



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

***Tuesday, 1 October 2024 at 1.00 pm***

***Room 3 - 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 9 October 2024 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**

A handwritten signature in blue ink that reads "Reeves".

Martin Reeves  
Chief Executive

Date Not Specified

Committee Officer: **Democratic Services Team**  
*committeesdemocraticservices@oxfordshire.gov.uk*

Note: Date of next meeting: 12 November 2024

**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. Declarations of Interest

See guidance below.

### 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. Minutes of the Previous Meeting (Pages 1 - 4)

To confirm the minutes of the meeting held on 2 July 2024 to be signed by the Chair as a correct record.

### 5. Smoking Cessation Services Commissioning (Pages 5 - 10)

*Cabinet Member:* Public Health, Inequalities & Community Safety

*Forward Plan Ref:* 2024/130

*Contact:* Derys Pragnell, Public Health Consultant,  
[Derys.pragnell@oxfordshire.gov.uk](mailto:Derys.pragnell@oxfordshire.gov.uk)

Report by Director of Public Health & Community Safety

**The Cabinet Member is RECOMMENDED to:**

- a) **Approve the budget for and authorise the Director of Public Health to commence the procurement of a Local Stop Smoking Service, Public Health Service in Oxfordshire**
- b) **Delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer and Section 151 Officer, to award and complete the contract for a Local Stop Smoking Service 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.**

## **6. Oral Health Service Procurement (Pages 11 - 16)**

*Cabinet Member:* Public Health, Inequalities and Community Safety

*Forward Plan Ref:* 2024/282

*Contact:* Jannette Smith, Public Health Principal Officer

[\(Jannette.Smith@oxfordshire.gov.uk\)](mailto:Jannette.Smith@oxfordshire.gov.uk)

Report by Director of Public Health and Communities

**The Cabinet Member is RECOMMENDED to**

- a) **Approve the budget for and authorise the Director of Public Health and Communities to commence the procurement of an Oral Health Service in Oxfordshire; and**
- b) **Delegate authority to the Director of Public Health and Communities in consultation with the Head of Legal and Deputy Monitoring Officer and Section 151 Officer, to award and complete the contract for an Oral 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.**

## **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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# Agenda Item 4

## DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH, INEQUALITIES & COMMUNITY SAFETY

**MINUTES** of the meeting held on Tuesday, 2 July 2024 commencing at 1.00 pm and finishing at 1.15 pm

**Present:**

**Voting Members:** Councillor Dr Nathan Ley – in the Chair

**Officers:** Jack Ahier (Democratic Services Officer), Jason Crapper (Area Manager C), Kate Holburn (Head of Public Health Programmes), Sam Read (Public Health Programme Manager), Owen Rye (Health Improvement Practitioner).

*The Cabinet Member for Public Health, Inequalities and Community Safety considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.*

### 5 **DECLARATIONS OF INTEREST**

(Agenda No. 1)

There were none.

### 6 **QUESTIONS FROM COUNTY COUNCILLORS**

(Agenda No. 2)

There were none.

### 7 **PETITIONS AND PUBLIC ADDRESS**

(Agenda No. 3)

There were none.

### 8 **MINUTES OF THE PREVIOUS MEETING**

(Agenda No. 4)

The minutes of the meeting held on 4 June 2024 were signed by the Chair as a correct record.

### 9 **AUTOMATIC FIRE ALARM ATTENDANCE POLICY**

(Agenda No. 5)

The Chair introduced the item to the meeting.

The Chair noted that the report set out responses to an ongoing consultation exercise, as well as noting the efficiencies in response to automatic alarms.

Officers noted a slight error in the order of preference that was expressed by stakeholders in regard to the different options; with option A being the least popular and option C being the second most popular, as opposed to the other way round.

Officers noted that the report intended to align policies across the Thames Valley to improve inter-operability.

Following a question from the Chair about the policy's impact on low and medium risk buildings, officers confirmed that the policy would not remove the risk, but that it is at a low level and that officer's professional judgement would continue to be used in circumstances when the situation may differ.

The Chair thanked officers for their work and agreed to the recommendations in the report.

**RESOLVED to:**

**Note the results of the consultation exercise as set out in this report and the consultation report attached at Appendix Two, and delegate authority to the Chief Fire Officer to:**

**a) Select amongst the proposed automatic fire alarm response options as deemed appropriate following discussions with other Thames Valley fire and rescue services; and**

**b) To elevate building types into a higher risk category, either temporarily or on a permanent basis, to manage an identified risk posed by that type of building in the future.**

**10 SUPPLEMENTARY SUBSTANCE MISUSE SERVICE CONTRACT**  
(Agenda No. 6)

The Chair introduced the item to the meeting.

