DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH AND INEQUALITIES

MINUTES of the meeting held on Tuesday, 14 July 2026 commencing at 1.00 pm and finishing at 1:34 pm

Present:

Voting Members:	Councillor Kate Gregory – in the Chair
Other Members Attended	Councillor Paul Austin Sargent (Shadow Cabinet Member)
Officers:	Tom Addey (Public Health Registrar), Kate Holburn (Consultant in Public Health), Habibula, Shakiba (Consultant in Public Health) Mohamed Cassimjee (Democratic Services Officer)

The Cabinet Member considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

17 DECLARATION OF INTEREST
(Agenda No. 1)

There were none declared

18 MINUTES OF THE PREVIOUS MEETING
(Agenda No. 2)

The Cabinet Member approved the minutes of the meeting held on 03 February 2026, as an accurate record of the proceedings.

19 QUESTIONS FROM COUNTY COUNCILLORS
(Agenda No. 3)

Cllr Sargent, Shadow Cabinet Member for Public Health and Inequalities, addressed the meeting on agenda item 5 and 6.

20 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were no requests.

21 SUBSTANCE USE SERVICE FOR CHILDREN AND YOUNG PEOPLE
(Agenda No. 5)

The Cabinet Member considered a report which indicated that under the Health and Social Care Act 2012, the County Council had a duty to improve the health of the local population by ensuring that there were services aimed at reducing substance use. Furthermore, the delivery of Children and Young Person's Substance Use Services contributed to the fulfilment of that duty.

The proposal was for continuing the Oxfordshire Children and Young People's Substance Use (CYPSU) Service beyond 31 March 2027 and recommended proceeding with commissioning a new service model through a competitive process under the Health Care Services (Provider Selection Regime) Regulations 2023.

In response to the Cabinet Member and the Shadow Cabinet Member the following was indicated:

- Public Health grant funding had been confirmed to 2026/27, with indicative funding for the following two years.
- Future unitary authorities would retain statutory Public Health responsibilities, and the procurement would be designed to provide flexibility for future arrangements.
- While the outcome of Local Government Reorganisation was expected shortly, detailed implementation arrangements would follow.
- The Council therefore needed to continue planning to meet population needs.
- The future distribution mechanism for Public Health funding had not yet been determined.
- Co-production would inform the service specification, including learning from current service users, a lived experience advisory group and engagement through relevant youth, health and social care routes.
- The headline benchmark measured structured treatment only and did not reflect preventative or lower-intensity activity.
- Improvement activity would focus on referral pathways, workforce sustainability, recruitment, market engagement and system awareness.
- External procurement was preferred due to the specialist nature of the service, provider expertise, economies of scale and flexibility during Local Government Reorganisation.

The Cabinet Member noted the matters raised and considered the proposed commissioning approach appropriate, having regard to the statutory requirement to provide the service and the context of Local Government Reorganisation.

Resolved to:

a. Approve the proposal to commission a Substance Use Service for Children and Young People through a procurement exercise and transition to a new 7-year contract on a 3-year initial term with the option to extend for up to 4 years in aggregate. The budget for this service will be up to £700,000 per year as set out in section 5 below, funded by ringfenced drug and alcohol funding within the Public Health Grant.

b. Delegate to the Director for Public Health authority to manage the

service design for the procurement and following completion of the procurement exercise award the contract to the successful bidder.

22 DYNAMIC APPROVED PROVIDER LIST AGREEMENT, PRIMARY CARE AND COMMUNITY PHARMACY SERVICES

(Agenda No. 6)

The Cabinet Member considered a report which indicated that the services covered included Long-Acting Reversible Contraception, NHS Health Checks, Drug Use Shared Care services within primary care, and Pharmacist Supervised Consumption of Prescribed Opiate Substitution Therapy, Needle Exchange Programme and Take-Home Naloxone, within community pharmacy settings

Both DAPL Agreements and associated call-off contracts commenced on 1 April 2022 for a period of four years, were extended for one year under the current contracts, and were due to expire on 31 March 2027.

The current total annual contract value for the Primary Care DAPL was a maximum of £1,354,800 per annum. The proposed total annual contract value for the new Primary Care DAPL contract was approximately £1,540,000 per annum, with a maximum whole-life contract value of approximately £10,780,000.

The current total annual contract value for the Community Healthcare (Pharmacy) DAPL was £270,000 per annum. The proposed total annual contract value for the new Community Healthcare DAPL contract was a maximum of £293,000 per annum, with a maximum whole-life contract value of approximately £2,051,000.

In response to the Cabinet Member and the Shadow Cabinet Member the following was indicated:

- Consultations were private and services were open access.
- Confirmed this would be expected under the Dynamic Approved Provider List. Service users would be provided with sharps bins, and returns could also be made through the Community Drug and Alcohol Treatment Service and some GP practices.
- The medication was available through the community drug and alcohol treatment provider but not through the pharmacy service under consideration.

RESOLVED to:

a) Approve the recommissioning of Long-Acting Reversible Contraception (LARC), NHS Health Checks (NHSHC), and Drug Use Shared Care with eligible providers under the applicable direct award process of the Provider Selection Regime (PSR) as set out in this report.

b) Approve the recommissioning of Pharmacist Supervised Consumption of Prescribed Opiate Substitution Therapy, Needle Exchange Programme and Take-Home Naloxone services with eligible providers under the applicable direct award process of the Provider Selection Regime (PSR), as set out in this report.

c) Delegate authority to the Director of Public Health to award contracts to eligible providers to provide these services for four years, plus three, from 1st April 2027.

..... in the Chair

Date of signing 200