

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

**3<sup>rd</sup> June 2025**

## **Dynamic Approved Provider List Agreement (DAPL), Primary Care, One Year Extension**

### **Report by the Corporate Director for Public Health & Communities**

## **RECOMMENDATION**

**The Cabinet Member is RECOMMENDED to:**

- a) Approve the extension of commissioned contracts and call-off contracts related to the Primary Care Dynamic Approved Provider List Agreement (DAPL) for the provision of Long Acting Reversible Contraception, NHS Health Checks, and Drug Use Shared Care services by Primary Care for a period of one year from 1 April 2026 to 31 March 2027.
- b) 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 DAPL contracts and associated call-off contracts for 12 months from 1<sup>st</sup> April 2026.

## **Executive Summary**

1. The County Council has statutory responsibilities and obligations to provide all three services (Long Acting Reversible Contraception, NHS Health Checks, and Drug Use Shared Care services) contained within the DAPL agreement. These services are currently provided by 65 GP Practices.
2. The DAPL Agreement and associated Call-off Contracts commenced on 1 April 2022, and are due to expire on 31st March 2026, however there is the option to extend them by 1 year.
3. Utilising the extension option will allow the Council to continue to provide these statutory services at the same price, without renegotiating terms.
4. The annual value of the contracts is £1.5m 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 County Council has statutory responsibilities and obligations to provide these services. Currently, these services are delivered by 65 Primary Care providers via the Dynamic Approved Provider List (DAPL) contracts and the

associated call-off contracts covering the 3 Lots. The current DAPL Agreements and Call-off contracts duration is from 1st April 2022 – 31st March 2026, with the option to extend them by 1 year.

6. The main aims of each Service within the current Community Primary Care Services DAPL Agreement are:
  - a) Lot 1, NHS Health Checks - To reduce the burden of premature deaths from cardiovascular disease through screening of people aged 40-75 for key conditions including heart disease, diabetes, kidney disease, and stroke and to raise awareness of dementia both across the population and within high risk and vulnerable groups.
  - b) Lot 2, LARC - To provide intrauterine devices (IUD) and implantable methods of contraception to women of eligible ages within community settings (outside of specialist sexual health services), including a fitting service as a method of emergency contraception.
  - c) Lot 3, Drug Use Shared Care Services - To provide a treatment service for people with opioid dependency that will:
    - Reduce drug-related harm and potential for overdose and death
    - Keep people engaged in services
    - Support sustained maintenance of a drug-free lifestyle
    - Prepare people to move towards abstinence and recovery from the use of illicit opioid substances
    - Assist people to remain healthy (physically and mentally)
    - Respond to the changing epidemiology of drug use.
7. With the introduction of the Provider Selection Regime (PSR) on 1st January 2024, the procurement of the full DAPL contract in 2026/27, plus any changes or development implications for the 3 Lots (Lot 1 - NHS Health Check, Lot 2- LARCS and Lot 3 - Drug Use Shared Care Services) will be fully understood and will allow time for development and consideration of alternative models of delivery whilst maintaining costs.

## Corporate Policies and Priorities

8. All three Services within the Community Primary Care Services DAPL Agreement fit within Oxfordshire County Council's (the Council's) strategic direction, values and principles as outlined in Thriving Communities for Everyone in Oxfordshire<sup>1</sup>. This includes a vision to help people live healthy lives and provide access to services that can enhance the quality of life in our communities.
9. In April 2013, the Health and Social Care Act 2012<sup>2</sup> set out the Local Authorities' statutory responsibilities for delivering and commissioning Public Health services. This includes a requirement for the Council to make arrangements for each eligible person aged 40-74 to be offered an NHS Health Check every five years; to ensure there is suitable provision of sexual health services including advice on, and reasonable access to, a broad range of contraceptive methods and appliances are available (including emergency contraception).

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<sup>1</sup> [Our vision: Thriving communities for everyone in Oxfordshire | Oxfordshire County Council](#)

<sup>2</sup> <http://www.legislation.gov.uk/uksi/2013/351/contents/made>

10. Similarly, the primary statutory responsibility for delivery and commissioning of services aimed at reducing alcohol and drug use was conferred from NHS England to local authorities in April 2013 as part of the Health and Social Care Act 2012.
11. The Public Health Outcomes Framework (PHOF) sets a vision for public health and desired outcomes. The provision of these, delivers outcomes for Key PHOF Indicators including:
- NHS Health Checks – C26a, C26b and C26c.
  - Total prescribed Long Acting Reversible Contraception (LARC) - C01 and Under 18 Conception rate - C02a.
  - Drug and alcohol treatment completion and drug deaths - C19a-
  - Adults with substance use treatment needs who successfully engage in community-based structured treatment following release from prison - C20.

