

Adults and Health Committee: Minutes

Date: 22 January 2026

Time: 10.00am -12.21pm

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

Present: Councillors M Black, A Bradnam, S Caine, L Damary-Homan, P Fane, D Green, T Hawker-Dawson, R Howitt, D Keane, J Kerr, L Navarro (Chair), S Tierney and C Whelan

42. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillor S Fisher; Councillor D Levien, substituted by Councillor A Bradnam; Councillor L Nethsingha, substituted by Councillor P Fane; Councillor J Sidlow; and Councillor G Wilson, substituted by Councillor L Damary-Homan.

There were no declarations of interest.

43. Minutes – 9 December 2025 and Minutes Action Log

The minutes of the meeting on 9 December 2025 were approved as an accurate record and signed by the Chair. The minutes action log was noted.

44. Petitions and Public Questions

No petitions or public questions were received.

45. 2026-29 Business Plan and Budget

The committee was invited to scrutinise those elements of the draft 2026-29 business plan and budget that related to the Adults, Health and Commissioning (AHC) directorate and to provide feedback to the Strategy, Resources and Performance Committee (SRP). The detailed tables appended to the report were the same as those which were presented to SRP in December. Updated tables would be presented to SRP at the end of January. The Council's financial position remained challenging.

The committee's attention was drawn to section 3 of the report which set out the headline budget position. A gross budget of £417.4m was proposed for AHC including Public Health in 2026/27, an increase of £37.3m. This included proposals for an additional £14.7m for Adult Social Care (ASC) provider inflation, £1.9m to meet demand for care and support amongst older people accessing both domiciliary and residential care, £4.9m to help meet rising levels of need amongst people with a learning disability and £2.1m to support people with mental health needs. These investments were critical

for maintaining the current eligibility threshold and ensuring that the care market remained viable in the context of rising costs and wage pressures.

The proposed AHC capital programme included £6.7m of expenditure in 2026-27 and a further £56.6m over the ten-year planning horizon. Capital schemes included passporting the Disabled Facilities Grant to district councils and capitalisation of community equipment costs. Some existing accommodation schemes were being removed pending further work to scope future options. This would be reported through future committee reports as required.

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

- asked whether officers were confident that the £14.7m to meet inflationary impacts on local care providers was sufficient. The Executive Director for Adults, Health and Commissioning advised that officers estimated that this sum would be sufficient, although funding would require negotiation and careful management.
- asked about the steps being taken to encourage UK citizens to enter the care market.
- asked whether the figures in the report took account of the rise in national insurance. It was confirmed that they did.
- commented that they would prefer the ambition to enable full, healthy lives for all to be expressed positively in terms of maximising independence rather than as reducing the need for care and support.
- asked how the budget objective to develop in-house capabilities would be realised within AHC. The Executive Director for Adults, Health and Commissioning advised that an in-house review was looking at reablement services and other potential areas, but no opportunities to develop an in-house model had been identified yet.
- commented that the description of the Public Health team's work related to things it was already doing, and asked what new or innovative work was planned. The Director of Public Health explained that a large proportion of the Public Health grant was spent each year on meeting statutory requirements. Only the amount remaining was available for other work. Officers always tried to be innovative in the way they worked. One example of this was Public Health's work with the Integrated Care Board on cardiovascular disease prevention.
- asked for more information about the £200k increase in substitutions in 2026/27 in the use of the Public Health grant and how this was being applied. Officers advised that movements and adjustments had been reported through the regular finance monitoring reports and that the use of monies complied with the terms of the Public Health grant. A note was offered outside of the meeting to provide further detail.
Action required.
- welcomed the commitment to the real living wage and the prominence it had been given within the report, but felt that mechanisms were needed to make sure care

providers were delivering this to their employees. The Service Director for Strategy and Commissioning advised that mechanisms were already in place to ensure that the Council's commitment to paying the real living wage was passed on. This included the ability to mandate contractors to do this in new and renegotiated contracts and it was also delivered through effective provider contract management and good relationship management. The care market was closely monitored and this included pay rates for staff. A high proportion of providers were now paying the real living wage.

