

## **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:

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## 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**

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10<sup>th</sup> September 2024