

## Adults and Health Committee: Minutes

Date: 9 December 2025

Time: 10.00am – 12.45pm

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

Present: Councillors M Black, T Hawker-Dawson, R Howitt, D Keane, J Kerr, D Levien, L Navarro (Vice Chair), L Nethsingha, P Rees, J Sidlow, S Tierney and G Wilson (Chair)

### 32. Changes to Committee Membership

The committee noted the following changes to committee membership since the last meeting:

- a) Councillor Y Malinowski left the committee.
- b) Councillor M Black joined the committee.
- c) Councillor E Meschini was appointed as a substitute member of the committee.
- d) Councillor S Fisher joined the committee, succeeding Councillor A Osborn.
- e) Councillor A Osborn was appointed a substitute member of the committee.

### 33. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillors S Caine, D Green (substituted by Councillor P Rees), S Fisher and C Whelan.

There were no declarations of interest.

### 34. Minutes – 9 October 2025 and Minutes Action Log

The minutes of the meeting held on 9 October 2025 were approved as an accurate record and signed by the Chair.

Verbal updates were provided on the following actions:

- Minute 8: Re-commissioning Adult Weight Management Services  
An event to present the findings of research commissioned from the University of Sheffield around barriers, enablers and levers for change was now expected to be scheduled in the new year. Spokes would be invited to attend once the date was known.
- Minute 30: Performance Report Quarter 1 2025/26  
An update on the All Age Carers Strategy would be presented to Spokes on 17 December 2025.

The minutes action log was noted.

### 35. Petitions and Public Questions

No petitions or public questions were received.

### 36. Public Health Strategic Items and Tobacco Control Strategy

The report was presented in two parts. The first provided a follow-up to the Public Health Strategic Plan 2025-30 presented to the committee in the summer and outlined the areas of work covered by the plan, including multi-agency partnership strategies. This was presented to provide assurance to the committee on some of the key Public Health strategies. The second part provided a deep dive on the Cambridgeshire and Peterborough Tobacco Control Strategy which was informed by work with key partners. Marked improvements had been seen in recent years with 10.6% of Cambridgeshire residents currently smoking, although higher levels were seen within some groups. The Smokefree Generation policy was being considered by Parliament and Public Health had received additional funding to strengthen smoking cessation services. Targeted work was taking place with children and young people and with groups with higher smoking rates including homeless people and people accessing drug and alcohol services and mental health services. This included looking at ways to engage proactively with groups who might not engage with traditional smoking cessation services, for example by embedding smoking support in organisations those people already trusted. The aim was to make Cambridgeshire smoke-free, which meant 5% or less of its population smoking.

In discussion of the report individual members:

- commented that there was no reference in the report to health in all policies. The Director of Public Health advised that this was implicit, if not stated specifically.
- endorsed the analysis and work taking place around the environment and transport, commenting that it was important to try to understand the value added by the Public Health approach when policies were brought back for review. The committee learned that this was part of a piece of work with district councils to build health considerations and ways to tackle health inequalities into their local plans.
- commented in relation to the Suicide Prevention Strategy that committee members had felt during the scrutiny of Cambridgeshire and Peterborough NHS Foundation Trust mental health services that the trust had not been transparent enough about past mistakes.
- asked about the approach to working with the reconfigured Integrated Care Board (ICB). The Director of Public Health advised that the focus remained on partnership working and a collaborative network approach. There would still be a Cambridgeshire and Peterborough footprint within the new Central East ICB.
- welcomed the timetable for looking at specific policy areas and highlighted the importance of those reviews being transparent about what had not worked as well as what had.