- described the specific enablement pathway for people being discharged from mental health hospitals as impressive, and something they would like to see brought out more clearly in the report to SRP and Council.
- commented that the savings previously attached to the decoupling of the pooled Learning Disability Partnership (LDP) budget were now being described as undeliverable, and advocated open discussions on this. The Executive Director for Adults, Health and Commissioning confirmed that the anticipated savings would not be achieved in-year. However, work was continuing to review some packages, including some for people living out of county, and it was anticipated that the deficit would reduce. It would not reach a break even position in the current financial year, but this might be achieved in the future.
- asked about the overall reserve position, and whether councillors should be seeking to increase or reduce this sum. Officers advised that the current balance was around £4.3m, some of which was already committed. The Executive Director of Finance and Resources drew the committee's attention to his [Financial Sustainability Assessment for 2026-31](#) which would be considered by SRP later in the month. This included his comments on reserves as the S151 Officer. The overall reserves were robust, but demand and cost remained a risk. There was limited contingency in the overall budget so there was a need to keep the AHC reserve under review. The Executive Director for Adults, Health and Commissioning judged that the directorate's level of reserves was currently sufficient and did not need to be increased at this stage. There had been an in-year overspend on the AHC budget and LDP and officers might want to use some of the reserve for that, but other measures would be tried first.
- welcomed confirmation that reserves were available to use if a care provider went out of business, commenting that they were glad there was a contingency plan.
- questioned whether AHC's small capital programme was ambitious enough, commenting that they would like to see this revisited. The member felt that withdrawing from the accessible housing commitment was wrong and they would like to see this decision reversed. The Service Director for Strategy and Commissioning stated that it was known that there was a strong case for capital investment in parts of the care sector like specialist accommodation, but this must be made as part of a sound plan that was properly scoped and deliverable. Partners had been procured to carry out scoping and feasibility studies and capital funding proposals would be brought to the committee over the summer which were both

sound and ambitious. It was acknowledged that similar promises had been made before, but it was felt that officers would be able to bring forward more robust business cases following a review of both the Council and directorate's capital programme.

- asked for more information about the disabled facilities grant. The committee learned that this was unusual as the grant was made to the county council who passported it to district councils. The amounts were set by Government.
- asked for examples of efficiencies achieved in previous years. The Executive Director for Adults, Health and Commissioning advised that closer contract management and taking remedial action where key performance indicators were not being met had delivered efficiencies. Taking a strengths-based approach to working with people supported independence by identifying first what people could do for themselves and then looking at what support might be needed.
- asked about officers' level of confidence in achieving the proposed savings targets. Officers advised that the savings targets were not fully assured and there was some level of risk, especially around deliverability in the timescale. Some savings programmes were already underway so the level in confidence in those was greater. Others were ready to start from 1 April 2026. All of the savings targets were RAG rated, and some had higher ratings than others. The Service Director for Strategy and Commissioning advised that a substantial amount of the savings related to the management of contractor negotiations and the challenge to the market to be as efficient as possible. The way the Council was managing negotiations year on year as evidenced by outturns meant he felt there could be a high degree of confidence in delivering that element of the savings target.
- wished officers well with their efforts to deliver the savings and efficiencies set out in the report, but had no confidence that these could be delivered.
- asked about the delivery of direct payments. Officers advised that this remained a major piece of work, but acknowledged that the Council's performance was still low compared to local and national comparators. It was important that people understood the opportunities offered by direct payments, and savings targets might not be the right driver for this.
- welcomed the progress which had been made in delivering the real living wage, but expressed regret that a national care service with national pay negotiations had not yet been established.

The Executive Director for Adults, Health and Commissioning summarised the debate. Key areas of focus had included suitable modelling and provision for providers, including the real living wage and impact on the market; the use of the Public Health Grant, including substitutions; the position of Adult Social Care and Public Health reserves and their suitability for future needs; the ambition of the directorate's accommodation and future capital programme; the level of confidence in officers'

savings and efficiency proposals; revisiting the phrasing of the directorates' ambitions and mental health plans to ensure a positive focus; use of the Public Health Ringfenced Grant; and the current position on the decoupling of the Learning Disability Partnership and reported overspend.

The Chair thanked officers for their report and response to questions. The Adults, Health and Commissioning directorate now had a strong team in place, but the Council faced difficult budget decisions. The combination of rising demand for services and increasing complexity of need placed significant pressures on adult social care and public health provision. The Council was continuing to meet its statutory responsibilities in a safe, lawful and compassionate way. The work being done through the Public Health Strategy and with partners through the Health and Wellbeing Board to shift the focus to prevention and early intervention would not be quick, but it was essential. Councillors did not take budget decisions lightly, and those decisions should be financially responsible and rooted in a commitment to Cambridgeshire's residents, especially those in deprived areas.

