribution. Any additional variations to the Section 75 Agreement will also be captured in the Delegation and Partnering Agreement.

c) delegate authority for awarding the variation for Peterborough City Council's inflationary uplift for 2025/26 for the current Section 75 Agreement with Cambridgeshire Community Services for the provision of Sexual and Reproductive Health Services starting 1st April 2025 until 31 March 28, to the Executive Director, Adults Health, and Commissioning Directorate in consultation with the Chair and Vice Chair of the Adults and Health Committee.

d) delegate authority for awarding any variations arising from inflationary uplifts, allocated by either Cambridgeshire County Council or Peterborough City Council to the current Section 75 Agreement with Cambridgeshire Community Services, if they are within approved funding allocations, for the provision of Sexual and Reproductive Health Services starting 1st April 2025 until 31 March 2028, to the Executive Director, Adults Health, and Commissioning Directorate in consultation with the Chair and Vice Chair of the Adults and Health Committee.

## 27. Section 75 for Primary Care Commissioning

The report set out the arrangements by which the Integrated Care Board recharged the cost of medications and devices prescribed by GPs which were funded through the Public Health grant. There was a financial advantage to the NHS for purchasing in this way and a section 75 provided the best governance vehicle to achieve this. The report included a request for retrospective approval for 2024/25 as it had taken time to sort the necessary governance. The agreement covered the period up to local government reorganisation.

In response to questioning the committee learned that data was collected retrospectively and confirmation was provided that the costs had not been paid previously through the direct award of contracts.

It was resolved unanimously to:

a) delegate authority to the Director of Adults, Health and Commissioning in consultation with the Chair and Vice Chair of the Adults and Health Committee to approve annual re-charges that Cambridgeshire County Council pays to the Integrated Care Board for medication and devices until 31 March 2028.

b) agree that the recharges have an indicative value of £610,000 per annum based on the average annual spend over the past five years.

c) agree that the Section 75 Agreement is amended from 1 April 2026, so that it is between the Authority and the new Central East Integrated Care Board which will be in place on this date.

d) agree to a further report being presented to Adults and Health Committee during 2027 to agree a new Section 75 Agreement between the new unitary authority, which will be in place from April 2028, and the Central East Integrated Care Board.

e) agree that the 2027 report requests any future recharge funding decisions are delegated to the appropriate officer in the new unitary authority that will be in place from 1 April 2028.

## 28. Urgent Decision taken by the Chief Executive: Integrated Community Equipment: Direct Award in Response to Provider Failure

The provision of integrated community equipment was commissioned by Peterborough City Council on behalf of the County Council and the Integrated Care Board through a Section 75 agreement. The service was delivered through a 10 year contract with Nottingham Rehab Ltd (NRS), a longstanding provider, and provided equipment to enable people to continue living independently in their own homes and on discharge from hospital. In June 2025 NRS advised all 41 local authorities which it worked with that it faced serious financial challenges and could not continue to operate beyond July 2025 without support. All of the local authorities involved worked together to assess the risk and detailed business continuity plans were drawn up to maintain provision to service users. Two alternative providers were identified, and consideration was also given to whether the service could be delivered in-house or by another local authority. Ultimately the decision was taken to terminate the contract with NRS with immediate effect and directly award a four year contract to Medequip Assistive Technology Ltd. This decision was taken under the arrangements for urgent decisions set out in the Constitution. The projected costs set out at paragraph 3.8 of the report represented a worst case scenario and might be reduced over time. Medequip was providing similar services to the council's neighbouring authorities.

The Chair advised that he and the Vice Chair had been consulted about the decision and were comfortable with it.

In discussion of the report, individual members:

- thanked officers for managing the change in provider smoothly in response to a fast-moving situation.

- noted that the national market for integrated community services was limited to three main providers including NRS and Medequip and asked if this left local authorities in a vulnerable position if another one of them got into difficulty. The Executive Director for Adults, Health and Commissioning advised that there were now only two major providers available to most councils in light of NRS's difficulties, although some councils did deliver the service in-house.

- asked whether the anticipated early cost reductions had been achieved. Officers advised that they were optimistic this was the case but it had not yet been fully evaluated.

