

CABINET

DATE	11 th March 2026
REPORT OF	Councillor Stan Shreeve, Portfolio Holder for Health, Wellbeing, and Adult Social Care
RESPONSIBLE OFFICER	Diane Lee – Director of Public Health
SUBJECT	Procurement: Oral Health Services
STATUS	Open
FORWARD PLAN REF NO.	Not included on the Forward Plan therefore, to be considered under the General Exception provisions of the Constitution

CONTRIBUTION TO OUR AIMS

In line with Marmot Place principles, Oral Health Services reduce the socio-economic gap of Oral Health across the population. By ensuring support is directed to those who need it most, oral health services reduce health inequalities, and support positive outcomes for individuals, families, and the wider community.

This service directly supports the Council's strategic aims as outlined in the Council Plan; Our Vision and Aims by contributing to:

- Stronger Communities: Supporting vulnerable residents to live healthier lives.
- Wellbeing and Prevention: Tackling inequalities and improving access to early intervention and support.
- Partnership and Collaboration: Working across sectors to deliver joined-up services that tackle complex issues.

By addressing the challenges of oral health, the service will help build a healthier community in North East Lincolnshire.

EXECUTIVE SUMMARY

The Authority seeks to procure a range of oral health services as described in this report. It is anticipated that the successful provider will lead oral health services, ensuring that support is visible and embedded in North East Lincolnshire, reducing stigma and promoting good practice both by directly working with families and through excellent reputation with professionals in a wide variety of partner agencies.

The services will deliver both statutory and regulated functions to a national standard, and tailored interventions that address oral health promotion needs locally.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Approves the commencement of a procurement exercise for Oral Health Services, using the Provider Selection Regime Most Suitable Provider Process.
2. Delegates authority to the Director of Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to finalise and award such contracts for Oral Health Services.
3. Delegates responsibility to the Director of Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to oversee all ancillary matters reasonably arising, including service implementation, mobilisation, and ongoing monitoring.
4. Authorises the Assistant Director Law and Governance (Monitoring Officer) to complete all requisite legal documentation in relation to the contract award and associated contractual arrangements.

REASONS FOR DECISION

The procurement of Oral Health Services in North East Lincolnshire is recommended to continue and expand the excellent service currently available locally. The successful providers will have expertise in delivering oral health promotion, dental epidemiology surveys and supervised toothbrushing schemes.

It is anticipated that procurement will follow a two lot model allowing for flexibility as funding is assured annually over the next few years.

Awards are anticipated to commence in April 2026 likely for a 2-year period, with contractual options to extend for a further 2 years subject to monitoring, evaluation and performance, and funding availability.

Overall, the procurement exercise aims to support a proven model, enhancing oral health and reducing health disparities.

1. BACKGROUND AND ISSUES

1.1. Despite being largely preventable, poor oral health, such as having decayed, missing or filled teeth, is a pervasive problem, with estimates suggesting approximately 23% of five-year-old children and 28% of adults have some degree of tooth decay. In North East Lincolnshire between 2014 and 2017, 696 children aged 0-4 per 100,000 were admitted to hospital for dental decay. The East Marsh, Heneage and Sidney Sussex wards have high estimated rates of decay of more than 40% each.

1.2. The 2012 Health and Social Care Act conferred responsibility for oral and general health improvement to local authorities. Local Authorities are

statutorily required to provide or secure oral surveys. Public Health England (PHE) supports local authorities to meet their minimum statutory responsibilities with respect to oral health surveys by co-ordinating the national Dental Public Health Epidemiology Programme (DPHEP)⁵ and facilitates standardised collection of oral health data as part of this annual programme. The DPHEP surveys are conducted annually, usually over academic years and are carried out on randomised samples of a variety of population groups. Commissioning organisations can opt to conduct larger surveys than the minimum required by the national protocol to fulfil local, specific aims.

1.3. Approximately 30.7% of five-year-old children resident in North East Lincolnshire surveyed in 2024 have some degree of tooth decay, higher than the England average at 22.4%, however it should be noted that due to a low sample size these results have shown high variance in past surveys. Local health intelligence suggests that the worst oral health outcomes for young children are occurring in areas where other health inequalities are already prominent. In 2025 the Government announced funding for provision of supervised toothbrushing in early years settings, with a priority focus on areas of high health inequality. North East Lincolnshire were allocated £60,745.12 to conduct this activity, in addition to toothbrushing packs donated by Colgate, comprising of 7787 brushes for use in settings, 1665 tubes of toothpaste, and 5258 take home packs.

