

Delegated Decisions by Cabinet Member for Public Health & Inequalities

Tuesday, 4 July 2023 at 9.30 am

Room 2 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings, please click on this [Live Stream Link](#).
However, that will not allow you to participate in the meeting.

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on 11 July 2023 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public



Martin Reeves
Chief Executive

June 2023

Committee Officer:

Committee Services

Email: committees.democraticservices@oxfordshire.gov.uk

Note: Date of next meeting: 5 September 2023

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

Items for Decision

1. Declaration of Interest

2. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet Member's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

3. Petitions and Public Address

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

Requests to speak must be submitted by no later than 9am four working days before the meeting. Requests to speak should be sent to committeesdemocraticservices@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

4. Commissioning on Integrated Healthy Child and Young Person Public Health Services (Pages 1 - 8)

Forward Plan Ref: 2023/143

Contact: Donna Husband, Head of Public Health Programmes Public Health OCC, donna.husband@oxfordshire.gov.uk

Report by Corporate Director of Public Health & Wellbeing (**CMDPHI4**).

The Cabinet Member is requested to approve incurring of expenditure for the Public Health service for children and young people aged 0-19, through health visiting (HV), school health nursing (SHN) and skill mix workforce.

The Cabinet Member for is RECOMMENDED to

Approve the budget and delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to award and complete the contract for a Healthy Child and Young Person Public Health Service in Oxfordshire as referred to in this report following the conclusion of a procurement exercise pursuant to the Council's Contract Procedure Rules.

5. Procurement of Housing Single Point of Contact Service (Pages 9 - 14)

Forward Plan Ref: 2023/142

*Contact: Kate Eveleigh, Health Improvement Practitioner,
katharine.eveleigh@oxfordshire.gov.uk*

Report by Corporate Director of Public Health & Community Safety (**CMDPHI5**)

To seek approval to procure a contract to provide support to residents related to health, housing, and energy efficiency matters. Value of £130,000 per year for two years.

The Cabinet Member is RECOMMENDED to

- a) **Approve the commission of the Housing and Health Single Point of Contact (HSPoC) via the appropriate procurement route to the value of £520,000 over four years and up to £1.5 million.**
- b) **delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to award and complete the contract for the Housing and Health Single Point of Contact as referred to in this report following the conclusion of a procurement exercise pursuant to the Council's Contract Procedure Rules.**

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships

- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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Divisions Affected -

Delegated Decision by Cabinet Member for Public Health & Inequalities 4 July 2023

Budget approval for provision of a Healthy Child and Young Person Public Health Service in Oxfordshire

Report by Corporate Director for Public Health and Wellbeing

RECOMMENDATION

1. **The Cabinet Member for is RECOMMENDED to**

Approve the budget and delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to award and complete the contract for **a Healthy Child and Young Person Public Health Service in Oxfordshire** as referred to in this report following the conclusion of a procurement exercise pursuant to the Council's Contract Procedure Rules.

Executive Summary

2. Every child is entitled to the best possible start in life and health visitors play an essential role in helping to achieve this. By working with and supporting families during the crucial early years of a child's life, public health services have a profound impact on the lifelong health and wellbeing of young children and their families. They also lead on the delivery of the 0 to 19 years elements of the Healthy Child Programme in partnership with other health and social care colleagues.
3. The following Public Health Services for Children and Young People are being commissioned through an integrated contract and include Health Visiting, Family Nurse Partnership, School Health Nursing, College Nursing, National Child Measurement Programme, Vision Screening, and Protective Behaviours. The current commissioning arrangements are contracted in four different contracts which all end during 2024.
4. The new contract arrangements need to be in place from 1st April 2024, as there can be no break in service provision. The current providers are aware of the contract end date and the need to re-procure services. There is sufficient time to procure and award a new contract.
5. These public health services have a pivotal role in supporting the wider system approach for Children and Young People and their families. They will be

required to work in partnership with a breadth of organisations, e.g. Oxfordshire County Council Early Help & Children’s Social Care, NHS Providers, Integrated Care Board, Education Settings, Voluntary and Community Sector.

