

## ***Delegated Decisions by Cabinet Member for Public Health & Inequalities***

***Tuesday, 5 September 2023 at 1.30 pm  
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 Tuesday 12 September 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

August 2023

*Committee Officer:*                    **Committee Services**  
*Email:* [committees.democraticservices@oxfordshire.gov.uk](mailto:committees.democraticservices@oxfordshire.gov.uk)

*Note:*    *Date of next meeting: 17 October 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](mailto: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. Adult Community Alcohol and Drug Service Contract (Pages 1 - 6)

*Forward Plan Ref: 2023/186*

*Contact: Kate Holburn, Head of Public Health Programmes,  
[kate.holburn@oxfordshire.gov.uk](mailto:kate.holburn@oxfordshire.gov.uk)*

Report by Corporate Director: Public Health & Community Safety (**CMDPHI4**).

Proposed contract extension of the Adult Community Alcohol and Drug Service.

**The Cabinet Member is RECOMMENDED to approve the contract extension, via the appropriate legal route, for the Community Alcohol and Drug Service, provided by Turning Point for a period of 4 years.**

## **5. Approval for extension of Integrated Sexual Health Services Contract (Pages 7 - 14)**

*Forward Plan Ref: 2023/220*

*Contact: Shakiba Habibula, Consultant in PH, [shakiba.habibula@oxfordshire.gov.uk](mailto:shakiba.habibula@oxfordshire.gov.uk)*

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

The current Contract for the provision of Integrated Sexual Health Services reaches a break point on 31st March 2024. The Contract Period may be extended for up to 3 years in aggregate.

**The Cabinet Member is RECOMMENDED to:**

- a) Approve the extension of a commissioned contract, via the appropriate procurement and legal route, for an Integrated Sexual Health Service provided by Oxford University Hospitals NHS Foundation Trust (OUHFT) for a period of 3 years.**
- b) Approve the offer of an 8% tariff uplift to the provider, effective from 1<sup>st</sup> April 2023 to meet the additional costs of service change due to change in population health needs post the covid-19 pandemic.**
- c) Delegate authority to the Director of Public Health in consultation with the Head of Legal, and Deputy Monitoring Officer and s.151 Officer, to extend the current contract and to issue a contract variation to reflect the tariff uplift and the provision of the additional services as detailed in the body of the document (bullet point 11,a,b,c,d).**

### **EXEMPT ITEM**

**In the event that any Member or Officer wishes to discuss the information set out in Annex 2 to Agenda Item 6 the Cabinet Member will be invited to resolve to exclude the public for the consideration of that Annex by passing a resolution in relation in the following terms:**

"that the public be excluded during the consideration of Annex 2 since it is likely that if they were present during that discussion there would be a disclosure of "exempt" information as described in Part I of Schedule 12A to the Local Government Act, 1972 and specified below the item in the Agenda".

**NOTE: The report does not contain exempt information and is available to the public.**

**THE ANNEX TO THE ITEM NAMED HAS NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS 'CONFIDENTIAL' BY MEMBERS AND OFFICERS ENTITLED TO RECEIVE THEM.**

## **6. Community Outreach Active Travel programme - procurement exercise (Pages 15 - 42)**

*Forward Plan Ref: 2023/156*

*Contact: Rosie Rowe, Head of Healthy Place Shaping, [rosie.rowe@oxfordshire.gov.uk](mailto:rosie.rowe@oxfordshire.gov.uk)*

Report by Corporate Director of Public Health & Wellbeing (**CMDPHI6**).

**The information in this case is exempt in that it falls within the following prescribed categories:**

**3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)**

**and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.**

**The annex containing exempt information under the above paragraph is attached.**

To consider the award of contract for the Community Outreach Active Travel programme which will undergo a tendering process in summer 2023 with a start date of 1 October 2023.

**The Cabinet Member is RECOMMENDED to**

- a) Note that officers have undertaken a procurement to commission the provision of the Community Outreach Active Travel (COAT) programme comprising a service contract and a grants programme over 3 years with the option to extend the service by up to a further 2 years, with a total estimated value of £1,025,000;**
- b) Authorise the award of the Community Outreach Active Travel (COAT) programme to the preferred bidder identified in confidential Annex A for the price tendered for a period of 3 years with the option to extend the service by up to a further 2 years;**
- c) to delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to finalise the contract documentation; and**
- d) delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to approve the exercise of the option to extend the contract for up to a further 2 years as detailed in recommendation (b) above.**

## **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.

## Delegated Decision by Cabinet Member for Public Health & Inequalities

5 SEPTEMBER 2023

### ADULT COMMUNITY ALCOHOL AND DRUG SERVICE

#### Report by Corporate Director Public Health and Community Safety

#### RECOMMENDATION

1. The Cabinet Member **is RECOMMENDED to** approve the contract extension, via the appropriate legal route, for the Community Alcohol and Drug Service, provided by Turning Point for a period of 4 years.

#### Executive Summary

2. The Community-based Alcohol and Drug Services in Oxfordshire are provided by Turning Point. The current contract commenced on 1 April 2020 for an initial period of 4 years, in the contract there is an option to extend the contract up to a further 4 years thereafter to 2028.

The options appraisal and business case recommend extending the contract rather than ceasing or re-procuring the service.

The annual contract value will be over £500,000 at £5,000,000 per annum for the core contract.

#### Background

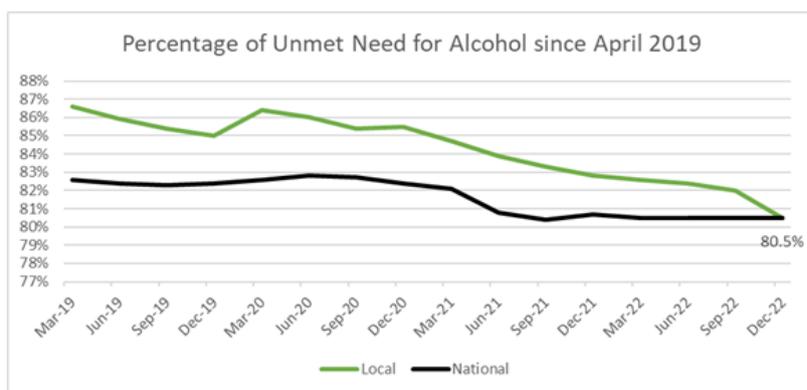
3. Community-based alcohol and drug treatment and support services in Oxfordshire are provided by Turning Point, under a contract that commenced 1 April 2020, for a period of 4 years with the option to extend or a further 4 years to 31 March 2028.
4. The Service provides comprehensive and integrated treatment and care for adults in Oxfordshire who are experiencing problems with their drug or alcohol use. The service provides a range of group and individual interventions to meet the range of need; including brief interventions, structured psychosocial and pharmacological treatment and assessment for residential treatment, through to interventions to sustain recovery for those users who have completed their treatment.
5. Since the contract started, there has been a renewed national focus of the impact of drugs and alcohol leading to the new 10 year plan [From Harm to Hope](#). Two key ambitions of the new national strategy are to increase the number of people in drug treatment by 20%, nationally, by March 2025 and to increase the continuity of care for people leaving prison with a drug treatment need into community services.
6. There are also interdependencies with this contract and the provision of the following services:
  - (a) Supplementary Substance Misuse Services (funded by grants from the Office for Health Improvement and Disparities) also delivered by Turning Point

