Adults and Health Committee: Minutes

Date: 19 June 2025

Time: 10.00am – 1.20pm

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

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

1. Notification of the Chair and Vice Chair of the Adults and Health Committee 2025/26

The committee noted the appointment by Council of Councillor G Wilson as chair of the Adults and Health Committee for 2025/26 and Councillor L Navarro as Vice Chair.

2. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillor S Caine, substituted by Councillor A Bostanci, and Councillor Y Malinowski, substituted by Councillor A Bradnam.

There were no declarations of interest.

3. Minutes – 6 March 2025 and Minutes Action Log

The minutes of the meeting on 6 March 2025 were approved as an accurate record and signed by the Chair.

Clarification was sought on when an update on the Care Academy would be shared (minute 291 of the minutes action log refers). The Executive Director for Adults and Health stated that a report would be taken to a Spokes meeting and then shared with the wider committee. **Action required**

4. Petitions and Public Questions

No petitions or public questions were received.

5. Re-tender of the Cambridgeshire Handyperson Service

The committee's agreement was sought to enter into an open tender process for the provision of a countywide Handyperson Service as part of the Council's prevention and early intervention offer. This would enable people to remain living safely in the home of

their choice through the provision of practical adaptations. This would also contribute to maintaining and improving the condition of housing stock across the county.
In discussion of the report, individual members:

- asked whether district councils were being utilised in relation to self-referrals. It was confirmed that liaison took place with district councils and that the provider visited community services.

[The meeting adjourned between 10.11am – 10.15am due to technical issues with the livestream]

- asked about contract monitoring arrangements. It was noted that more stringent key performance indicators (KPIs) were being introduced in relation to productivity and delivery. Demand was expected to grow in future years and a new best practice cost benefit analysis model used in Manchester was being trialled as part of the existing contract with a view to rolling it out in full with the new contract. The provider was being encouraged to make more use of low level assisted care technology like video doorbells.

  Another member commented that KPIs should drive providers' marketing agenda and asked if the contract value allowed for the anticipated increase in demand from a marketing drive. Officers advised that an evidence-based approach would be used to see how far the service could be stretched within the funding available to support a proactive approach and ensure best value for money. A copy of the report on the Manchester cost benefit analysis model would be shared with the committee. **Action required**

- asked whether the NHS and other partners could be asked to contribute to the cost of the handyperson service if the Council's investment was saving them money. Members learned that this might form part of a wider system-based discussion around place-based service provision.

- the Chair asked for the split between cost, quality and social value and the evaluation criteria to be shared with the committee. **Action required**

- the Chair asked whether Match my Project had been applied to this proposal, and if not whether there was time for it to be applied. A response would be provided outside of the meeting. **Action required**

It was resolved unanimously to:

a) approve the retender of the Handyperson Service at a value of £169,339 per annum (inclusive of £81,265 of district council contributions which account for 48% of the annual cost). This represents £846,695 for the total contract period of 2+2+1years. Extensions are at Cambridgeshire County Council's discretion with the ability to vary and give notice throughout the lifetime of the contract and will be adjusted for future inflationary uplifts.

b) delegate responsibility for awarding and executing a new Handyperson Service contract starting 1st April 2026 including subsequent extension period/s, to the Executive Director for Adults, Health and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

6. Securing compliance – Adult Social Care Fleet Procurement and Housing Related Support Supported Housing Procurement

The committee's agreement was sought to re-tender the support service at 82 Russell Street in Cambridge City for people with autism and learning disabilities and the procurement of the Adult Social Care passenger transport fleet. This would deliver a refreshed set of contracts and address a procurement process breach in relation to these services. This breach had been reported to the Assets and Procurement Committee on 10 June 2025 and a robust process was now in place which meant that the likelihood of a re-occurrence of the breach was much reduced. It was proposed to use a recognised framework in relation to the adult social care fleet procurement and the successful provider would be asked to sign up to Match my Project as part of on-going activity across the life of the contract and any contract extensions.