6. Contract value is expected to be approximately £12,500,000 per annum once all service elements have commenced in the year 2024. The contract term is 7 years with a break clause at the end of year 5.
7. The annual contract value will be over £500,000 and therefore is required to be entered in the Forward Plan, in accordance with the Access to Information Rules. This is a key decision and a delegated decision consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

Background Information

8. The Healthy Child Programme is the national evidence-based framework for the delivery of universal public health services for all children and families from conception to 19 years. The Healthy Child Programme model¹ and commissioning guides² were updated in May 2021 outlining a vision of a modernised health visiting and school nursing service that responds flexibly to need to offer every family a programme of screening, developmental reviews and information and guidance to support parenting and healthy choices. The programme supports healthy pregnancy, children’s early development and readiness for school, support for children and young people in and out of school settings and reducing health inequalities and vulnerabilities.
9. Eighty per cent of brain cell development takes place by age three, and early attachment and good maternal mental health impact on emotional, behavioural and intellectual development. There is also evidence that “socially disadvantaged children are more likely to have speech, language and communication difficulties than their peers”. In turn poor communication issues have been linked to worse educational attainment, peer relationships, emotional problems and impaired social behaviour³.
10. Poor attainment in the early years’ indicators have been associated with an increased risk of premature death and major chronic diseases in children and ongoing into adulthood. These include developmental problems, mental and behavioural disorders, as well as an increase in injuries, falls and traffic accidents that require hospital admission or result in death⁴. Also inadequate support for early years care and education costs England more than £16 billion every year⁵. Studies from the United States on the Family Nurse Partnership programme show that participation increases young mothers’ entry into workforce⁶. The benefits of breastfeeding to babies are clear in terms of reduced

¹ [Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90481/health_visiting_and_school_nursing_service_delivery_model_-_gov_uk.pdf)

² [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90482/healthy_child_programme_0_to_19_health_visitor_and_school_nurse_commissioning_-_gov_uk.pdf)

³ [BSIL ROI report v14 update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90483/BSIL_ROI_report_v14_update.pdf)

⁴ [BSIL ROI report v14 update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90484/BSIL_ROI_report_v14_update.pdf)

⁵ [Report - Centre for Early Childhood](https://www.cef.ac.uk/publications/reports)

⁶ [Child poverty and early intervention | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/publications/child-poverty-and-early-intervention)

illnesses and obesity. The benefits to mothers include reduction in breast cancer (by 6% for each year breastfeeding). Benefits to society also clear with evidence of higher IQ and productivity in adult life from those breastfed⁷.

11. The latest child and maternal health profile for Oxfordshire⁸ 2020/2021 shows that whilst for the majority of indicators the county is doing better than the overall England average, there are some indicators that Oxfordshire performs worse than the South-East⁹ and these relate to school readiness and average attainment score for education for all children.
12. The Oxfordshire resident population by five-year age group, in Oxfordshire (Census, 2021)¹⁰ is as follows

	All ages	Aged 4 years & under	Aged 5 to 9 years	Aged 10 to 14 years	Aged 15 to 19 years	Total aged 0-19 years
Oxfordshire (Census 2021)	725,300	38,000	41,000	43,000	45,000	167,000

13. The following public health services are included within this commission:
 - (a) **Health Visiting Service** supports families from the antenatal period up to school entry. It focuses on six high impact areas: transition to parenthood, maternal and family mental health, breastfeeding, healthy birthweight and nutrition, managing minor illness and reducing accidents, and supporting child development.
 - (b) **Family Nurse Partnership** improves the life chances of first-time young parents and their children by breaking the cycle of disadvantage. It supports children from 0-2 years.
 - (c) **Vision Screening** is recommended by the UK National Screening Committee for 4- to 5-year-olds to detect children with amblyopia, a form of abnormal vision system development. If detected the treatments available have been shown to result in improved vision.
 - (d) **National Child Measurement Programme** is a nationally mandated public health programme. It provides data from Reception Year and Year 6 for child excess weight as well as providing families with advice and support. It is part of the government’s approach to tackling child obesity.
 - (e) **School Health Nursing and College Nursing** service offers year-round support for children and young people both in and out of education settings. It focuses on six high impact areas: supporting resilience and wellbeing, improving health behaviours and reducing risk taking, supporting healthy lifestyles, supporting vulnerable young people and improving health inequalities, supporting complex and additional health and wellbeing needs, promoting self-care and improving health literacy.
 - (f) **Protective Behaviours**, the delivery of PSHE, RSE and personal safety programmes in schools for children and young people and their parents.