The Chair stated the scheme sought to enhance substance misuse services in Oxfordshire in-line with the national strategy.

Officers confirmed that funding was received via the Office of Health Improvements and Disparities and the Department of Levelling Up, Housing and Communities grants as part of a National Drug Strategy.

Officers noted that an extension was being sought for the full three years, to ensure stability of the service, on the basis that the grants would be extended, but that was not confirmed at the present stage.



Officers explained that measures had been put in place around finances to mitigate potential risks if the grants were not continued.

The Chair thanked officers for their work, praised the work of the service and agreed to the recommendations in the report.

**RESOLVED to:**

- a) Approve the contract extension, via the appropriate legal route, for the Supplementary Substance Misuse Service, provided by Turning Point, for a period of 3 years.**

..... in the Chair

Date of signing ..... 03/09/2024

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## Divisions Affected - All

### **Delegated Decision by Cabinet Member for Public Health, Inequalities and Community Safety**

**1<sup>st</sup> October 2024**

### **Budget approval for provision of a Local Stop Smoking Public Health Service in Oxfordshire**

### **Report by Director of Public Health and Communities**

## **RECOMMENDATION**

The Cabinet Member is **RECOMMENDED** to:

- a) **Approve the budget for and authorise the Director of Public Health to commence the procurement of a Local Stop Smoking Service, Public Health Service in Oxfordshire**
- b) **Delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer and Section 151 Officer, to award and complete the contract for a Local Stop Smoking Service 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**

1. Smoking tobacco is the single biggest cause of preventable illness and death in England – up to two out of three people who smoke lifelong die of smoking.
2. Overall prevalence of smoking is in decline both nationally and locally. Most recent local prevalence data for Oxfordshire suggests 11.2% of Oxfordshire adults smoke (circa 60,000 residents). We continue to see higher rates of smoking in key population groups. Around 25.7% of those working in routine and manual occupations and 36.4% those living with a serious mental illness smoke<sup>1</sup>.
3. People who quit smoking with the support of high-quality local stop smoking service (LSSS) have at least triple the success with quitting, compared to no support.

4. Central government has issued funding via a Section 31 grant, to all local authorities in England, ring fenced to initiatives and services to increase the number of people accessing stop smoking services: until 2028-29. Oxfordshire is set to receive £795,255 per annum. A requirement of receipt of this funding is maintaining 2022/23 spend on specialist stop smoking services, which for Oxfordshire was £375,000 per annum.
5. The current contract ends on 30<sup>th</sup> June 2025. It provides a three-tiered approach with only target groups receiving full quit support. The new service will be open to all, have increased capacity to support more people to quit and will include enhanced targeted support to communities with highest smoking prevalence.
6. The new contract needs to commence from **1<sup>st</sup> July 2025** to avoid a break in service provision. The current providers are aware of the contract end date and the need to re-procure services and there is sufficient time to procure and award a new contract. It is anticipated that the invitation to tender will be published 1<sup>st</sup> November 2024, with evaluation completed by early March, and contract award by 1<sup>st</sup> April 2025 followed by a mobilisation phase.
7. The new contract value will be approximately **£1,017,000 per annum**, comprising £642,000 from the Section 31 grant funds and the required addition of £375,000 from the Public Health Grant. The initial contract term is proposed to be 3 years and 9 months, with the option for the Council to extend by up to a further 24 months in aggregate.
8. The 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 one that is delegated to the Cabinet Member for Public Health to take, consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

## Background

9. Smoking tobacco is the single biggest cause of preventable illness and death in England – up to two out of three people who smoke lifelong, die of smoking. It is a major risk factor for many diseases, including various cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking still accounts for 1 in 6 of all deaths in England, and there are huge inequalities in smoking and smoking related deaths. Reducing smoking rates is the single biggest thing we can do to improve the nation's health.
10. For many, smoking is not a lifestyle choice. Research over the last 5 years shows most people who smoke want to quit, but cannot due to an addiction to nicotine that started in their teenage years. Over 80% of people who smoke started before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want.

11. The current Stop Smoking Service in Oxfordshire provides 3 levels of support. The new service will be open to all people who smoke, providing smoking cessation support and appropriate pharmacology to all whom requires it.