- (b) GP DAPL for the Drug Misuse Service (initial term to 31 March 2026) to which Turning Point provide Nurses and Recovery Workers in GP Practices to see patients with opiate dependency to support service delivery
- (c) Residential detoxification and rehabilitation DAPL (initial term to 30 April 2026) for which Turning Point provide assessment, case management and support to people accessing residential treatment
- (d) Children and Young Peoples service for which Turning Point provide assessment and prescribing services for young people where they are assessed as requiring clinical interventions, as the CYP service does not have clinical staff
- (e) The Oxfordshire County Council Family Solutions Plus service, which requires Turning Point to provide Adult Facing Practitioners to work alongside children's social care teams supporting parents with alcohol or drug use that is impacting on their child/children (funding in addition to the above core contract value).

## Key Issues

7. The options appraisal considered the following options:
  - (a) Do nothing/terminate the contract
  - (b) Bring the Service In House
  - (c) Jointly commission with other local authorities
  - (d) Procure a new service form an external provider
  - (e) Extend the current contract.
8. This paper recommends the last option to extend the current contract. This option aligns with local and national strategic aims and supports the Council's commitment to substance use treatment and recovery. This would enable our priorities to be met, in a cost-effective way, whilst maintaining the local responsibility and oversight of the service. It also has less impact on the community of people accessing treatment and support for alcohol and/or drug use and allows continued stability in this service.
9. **Review of the Turning Point Service** - In May 2023 the team undertook a quality monitoring review of the Turning Point Service. The review included visits to each Hub, interviews with managers and key staff, engagement with key stakeholders, staff surveys and focus groups with people in service. Information was then collated and evaluated using the Public Health monitoring toolkit, CQC key lines of enquiry, and national and local guidelines. The feedback from stakeholders was overwhelmingly positive and the service was rated Green with no issues of concern.
10. **PHOF Performance** - Since the first contract was awarded to Turning Point in 2015, Turning Point Oxfordshire have significantly improved performance against the key Public Health Outcomes Framework (PHOF) measures including the number of people completing treatment successfully for both drugs and alcohol. Successful completion performance data for the service highlights that Oxfordshire is performing well, and consistently in the top quartile of performance nationally in terms of numbers of individuals successfully completing treatment.
11. **Unmet Need for Alcohol Performance** – there are an estimated 5,487 people who are dependent on alcohol in Oxfordshire<sup>1</sup>. Turning Point Oxfordshire have also successfully closed the gap between local and national rates of unmet need for alcohol during the current contract period, bringing Oxfordshire in line with the national rate of 80.5% unmet need.

<sup>1</sup> Public Health England (2021). [Estimates of alcohol dependence in England](#). Accessed 26<sup>th</sup> June 2023.



12. **Social Value** - Provision of the service has the potential to provide benefits across a variety of sectors in Oxfordshire. The list below provides further examples of potential gains to society of recommissioning the community drug and alcohol service:
- Reduced substance misuse-associated criminality and anti-social behaviour, and reduced fear among Oxfordshire residents of being a victim of crime.
  - Reduced drug and alcohol-related morbidity and mortality.
  - Reduced drug and alcohol-related demand on healthcare services, particularly urgent care services such as ambulance call-outs or Accident & Emergency attendances.
  - Increased economic productivity and employment outcomes among people who use alcohol and drugs who are typically individuals of working age.
  - Enabling individuals to prevent getting involved in, and being supported to come out of, sex work.
  - Enabling individuals to prevent becoming homeless and being supported in overcoming homelessness.
  - Reduced domestic violence.
  - Reduced adverse impact on family members, particularly children whose parents may misuse alcohol or drugs, which may in turn enhance behaviour, school attendance and school performance.

## Corporate Policies and Priorities

13. **Local Strategic Priorities** - Provision of an alcohol and drug service is aligned with the Oxfordshire County Council Strategic Plan 2023-2025<sup>2</sup> by tackling inequalities in Oxfordshire and prioritising the health and wellbeing of residents and the Oxfordshire Joint Health and Wellbeing Strategy 2018-2023<sup>3</sup> by reducing the impact of ill-health through provision of alcohol advice and treatment. It also supports the BOB ICB Strategic Priorities<sup>4</sup> by supporting people reduce their drinking and increasing the number of people receiving support to tackle their alcohol misuse (priority 3).
14. Governance for strategic development of services falls under the remit of the new formed [Combating Drugs Partnership](#) (CDP), a multi-agency partnership group overseeing the local implementation of strategic plan delivery. The Oxfordshire CDP Action Plan includes a number of actions to achieve the national drug strategy ambitions including increasing the numbers of people in treatment, improving pathways and continuity of care for those coming out of prison with an ongoing drug treatment need. The CAD service is our delivery partner to achieve these aims. Extending the current contract will mean we have the benefit of an established well performing service, which can focus on the

<sup>2</sup> [Our strategic plan 2022 - 2025 | Oxfordshire County Council](#)

<sup>3</sup> [Oxfordshire Joint Health and Wellbeing Strategy](#)

<sup>4</sup> [7412dde8ee3fd572bf249ae0cb8058c2\\_Master\\_BOB\\_Strategy\\_Document\\_Draft\\_vFINAL2.pdf \(amazonaws.com\)](#)

national and local ambitions of increasing the number of people in treatment for alcohol and drugs.

## Financial Implications

15. **Value for money and cost efficiencies** were achieved in the first commissioning round in 2015 by including comprehensive training for professionals across the county as well as by integrating the service that was previously provided by two Providers. In the 2019/2020 procurement the value of the contract was decreased from £5,001,539 to £5 million which represents a significant reduction when considering the inflationary rises, and unforeseen additional costs such as PPE, seen in the first four years since the contract started and the remaining potential 4 year term of the extension.
16. The current **maximum core contract value** of delivering these services is £5 million per annum. 10% of this contract value is paid against performance measures that are aligned to our key priorities including the number of people successfully completing treatment and increasing the number of people in treatment for alcohol. The Service Provider has consistently achieved these performance targets.
17. The value of continuing to commission/provide a service is expected to continue to be in the region of £5 million per annum as per the core contract value. There is no automatic inflationary or cost of living increase built into the contract, ongoing discussions with the provider confirm that this is still affordable within the budget, whilst they also provide additional services. Therefore, if the maximum contract extension of four years is agreed this is **up to £20 million** as per the original procurement.
18. The annual core contract value will be £5 million per annum, £20 million over the four-year contract extension term.