- highlighted the importance of using the language of support rather than criticism in relation to those accessing support to stop smoking. Another member agreed, commenting that they wanted to see support not force.
- noted that the prevalence of smoking was much higher among people with mental health issues and it was important to think carefully about how to support these people sensitively. Mental health care was usually a health service issue, but in this context the council should think about its Public Health role to ensure a joined up approach to support. The Public Health Consultant advised that training was carried out with other organisations to support a joined up approach and the team was working to embed smoking support into annual health checks for people with learning disabilities. A previous pilot project in Fenland had also delivered good results.
- asked how the behaviour insights research commissioned from the University of Sheffield was being used to better understand people's choices and being embedded in service design. The committee was advised that Spokes would be invited to a presentation on this research in the new year.
- highlighted the issue of passive smoking and the need to think of smokers' impact on other people.
- shared their view that the main focus should be on stopping children from starting smoking. Many parents were now more concerned about vapes than smoking as the packaging was attractive to young people and offered sweet flavours. They favoured prioritising the use of vapes in the strategy, suggesting that the Tobacco Control Strategy might be renamed the Nicotine Control Strategy and include vapes. Officers advised that vapes were good as an aid to those trying to stop smoking, but they understood the concerns about their use by young people. It was quite difficult to get the messaging right to encourage smokers to use vapes as a way to help them stop smoking while discouraging young people from using them.

Another member commented that they did not agree that vapes should be targeted as part of the Tobacco Control Strategy as they were better than cigarettes. There was a need to accept that some people chose to use nicotine and they would use illegal products if they were not available legally.

- noted that smoking rates for pregnant women in Cambridgeshire were higher than the national average and asked what steps were being taken to address the stigma around smoking during pregnancy to encourage those women to accept support. Officers advised that the NHS provided funding to local maternity units for them to provide stop smoking support to pregnant smokers. Continued support was available in the community from the stop smoking services commissioned by the Public Health team which also provided access to stop smoking aids.
- asked about enforcement activity by Trading Standards. Officers advised that this was commissioned by the Public Health team and Trading Standards would visit establishments where it was believed that illegal tobacco and vapes were being sold.

- noted that implementation of the Suicide Prevention Strategy would be led by a suicide prevention manager and asked if this was a new role and how the governance arrangements would work. Officers advised that this was not a new role, but there was a new postholder. The role covered both Cambridgeshire and Peterborough and was hosted by Peterborough City Council with funding from the Integrated Care Board (ICB). The steering committee was a partnership group.

A member asked whether the same structure of a manager and steering group was being applied to other areas like smoking cessation. Officers explained that the Tobacco Alliance was the overarching body in relation to smoking cessation with a service lead in the Public Health team. Within the ICB there was a lead person for all tobacco pathways and a number of steering groups including one for maternity services. The member asked that a role should be created to implement the maternity smoking cessation strategy. Officers advised that there had previously been a person who made sure all constituent parts worked together and the aim was to recruit again to that post.

Summing up, the Chair emphasised the need for the careful use of language around stop smoking services. This should reflect the aim to educate but not control people. He highlighted the importance of working with key groups including children, people experiencing mental health issues, pregnant women and vulnerable groups.

It was resolved unanimously to note and support the strategic direction of the plans outlined in the paper.

### 37. Flu Update

The Director of Public Health presented a report on seasonal flu. This included national and local data on current flu rates and other winter infections, the impact on the local health and care system and advice and key messages about flu vaccination.

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

- welcomed the offer of an optional flu vaccination to frontline council staff and asked about potential barriers to take up. The committee learned that many eligible staff had already received flu vaccinations from their GP or local pharmacy. Line managers had been reminded to share this offer with eligible staff and take up rates were higher than last year, although still less than would be wished.
- noted that the NHS advocated vaccination as a public health measure, but this was a matter of personal choice. Another member agreed, but felt it was not clear who was eligible for a free flu vaccine. Their view was that the benefits to the population of healthy people getting vaccinated was not being highlighted and they suggested a press release on this might be helpful.

The Chair noted that frontline staff working with vulnerable people were expected to have a DBS check but not a flu vaccination, but acknowledged that this was an operational matter for officers. The Executive Director for Adults, Health and Commissioning advised that work was already being done to encourage people in higher risk groups to take up the offer of a flu vaccination. Staff working with

vulnerable people were offered vaccination vouchers and encouraged to think of those they were working with.