### Corporate Policies and Priorities

12. This commission aligns with the following **local priorities**:

- (a) Oxfordshire County Council's **Strategic Plan 2023-2025** which includes commitments to tackle inequalities in Oxfordshire, prioritise the health and wellbeing of residents and create opportunities for children and young people to reach their full potential.
- (b) Oxfordshire **Joint Health and Wellbeing Strategy 2024 -2030** has a focus around shifting to prevention, with a focus on preventing the start of smoking through endorsing Oxfordshire being smokefree, using all evidence-based means, including vapes to achieve this and making support known and accessible to all whom need it.
- (c) **Oxfordshire JSNA 2019** highlighted smoking tobacco as the biggest behavioural risk factor attributed to healthy life lost in 2019.
- (d) **The Berkshire, Oxfordshire and Buckinghamshire (BOB) Integrated Care Partnership (ICP) Strategy (2023)** outlines priorities to provide or proactively refer people to services to help them stop smoking, particularly in deprived areas.
- (e) **The Oxfordshire Tobacco Control Strategy (2020-25)** takes a whole system approach across four pillars; prevention, local regulation and enforcement, creating smoke free environments and of most significance here – supporting people who smoke to quit.

This commission aligns with the following **National Priorities and evidence base**:

- (f) **The Smokefree 2030 ambition for England:** In 2019, the government published its green paper on preventative health; here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less.
- (g) **Khan Review: making smoking obsolete**, (2022) sets out several recommendations. This included four "critical must dos" for the Government.
- (h) **Stopping the Start: New plan to create a smokefree generation - Tobacco and vapes Bill** by former government. This is set to continue to be prioritised by new Government giving strong signals of continued commitment to becoming smokefree following recommendations in the Khan report.
- (i) **Local Stop Smoking Service and Support: Commissioning, Delivery and monitoring guidance (2024)** outlines a range of best practice including striving for a stop smoking. Effective local commissioning of stop smoking support will require investment in motivating quit attempts through public health communication campaigns and outreach. It will also ensure that stop smoking support can be provided at scale, and that those who have the greatest challenges with quitting have access to intensive support.

- (j) **NICE** Guidance (NG92) commissioning and outcomes guidance.

### **13. Financial Implications**

The contract value is expected to be approximately £1,017,000 per annum in line with the funding assigned for this contract. The contract term will be 3 years 9-months with a maximum extension of 24 months (in aggregate). If the contract was extended to its maximum term, thus lasting 5 years and 9 months, the total contract value would be approximately £5,847,750.

Comments checked by: Emma Percival, Finance Business (Financial and Commercial Services) [Emma.Percival@Oxfordshire.gov.uk](mailto:Emma.Percival@Oxfordshire.gov.uk)

### **14. Legal Implication**

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).

The Contract will be tendered in accordance with the requirements of the Public Contracts Regulations 2015 as amended by the Health Care Services (Provider Selection Regime) Regulations 2023.

Comments checked by: Marina Lancashire, Solicitor Contracts & Conveyancing [Marina.Lancashire@Oxfordshire.gov.uk](mailto:Marina.Lancashire@Oxfordshire.gov.uk)

### **15. Staff Implication**

The Live Well Promote and Prevent 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<sup>st</sup> July 25.

### **16. Equality and inclusion implications**

Anyone who smokes and would like support to quit would be eligible for this service, with additional support i.e. longer access to behaviour change support or peer support, made available for those with a higher prevalence of smoking – i.e. routine manual workers, those with long-term conditions, including mental health, severe mental health illness, pregnant women– list not exhaustive.

### **17. Sustainability Implications**

Bidders will need to describe how they will provide social value that will benefit local communities within Oxfordshire, in accordance with the Council's social value policy.

## **18. Risk Management**

If we do not proceed with this procurement, there will be no contractual mechanism for providing Stop Smoking Support to individuals who current smoke.

The key risks identified for this commission are:

- (k) There is strong interest in the commission, evidenced by the market engagement. This showed a number of different approaches to potential delivery, so ensuring these matches the need for Oxfordshire will be key in evaluation of the full competitive tender.
- (l) There is a risk of uncertainty of year-on-year government funding (Public Health Grant and in Section 31 Grant). This will be mitigated as far as possible through contractual terms and conditions, including a break clause and / or a right for the Council to reduce services if funding is cut.
- (m) TUPE of staff and transfer of care of existing clients if the tender is awarded to a new provider. A minimum 3-month implementation period and plan will be required to allow TUPE to be completed.

## **19. Consultations**

Statutory consultation is not required for this proposal. However, we have drawn insight from relevant activity to inform this work.