Comments checked by:

Thomas James, Finance Business Partner, Thomas.James@Oxfordshire.gov.uk  
(Finance)

## Legal Implications

19. The proposed extension is an option exercisable by the Council which forms part of the contract and was communicated to all bidders during the original procurement. It is therefore lawful under procurement rules. There are no legal implications in exercising the option to extend the contract

Comments checked by:

Jonathan Pool, Solicitor, Jonathan.Pool@oxfordshire.gov.uk (Legal)

## Procurement Implications

20. The extension will be exercised utilising a pre-existing option that forms part of the existing contract. Therefore, there are no procurement implications for the proposed extension.

Comments checked by:

Alex White, Category Manager – Public Health, alex.white@oxfordshire.gov.uk  
(Procurement)

## Staff Implications

21. The Live Well Improve and Enable Substance Use Team within the Public Health and Community safety Directorate will continue to performance manage the contract.

## Equality & Inclusion and Climate Implications

22. Issues with substance use are not equally distributed within the population. Strong links exist between deprivation, adverse childhood experiences and substance use, with increased risk of poor outcomes borne by vulnerable populations such as people who are homeless, sex-workers and those in contact with the criminal justice system. This service addresses the wider determinants of health, identified in regular needs assessments, by targeting services and aiming to ensure equality of access. They provide non-judgmental and accessible psychosocial and clinical services across Oxfordshire, engaging vulnerable groups and those not currently accessing services through targeted assertive outreach and engagement activities to ensure improved outcomes for these populations.
23. In light of this recommended contract extension a Climate Impact Assessment has been approved by the Climate Impact Team on 20 July 2023.

## Risk Management

Risk	Mitigation
The budget is restricted with little flexibility and measures of inflation are not included. Fixed annual pricing in the contract needs to be accompanied by an agreed approach to mitigate the influence of inflation, to ensure the service provider does not struggle to provide the service	This risk will continue to be mitigated by ensuring that there is good partnership working between OCC and the service provider.
If we do not continue to have a community alcohol and drug services, there would be clinical risks to adults with substance use issues, including specific risks for circa 900 patients on opiate substitution therapy with the service and a further 225 patients in GP Practice OST. Change and discontinuity between service providers may also affect the engagement of people with substance use issues in treatment, increasing drug- and alcohol-related health harms, and their wider systemic impacts	Seeking agreement to proceed a contract extension for delivery of these services to ensure continuity of delivery
If the community alcohol and drug services is reprocured, there is a risk that current staff may choose not to move employer, which could lead to a loss of experienced staff and the culture that has worked to achieved high performance during the current contract	Seeking agreement to proceed a contract extension for delivery of these services to ensure continuity of delivery
Budget reductions during contract extension period	<ul style="list-style-type: none"> <li>• The contract has a 12-month notice period and therefore the contract could still be ceased should core funding significantly reduce</li> <li>• The OHID grant funded services are managed through a separate contract, therefore reducing the impact on this core service should the grant funding cease</li> <li>• As this is the core service provided for adults engaging in alcohol or drug misuse, should further service savings be</li> </ul>



**Delegated Decision by Cabinet Member for Public Health &  
Inequalities  
5 September 2023**

**INTEGRATED SEXUAL HEALTH SERVICE**

**Report by Corporate Director for  
Public Health and Community Safety**

**RECOMMENDATION**

**The Cabinet Member is RECOMMENDED to:**

- a) Approve the extension of a commissioned contract, via the appropriate procurement and legal route, for an Integrated Sexual Health Service provided by Oxford University Hospitals NHS Foundation Trust (OUHFT) for a period of 3 years.
- b) Approve the offer of an 8% tariff uplift to the provider, effective from 1<sup>st</sup> April 2023 to meet the additional costs of service change due to change in population health needs post the covid-19 pandemic.
- c) Delegate authority to the Director of Public Health in consultation with the Head of Legal, and Deputy Monitoring Officer and s.151 Officer, to extend the current contract and to issue a contract variation to reflect the tariff uplift and the provision of the additional services as detailed in the body of the document (bullet point 11,a,b,c,d).

**Executive Summary**

1. The Sexual Health Service is a legally mandated public health service that the council is responsible for commissioning.
2. The Oxfordshire Integrated Sexual Health Service provides open access to sexually transmitted infection (STI) testing, diagnosis and treatment services which are free at point of delivery. The Service also provides access to a full range of contraceptive choice and pre-conception advice. The Service is delivered through various healthcare settings across Oxfordshire (a combination of primary care (GP's) and secondary care (acute) sites) and online/selfcare service.
3. The Service commenced on 1st April 2019. The contract period is 5+3 years, therefore reaching its breakpoint on 31st March 2024. The Council has the option to extend for up to 3 years. On 07/02/2023 Public Health DLT approved the strategic case to continue with the provision of the integrated sexual health service beyond its breakpoint and to negotiate a contract variation with OUHFT to meet the current needs for sexual health services.

4. The annual value of the contract and the proposed tariff uplift is 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 to the Cabinet Member, consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

## Background

5. The sexual health service is a mandatory service. It is an important public health priority as most of the adult population are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and the population as a whole.
6. Sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), the transgender community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
7. If an STI is not identified and treated early, its sequelae can raise both direct and indirect costs. E.g pelvic inflammatory disease, ectopic pregnancy, infertility, adverse pregnancy outcomes, including abortion, stillbirth and premature delivery.  
If undetected and not treated STIs spread to many partners, and their partners in the community, therefore good and early treatment and contact tracing carried out in a timely manner by the service protects the whole population.
8. Sexual and reproductive health services are proven to be cost-effective and good value for money. For example, the estimated cost per annum to the public sector for unwanted pregnancies is £1,380,087 per pregnancy<sup>1</sup>. This includes costs that would be borne by other parts of the Council (such as education and social services), therefore preventing unplanned pregnancy through the use of contraception results in a cost saving across the wider council. Similarly, reducing the rate of under 18 conceptions reduces the associated costs to the council and to society as a whole. Investment in testing for HIV results in significant reductions in new HIV diagnoses therefore reducing the need for expensive long term care and cost saving for ASC.
9. An Integrated Sexual Health Service model aims to improve sexual health by providing non-judgmental and confidential services through open access, where the majority of sexual health and contraceptive needs can be met at

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<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730292/contraception\\_return\\_on\\_investment\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf)

one site, often by one health professional, and in services with extended opening hours and locations which are accessible by public transport.