- asked what plans were in place locally to cope with high numbers of flu cases if this should happen. Officers advised that the council had a close relationship with health service partners and was in regular contact with the health protection lead for the local area. Processes were in place to respond to any public health incident, including a serious flu outbreak.

The committee reviewed and noted the flu update.

## 38. Finance Monitoring Report

At the end of October the overall forecast position for the Adults, Health and Commissioning directorate for 2025/26 was an overspend of around £4.2m, representing 1.8% of the annual budget. The Public Health grant was showing an underspend of around £63k. The dissolving of the Learning Disability Partnership (LDP) remained the main cause for the variance and the directorate had received £2.9m of corporate funding to offset learning disability pressures. Savings targets remained challenging and it would be difficult to deliver these in full. Demand for services continued to be difficult to predict and a restructure of the Public Health team had led to increased national insurance costs. Adult social care debt remained a significant challenge and this had been reported to the Audit and Accounts Committee in November. Debt from health partners had reduced slightly and was now at its lowest level for a number of years.

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

- asked whether an error in redundancy figures relating to the Enhanced Response Service (ERS) meant that a different decision might have been taken if the correct figures had been available. Officers advised that the full savings would be delivered during the next financial year. There had been a reduction to the ERS but it was still operational. This had been discussed with the Integrated Care Board and the ambulance service and they felt they could manage the demand if the ERS service was reduced. The staffing implications had been managed through re-deployment and voluntary redundancies.
- learned that the directorate was continuing to work on all of its savings targets, but that the current view was that those shown as black in Appendix 4 would not be delivered in-year. It was noted that savings targets in some areas had been exceeded.
- highlighted the difficulty in predicting demand led services and that reserves offered a way to manage that unpredictability.
- felt that the section on debt was disproportionate to the rest of the report. They would though like to see the number of cases where debt had been waived on compassionate grounds.
- asked whether reductions were being made to individual care packages for people with learning disabilities. Officers advised that the council was not looking to reduce

services and most reassessments related to the balance of funding arrangements where the council was disputing the ICB contribution. Joint funding meetings had started and practitioners and the ICB would take a people-centred approach to reviewing service users' needs.

- asked why there was an underspend in relation to mental health provision. Officers advised that there had been a significant growth in demand for mental health services during the previous year so the budget had been increased, but the demand for services in the current financial year had so far been lower.
- noted that the current position on reserves was set out in section 5.3.1 of Appendix 5. At present the only anticipated pressure was £289k earmarked against the risk of an overspend on the Community Equipment budget following an in-year change of provider. Use of the reserves might also be needed to offset the forecast overspend on the adults position if the forecast remained unchanged.
- noted that changes to demand following the pandemic had impacted the forecasting of demand for services. The directorate was working with the policy and insight team around the future use of data and demand projections, but it was not an exact science.

The committee noted:

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

### 39. Performance Monitoring Report

The performance monitoring report for Quarter 2 covered the period from 1 July to 30 September 2025. Seven key performance indicators (KPIs) were RAG rated red, meaning that current performance was 10% or more from target. The number of new adult social care (ASC) contacts remained high and the number of people aged 18-64 in residential settings was continuing to increase. Safeguarding remained an effective area of practice in comparison with national and statistical comparators. The number of people receiving direct payments had improved slightly and work to support this was continuing.

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

- acknowledged the small sample sizes relating to the ASC service users survey, but highlighted that East Cambridgeshire had the lowest proportion of positive responses. Officers advised that the results would be considered alongside the wider quality of life survey carried out recently across the county.
- commented that it was hard to understand the target for KPI 004: Longterm support needs for adults (18-64) met by admission to residential and nursing care home per 100,000 of population. Officers advised that a benchmarking exercise had been carried out and the KPI would be reviewed in light of that.