In discussion of the report:

- a member acknowledged the importance of remedying the procurement breach and getting the right processes in place, but asked that the contracts should have some flexibility to work with contracts held by the Children, Education and Families (CEF) Directorate and the Cambridgeshire and Peterborough Combined Authority (CPCA) to ensure a more joined up approach. Ideally this would be done when designing the contract. Officers advised that the project was supported by the CEF transport team and that a degree of flexibility was already built in, but they would take away the question around broader transport projects to include the CPCA. **Action required**

- welcomed the positive servicer feedback in relation to both the transport and accommodation services.

- acknowledged the need to continue multi-year service contracts on a business as usual basis during local government reorganisation (LGR), but asked whether there were any concerns around this. The committee learned that this was being discussed with the head of procurement and clauses were being included to facilitate the transfer to new councils. The aim was to avoid having all contracts ending at the same time and this flexibility was being built into the terms and conditions.

- noted that the framework allowed for vehicles to be returned to the supplier without penalty at short notice, and queried whether suppliers might increase costs if they were able to get vehicles back quickly without penalty. It was clarified that only three vehicles out of 22 were on short-term lease to provide flexibility while 19 were on long-term lease to ensure stability.

- the local member for Russell Street welcomed the engagement which had taken place and placed their thanks on record. They hoped future reports would include both positive and negative feedback in response to engagement exercises.

- commented that it was unclear from the report exactly what had gone wrong in relation to the procurement breach and why. While acknowledging that the breach had been reported to the Assets and Procurement Committee they found it

disappointing not to see more detail included in this report and would hope to see more detail provided in any future reports of this type. Officers explained that both contracts had been in place for multiple years with responsibility transferring between different officers which had led to losing track of their cumulative value. A new process had been put in place which would identify this.

- questioned how the proposed increase from 24 to 29 vehicles related to preparation for local government reorganisation (LGR). The committee learned that this additional capacity was not LGR specific, but would allow flexibility for additional vehicles to be added if needed on a business case basis. There might be a need to adjust routes in response to LGR, but any additional vehicles would require a business case. Clauses had also been needed to enable a different commissioning entity to take over the contract at a future date due to LGR. The Executive Director for Adults, Health and Commissioning advised that consideration was being given to the implications of LGR on contracts and commissioning on a Council-wide basis in discussion with the Chief Executive and Section 151 Officer to ensure a standard approach.

It was resolved unanimously to:

a) re-tender the support service at 82 Russell Street in Cambridge City for people with autism and learning disabilities. The cost of the recommissioning for a 5-year period (2+3) will be £1,304,435 (exempt of VAT) at 2025/26 contract rates.

b) re-tender the hire of the Adult Social Care passenger transport fleet. The contract value for the 6-year period (4+1+1) will be £1,946,973 (exclusive of VAT) at 2025/26 contract rates. This contract value includes the cost of the re-procurement of our current 22-vehicle fleet plus the option of expanding our fleet to a maximum of 29 vehicles during the contract lifetime, should this be required and justified through business cases. This flexibility will support with the outcome of Local Government Reorganisation and/ or change in the need for transport services.

c) delegate authority to award and execute the provision of the Adult Social Care passenger transport fleet and extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

d) delegate authority to award and execute the provision of support services at 82 Russell Street and extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

7. Re-commissioning Drug and Alcohol Services

The committee learned that drug and alcohol services were not mandated, but that the local authority was expected to provide them. Service users often had complex issues with treatment taking an average of six years. A report to the previous committee in January 2025 had obtained approval to go out to tender as the existing contract would end in March 2026. Confirmation of an annual increase in funding had been received and the committee's approval was sought to add that as a variation of the existing

contract for the current year. The cost effectiveness of the service was well evidenced and the existing provider Change Grow Live was collaborative and responsive. A needs assessment and market testing had been carried out and the potential to add grants in future years was included to avoid having to come back to the committee in subsequent years to approve this. Public Health was subject to a provider selection regime which allowed for the direct award of contracts as well as market testing, but the legal and procurement advice was that direct awards were not appropriate in this case and there should be a competitive tender process. The current provision was an open access service across Cambridgeshire with an holistic approach to service users' complex and co-occurring needs with no threshold for receiving support. The grant money was ringfenced and there had been a 30% increase in presentations since 2022. Treatment retention and progress levels were line with the national average and contract breaks had been built in at two and four years to take account of local government reorganisation (LGR).