It was resolved to:

- a) consider and scrutinise the proposals relevant to this committee within the 2026-29 Business Plan and Budget put forward by the Strategy, Resources and Performance Committee on 11 December 2025.
- b) recommend changes and/ or actions for consideration by the Strategy, Resources and Performance Committee at its meeting on 29 January 2026 to enable a business plan and budget to be proposed to Full Council on 10 February 2026.
- c) receive the fees and charges schedule for this committee included at Appendix 2.

46. Mental Health Early Intervention and Prevention Tender

The Mental Health Early Intervention and Prevention Service represented a key part of Adult Social Care's approach to mental health, helping people remain independent by connecting them with services and activities in their communities. The current service had provided support to over 4,500 people so far. The re-designed offer had been informed by a collaborative review which included independent co-production work to include people with lived experience. Key improvements would include the way 1:1 support hours were commissioned and re-aligning rates to similar services. This would deliver an efficiency of around £200k which could be reinvested into mental health support. The re-designed service would be commissioned separately from Peterborough City Council (PCC). Confirmation of a funding contribution from the Integrated Care Board (ICB) was awaited. If this was not confirmed the amended budget set out in the report would be used to maintain stable provision. If approved by the committee the new contract would be awarded in September 2026.

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

- received confirmation that the re-designed service would continue to offer a 1:1 personalised service, including sign-posting people to support for frequently co-occurring needs like drug and alcohol support.
- described the importance of preventive and early intervention services in achieving better outcomes for people and delivering long-term savings. They welcomed the intention to continue the café model at locations around the county.
- expressed concern at the number of young people waiting long periods to access mental health support and asked if there was anything the Council could do to address this. Officers explained that the support described in the report was for adults over the age of 18 who were experiencing mental health challenges. They offered a note outside of the meeting on what support was available to children and young people. **Action required.**
- asked what other support was available to adults with mental health needs. The committee learned that the Council was involved with, supported or contributed to a number of mental health support services, including some led by the local Integrated Care Board (ICB) A number of reviews were taking place which would inform how the £200k saving would be re-invested to maximise its impact. These included a review of community mental health services commissioned by the ICB and an in-house review of Section 75 services.
- expressed criticism of PCC's decision to establish its own service going forward which they felt prejudiced the existing service model for the service provider. They questioned whether the viability of the scheme would be at risk if the ICB decided against making a contribution, noting the pressure which the ICB was under to save money. They would like the documentation to be shared with committee members if possible. Officers advised that PCC was pursuing a separate contract which would maintain the service. The co-production process included hearing the voice of providers as well as service users, and this conversation continued through the contract management process. There had been healthy interest in the tender from the market. The committee would be kept updated on the ICB's decision on whether to make a funding contribution. **Action required.**
- commented that people experiencing a mental health crisis might miss appointments. It seemed that the cost risk for that was being transferred from the Council to the care provider and they questioned whether this was morally justifiable. Officers advised that the savings were based on the overall efficiency of the service and were more nuanced than looking solely at the number of missed appointments.
- asked for an assurance that the £200k saving would be reinvested in mental health services. They asked that this promised redistribution should be recorded in the minutes.

- recognised that the Council had legal duties around commissioning, but expressed concern that a lot of money was spent on commissioning and that it involved a lot of bureaucracy. They did not feel that an in-house solution had been explored.
- asked about the purpose of the re-design of the café model. The committee learned that this was mainly about providing equity across the county and between districts. There would be 12 café locations which would typically run weekly.

It was resolved unanimously to:

- a) approve the commissioning of a Mental Health Early Intervention and Prevention service from 01/09/26 for a total period of 3+1+1 years at a maximum annual value of £943,462, giving a total contract value over the period of £4,717,310. Future uplifts are at the discretion of the Council and will be enacted through an annual uplift policy.
- b) delegate authority for awarding and executing a contract for the provision of the service starting 1 September 2026 and subsequent extension periods to the Executive Director for Adults, Health and Commissioning in consultation with the Chair and Vice Chair of the Adults and Health Committee.