- highlighted the importance of KPI 008: Percentage of people in receipt of long-term support for more than 12 months that have received a review in the last 12 months which remained RAG rated red and KPI 009: Percentage of safeguarding enquiries where risk has been reduced or removed which remained RAG rated amber. Officers confirmed that the number of reviews had declined and discussions were taking place with operational teams around this. Work was taking place to look at team resources and the potential for digital products to improve performance. In relation to safeguarding enquiries, the decline had been highlighted to the quality and practice team to see if anything more needed to be done with the operational function or MASH team. Another member commented that it would be important to see the results around safeguarding in future reports.
- asked what digital tools were being used and how these would improve ASC client reviews. The committee learned that staff were using 'magic notes' which recorded conversations and put the information onto a template which reduced the administrative burden. More detailed information would be provided outside of the meeting. **Action required.**
- commented that the number of carer reviews seemed unchanged over a number of performance reports and asked about officer objectives on this. The committee was advised that information on carers conversations would be taken to a future Spokes meeting with input from the new service directors.
- welcomed the ASC survey, including the additional questions which had been included about respect for cultural and religious beliefs. However, it was clear that people did not find it easy to access information and advice and the member felt the council needed to be self-critical about this. Officers advised that some co-production work had been carried out to better understand the client journey including what information people wanted to access and how they wanted to do this. The aim was to update the website in the new year as part of the wider work on customer journeys taking place across the council.
- asked for more information about KPI 020: Emergency hospital admissions due to falls in people over 65 per 100,000 population and where these were happening. Officers advised that the main aim was to prevent falls amongst older people across the county, and each district had a falls prevention service. A pilot project was taking place with one care home to see what more could be done in that environment and there was an app for those living in private accommodation to raise awareness. The focus was on providing services in the community.
- noted that achieving the 80% target for KPI 013: Percentage of Cambridgeshire care homes rated good or outstanding by the Care Quality Commission (CQC) meant that one in five care homes needed improvement or were inadequate. They asked how CQC care home statistics were calculated, whether this was cumulative across the year, and the number of Outstanding ratings which had been achieved. Officers offered a note outside of the meeting. **Action required**
- learned that the childhood obesity weight management service brought together early intervention and prevention and a pathway for children with additional needs to

be referred to the service directly for family support. A breakdown of the outcomes would be provided outside of the meeting. **Action required.**

The committee scrutinised and commented on the performance information presented.

#### 40. Adults, Health and Commissioning Directorate Risk Register December 2025

The report set out the key risks facing the Adults, Health and Commissioning Directorate as at December 2025. There were 11 risks on the directorate risk register and two of these had been escalated to the corporate risk register. These related to the reputational and legal impacts of failures of the council's arrangements for safeguarding adults with care and support needs (Risk 10) and the risk that lack of effective relationships and governance across the Integrated Care System might lead to poorer co-ordination and worse outcomes for local residents (Risk 11).

In discussion of the report individual members raised the following issues:

- asked whether the risk register reflected current or future risk. Officers advised that it was focused on future risk based on a quarterly review process.
- expressed concern about Risk 4: Providers leave the market and are unable to continue services leading to insufficient availability and capacity as this had happened before and also the risk around adult safeguarding which had been elevated to the corporate risk register. They asked whether a move to more insourcing, having council staff available to go in and rescue failing services or the council acting as an employer of last resort would mitigate these risks. The Executive Director for Adults, Health and Commissioning advised that the risks reflected the type of market that existed currently. There was capacity within that market and he did not feel that the council needed to be a provider of last resort at this time. The directorate's contractual oversight of provision was strong and officers worked closely with the Care Quality Commission. The risk around safeguarding represented the full spectrum of risk and did not relate solely to care homes or particular providers.

The committee noted the updated Adults, Health and Commissioning Risk Register.

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

The committee was advised that a report on the impact and consideration of legislative changes for the adult social care workforce had been added to the agenda for the January meeting.

A member expressed concern that the agenda for the meeting had been too light and suggested a number of topics which they would like to see included on the committee agenda plan in future months. The Chair invited them to send him details of the topics

they would like to see included so that this could be discussed further at Spokes or another time.

The committee noted:

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

(Chair)