In discussion of the report, individual members:

- noted the report described extra coverage for rough sleepers in Cambridge City and asked about provision in other large towns. The committee was advised that the service would respond to rough sleepers across the county, but Government had allocated additional funds to Cambridge City to address a specific need.

- commended the strong evidence base provided in the report.

- described the timing of the Government grant as less than ideal. Representations had been made to the previous Government about the implications of short-term funding and late notice grants and it might be timely to reiterate to the new Government how unhelpful this was in terms of service provision and planning. It was agreed that the committee should write again to Government to make this request. This letter should also record the committee's thanks for the additional £1.5m of funding which had been provided by Government in response to a request made last year. **Action required**

- asked that future reports should make clear what was happening before and what if anything would be new or different if the recommendations were agreed. Officers noted this feedback and advised that the new provision in this case would include embedding workers within primary care and integrated neighbourhoods to bring services closer to clients and to provide more of a community focus on the provision of care. It would also include assertive care both in and out of hospital for a small group who were experiencing significant issues but who were resistant to treatment.

It was resolved unanimously to:

a) approve the variation of the contract currently held by 'Change Grow Live' for the provision of adult Drug and Alcohol Services across Cambridgeshire, to the value of £1,587,436 commencing 1 April 2025, and ending 31 March 2026. This is a late variation as the Drug and Alcohol Treatment and Recovery and Improvement Grant (DATRIG) Central Government funding was not confirmed prior to the last Adults and Health Committee meeting.

b) approve a competitive procurement to commission the specialist Service to start on the 1 April 2026 and ending on the 31 March 2033; with the option of a break at 2 years to accommodate any necessary novation of contracts arising from Local Government Reorganisation. Then a further break at 4 years, up to a total value of £47,861,324 (the procurement and contract contain caveats to reduce any risk associated with annual confirmation of external grants). Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans.

c) delegate authority for awarding and executing a contract for the provision of specialist adult drug and alcohol treatment provision starting 1 April 2026 for a 7-year duration to the Executive Director of Adults, Health and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair.

8. Recommissioning Adult Weight Management Services

Public Health commissioned a number of behaviour change services including weight management. A re-tender of behaviour change services was agreed by the committee in January 2025 with an approved value, but on 23 December 2025 the National Institute for Health and Care Excellence (NICE) released new guidance on the latest obesity drugs. Since then negotiations had been taking place between the Council, the local Integrated Care Board (ICB) and NHS England on the provision of these drugs, which were expensive. The committee's approval was needed to enable a variation to be made to the new contract to allow the inclusion of these new drugs. Commissioned services currently accessed weight management drugs via a pharmacy so it would be cheaper to do this through a contract and payment would only be made for what was prescribed. The importance of prevention and an holistic approach to weight management and wider health was emphasised.

In discussion of the report, individual members:

- commented that there was the potential for huge savings for the NHS and care services and a better quality of life for individuals if these drugs were as successful as suggested and it was important that they should be made available.

- asked whether it was possible to get some benefit back from the NHS on the preventive work being done by the Public Health team.

- welcomed the holistic approach to weight management rather than looking at weight management drugs as a standalone option. Providing weight management drugs as part of the contract would also allow more data around its efficacy to be obtained.

- asked why TUPE was relevant in this case. Officers advised that this was a standard element because this formed part of the wider behaviour change service contract.