It was resolved unanimously to note the urgent decision taken by the Chief Executive to authorise:

a) Peterborough City Council (PCC) to exercise the right to terminate the contract between PCC and Nottingham Rehab Limited (NRS) for the provision of Integrated Community Equipment Services across Cambridgeshire and Peterborough.

b) PCC to directly award the Integrated Community Equipment Service to an alternative provider [Medequip Assistive Technology Limited] to ensure continuity of this statutory service at a maximum annual value of £8,758,947 and a total value of up to £35,035,788 over 4 years. This excludes any annual fee rate changes which will be agreed through the annual fee rate change business plan investment case approval.

c) a variation to the current Delegation and Partnering Agreement that operates between CCC and PCC and which underpins PCC's responsibilities as lead authority of this service. This reflected any variation to the contractual and financial position of any new arrangements PCC must enter into as the lead authority once the contract with NRS was terminated.

d) a variation to the Section 75 Agreement held between Cambridgeshire County Council and the Integrated Care Board to reflect any variation to the contractual and financial position of any new arrangements.

## 29. Finance Monitoring Report

The overall forecast position for the Adults, Health and Commissioning budgets for 2025/26 at the end of August was a forecast overspend of £8.6M. This included an underspend of £123k for Public Health. The decoupling of learning disability and prevention services in March 2025 had not yet achieved the projected savings and cost reductions might not be seen during the current financial year despite robust attention. Key factors impacting the overall budget included the difficulty of predicting service demand, challenging savings targets, vacant posts, the restructure of the Public Health directorate and adult social care debt. Overdue debt with health service partners was £8.8M at the end of August. Officers continued to work collaboratively with NHS colleagues to resolve this and the debt currently stood at £2.5M. Debt remained a continuing area of focus and a new debt officer had joined the council the previous week. 85% of the non-NHS debt by value related to people in care for more than a year. Since the report was written the overall pressure had been reduced by a further £1M and this would be reflected in the finance report taken to the Strategy, Resources and Performance Committee later in the month.

In discussion of the report, individual members:

- spoke of the need to be open that the savings anticipated from the decoupling of the learning disability pooled budget might not be realised. The Executive Director for Adults, Health and Commissioning stated that providing support to service users remained the priority and officers were continuing to work closely with NHS partners to support people with learning disabilities. It was not certain that the savings originally forecast would be achieved and there were still some

areas of dispute. Discussions around this would continue, but there were issues about the quality of the supporting paperwork. The Chair requested an update on discussions around the de-coupling of the Learning Disability Partnership (LDP) given that it now seemed that not all of the anticipated savings would be achieved. **Action required**

- received confirmation that the de-coupling of the LDP had no impact on payments to service providers. These costs were met by the council and the Integrated Care Board were then re-charged for their share of the costs.

- learned that all adult social care (ASC) providers had seen debt levels rising over recent years and that periodic benchmarking was carried out. The Chair asked that comparable ASC debt figures for the Eastern region should be provided outside of the meeting. **Action required**

- asked about the process for writing off ASC debt. Officers advised that the Debt Team had a process for this, but there was no definitive point at which it would happen. The figure for the current year was around£100k. The Chair stated that there might be good reasons for this, but the committee should know how much was being written off. Officers undertook to reflect on how this could be reported. **Action required**

- a member advocated a clear conversation with people about the requirement to pay for some or all of their social care at the outset of the process to avoid them facing unexpected and potentially large costs. The Service Director for Adult Social Care highlighted one of the biggest challenges occurred when people moved from free NHS care to paid social care and there was a need for practitioners to have a conversation about money and the cost of care at that point. The information about this on the council's website was being updated and councillors were encouraged to signpost residents to this and share any feedback.

The committee:

a) noted the Adults, Health and Commissioning Finance Monitoring Report as at the end of August 2025-26.

b) noted the update on Adult Social Care debt.

## 30. Performance Report Quarter 1 2025/26

The report provided performance data for Quarter 1 of 2025/26 for both Adult Social Care (ASC) and Public Health (PH). Performance for the ASC quality of life score had improved significantly and whilst ASC contacts remained quite high not all resulted in social care provision. Where support was needed the aim was to provide this in the community. Areas for improvement included direct payments and admissions into residential care for 18 - 64 year olds. The Care Quality Commission (CQC) inspected care home provision and above 80% of these in Cambridgeshire were currently rated either Good or Outstanding.