10. The current Contract for the provision of an Integrated Sexual Health Service also includes the provision of the Sexual Health Promotion, HIV Prevention, a Condom Distribution Service and HIV Pre-Exposure Prophylaxis (PrEP) Service.
11. The exiting contract makes provision for an annual tariff review, in acknowledgement of the fact that sexual health procedures are affected by developments in technology and innovation and the changing needs of the local population and disease prevalence. Following benchmarking, assessment of needs and discussion with the provider, an uplift of 8% has been agreed which will support additional sexual health services. The additional services that will be provided by OUHFT following the 8% tariff uplift will include:
  - (a) Expansion of the sexual health outreach service in order to address the diverse needs of Oxfordshire's unserved population such as the homeless population, sex workers, gypsies and travellers, alcohol and substance users, and the new influx of refugees and asylum seekers in Oxfordshire. There has been a sudden growth in our local refugee and asylum seeker population with unmet sexual and reproductive needs.
  - (b) Introduction of a new and innovative method for improving detection of gonorrhoeal disease. The UK is seeing a rapid increase in gonorrhoea diagnoses; with a 50% increase in diagnoses in 2022 compared to 2021, and a 16% increase compared to 2019 (prior to the COVID-19 pandemic).
  - (c) Provision of mobile clinics for STI testing and treatment and provision of contraception to those least likely to attend sexual health clinics, E.g. providing a package of Blood Born Viruses screening, STI screening, contraception, and HIV prevention, such as pre-exposure prophylaxis (PrEP) and Post-Exposure Prophylaxis following Sexual Exposure (PEPSE). This will provide an opportunity for trained staff to have conversations with patients about how they might make positive improvements to their health or wellbeing, referring them onto healthy lifestyle services as appropriate, thus implementing "Making Every Contact Count" (MECC).
  - (d) The continuation of combined Face to Face (F2F) and online and telemedicine consultations with increased capacity in F2F clinics and reintroducing a drop-in service in clinics without the need for an appointment.

## Corporate Policies and Priorities

An Integrated Sexual Health Service fits with the **local strategic priorities** of both the Council and Public Health Directorate.

12. The **Council's Strategic Plan 2022-25**<sup>2</sup> sets the Council's vision to lead positive change by working in partnership to make Oxfordshire a greener, fairer and healthier county. This includes three priorities aligned to an Integrated Sexual Health Service (tackle inequalities, prioritise the health and wellbeing of residents and create opportunities for children and young people to reach their full potential).
13. Since 1<sup>st</sup> April 2013, the Council has been mandated under the **Health and Social Care Act 2012**<sup>3</sup> to secure provision of comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancies.
14. The **Public Health Directorate (Draft) Service Delivery Plan 2023/24**<sup>4</sup> includes a priority to assess the sexual and reproductive health needs of the population and to undertake appropriate commissioning actions ahead of the Integrated Sexual Health Service Contract break point in March 2024.

An Integrated Sexual Health Service fits with **national strategic priorities**<sup>5</sup> including:

15. The **Public Health Outcomes Framework**<sup>6</sup> (PHOF) sets a vision for public health and desired outcomes for our population. An Integrated Sexual Health Service supports delivery against several PHOF measures:
  - Total prescribed LARC (PHOF indicator C01)
  - Under 18 conceptions rate (PHOF indicator C02a)
  - Under 16 conceptions rate (PHOF indicator C02b)
  - Chlamydia detection rate per 100,000 aged 15-24 year olds (PHOF indicator D02a)
  - New STI diagnosed (excluding chlamydia aged under 25 (PHOF indicator D02b)
  - HIV late diagnosis in people first diagnosed with HIV in the UK (PHOF indicator D07).
16. The Department of Health and Social Care has set out its ambitions for improving the sexual and reproductive health in its publications:
  - A Framework for Sexual Health Improvement in England.
  - Towards Zero: The HIV Action Plan for England 2022 to 2025.
  - Women's Health Strategy for England.

## Financial Implications

17. The Public Health budget for the Sexual and Reproductive Health services is £6.4m per year which covers the cost of the integrated sexual health Services provided by OUHFT and the contraception services provided by Primary Care.
18. The current maximum contract value of delivering the integrated services is £5.6m per annum, which is paid to the provider through three different routes:

<sup>2</sup>[Strategic Plan 2022-2025 \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/strategic-plan-2022-2025)

<sup>3</sup>[The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/24/section-13)

<sup>4</sup>[20221011 Public Health Service Plan 2023-24.docx](https://www.oxfordshire.gov.uk/media/2022/10/11/Public-Health-Service-Plan-2023-24.docx)

<sup>5</sup><https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan>

<sup>6</sup>[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://www.ohid.org.uk/public-health-outcomes-framework-data)

- a) Integrated Sexual Health Service – This is the core function of the Service that is paid on Payment by Results (PbR) using the Sexual Health Tariff Grouper up to a maximum amount of £5,300,000 per year.
- b) System Integration, Leadership and Training - Block payment of £100,000 per year.
- c) Sexual Health Promotion, HIV Prevention and Condom Distribution Service (provided via a sub-contract with Terence Higgins Trust) - Block payment of £200,000 per year.

The 8% tariff uplift will apply to the PbR part of the contract ONLY. Based on the latest activity data in 2022/23, it can be estimated that the 8% uplift would amount to approximately £300k per annum.

In summary, the monetary value of continuing to provide this service is expected to continue to be in the region of £5.6m per annum as per the core contract value. The contract extension and the tariff uplift are still affordable within the existing PH budget of £6.4m per year. Therefore, the maximum contract extension of three years if agreed will require a total contract value of up to £16.8 million over the 3 years, as per the original procurement.

Comments to be checked by:

Stephen Rowles, Public Health Assistant Finance Business Partner,  
[Stephen.Rowles@Oxfordshire.gov.uk](mailto:Stephen.Rowles@Oxfordshire.gov.uk)

## Procurement Implications

19. Procurement implications considered in relation to the subject matter of this paper are:
  - (a) the issue of the contract extension notice
  - (b) Issuing a contract variation to reflect the additional services agreed due to the tariff uplift.
20. In relation to (a), the extension can be achieved using pre-existing contractual options and therefore, does not require a procurement to extend on the same terms and conditions.
21. In relation to (b), the tariff uplift is expected to increase cost under the contract by £900,000 in total over the 3-year extension period. This exceeds the relevant procurement threshold. Therefore, the contract may only be varied if the changes are considered not substantial within the definition of Regulation 72(8) Public Contract Regulations 2015 (“PCR 2015”).
22. An assessment against the criteria within the Regulation has taken place and the proposed variation has been confirmed as not substantial. Therefore, the variation can be enacted without requiring a further procurement.