- noted that the Council had commissioned insight research from the University of Sheffield which was looking at three proof of concepts around barriers, enablers and levers for behavioural change. The findings would be presented in November 2025 and Spokes would be invited to attend. **Action required**

- commented that tackling obesity was a priority on the prevention agenda, but tough decisions needed to be made about whether weight loss drugs were affordable and the right way to proceed. They would have liked to see a serious discussion of the alternatives to the use of anti-obesity drugs in the report. They asked whether ICB funding was confirmed and whether pending changes to the ICB might impact this. The Deputy Director of Public Health advised that over 60% of the population was currently overweight or obese. There was a lot of evidence for the cost effectiveness of drugs to support weight loss, but less information on long-term outcomes. ICB funding had been confirmed.

- highlighted the need for diet control as weight management drugs had significant side effects. The committee was advised that weight management drugs were only used in more acute cases with priority given to people with a high body mass index (BMI) and co-morbidities.

- commented that the provision of weight management services was mandated and the guidance said that this drug must be made available so it was something which the Council must do.

It was resolved to:

a) approve a total increase of up to £3,600,000.00 until 30 March 2028, in the value of the Behaviour Change Service contract to accommodate the costs of the new obesity drugs. All the funding for the drugs is from the Cambridgeshire and Peterborough Integrated Care Board.

b) approve the value of the approved Behaviour Change Service procurement of £12,470,397 over 7 years commencing 1 October 2025. A contract variation will be used to increase the value of the contract after the new service has commenced up to the value of £16,070,397.00. This variation will only be made when the Cambridgeshire County Council (the Council) has received funding confirmation from the Cambridgeshire and Peterborough Integrated Care Board (ICB). Inflationary uplifts will be applied as considered appropriate and in line with the Council's Business Plan across the life of the contract.

c) delegate responsibility for awarding and executing a contract variation for the provision of obesity drugs starting on 1 October 2025 until 30 March 2028 to the Executive Director of Adults, Health and Commissioning, in consultation with the Adults and Health Committee Chair and Vice Chair

9. Finance Monitoring Report – Outturn 2024/25

The report set out the financial position of the Adults, Health and Commissioning Directorate including Public Health at the end of the 2024/25 financial year. This included key activity data and details of the financial position by service area. The overall position was an underspend of around £7m which was about 3% of the total annual budget, including an underspend of £506k for Public Health. The main reason for this was lower than expected net growth in demand for services for older people during the early part of the period, mainly due to a spike in covid levels. This led to

lower income from charging due to less people receiving services. There was an overspend on services for adults with mental health needs and also for those with learning disabilities. Demand levels remained difficult to predict and there had been some challenges around under-delivery of some savings targets and recruitment in some areas. The separation of the Public Health function from Peterborough City Council had impacted staffing levels in that team and providers continued to report cost and inflationary pressures. Significant work was being undertaken in relation to adult social care (ASC) debt, with around £21m of debt at the end of March 2025. Overall debt provision had risen by 9% and billing had increased by 13.5%. Overdue debt from health partners had been an issue, particularly in relation to the Learning Disability Partnership (LDP). However, this issue had now been resolved and further updates would be provided in-year. Public Health reserves currently stood at around £3.5m and the report contained proposals around the use of some of this.

In discussion of the report, individual members

- noted an increased risk around older debts and asked about the age profile of these debts. The committee was advised that debt was reported to the relevant policy and service committee and also to the Audit and Accounts Committee. A more proactive approach had been adopted in relation to chasing debt sooner and also chasing aged debt, although this needed to be done sensitively. A request for a bar chart in future reports showing debt of different ages was noted. **Action required**

- asked whether any NHS debt had been written off. Officers advised that NHS debt tended to be quite difficult to resolve and work was in hand to try to improve the processes. The LDP had been a pooled fund between the Council and the Integrated Care Board (ICB). The Council had established it was owed around £31m by the ICB, but this sum was disputed. Some of the gap would be off-set from reserves and the Strategy, Resources and Performance (SRP) Committee would receive a report on this and would be consulted if a partial write-off was required. This report would be shared with committee members. **Action required** An allowance had been made within the budget for the expected final settlement.