Late HIV dignosis remained an issue and PH was working with GPs and others to do opportunistic testing as this group tended not to attend sexual health clinics. The numbers were small but persistent and early diagnosis supported better outcomes. Childhood obesity rates had stabilised, but there was a gap between those who were more or less disadvantaged and work was focusing on that. The general level of development for children receiving free school meals was also an area of focus and PH was working closely with schools on this. The number of admissions to hospital for falls had increased and the Director of Public Health had commissioned a review of the Falls Prevention Service.

In discussion of the report, individual members:

- welcomed the integration of ASC and PH performance monitoring into a single report.

- commented that an All Age Carers Strategy had been approved by the committee, but did not appear to be working. Officers advised that an update would be provided to Spokes. **Action required**

- expressed concern at the backlog of care package reviews, noting that this issue had been highlighted by the CQC. The committee learned that this was a capacity issue, but the new Service Directors for ASC were reviewing practices and processes to improve efficiency and create the capacity for people to be seen in a timely way.

- asked whether there was a link between childhood obesity and those children receiving free school meals (FSM), and whether FSMs were monitored to ensure that they were healthy. Officers advised that a key driver for childhood obesity was poverty. The council had a small grant scheme and the voluntary sector offered some support to families in need. There was also a behavioural change programme.

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

## 31. Adults and Health Committee Agenda Plan, Training Plan and Appointments

The committee reviewed the committee agenda plan, training plan appointments. A member asked whether a report on insourcing previously included on the committee agenda plan would be reinstated. Officers advised that this was recorded on the minutes action log and would be discussed with the Chair and Vice Chair.

The committee was advised that responsibility for appointing co-opted members for health scrutiny business had transferred to the new Health Scrutiny Committee.

It was resolved unanimously to:

a) note the agenda plan.

b) note the training plan.

c) note that responsibility for appointing non-voting co-opted members for health scrutiny business only has transferred to the new Health Scrutiny Committee.

(Chair)

## Public question: Response from Councillor G Wilson, Chair of the Adults and Health Committee

Thank you for your question, and for highlighting the GP survey results that have recently been shared. Although it is encouraging to see that the percentage of respondents rating their experience of dental provision as good rising slightly from the last survey, Cambridgeshire and Peterborough is still measuring as significantly below the national figure which is concerning.

There will be a focus on dental provision in Cambridgeshire at the Health Scrutiny Committee meeting on 3 December 2025 where the Integrated Care Board who lead on this area locally will be providing an update. Toothless would be welcome to provide a submission as evidence for that meeting, and I will ask officers to contact you to let you know how that can be done. The Chair of the Health Scrutiny Committee, Councillor Richard Howitt, is also a member of this committee and so has heard everything you have said today.

Working preventatively to promote good oral health is a priority for the Public Health Service at Cambridgeshire County Council. The team have been working with local system partners including schools and early years settings to increase our supervised toothbrushing offer for local 3 to 5 year-olds with an additional 50 places available this year, doubling the previous capacity. We have also worked closely with our Holiday Activities and Food summer programme providers, distributing 1500 dental packs to children alongside interactive visits from the oral health team and take-home information to support good oral health habits.

We also note Councillor Bulat's motion to council in December 2023 where there were a number of actions:

1. working closely with our Integrated Care Boards (ICB), who have a new responsibility to commission NHS dentistry, to improve local services in Cambridgeshire and address the inequalities of access in dental care.

   This will be a key part of the report to scrutiny.

2. working with the "Toothless in England" resident campaign group, who have members across Cambridgeshire including a local branch in Huntingdon, to bring local lived experiences in any discussion around dental health in our county.

   Again, this will be picked up within the scrutiny discussions. Work will be underway looking to incorporate this lived experience voice into the scrutiny report.

3. continue working with Cambridgeshire schools to promote education on oral health where possible, focusing on prevention targeting children and young people.

   This work continues, led by the Public Health team working with partners and some of this has already been described.

4. encourage the ICB to explore the feasibility of mobile dentistry in our county, especially in areas which are less served by public transport; and

5. call on government for reform including the Units of Dental Activity contracts which are pushing NHS dentists into private practice.

   Both these last two points will be subject to the update and for discussion at the scrutiny meeting.