⁷ [The case for investing in early childhood interventions | RCPCH](#)

⁸ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

⁹ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

¹⁰ [Local Government Inform, Census 2021](#)

It complements school/college nursing provision and contributes to public health outcomes, including a reduction in reducing risk-taking behaviours and supporting PHSE and RSE delivery in schools and colleges in line with guidance¹¹.

14. The OCC procurement route will comprise a single stage process advertised in OJEU under the 'Light Touch Regime' of the new Public Procurement Regulations. It will use the Council's e-tendering portal, organisations will be invited to tender for the provision of the service.

Corporate Policies and Priorities

15. This commission aligns with the following local priorities
- (a) Oxfordshire County Council's **Strategic Plan 2022-2025**¹² includes commitment to having a positive role in giving all local children the best start in life.
 - (b) One of the four priorities of the **Children's Trust**¹³, part of the Health and Wellbeing Board, is ensuring children have a healthy start in life and stay healthy into adulthood.
 - (c) The 2022/23 **Director of Public Health's Annual Report**¹⁴ recommend continued partnership work to tackle mental health issues in young people as well as reducing childhood obesity and increasing physical activity ready for healthy adulthood.
 - (d) The **Early Help Strategy**¹⁵ provides an outline of what the current provision of Early Help looks like in Oxfordshire and describes the workplan and reporting arrangements for improving early help provision in the county. There are four areas of focus underpinning the strategic vision, which are for all children to be successful, be healthy, be safe and be supported.
 - (e) The **School Readiness Strategy**¹⁶ outlines Oxfordshire's vision for children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives. The strategy reflects UNICEF principles that school readiness is achieved through ready families, ready communities, ready services and ready children.
 - (f) **The Joint Health and Wellbeing Strategy**¹⁷ outlines how the NHS, Local Government and Healthwatch work together to improve health and wellbeing as the Oxfordshire Health and Wellbeing Board. Key aims are to prevent ill health before it starts, give patients and services users a high-quality experience, co-produce re-shaping local services and tackle chronic workforce shortages.
 - (g) **Child Exploitation Toolkit for Schools**¹⁸ provides information to support children and families who are impacted by exploitation.

¹¹ [Personal, social, health and economic education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹² [Our strategic plan 2022 - 2025 | Oxfordshire County Council](#)

¹³ [The Children's Trust | Oxfordshire County Council](#)

¹⁴ [Oxfordshire Public Health | Oxfordshire County Council](#)

¹⁵ [Early-Help-Strategy-Update-June-2022-v2.1-1.pdf \(oscb.org.uk\)](#)

¹⁶ [Oxfordshire school readiness strategy](#)

¹⁷ [Oxfordshire Joint Health and Wellbeing Strategy](#)

¹⁸ [PowerPoint Presentation \(oscb.org.uk\)](#)

- (h) **Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People**¹⁹ aims to take a public health approach to the emotional wellbeing and mental health of children and young people. The strategy focuses on both promoting emotional wellbeing, and on preventing mental ill health, with the vision that all children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it.
16. The service also fits with national priorities for children and young people:
- (a) Implementing the **Healthy Child Programme**²⁰ from 0-19 years of age
 - (b) **Getting it right for children, young people and families**²¹ - Maximising the contribution of the school nursing team: Vision and Call to Action
 - (c) Responding to the **Public Health England Child Health Profile for Oxfordshire**²²
 - (d) Reflecting the needs identified in the **Royal College of Paediatrics and Child Health: State of Child Health report**²³
 - (e) **The Best Start for Life: A Vision for the 1001 Critical Days**²⁴

Financial Implications

17. Public Health has a ring-fenced grant which specifies that a proportion must be spent on 0-19 services.
18. £11.5 million is already committed within the Public Health grant to fund 0-19 children and young people services. The additional £1m resource has been identified for the new contract through a prioritisation process which was undertaken by Public Health Assistant Finance Business Partner and Deputy Director of Public Health.
19. Contract value is expected to be approximately £12,500,000 per annum once all service elements have commenced in the year 2024. The contract term is 7 years with a break clause at the end of year 5.
20. The total contract value over 7 years is expected to be £87,500,000.