Comments checked by:

Alex White, Category Manager – Public Health, Procurement and Contract Management Hub [alex.white@oxfordshire.gov.uk](mailto:alex.white@oxfordshire.gov.uk)

## Legal Implications

23. The proposed extension is an option exercisable by the Council which forms part of the contract and was communicated to all bidders during the original procurement. It is therefore lawful under procurement rules. There are no legal implications in exercising the option to extend the contract.
24. The proposed contract variations (additional services and tariff increases) are permissible under Regulation 72(1)e and 72(8) of PCR 2015

Comments checked by:

Busola Akande, Solicitor, Contracts (Legal Services) Law & Governance

[Busola.Akande@Oxfordshire.gov.uk](mailto:Busola.Akande@Oxfordshire.gov.uk)

## Staff Implications

25. The Age Well Team will continue to performance manage the contract.

## Equality & Inclusion Implications

26. Good sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), the transgender community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

The service model Integrated Sexual Health Service model aims to improve sexual health by providing non-judgmental and confidential services through open access to ensure a more equitable distribution of sexual health among these populations.

## Sustainability Implications

27. Not applicable at this stage.

## Risk Management

28. The following risks are considered and reviewed:

Risk	Mitigation
<b>Reputational Risk to the Council:</b> If we allow the current Contract to expire and we do not extend or re-commission a new service, there will be no contractual mechanism in place for providing a mandated service. This would cause severe reputational damage to the Council both locally and nationally.	Gain agreement through this paper to proceed with the provision cycle.
<b>Risk to population health and wellbeing:</b> Good sexual health is important for both physical and mental wellbeing. Poor sexual health creates a health burden for both individuals and society as a whole. Evidence suggests that there is a disproportionate burden of STIs and unintended pregnancies	Gain agreement through this paper to fund additional services to address the diverse needs of our underserved population such as the homeless population, sex workers, gypsies and travellers, substance users, the new influx of refugees and asylum in

<p>leading to abortion on people from BAME communities, and those living in the most deprived areas.</p> <p>Protecting the contacts of those with STIs helps to stop the spread of these diseases in the whole population and so benefits all residents.</p>	<p>Oxfordshire, BAME communities and those living in the most deprived areas.</p>
<p><b>Financial Risk:</b> Poor sexual health creates direct and indirect financial burdens in the system. For example, the estimated cost per annum to the public sector for unwanted pregnancies is £1,380,087. This includes costs that would be borne by other parts of the Council (such as education and social services), therefore preventing unplanned pregnancy through the use of contraception results in a cost saving across the wider council. Similarly, reducing the rate of under 18 conceptions reduces the associated costs to the council and the society as a whole. Investment in testing for HIV results in significant reductions in new HIV diagnoses therefore reducing the need for long term care and thus making a cost saving for ASC.</p>	<p>Gain agreement through this paper to proceed with the provision cycle for services that are proven to be cost-effective and good value for money.</p>
<p><b>Management risk:</b></p> <ol style="list-style-type: none"> <li>1. a large complex Contract of this nature requires considerable management.</li> <li>2. Short timescale to complete this work.</li> </ol>	<p>Public Health staffing resources have already been committed to this area of work within the Age Well team.</p> <p>The specification, and the market, is already well defined – with the former being defined nationally.</p> <p>The Contract Period may be extended for up to three years in aggregate, giving flexibility to build-in additional time (if required).</p>

## Key Dates / Next Steps

29. If this key decision is agreed the contract extension will be enacted before 30 September 2023 in time for the contract notice period, following customary due process for contract extension and variation.

Ansaf Azhar,  
Corporate Director – Public Health and Community Safety

**Background papers:** Nil

**Contact Officer:** Dr Shakiba Habibula, Consultant in Public Health Medicine  
[shakiba.habibula@oxfordshire.gov.uk](mailto:shakiba.habibula@oxfordshire.gov.uk), 07392318880

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**Divisions Affected – N/A**

## **Cabinet Member for Public Health & Inequalities**

**5 September 2023**

### **Community Outreach Active Travel (COAT) programme**

**Report by Corporate Director for Public Health & Community Safety**

#### **RECOMMENDATION**

1. **The Cabinet Member is RECOMMENDED to**
  - a) Note that officers have undertaken a procurement to commission the provision of the Community Outreach Active Travel (COAT) programme comprising a service contract and a grants programme over 3 years with the option to extend the service by up to a further 2 years, with a total estimated value of £1,025,000;
  - b) Authorise the award of the Community Outreach Active Travel (COAT) programme to the preferred bidder identified in confidential Annex A for the price tendered for a period of 3 years with the option to extend the service by up to a further 2 years;
  - c) to delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to finalise the contract documentation; and
  - d) delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer to approve the exercise of the option to extend the contract for up to a further 2 years as detailed in recommendation (b) above.

#### **Executive Summary**

2. Activities to increase the number of people walking and cycling for daily journeys (active travel) have been supported by OCC Public Health and the Active Travel team in Environment and Place since 2020 with funding from the Department for Transport's Emergency Active Travel Fund, introduced following the first lockdown to support social distancing and other Covid-19 secure measures. Since then, Oxfordshire County Council has been successful in securing funding on a yearly basis for infrastructure projects and revenue costs to support a range of active travel schemes and the delivery of complementary measures to promote walking and cycling. The complementary measures have formed the basis of OCC's Cycling and Walking Activation Programme (CWAP), led by Public Health and delivered by the Council's active travel team and a number of external agencies including Sustrans, Active Oxfordshire and Street Tag.

3. The activation programme aims to capitalise on the infrastructure works and engage the population with this new infrastructure to increase numbers cycling and walking for active travel. Its projects seek to identify effective ways to achieve modal shift, to understand barriers to cycling and walking and to work with the community to deliver interventions to enable residents to change their behaviour.
4. The community outreach project is one of the projects within CWAP; its specific objectives are:
  - To reduce inequalities in active travel (including geographical inequalities and those by age, gender, ethnicity, and socio-economic status)
  - To identify and understand the barriers to walking and cycling of people who are least likely to walk or cycle, including hyper-local barriers
  - To build local capacity to address these barriers
5. In 2021/22 and 2022/23 the community outreach project has been procured through exemption waiver on an annual basis. Given the effectiveness of the existing projects (participants reporting cycling and walking on 33% more days/month after six months engagement with community activities) and the need to be able to deliver a programme that can bring sustained behaviour change over a longer timeframe, support was secured to allocate £200,000 per annum for three years from the public health reserve to commission a 3-year contract through standard open market procurement processes.

### **Exempt Information**

6. Annex A has been placed on the exempt part of the agenda because it contains exempt information relating to the financial and business affairs of any particular person (including the authority holding that information).