- commented that it would be interesting to know whether the deep dive on other ASC debt had identified any patterns to this and what could be done early to minimise these. The Executive Director for Adults, Health and Commissioning confirmed that learning had been taken from the deep dive around the Council's practice and about being clear with people at an early stage that ASC was subject to a financial assessment. Work was being done on the use of technology to offer a light touch financial assessment online to provide an initial idea around this and a lot of work had gone into bringing down the backlog in financial assessments. Most debt related to the elderly client cohort and probate and court of protection resolutions. Capacity was an issue, and the submission of paperwork could take time which led to debt starting to build up. Deferred payments offered the option in some cases for the Council to take a charge over a property when a person did not want to sell it, but debt could accrue during the period that the legal agreement was drawn up. Officers would look at the pattern around ASC debt and length of stay outside of the meeting. **Action required**

- commended the skilled negotiations around the LDP debt led by the Chief Executive and Executive Director for Adults, Health and Commissioning which had resulted in

a just settlement being reached and the relationship with the ICB being moved to a different place.

- commented that the deep dive had delivered a multi-million pound saving and provided reassurance that those who needed services were receiving them.

- noted that demand for older people's services post covid and for mental health services were difficult to predict and producing estimates was a constant challenge. This would be revisited again during the next business planning round.

- highlighted the importance of engaging early with service users to ensure they understood the costs they were incurring around ASC. Officers advised that a six week intermediate care package for those leaving hospital was free at the point of care. When ongoing support was needed the Council would undertake an assessment. Usually, the team providing the intermediate care package would make a referral for an assessment if on-going care was needed.

It was resolved unanimously to:

a) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of 2024-25.

b) note the update on Adult Social Care debt.

c) endorse the allocation of £1,358k of unallocated Public Health reserves to support Public Health priorities, as set out in para 3.3.3, subject to the agreement of the Strategy, Resources & Performance Committee.

[The meeting adjourned between 12.17 – 12.30pm]

10. Public Health Strategic Plan 2025-30

The draft Public Health Strategic Plan for 2025-30 set out the core elements and strategic focus proposed for the Public Health work programme over the next five years. Substantial amounts of data and understanding of public health need underpinned the report and it included a focus on inequalities and health outcomes, healthy life expectancy, long-term health conditions, obesity, smoking, mental health, cardiovascular disease and health and employment. It reflected core public health principals around ill health prevention, health inequalities and differences in health outcomes for different groups and keeping services at community level through a whole system approach. The plan had been developed by with teams from across the Council with the aim of increasing healthy life expectancy and addressing gaps in ill-health prevention and treatment. The report advocated a whole council approach and commitment to health equity and partnership working. Work was continuing on what this would look like in practice and how the Public Health team could support the work of other directorates.

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

- welcomed the use of the word equity in the report rather than equality, which recognised that different people had different needs.

- challenged the use of language around reducing health inequalities and behavioural change. Whilst broadly supportive of the majority of the report they felt that references to reducing health inequalities and behaviour change lacked clarity and could be counter productive. They felt everyone should be looked after equally, and this suggested a focus on some groups more than others. It would be better to refer to improving health outcomes for everyone. While acknowledging that references to behaviour change were not meant negatively, they felt it was preferable to give people information to empower them to be healthy. They felt this language would be better and more inclusive and would avoid the risk of alienating people.

  Another member commented that they accepted the right to express this view, but felt the use of the terms were reasonable in this context. Inequality in Cambridgeshire was a significant issue, driven mainly by wealth inequalities and they felt this should be acknowledged.

  The Director of Public Health stated that avoidable and unfair differences for different population groups did exist so there was a need to take action against those. This included doing more for some groups or in some geographical areas to narrow the gap. Unfortunately, health inequalities were widening and this could be made more explicit in the plan. Behaviour change was a shorthand way of referring to wider issues around people's lives that shaped their choices, but they would try to define this more clearly. **Action required**

- commented that the report helpfully set out the parameters of what the Council was trying to do while recognising that it was not something which it could deliver unilaterally. They welcomed a significant sum of money for the Youth Guarantee Scheme which the Cambridgeshire and Peterborough Combined Authority (CPCA) had recently received from Government and asked whether the Public Health team was working with the CPCA on this. The Director of Public Health stated that the Strategic Plan would provide a good structure to make funding decisions going forward and in working with partners. The Public Health team was linked in with the CPCA and was looking at various work and health initiatives including the Youth Guarantee Scheme.