Comments checked by:

Stephen Rowles, Public Health Assistant Finance Business Partner,
Stephen.Rowles@Oxfordshire.gov.uk

¹⁹ [Oxfordshires Better Wellbeing and Mental Health Strategy for Children and Young People SEPTEMBER 20.pdf](#)

²⁰ [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](#)

²¹ [Getting it right for children, young people and families: health services - GOV.UK \(www.gov.uk\)](#)

²² [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

²³ [RCPCH – State of Child Health – Insight into the state of child health in the UK](#)

²⁴ [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#)

Legal Implications

21. The Council has a statutory obligation to “take such steps as it considers appropriate for improving the health of the people in its area” (s2B National Health Service Act 2006 (“NHS Act 2006”) as amended by s12 Health and Social Care Act 2012). Regulations 2015/921 further imposes a mandatory obligation on the Council to provide or secure the provision of universal health visitor reviews, to carry out a policy intention to ensure that elements of the Healthy Child Programme, led by health visitors, should be provided in a universal fashion. The National Child Measurement Programme (NCMP) is also a nationally mandated public health programme.
22. The Council therefore has a mandatory duty to provide health visiting services and the National Child Measurement Programme and the procurement of a service provider to provide such services would fulfil this duty. Any procurement process must comply with relevant procurement legislation on competitive tendering for public contracts.

Comments checked by:

Jonathan Pool, Solicitor, Contracts (Legal Services) Law & Governance
jonathan.pool@oxfordshire.gov.uk

Staff Implications

23. The Start Well Team will carry out the procurement process. Procurement and Legal staff time will also be required to complete the procurement to the timescales of service commencement on 1 April 2024. This capacity has been included within the service delivery planning process for 2023/2024.

Equality & Inclusion Implications

24. These public health services are universal and are provided to children and young people aged 0-19 years and their families/carers in Oxfordshire. All eligible children will be invited to participate in the screening programmes and families of babies and toddlers will be invited for their developmental reviews in accordance with national guidance.
25. The new service will also be needs led and provide targeted support and advice when identified.

Sustainability Implications

26. The Council introduced a new social value policy in February 2022 to enable spending to go further, by encouraging suppliers to provide social value that will benefit local communities within Oxfordshire.
27. The social value policy becomes effective when the tender value is above £100,000 (the contract spend threshold) and bidders are expected to submit social value bids as part of the procurement process. This applies to this tendering exercise.

Risk Management

28. The key risks identified for this commission are
 - (a) affordability which has been considered in the finance section of the report
 - (b) increasing complexity of need and a growing demand for support which may require a more targeted interventions and a flexible approach adopted alongside system partners
 - (c) workforce issues due to insufficient qualified health visitors and school health nurses in the sector, this has been mitigated by having a clinician led service with triage to a trained skill mix workforce

Consultations

29. The Councils Let's Talk Oxfordshire was utilised on two occasions in 2022 to gather views on the health and wellbeing services for children and young people. The surveys were for parents, carers and professionals to complete. Focus groups were also held with young people in 2022. We have also engaged with professionals across the system in various different forums. All of these views have been utilised in designing the new service.

Ansaf Azhar
Corporate Director – Public Health and Community Safety

Contact Officer: Donna Husband, Head of Public Health Programmes – Start Well, donna.husband@oxfordshire.gov.uk 07827 979240

19th June 2023

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Divisions Affected -

Cabinet Member for Public Health & Inequalities

4 July 2023

Housing and Health Single point of contact service. Report by Corporate Director for Public Health & Wellbeing

RECOMMENDATION

1. **The Cabinet Member is RECOMMENDED to**
 - a) Approve the commission of the Housing and Health Single Point of Contact (HSPoC) via the appropriate procurement route to the value of £520,000 over four years and up to £1.5 million.
 - b) delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to award and complete the contract for the Housing and Health Single Point of Contact as referred to in this report following the conclusion of a procurement exercise pursuant to the Council's Contract Procedure Rules.

Executive Summary

2. Good housing is a wider determinant and enabler of good health. Housing that is poorly equipped to cope with extremes of temperature and with poor energy efficiency is a cross cutting agenda which includes housing and the environment, related to global warming and air quality, indoor and outdoor. Poor housing conditions are often experienced by those with low income and as a result are an agenda that cuts across County Council Directorates, the City and District Councils and the NHS
3. NICE guidance (NG6)¹ recommends the commissioning of a single point of contact for housing condition related issues. A telephone advice service (Better Housing Better Health) has been running for over ten years, with the addition of home visit support being added to the offer in the past two years as part of a pilot project.
4. The service was provided through a grant, funded in partnership with the District and City Councils. The newer home visiting service being jointly funded between Health and the County Council as a contract. The contract and grants are due to expire on the 28th October 2023 and in line with contract procedure rules to continue the service, the service needs to be procured.