## **Financial Implications**

12. The funding for these Services comes from the Public Health Grant. This is a ring-fenced grant, provided to give Local Authorities the funding required to discharge their public health responsibilities and is spent solely on fulfilling their public health obligations. Local Authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. This includes responsibility for a range of public health services, previously the responsibility of the NHS, such as services to address drug and alcohol use and statutory duties to deliver the NHS Health Check Programme and ensure there is suitable provision of sexual health services for local residents, including access to LARC.
13. The Public Health directorate have allocated budgets from the Public Health grant to cover the costs of these services during the extension period. As we are proposing a one-year extension to the existing contract, the total allocated budget for a one-year DAPL extension is £1,501,000.

Comments checked by:

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

## **Procurement Implications**

14. The DAPL contracts and associated call-off contracts all have a unilateral right for the Council to extend the agreements on the same terms and conditions, on a minimum of 6 months written notice. As these extensions are built into the existing contract terms, there is no need to modify the agreements to enact the extension, provided the notice requirement is met.
15. Therefore, there are no procurement implications associated with extending these contracts.

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**

16. Paragraph 3 of the report sets out the Council's statutory powers in relation to commissioning these services.
17. 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, Contracts (Legal Services) Law & Governance  
[Jonathan.Pool@Oxfordshire.gov.uk](mailto:Jonathan.Pool@Oxfordshire.gov.uk)

## **Staff Implications**

18. The Age Well Team will continue to performance manage the contracts.
19. The Age Well Team in conjunction with Procurement will identify the resource to draft and issue the 65 contract extension notices that will be required to extend the DAPL agreement and associated call-off contracts.

## **Equality & Inclusion Implications**

20. Cardiovascular Diseases is one of the leading causes of death and disability in England, with deprived communities at greatest risk. Reducing the burden of CVD on local populations is an important step to helping people to stay in work, boosting the local economy and lowering the future demand on health and social care settings. The majority of CVD is preventable through identifying and managing risk earlier. The NHS Health Check provides us with a real opportunity to help people take control of their health and reduce their risk of developing CVD as well as reducing health inequalities.
21. Similarly, evidence suggests that there is a disproportionate burden of unintended pregnancies leading to abortion on people from BAME communities, and those living in the most deprived areas. Contraception is a public health intervention with a highly compelling economic case.
22. In addition, the health and economic impact of alcohol and drug use on wider communities can be far-reaching and includes 1) direct economic costs on health and social care services, children's social care, the criminal justice system and the social welfare system; 2) indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity; and 3)

intangible costs to the affected individual or their family members from anxiety, pain, financial worries and reduced quality of life.<sup>3</sup>

## Sustainability Implications

23. Not applicable at this stage.

## Risk Management

24. The following risks are considered and reviewed:

<b>Risk</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Mitigations</b>
<i>Gap in Service Provision: Some GP service providers will choose to end their contract with the Council potentially leaving gaps in services</i>	<i>Gaps in service delivery in some areas  Impact on partners and other service providers</i>	<i>Low</i>	<i>Extending current contract will reduce administrative time for GPs, encouraging them to engage in the process.  Work with existing providers to ensure they understand the process for extending the contract  Ensure process is clearly explained to service providers</i>
<i>Insufficient resource to implement next steps (GP, PH and Procurement time)</i>	<i>Delays to timeline</i>	<i>Low</i>	<i>Extend current contract to reduce resource impact and create capacity within various teams to recommission various other PH contracts in 2027.</i>
<i>Increased activity: As these are activity based/demand driven contracts, there is a risk that activity could increase above the estimated levels</i>	<i>Insufficient funds to meet the activity</i>	<i>Low</i>	<i>Continued monitoring of the Contract spend over the course of the extension period to forecast any significant increase in cost. In the event of an anticipated significant increase in costs, a paper will be presented to Public Health DLT highlighting any such concerns.</i>
<i>Budgetary reductions during extension period</i>	<i>Insufficient funds to meet demand</i>	<i>Low</i>	<i>The service Contract includes, as a safeguard, a provision entitling the Council to terminate the purchasing terms or reduce the services, on written notice to the Service Providers, where the Council's funding is reduced.</i>

## Key Dates / Next Steps

25. If this key decision is agreed the notice to extend must be issued to all DAPL providers no later than 30 September 2025. Due to the number of DAPL providers, the Council will aim to complete this process in early September.

**Ansaf Azhar, Corporate Director – Public Health and Communities**

**Background papers:** Nil

**Contact Officer:** Liz Benhamou, Health Improvement Practitioner

[Liz.benhamou@oxfordshire.gov.uk](mailto:Liz.benhamou@oxfordshire.gov.uk)

+44 7392318956

<sup>3</sup> The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. Published December 2016. PHE Gateway Number: 2016490