### **Business Need**

7. The existing contract with Active Oxfordshire ended in June 2023 and the current procurement process is on target to be completed with a service start to the new contract on 1 October 2023.
8. Previous experience of this service supports delivery based on the academic year with a 6-month period of co-production of activities with community stakeholders, followed by their introduction in March/April when the weather has improved and there are longer days.
9. Promoting and encouraging active travel and achieving an increase in walking and cycling is a key corporate priority and forms a central part of OCC's strategy to deliver a net-zero Oxfordshire transport and travel system.
10. Active travel also contributes to delivering two other key corporate priorities: improving health and wellbeing and reducing inequalities. It promotes active and healthy lifestyles, improves road safety, and creates more inclusive communities. It is a key element of healthy place shaping which aims to create

sustainable, well designed, thriving communities where healthy behaviours are the norm and which provide a sense of belonging, identity and community.

11. In OCC's Local Transport and Connectivity Plan, the Council has set ambitious targets for active travel. By 2030 OCC's target is to:
  - a) Replace or remove 1 out of every 4 current car trips in Oxfordshire;
  - b) Increase the number of cycle trips in Oxfordshire from 600,000 to 1 million cycle trips per week;
  - c) Reduce road fatalities or life changing injuries by 50%.
12. Delivering this level of modal shift requires significant investment in new and upgraded cycling and walking network infrastructure across the county to make active travel a safer, more attractive option. Although improvements to the built environment are essential, they are not sufficient alone to deliver the desired increase in walking and cycling. National guidance is clear that infrastructure improvements need to be supported by a range of behaviour change interventions to enable and activate people to change their mode of travel. Studies show that the places where reducing car-use and modal shift have been most effective are the ones which have employed a combination of different policy instruments<sup>1</sup>.
13. In 2020/21, in Oxfordshire, 18% of adults were considered inactive (doing less than 30 minutes of physical activity each week) and almost half of Oxfordshire's children didn't reach recommended levels of activity. Crucially, this was worse amongst people living in areas of greatest deprivation<sup>2</sup>. According to the UK Chief Medical Officers' Physical Activity Guidelines, active travel is one of the important ways in which people of all ages can help to meet physical activity targets<sup>3</sup>. These factors combined show a need to channel community outreach funding into specific areas where active travel can have the most effect on improving health.
14. In the general population of England, physical inactivity is notably higher in more deprived areas<sup>4</sup>. There is a clear need to target community outreach work in areas of inequality to ensure people have the best possible chances of engaging in active travel for the benefit of their health and wellbeing.

### **Service Need**

15. In the last two years £100K per annum has been allocated for community outreach activity to take place in four areas of Oxfordshire where improvements to the cycling infrastructure are being delivered: East Oxford; Witney, Abingdon and Bicester. These areas were selected to meet Department for Transport criteria that active travel activation needed to align with where improvements to cycling and walking infrastructure were being delivered. In these communities the COAT activities were targeted on more deprived communities: in Barton, Rosehill and Blackbird Leys in Oxford, in

<sup>1</sup> Kuss and Nicolas (2022) - A dozen effective interventions to reduce car use in European cities: Lessons learned from a meta-analysis and transition management

<sup>2</sup> 2022/23 Director of Public Health Annual Report, Oxfordshire County Council (yet to be formally published)

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

<sup>4</sup> Farrell L and others. The socioeconomic gradient in physical inactivity: Evidence from one million adults in England. *Social Science & Medicine*, 2014. 123: p. 563

Caldicott in Abingdon and in the deprived areas of Witney and Bicester. The provider has offered grants to community organisations for activities that will promote active travel with between £15,000 - £25,000 being taken up by each community to fund grants ranging from £2,000 to £10,000. This funding level reflects community capacity to engage with this work.

16. In funding this contract from public health reserves, OCC would like to expand the grant funding to all the 10 most deprived wards in Oxfordshire and to sustain the activity in some of the market towns where infrastructure improvements are being delivered, as there is an opportunity to maximise modal shift. Funding of £200K per annum would enable OCC to target all 10 wards experiencing greatest health inequalities.

### Strategic Commissioning Priorities

17. The Community Outreach Active Travel programme supports the strategic objectives of the organisation:
- a) Oxfordshire County Council's Strategic Plan 2023-2025<sup>5</sup> includes commitment to put action to address the climate emergency at the heart of our work such as:
    - i. tackle inequalities in Oxfordshire;
    - ii. prioritise the health and wellbeing of residents;
    - iii. support carers and the social care system;
    - iv. create opportunities for children and young people to reach their full potential;
  - b) The Health and Wellbeing Strategy 2023;
  - c) Oxfordshire's Covid-19 Recovery and Renewal Framework;
  - d) Oxfordshire Climate Action Framework;
  - e) The Director of Public Health's Annual Report 2023<sup>6</sup>;
  - f) The Early Help Strategy<sup>7</sup> updated June 2022;
  - g) BOB ICS Strategy 2023 which identifies the need to address the wider determinants of health.
18. The service also fits with national priorities:
- a) The Government's Second Cycling and Walking Investment Strategy (CWIS2) – March 2023<sup>8</sup>;
  - b) Public Health England's Working Together to Promote Active Travel – May 2016<sup>9</sup>;
  - c) House of Commons Transport Committee's Active Travel: Increasing Levels of Walking and Cycling in England – July 2019<sup>10</sup>;

<sup>5</sup> [Our strategic plan 2022 - 2025 | Oxfordshire County Council](#)

<sup>6</sup> [Oxfordshire Public Health | Oxfordshire County Council](#)

<sup>7</sup> [Early-Help-Strategy-Update-June-2022-v2.1-1.pdf \(oscb.org.uk\)](#)

<sup>8</sup> <https://www.gov.uk/government/publications/the-second-cycling-and-walking-investment-strategy/the-second-cycling-and-walking-investment-strategy-cwis2>

<sup>9</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/523460/Working\\_Together\\_to\\_Promote\\_Active\\_Travel\\_A\\_briefing\\_for\\_local\\_authorities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523460/Working_Together_to_Promote_Active_Travel_A_briefing_for_local_authorities.pdf)

<sup>10</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmtrans/1487/1487.pdf>

- d) National Institute for Health and Care Excellence's Physical Activity: Encouraging Activity in the Community – June 2019<sup>11</sup>.

### Procurement and Contract Overview

19. Prior to commencing the tendering process, market research was carried out and several potential bidders were contacted to discuss the COAT programme – this was an opportunity for them to ask any questions;
20. Since the total service contract value, excluding grant funding, was not expected to exceed £150k based on 3+2 years term.), the OCC procurement route comprised a single stage process advertised on Contracts Finder since the service contract value is below the Public Contracts Regulations 2015 threshold under the Light Touch Regime. It used the Council's e-tendering portal and organisations were invited to tender for the provision of the service;
21. The tender was published on the 16 June 2023 and closed on the 17 July 2023; A paper recommending the preferred supplier was presented to Public Health DLT on 22 August 2023;
22. Details of the tender assessment are set out in Exempt Annex A and it can be seen that the most economically advantageous tender is that submitted by the preferred bidder.
23. It is proposed that the preferred bidder will be notified in early September and then a mobilisation period of 3-4 weeks begins, during which time the contract is signed by both parties. This allows time for the preferred bidder 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;
24. The contract is scheduled to begin on 1 October 2023.