1.4. Local Oral Health Services aim to:

1.4.1. Improve the oral health of the resident populations of North East Lincolnshire, and those in targeted settings and contribute to reducing inequalities in oral health across the two authorities adopting the principles of proportionate universalism.

1.4.2. Enable oral health improvement across the life course by giving every child the best start in life and laying solid foundations for good oral health throughout the life course.

1.4.3. Reduce the prevalence of dental cavities in children and young people by increasing exposure to fluoride and improving diet and feeding habits.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

2.1. The procurement processes have been subject to an equalities impact assessment.

2.2. The provision is anticipated to reduce inequalities by ensuring the communities most affected by dental decay are prioritised in line with the principles of proportionate universalism.

2.3. Risk implications relate mainly to challenge from those who may hold alternative views about use of resource or the appropriateness of the Council promoting toothbrushing in schools. A small number of residents will hold views against the use of fluoride products and fluoridation of water. These

implications are mitigated by the fact that existing activity has not generated any significant complaints or negative coverage.

3. OTHER OPTIONS CONSIDERED

- 3.1. Key considerations include the established infrastructure and professional networks already developed by the current provider. The way the grant operates, the tight timescales between grant notification and the start of the financial year, make it extremely challenging to run a full market exercise within the required deadlines, and the risk of disruption to ongoing activities, loss of continuity for professionals engaged in support, and potential non-compliance with funding conditions.
- 3.2. An option would have been to discontinue the service altogether. This was discounted, as it would remove support where it is needed most and potentially lead to increases in health disparity. Discontinuation would negatively impact health outcomes.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1. There are potential positive reputational implications for the Council resulting from the decision. The positive implications include recognition that the Council is investing in good health for people across North East Lincolnshire and particularly investment in the Healthy Start programme aimed at our youngest residents and their families.
- 4.2. An action plan will be agreed with the Council's communications service, covering the following issues –
 - 4.2.1. any statutory communications requirements - ensuring compliance with equality, public health, and transparency duties.

5. FINANCIAL CONSIDERATIONS

- 5.1. The cost of this will be met in part, from the specific element of the local authority's public health grant allocation, which has been ringfenced specifically for oral health services, and in part from ICB funding. As a result, there will be no financial impact on the Council's core revenue or capital budgets, nor on its reserves.
- 5.2. The total value is £126,303.92 per year. If the contract is extended to its full term of four years, the total cost will be £505,215.68. Any requests for uplifts during the contract term will be considered by the Authority.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The provision of oral health services has a positive impact on the overall health and wellbeing of children and young people.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

This will have no negative effect on climate change, nature recovery and the environment.

8. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

8.1. There is a strong association between socioeconomic position, health disparity and oral health. Evidence shows that those from vulnerable and disadvantaged groups, such as people living in more deprived areas, with lower socioeconomic capital and individual resources are at greater risk of poor oral health.

8.2. Offering oral health services is essential for reducing health inequalities and supporting positive outcomes. Access to these services not only benefits the individual's receiving support, but also contributes to the well-being of their families, children, and the wider community.

9. CONSULTATION WITH SCRUTINY

There has been no consultation with scrutiny at this stage.

10. FINANCIAL IMPLICATIONS

As detailed within financial considerations above, the costs of delivery will be met from Public Health Grant and through ICB funding and there are no direct impacts upon the Council's wider revenue and capital budget allocations.

11. LEGAL IMPLICATIONS

The proposed procurement concerns a Health Care Service and is therefore subject to the Health Care Services (Provider Selection Regime) Regulations 2023 rather than the Procurement Act 2023. Officers must ensure that the selected PSR process is supported by a clear rationale, that all statutory requirements and documentation are completed, and that the procurement is conducted in accordance with the Council's Contract Procedure Rules and constitutional governance arrangements. Subject to these requirements being met, there are no legal or constitutional barriers to the recommendations.

12. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications arising from the contents of this report.

13. WARD IMPLICATIONS

All wards are likely to be affected.

14. BACKGROUND PAPERS

None

15. CONTACT OFFICER(S)

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Portfolio Holder for Health, Wellbeing and Adult Social Care