A market engagement exercise was undertaken in August 2024 which demonstrated that there is interest from several different organisations in tendering for the new contract.

**Ansaf Azhar**  
**Director of Public Health and Communities**

Contact Officer:

Derys Pragnell, Public Health Consultant, Live Well Promote and Prevent  
[Derys.Pragnell@oxfordshire.gov.uk](mailto:Derys.Pragnell@oxfordshire.gov.uk)

September 2024

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**Divisions Affected - All**

## **DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH, INEQUALITIES AND COMMUNITY SAFETY**

**01 OCTOBER 2024**

### **ORAL HEALTH SERVICE PROCUREMENT**

**Report by Director of Public Health and Communities**

#### **RECOMMENDATION**

The Cabinet Member is **RECOMMENDED** to

- a) **Approve the budget for and authorise the Director of Public Health and Communities to commence the procurement of an Oral Health Service in Oxfordshire; and**
- b) **Delegate authority to the Director of Public Health and Communities in consultation with the Head of Legal and Deputy Monitoring Officer and Section 151 Officer, to award and complete the contract for an Oral 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**

1. This paper details requirements for the Oral Health Service procurement. The current commissioning arrangements for oral health services include oral health promotion delivered in community settings and an oral health survey. This contract does not include dentistry provision.

The contract ends on the 31st July 2025 and cannot be extended further. An Options Paper was presented at Public Health DLT in June 2024, followed by the Business Case in August 2024, which was approved with an agreed option to:

**Commission an expanded needs-led oral health promotion service model with oral health surveys to assess local need.**

Oxfordshire County Council Commercial Board approved the Business Case in August 2024.

2. The Oral Health Service will reduce oral health inequalities through oral health promotion and conducting oral health surveys in Oxfordshire. Future oral health promotion will be commissioned through an expanded model, to include targeted interventions for priority groups. It will offer a universal health promotion element and targeted work for the priority groups identified in the Oral Health Needs Assessment 2023. Targeted interventions will include supervised toothbrushing programmes for early years and provision of toothbrush and toothpaste packs for early years, community and care settings.
3. Oral health surveys will be provided in identified settings, such as early years, schools and residential settings for older adults. The data will be used to inform the future of targeted interventions.

## **Background information**

4. Poor oral health is almost entirely preventable and despite good progress over the last few decades, oral health inequalities remain a significant public health problem in England. Poor oral health impacts children and families' health and wellbeing; potentially causing pain, discomfort, sleepless nights, loss of function and self-esteem, and disruption to family life, including ability to work.<sup>1</sup> It has also been associated with poor diabetic control, lung disease and cardiovascular disease. Lifestyle choices also impact on a person's oral health - for example, tobacco use and drinking alcohol above the recommended levels are risk factors for developing oral cancer; the combined effect multiplies this risk.
5. Oxfordshire County Council Public Health has a responsibility to provide oral health promotion programmes, and an oral health survey to improve the oral health of residents.
6. The current oral health promotion provision in Oxfordshire includes training for staff working with children in early years and school settings and adults in care homes. This training incorporates accreditation schemes to support settings to adopt tooth-friendly practices and promote positive oral health messages. In addition, the service delivers digital oral health promotion, oral health education and outreach oral health promotional work.
7. The proposed new service will continue to provide universal health promotion but will focus on population groups identified in the Oral Health Needs Assessment. This needs assessment identifies those at greater risk of tooth decay, gum disease or mouth cancer, and who have greater difficulty accessing dental services for prevention and treatment, will receive more targeted support. In particular, more vulnerable groups, including Children We Care For and older adults living in care homes. This includes people with physical impairments or learning disabilities and people with chronic medical conditions, frailty or dementia. The service will be required to deliver targeted supervised toothbrushing in areas with high levels of tooth decay to reduce oral health inequalities.

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<sup>1</sup> [Adult oral health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/adult-oral-health-applying-all-our-health)