### Financial Implications

25. The contract is for 3 years, plus up to a further two years as an optional extension if funding is available;
26. The estimated value of the service contract was £30,000 per annum that is £90,000 over 3 years' contract term. The total value of the grant funding available for COAT projects is £170,000 per annum that is £510,000 over 3 years' term;
27. Additional £25,000 is available in year 1 of the contract to be spent on COAT projects in Banbury. This has been provided by Active Travel England;
28. The approximate total value across the 3+2 term of the contract, was estimated to be up to £1,025,000 (£150k + £870k + £25k);
29. Funding has been sourced from the public health reserve and the £600,000 required to support the first 3 years of the contract has been secured and approved for spending.

Comments checked by:

Stephen Rowles, Assistant Finance Business Partner for Adult Social Care, Public Health and Community Safety [Stephen.rowles@oxfordshire.gov.uk](mailto:Stephen.rowles@oxfordshire.gov.uk)

<sup>11</sup> <https://www.nice.org.uk/guidance/qs183/resources/physical-activity-encouraging-activity-in-the-community-pdf-75545719693765>

## Legal Implications

30. The council is required to comply with its Contract Procedure Rules when procuring goods, works and services. This service has been procured as a light touch regime contract below the threshold set by the Public Contracts Regulations 2015.
31. The grant funding to be administered on the council's behalf by the service provider does not constitute consideration to the service provider under the contract. The service provider will not be retaining any of the grant funding or benefitting from it.
32. Where any proposed grant award constitutes a subsidy, the award will need to be dealt with in accordance with the Subsidy Control Act 2022.

Comments checked by:

Jayne Pringle, Principal Solicitor – Contracts & Conveyancing

[Jayne.pringle@oxfordshire.gov.uk](mailto:Jayne.pringle@oxfordshire.gov.uk)

## Staff Implications

33. The service will be contract managed within existing staffing and funded from the Public Health reserve. 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 1 October 2023.

## Equality & Inclusion Implications

34. An Equality Impact Assessment has been completed and submitted to Lauren Rushen in the Policy Team (please see Annex 1).

## Sustainability Implications

35. The provision of the service will contribute to the Councils Climate ambitions. The programme will work to increase uptake of active travel modes, thereby promoting modal shift and reducing the reliance on the private car. This in turn will reduce traffic congestion and benefit the health and wellbeing of the wider population through improved air quality and reduced noise pollution.

## Risk Management

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

<b>Risks and mitigations (shown in italics)</b>	<b>Benefits and opportunities</b>
---	-----------------------------------

<p>One or more of the projects that the supplier provides funding for might be unsuccessful with poor uptake or negative reviews.</p> <p><i>OCC will work closely with the provider to ensure that lessons learned from previous community outreach work are integrated into future projects.</i></p>	<p>OCC Public Health can use the benefit of their experience having worked with Active Oxfordshire as the previous COAT provider to ensure that any mistakes are learned from, and opportunities are nurtured.</p>
<p>The procurement fails because potential bidders are unaware of the scope of the programme or may feel ineligible to bid</p> <p><i>OCC have established working relationships with both the previous provider and other potential providers. A market engagement exercise has shown that there are a range of providers who would be interested in delivering this contract</i></p>	<p>The benefit of conducting the market research meant that interested parties could be better prepared for the tendering process and parties who weren't previously aware of the programme could find out more about it and consider whether to bid.</p>
<p>Tight timescales to complete the procurement process</p> <p><i>We are working closely with Alex White, Contract Manager in Public Health to ensure that momentum is maintained with the procurement process</i></p>	<p>The conciseness of this procurement timetable has ensured a strong focus has been maintained on deadline and outcomes, and this will enable good time management for future procurement exercises.</p>
<p>Infrastructure schemes don't come forward with which this activity could be aligned</p> <p><i>We have regular contact with the Infrastructure Locality teams and can find out at an early stage where and when infrastructure schemes are being installed</i></p>	<p>A high level of investment has gone into new active travel infrastructure in the wake of the pandemic – this provides an opportunity to harness behaviour change in areas that have benefited from this funding.</p>
<p>Potential duplication of effort if other physical activity work is targeting the same groups</p> <p><i>We will continue to maintain strong partnership working with district councils and other external parties to ensure efforts are aligned and not duplicated</i></p>	<p>There are opportunities here to encourage greater partnership working by introducing community groups and other stakeholders to each other and enabling/promoting co-production of active travel initiatives</p>
<p>If the future provider is different to the existing one, this will potentially result in a longer mobilisation period as details will need to be handed over and new relationships formed</p> <p><i>OCC will work closely with any future provider(s) to ensure that the handover and contact from the existing provider is swift and meaningful. This has been allowed for in the mobilisation period.</i></p>	<p>The mobilisation period will include ample time for contract signing, and all relevant handover of information. This presents an opportunity for providers of similar backgrounds/aims to work collaboratively, with the help of OCC.</p>

## Consultations

37. Communication has been ongoing with the following stakeholders:
- Between OCC Public Health and colleagues from Information Governance, Legal, Procurement and Finance
  - Between OCC Public Health and stakeholders include district councils and registered charities, as part of the market engagement aspect of this procurement exercise

## Key Dates / Next Steps

- 38.
- 17 July: tendering process ends
  - 18 July-18 August: OCC moderation and possible interviews/clarification questions with candidates
  - 22 August: Gate 3 paper and successful provider to be approved by Public Health DLT
  - 5 September: Key Decision to be approved by Cabinet Member
  - Early September: Successful candidate notified, and 3-4 week mobilisation begins
  - 1 October: Contract begins
39. 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.