¹ <https://www.nice.org.uk/guidance/ng6>

5. The Public Health Divisional Leadership Team have agreed to continue the funding of the service, in partnership with the City and District Councils, for a further two years. The core service will be for £60,000 to cover telephone advice and a further £70,000 for home visits. The contract also includes provision for an increase in capacity of telephone advice and home visits, as well as other supplementary services.

6. **Business Need** – Fuel poverty affects the most vulnerable in society and widens health inequalities. It is proposed for the HSPoC to aspire to meet 5% of need based on the predicted 2023 Fuel Poverty rate. The core funding proposed will provide capacity to support approximately 2.5% of the fuel poor residents in Oxfordshire. The remaining 2.5% of need will be met by exploring other funding sources. The contract will be designed to be flexible to the changing funding opportunities.

7. **Strategic Commissioning Priorities** – the service would contribute to six of the County Councils strategic priorities and also the objectives of the Health and Wellbeing Strategy.
 - Put action to address the climate emergency at the heart of our work. The service would be tackling poor energy efficiency and contribute to carbon reduction.
 - Tackle inequalities in Oxfordshire. Poor quality housing affects certain groups more than others, widening health inequalities.
 - Prioritise the health and wellbeing of residents. Quality housing underpins good health.
 - Support carers and the social care system. Those most vulnerable to poor housing are likely to need support from carers and the social care system.
 - Create opportunities for children and young people to reach their full potential. Poor housing negatively impacts children's outcomes.
 - Work with local businesses and partners for environmental, economic and social benefit. Reducing poor quality housing which is energy inefficient will benefit the environment and involves working with a wide range of partners, such as the NHS and the VCSE sector.

8. The Commercial Case includes the result of a market testing and public and stakeholder survey. The market testing event saw at least five organisations interested in the scheme. The current provider was interested in the tender and positive about the draft specification and financial envelope outlined. The other organisations were telephone contact centres without the energy efficiency and home visiting experience. The public and professional survey had extensive coverage from social media advertising and newsletters. Feedback showed there was a need for a service, related to cold and damp homes and residents needing support to source help to resolve issues in their homes.

Procurement and Contract Overview

9. The OCC procurement route has comprised a single stage process advertised in OJEU under the 'Light Touch Regime' of the new Public Procurement Regulations. It used the Council's e-tendering portal, organisations were invited to tender for the provision of the service.
10. In order to meet the need to manage the Council's Procurement rules and service provision, the tender must go out by the end of April 2023 in order to have an operational service running for the 29th October 2023. The tender went out on the 28th April 2023 and closes on the 2nd June 2023. Evaluation of tenders are scheduled to be completed during the week commencing 19th June 2023 and clarification interviews in the week of the 26th June 2023.
11. A paper recommending the preferred supplier is to be presented during early July, with the standstill period of ten days and signing of the contract to be completed by the end of July. This allows three months for any new provider to set up the service and for the current provider to transition clients across to the new provider and establish functional contacts with referral partners.

Financial Implications

12. The Contract is for 2 years, plus a further two years as an optional extension.
13. The total value of the core contract will be £130,000, excluding VAT per annum. The Public Health grant will cover £80,000 per year for 2 years. The balance of £50,000 will be funded by the City and Districts, £10,000 each per annum for 2 years.
14. The additional services or capacity will only be provided where funding is available in the public health budget or from other sources. The additional service options may have the value of approximately £240,000 a year.
15. The approximate total value across the full four-year life of the contract, could therefore be up to £1,480,000.
16. The figure of approximately £1,500,000 is based on possible typical level of funds being made available from other sources, in addition to the existing core funding (£130,000). Historically, in 2022 £210,000 of funds were allocated from the Councils Emergency Welfare Budget and in 2023 a further £240,000 has been allocated to this scheme. Other funding sources based on the pilot project between 2021 and 2023 included £50,000 for 12 months from the Better Care Fund, the then Clinical Commissioning Group, now Integrated Care Board and the governments COVID Outbreak Management Fund totalling £150,000.