  The Chair highlighted the need when working with partners to be clear about what the Council would deliver and what it was seeking to influence others to do and how that would be measured.

- welcomed a whole council commitment to health equity and asked that this should include being mindful of the needs of children in care. The Director of Public Health stated that children in care and care leavers were recognised as being at increased risk of poor outcomes and health inequalities later in life and were a key group.

- asked about the impact on partnership working with the NHS given the anticipated cuts to Integrated Care Board funding and uncertainty around NHS reorganisation. The Director of Public Health advised that discussions were taking place with the ICB and it would be important to ensure that the focus on ill-health prevention and improving health outcomes in Cambridgeshire was not lost.

- asked whether Public Health had baseline information to work from when identifying key performance indicators (KPIs) and measures of success. It was confirmed that some of this baseline information existed already and that more would be produced.

- noted that placing prevention at the heart of public health strategies was included in Professor Sir Michael Marmot's principles around tackling health inequalities alongside proportional universalism, whereby those in need of the most support received it but without excluding others.

The Chair noted that the Strategic Plan was an evolving piece of work which did not require formal approval. Subject to the language being right and being kept under review the committee was content to endorse it to go forward to the Corporate Leadership Team for implementation. He asked that it should be made clear where future committee reports were linked to this strategy. **Action required**

The committee reviewed and commented on the draft Public Health Strategic Plan for 2025-30.

11. 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, and individual members raised the following points:

- commented that the previous committee had been keen have early notice of commissioning proposals before they were brought for decision to enable members to influence thinking before contracts were formulated. They hoped to see this reflected in the committee's future agenda planning with these forward reports brought to the full committee and not just to Spokes. **Action required**

- noted that a report on insourcing had previously been scheduled for this meeting and asked whether it would be brought to a future meeting. An updated was offered outside of the meeting. **Action required**

The committee training plan was reviewed. A development session on procurement and contract management would be offered to all councillors via a members' seminar with an additional committee-specific session arranged. A safeguarding training session for all councillors was taking place in July.

Committee appointments were discussed. A member questioned whether NHS Liaison Groups would continue and was advised that a report was being taken to the Constitution and Ethics Committee at the end of the month which would include recommendations around health scrutiny.

It was resolved to:

a) note the committee agenda plan.

b) note the committee training plan.

c) make the following appointments to Outside Bodies for 2025/26:

i. Cambridge Cancer Research Hospital Engagement Board (2 appointments)

- Councillor L Navarro
- Councillor G Seeff

ii. Cambridge Children's Hospital Liaison Group (2 appointments)

- Councillor L Navarro
- Councillor G Seeff

iii. Cambridge University Hospitals NHS Foundation Trust Council of Governors (1 appointment)

- Councillor L Navarro

iv. Cambridgeshire and Peterborough NHS Foundation Trust (1 appointment)

- Councillor S Caine

v. North West Anglia NHS Foundation Trust Council of Governors (1 appointment)

- Councillor Tom Sanderson

vi. Royal Papworth Hospital NHS Foundation Trust Council of Governors (1 appointment)

- Councillor K Young

d) Make the following appointment to internal advisory groups and panels:

- Adults Safeguarding Board – Councillor G Wilson

e) Appoint the following district councillors as non-voting co-opted members of the Adults and Health Committee for health scrutiny business only for 2025/26:

- Councillor M Todd-Jones: Cambridge City Council
- Councillor K Horgan (and substitute Councillor J Huffer): East Cambridgeshire District Council
- Councillor B Pitt: Huntingdonshire District Council
- Councillor C Garvie: South Cambridgeshire District Council

(Chair)