## Corporate Policies and Priorities

8. The service aims to improve oral health through targeted intervention, and supports Oxfordshire's Joint Health and Wellbeing Strategy, emphasising prevention and reducing health inequalities. The Oxfordshire Joint Health and Wellbeing Strategy 2024-2030 outlines the importance of shifting to prevention; “preventative work that one organisation does may positively benefit another — so we must take a system wide approach”<sup>2</sup>.
9. The Oral Health Service plays an important role in supporting communities to stay healthy by preventing illness and reducing the need for treatment. Oxfordshire’s Prevention Framework also describes how this whole systems approach can increase quality of life and reduce health inequalities by identifying priority areas for improving population health.
10. The Oral Health Needs Assessment 2023 pinpointed specific population groups at greater risk of dental issues such as cavities, periodontal disease, and oral cancer, and who face increased challenges in accessing preventive dental care; this contract addresses recommendations aimed at focusing on these priority groups. The priority groups are:
  - Children We Care For
  - People with physical impairments or learning disabilities
  - People with chronic medical conditions, frailty or dementia
  - Asylum seekers and refugees
  - People experiencing homelessness
  - Gypsy, Roma, and Travelling communities
  - Older adults living in care homes
11. Oxfordshire’s Strategic Plan 2023-25<sup>3</sup> sets out the vision to make Oxfordshire greener, fairer and healthier. The Oral Health Service supports the key priorities to tackle inequalities in Oxfordshire and prioritise the health and wellbeing of residents, by working “with those communities most at risk of poor health”.
12. The Oral Health Service can support the Integrated Care Board’s effort in promoting accessible dentistry as outlined in the Health Overview Scrutiny Committee Report and Recommendations on Dentistry Provision in Oxfordshire.<sup>4</sup>

## Financial Implications

13. The expected total contract value over 4 years is expected to be £600,000 with an annual value of £150,000.

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<sup>2</sup> [All Company - oxfordshirejointhwstrategy\(1\)\\_DavidMunday.pdf - All Documents \(sharepoint.com\)](#)

<sup>3</sup> [CC Strategic Plan 2022 to 2025 \(oxfordshire.gov.uk\)](#)

<sup>4</sup> [aebhdfh \(oxfordshire.gov.uk\)](#)

14. We will build in flexibility into the service specification and contract for any government spending plans for oral health promotion in children, as outlined in Labour's Child Health Action Plan.<sup>5</sup>

Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,  
[Stephen.rowles@oxfordshire.gov.uk](mailto:Stephen.rowles@oxfordshire.gov.uk)

## Legal Implications

15. The proposed services will fall under the Council's duties to take such steps as it considers appropriate for improving the health of the people in its area in accordance with Section 12 of the Health and Social Care Act 2012.
16. The procurement process will begin in October 2024, with the new contract starting in August 2025. The contract duration is proposed to be 3 years with an option for the Council to extend by up to one year.
17. The Contract will be tendered in accordance with the requirements of the Public Contract Regulations 2015. The Health Care Services (Provider Selection Regime) Regulations 2023 will not apply to this commission as it is a general health promotion activity rather than the provision of health services to individuals.

Comments checked by:

Jonathan Pool, Solicitor (Contracts), [Jonathan.pool@oxfordshire.gov.uk](mailto:Jonathan.pool@oxfordshire.gov.uk)

## Staff Implications

18. 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 1st August 2025. The Start Well Team will manage the contract through quarterly contract review meetings.

## Equality & Inclusion Implications

19. Population groups identified in the needs assessment as having greater risk of tooth decay, gum disease or mouth cancer, and who have greater difficulty accessing dental services for prevention and treatment, including people with physical impairments or learning disabilities, people with chronic medical conditions, frailty or dementia, older adults living in care homes and Children We Care For, will receive more targeted support.

## Sustainability Implications

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<sup>5</sup> [Labour's Child Health Action Plan will create the healthiest generation of children ever – The Labour Party](#)

20. Bidders will need to describe how they will provide social value that will benefit local communities within Oxfordshire, in accordance with the Council's social value policy.

## **Risk Management**

21. Local authorities are statutorily required to provide oral health promotion programmes and oral health surveys to improve oral health and reduce health inequalities. There is reputational risk to Oxfordshire if the local authority is in breach of statutory obligations.

22. The key risks identified for this commission are:

- (a) Capacity issues in current system may mean that promoting access to dentistry will increase demand dentists cannot currently meet
- (b) Success of the supervised toothbrushing scheme in early years settings is dependent on support and buy-in from settings
- (c) Willingness and capacity of system partners to work together to improve the oral health of residents

## **Consultations**

23. An Oral Health Needs Assessment was undertaken in 2023 which included consultation with local residents and professionals. These findings will be incorporated into the commissioning process and service design.

24. A market engagement exercise was undertaken in August 2024. These views will be incorporated into the commissioning process and service design.

**Ansaf Azhar**  
**Director of Public Health and Communities**

Contact Officer: Jannette Smith, Public Health Principal, Start Well  
[jannette.smith@oxfordshire.gov.uk](mailto:jannette.smith@oxfordshire.gov.uk)

10<sup>th</sup> September 2024

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