Comments checked by:

Stephen Rowles, Assistant Finance Business Partner, Team: Adults and Public Health BP Team Email: Stephen.Rowles@Oxfordshire.gov.uk (Finance)

Legal Implications

17. It is intended that the services will be procured competitively in accordance with the Council's Contract Procedure Rules. Provided commissioners comply with such rules, there are no legal implications in the proposed course of action.

Comments checked by:

Jonathan Pool, Solicitor, Contracts (Legal Services)

jonathan.pool@oxfordshire.gov.uk

Staff Implications

18. The service will be contract managed within existing staffing and funded out of the Public Health grant. The Healthy Place Shaping Team will carry out the procurement process (within programme allocations already agreed), with the support of partners. Procurement and Legal staff time will also be required to complete the procurement to the tight timescales of service commencement on 29th October 2023.

Equality & Inclusion Implications

19. An Equality Impact Assessment has been completed. Any eligibility criteria introduced to manage excess demand will focus on households with

- Low/no income
- Those with health condition
- Those with a child under 16 in the first instance and those under 5 in the second instance. Or a combination of the above if demand continues to outstrip capacity.

Sustainability Implications

20. The provision of the service will contribute to the Councils Climate ambitions. The service is aimed at reducing energy usage and directing people to available grants for energy efficiency measures such as cavity wall and loft insulation.

Risk Management

21. The table below outlines the risks, mitigations and benefits and opportunities

Risks and mitigations (shown in italics)	Benefits and opportunities
Public Health is seen as owning this agenda due to leading the procurement process. May risk funding dropping away at the end of 2 years. <i>Partnership agreement drawn up with current partners and comprehensive communication with other partners is maintained.</i>	Public health is able to raise its profile on cross cutting agendas and its response to the cost of living crisis.
It may not be possible to secure the commitment of all the Districts and City Councils to commit to the same amount of funding, for the same length of time, for the same type of offer, beyond two years.	The service provides a platform for highlighting the importance of housing as a determinant of health and creates an opportunity for not widening any inequalities in an otherwise affluent County.

<p><i>Continued high quality involvement and engagement with District and City Councils during the lifetime of the contract.</i></p>	
<p>The Districts and City Councils may subsequently pull out of any multi year agreement.</p> <p><i>Partnership agreement with City and District Councils to be drawn up to be explicit about the nature of their contribution to the procurement.</i></p> <p><i>The Contract is written in a way to allow the reduction of service in the event of reduction in funding available.</i></p>	<p>Public health is recognised as showing leadership in addressing the wider determinants of health and climate change.</p>
<p>It is unknown as to whether the Better Care Fund, Integrated Care Board, Adult Social Care, Environment & Place, government or charitable funds would financially commit to the service (and to what value and for how long).</p> <p><i>Funding for a core service has been secured for 4 years and the contract has been written to allow for additional activity to be undertaken dependent on additional funds being secured.</i></p>	<p>Appealing to a variety of agendas may secure more funding and achieve greater reach, impact and stability in the future.</p>
<p>There may be restrictive and poorly aligned terms and conditions related to government grants and charitable funds to contribute to the Single Point of Contact.</p> <p><i>There is scope to vary the contract if necessary to adjust to any restrictions.</i></p>	<p>The service supports delivery of a number of OCC's strategic priorities as well as addressing the needs of NHS services to reduce demand for acute care</p>
<p>Substantial Public Health staff time is required to secure agreement through to completion. Opportunity costs on other agendas.</p> <p><i>Improving the quality of housing conditions will support delivery of OCC's strategic objectives; as such this needs to be a priority.</i></p>	

Consultations

22. Communication has been ongoing with the following stakeholders.

- Between City and Districts as core partners, through a monthly Steering Group meeting
- With Adult Social Care and Better Care Fund holders
- With the Integrated Care Board

Key Dates / Next Steps

23. The Tendering exercise must be completed by 28th July 2023 to allow any new provider to adequately prepare for a service start date of 29th October 2023.
24. As this is a key decision and delegated decision steps will be taken to secure appropriate approvals with the council throughout the process including Finance, Procurement and Legal approval.

NAME

Ansaf Azhar, Director of Public Health and Community Safety

Contact Officer: Rosie Rowe, Head of Healthy Place Shaping,
Rosie.rowe@oxfordshire.gov.uk
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