47. Impact and Consideration of Legislative Changes for the Adult Social Care Workforce

The report provided a response to Councillor Bulat's [motion to Council in October 2025](#) on the impact of the Government's commitment to end overseas recruitment for social care visas. The report set out the impact of these changes locally and the mitigations being put in place. It also set out the introduction of a fair pay agreement for the Adult Social Care (ASC) market which was designed to attract more UK nationals into the profession. These reforms were still a work in progress and councils nationally were working to understand their impact. There had been around a 50% decline in the number of overseas nationals entering the ASC workforce and there had also been a decline in the number of UK nationals joining the workforce due to its relatively unattractive pay and conditions. The report set out the actions being taken locally to try to mitigate this. This included shaping new contractual arrangements to incentivise recruitment and having a tailored approach to different provider relations. Activity was also taking place nationally to support the care market to adapt. The Council was not currently seeing an increase in concern about recruitment from providers, but there was a risk to the stability of the care market during the transition from overseas to domestic workers and this was being closely monitored. Regionally it was anticipated that 30,000 ASC roles would need to be filled in the future, but at the moment working in a supermarket would pay the same or more. A national consultation on the establishment of a fair pay agreement had closed on 16 January 2026. This proposed setting up an ASC negotiating body. The Council had submitted a response to the consultation and the outcome was awaited.

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

- thanked the Chair and Vice Chair for including this report on the agenda in response to Councillor Bulat's motion.

- shared their observation that UK nationals joining the care sector tended to be older people, so there would be a need to replace them as they left the profession. The committee learned that an ageing workforce within care homes was a national issue and there was no pipeline to replace them. On paper the fair pay agreement should help encourage more people to join the care sector, but there was a need to say how it would work in practice.
- asked how many care workers were earning over £31,300 per annum, which was the minimum threshold for overseas workers. Officers undertook to find out. **Action required.**
- commented that improving the pay and conditions was important, but a better deal for care workers needed to go beyond this. The care workforce needed to be valued. They felt the care sector was already in crisis, including issues with providers used by the Council, and it would be important to monitor progress.
- described the fair pay agreement as a good thing as there would be better pay for care workers. They expressed the hope that the Council's response to the consultation could be shared with committee members.
- noted that Councillor Black had taken [a motion to Council](#) on the care workforce and international workers in March 2025. They felt this report could have been an opportunity to address that issue and to make some recommendations. There were reports of migrant workers being charged to do a low paid job. That was an abuse, and the Council should be tackling it. The Executive Director for Adults, Health and Commissioning advised that the Council worked within the necessary immigration arrangements and had a tracker for any providers of concern. At present that was probably at the lowest it had been. Officers also worked closely with the NHS and police.
- commented that the previous Administration had championed the Care Academy and paying people more and more fairly. They did not feel the current Administration was championing this in the same way. They felt that there was nothing new in the report and felt the Council should be more ambitious. They would like the Administration to look again at this policy area and take a more ambitious stance.

Summing up, the Chair welcomed the work around the fair pay agreement. However, there was a need to be careful that the staging of these measures was coherent. In parts of Cambridgeshire unemployment was low and competition for skilled workforce was high. Ending visas now and fixing the workforce later was in his opinion a risky approach, particularly in the care sector. The additional £500m being provided equated to an uplift of only 20p per hour, but the Council had no option but to endure the situation.

The committee:

- a) noted the impact arising from the recent cessation of international recruitment into the adult social care workforce.

- b) noted the ongoing consultation on a Fair Pay Agreement, proposed by the Government, for adult social care, which is seen as a key mitigation nationally to facilitate the recruitment of British nationals into roles previously held by overseas workers.

48. Adults and Health Committee Agenda Plan, Training Plan and Appointments to Internal Advisory Groups and Panels and Outside Bodies

The committee reviewed its agenda plan. A member noted that the Chair and Vice Chair were considering a request for a committee report on insourcing and hoped a decision on this would be made soon.

The committee training plan was reviewed and two changes agreed by Spokes were noted. A training session on the Cambridgeshire care market had been moved from 28 January 2026 to 18 March 2026, and a session on joint commissioning with health partners and Section 75 arrangements had been moved from 18 March 2026 to 25 March 2026.

The committee:

- a) noted the agenda plan.
- b) noted the training plan, including revised dates for two sessions.
- c) noted that committee appointments to outside bodies and internal advisory groups remained unchanged.

(Chair)