**Annex 1** – Equalities Impact Assessment

**Annex 2** – Exempt – tender evaluation

Ansaf Azhar

Director of Public Health and Community Safety

Contact Officer: Rosie Rowe, Head of Healthy Place Shaping  
[Rosie.rowe@oxfordshire.gov.uk](mailto:Rosie.rowe@oxfordshire.gov.uk)

16 August 2023



**Oxfordshire County Council**  
**Equalities Impact Assessment**

Community Outreach Active Travel

Procurement Exercise

May 2023

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## Section 1: Summary details

<b>Directorate and Service Area</b>	Public Health, Healthy Place Shaping
<b>What is being assessed</b> (e.g. name of policy, procedure, project, service or proposed service change).	Community Outreach Active Travel contract – procurement exercise
<b>Is this a new or existing function or policy?</b>	Existing function
<b>Summary of assessment</b> Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).	<p>The Community Outreach Active Travel (COAT) contract includes an agreed amount of funding which is awarded to the successful candidate. They are then responsible for allocating pots of funding to individual projects in communities which actively improve residents’ levels of active travel, physical activity and mental wellbeing.</p> <p>This assessment aims to show that the potential impacts of this procurement exercise and subsequent continuation of the service will be overwhelmingly positive. The projects delivered by the COAT programme actively target health inequalities by assigning funding to areas of known deprivation, or with community groups which are of a specific demographic which would benefit from engaging more with active travel.</p>
<b>Completed By</b>	John Lee
<b>Authorised By</b>	
<b>Date of Assessment</b>	04/05/2023

## Section 2: Detail of proposal

<p><b>Context / Background</b></p> <p>Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.</p>	<p>The COAT programme is currently awarded on an annual basis and the existing provider, Active Oxfordshire, have worked with partners across Bicester, Witney and Oxford over the past year to deliver over 30 different active travel interventions, including bike libraries with schools, cycling groups for women and minority ethnic groups, health walks and many more.</p> <p>We are now undergoing the procurement process to renew this programme for a further three years from September 2023, using confirmed funds from Public Health reserves. This is the preferred delivery method because it will help to deliver sustained behaviour change and maintain continuity with those being reached.</p>
<p><b>Proposals</b></p> <p>Explain the detail of the proposals, including why this has been decided as the best course of action.</p>	<p>Due to the current contract expiring in summer 2023 and the level of funding involved, a light touch procurement process is necessary to allow external organisations the chance to bid for the work. Following the approval of the business case in mid-May, we plan to run a 4-week tendering process followed by an in-house review of applications. The successful candidate will be informed ahead of a mobilisation period in the run-up to the contract starting in September 2023.</p> <p>This is the best course of action because it allows multiple parties to present how they will best use the funding and will give OCC the chance to appoint the person/s best-suited to the job.</p>
<p><b>Evidence / Intelligence</b></p> <p>List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities</p>	<p>The existing provider (Active Oxfordshire) have compiled review reports which are shared with OCC. These detail the quantity and spread of people reached by the COAT projects and enable OCC to see how effective the programme is at delivering sustained behaviour change.</p> <p>The nature of the contract is such that by delivering active travel interventions, we are in turn reducing the reliance on car journeys, helping to improve air quality and making people more aware of their natural environment. All of this contributes to delivering on our climate commitments.</p>

or groups and our ability to deliver our climate commitments.

**Alternatives considered / rejected**

Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.

As part of the development of this procurement exercise and compiling the business case, a number of options were considered:

1. Do Nothing – this was considered with the sole benefit that it would free up Public Health funding to be used elsewhere, however this comes with several drawbacks which include failing to tackle health inequalities
2. Continue to procure on annual basis – this has been proven successful in the past but the staff time and resource required each year to procure a new contract would have knock-on effects to the public
3. Deliver the programme in-house – one option would be to rely on Active Travel colleagues to deliver the interventions but there may be issues with resourcing
4. Procure on a three-year contract with the option for extending by a further one year – this is the preferred option as it will deliver sustained behaviour change and strengthen partner relationships further

### **Section 3: Impact Assessment - Protected Characteristics**

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The COAT programme targets specific age groups which would benefit the most from engaging in active travel. These include school-age children who might need to learn how to cycle as well as older residents who may suffer from isolation and physical inactivity – getting them involved in health walks can bring a host of benefits		To be delivered by the successful candidate of this procurement exercise	Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The COAT programme has already delivered projects which are tailored to, or applicable to, people with disabilities or long term health conditions, such as e-trike lessons and self-guided walks around Cowley LTN. The programme will look to continue to strengthen its focus on activities for these groups.		To be delivered by the successful candidate of this procurement exercise	Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate
<b>Gender Reassignment</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Marriage &amp; Civil Partnership</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>Pregnancy &amp; Maternity</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There are no clear impacts on these groups from the existing contract but there is potential to integrate new projects encouraging physical activity in pregnant people and new parents in the future.</p>			
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The COAT programme will help to improve physical activity in the county, benefitting residents from all ethnic backgrounds.</p> <p>There is a complex association between levels of physical activity, area level deprivation and ethnicity. However, statistics show that those from minority ethnic groups and people living in areas of higher socio-economic deprivation are more likely to be inactive. COAT projects are chosen with health inequalities at the forefront, meaning that less active groups and geographical areas are more likely to receive funding.</p>		<p>To be delivered by the successful candidate of this procurement exercise</p>	<p>Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate</p>

<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The COAT programme has delivered a range of interventions specifically targeted at women. LTN Bikeability training has been offered to women of colour, JoyRiders conduct women-only groups, and Breeze Skills offer women-specific cycle sessions.</p> <p>Since women are less likely to engage with cycling, these examples of how COAT funding has been used show that we are positively impacting under-represented groups.</p>		<p>To be delivered by the successful candidate of this procurement exercise</p>	<p>Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate</p>
<b>Sexual Orientation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>Religion or Belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>We recognise that certain cultural barriers exist within active travel. For example, there are forms of religious dress which are impractical for cycling and people from certain groups feeling less confident engaging in active travel alone or in public.</p> <p>The COAT programme will aim discover more about the ways in which active travel can be promoted for everyone.</p>		<p>To be delivered by the successful candidate of this procurement exercise</p>	<p>Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate</p>
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### Section 3: Impact Assessment - Additional Community Impacts

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Armed Forces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Areas of deprivation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The COAT programme has an overarching theme of tackling health inequalities. This means the projects being funded will target residents living in areas of deprivation.</p> <p>People in lower socio-economic groups are more likely to be inactive and suffer the resulting poor health outcomes from long term inactivity.</p> <p>The COAT programme will work to narrow the gap between the more and the less deprived communities by providing equitable support to those in more deprived areas.</p>		To be delivered by the successful candidate of this procurement exercise	Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate

### Section 3: Impact Assessment - Additional Wider Impacts

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
<b>Staff</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The COAT contract will broaden staff knowledge on what works well and what doesn't in terms of active travel projects. It will also further strengthen OCC and the successful candidate's ties with partners and community groups.		To be delivered by the successful candidate of this procurement exercise	Quarterly reviews between contract holder and OCC, together with ad hoc discussions where appropriate
<b>Other Council Services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Providers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Social Value <sup>1</sup></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<sup>1</sup> If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area

## Section 4: Review

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

<b>Review Date</b>	June 2024
<b>Person Responsible for Review</b>	John Lee, Health Improvement Practitioner
<b>Authorised By</b>	

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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