

Delegated Decisions by Cabinet Member for Public Health and Inequalities

***Tuesday, 14 July 2026 at 1.00 pm
Online***

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. Key Decisions taken will become effective at the end of the working day on 17 July 2026 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



Dr Martin Reeves OBE
Chief Executive

July 2026

Committee Officer: **Email:**
committeesdemocraticservices@oxfordshire.gov.uk

Note: Date of next meeting: 1 September 2026

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. Declaration of Interest

See guidance below.

2. Minutes of the Previous Meeting (Pages 7 - 8)

To confirm the minutes of the meeting held on **3 February 2026** to be signed by the Chair as a correct record.

3. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am three working days before the meeting, ask a question on an item on the agenda.

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.

4. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to 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 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Substance Use Service for Children and Young People (Pages 9 - 16)

Report by Director of Public Health and Communities

RECOMMENDATION

The Cabinet Member is **RECOMMENDED** 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.**

6. Dynamic Approved Provider List Agreement, Primary Care and Community Pharmacy Services (Pages 17 - 24)

Report by Ansaf Azhar, Director of Public Health and Communities

RECOMMENDATION

The Cabinet Member is **RECOMMENDED** 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.**

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.

DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH AND INEQUALITIES

MINUTES of the meeting held on Tuesday, 3 February 2026 commencing at 1.00 pm and finishing at 1:10pm

Present:

Voting Members: Councillor Kate Gregory – in the Chair

Officers: Mohamed Cassimjee (Democratic Services)

Agenda Item 5 Habibula, Shakiba (Consultant in Public Health OCC),
Hazel, Anita (Health Improvement Principal)

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.

12 **DECLARATIONS OF INTEREST** (Agenda No. 1)

There were none declared

13 **MINUTES OF THE PREVIOUS MEETING** (Agenda No. 2)

The minutes of the meeting held on 7 October 2025 were approved

14 **QUESTIONS FROM COUNTY COUNCILLORS** (Agenda No. 3)

There were none

15 **PETITIONS AND PUBLIC ADDRESS** (Agenda No. 4)

There were none

16 **INTEGRATED SEXUAL HEALTH SERVICE CONTRACT - BUSINESS CASE APPROVAL** (Agenda No. 5)

The Cabinet Member considered a report, which indicated that Sexual Health Service was a legally mandated public health service that the Council was responsible for commissioning. Furthermore, it was said that the Oxfordshire Integrated Sexual Health Service delivered by Oxford University Hospitals NHS Foundation Trust (OUHFT), was an open access and free at the point of delivery service and offered

sexually transmitted infection (STI) testing, diagnosis and treatment services as well as a range of reproductive health care services.

The Service commenced on 1st April 2019, with the contract period due to end on the 31st of March 2027. This followed the maximum three-year extension period and the current total annual contract value for the ISHS which was a maximum amount of £5,600,000 per year and which came from the Public Health Grant.

It was indicated that the option for recommissioning the Service was to continue with current tariff-based payment model utilising the Provider Selection Regime (PSR), in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023. This option was approved by Public Health DLT on the 20th of November 2025 and by Commercial Board on the 11th of December 2025.

The Cabinet Member agreed to the recommendations in the report.

RESOLVED to:

- a) **Approve the Business Case and the option to recommission the Integrated Sexual Health Service (ISHS) based on the current tariff-based payment model and using the Provider Selection Regime (PSR).**
- b) **Delegate authority to the Director of Public Health and Communities to approve the recommission of the ISHS Contract for 5+3 years from 1st April 2027.**

..... in the Chair

Date of signing 2026

DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH AND INEQUALITIES

14 JULY 2026

Substance Use Service for Children and Young People

Report by Director of Public Health and Communities

RECOMMENDATION

1. The Cabinet Member is **RECOMMENDED** 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.
2. **Executive Summary**
 - a) Under the Health and Social Care Act 2012, the County Council has a duty to improve the health of the local population by ensuring that there are services aimed at reducing substance use. Delivery of Children and Young Person's Substance Use Services contribute to fulfilment of this duty.
 - b) This report sets out the proposal for continuing the Oxfordshire Children and Young People's Substance Use (CYPSU) Service beyond 31 March 2027 and recommends proceeding with commissioning a new service model through a competitive process under the Health Care Services (Provider Selection Regime) Regulations 2023.
 - c) The current core service provides support for Children and Young People (CYP) affected by their own alcohol or drug use, and for those affected by the substance use of parents or carers. Despite local need, the target headline performance metric of the numbers of children engaged in structured treatment has not been met over the course of the contract.

- d) The recommended option is to commission a new standalone service through a competitive process under the Health Care Services (Provider Selection Regime) Regulations 2023.
- e) The proposed total contract value for delivery of the CYPSU service is a maximum of £700,000 per annum, with a whole life cost of circa £4,900,000 at maximum level. Funding is allocated from the Substance Use budget within the Public Health Grant. This budget is ring-fenced within the public health grant for substance use provision.
- f) This recommendation was approved by Public Health Directorate Leadership Team on 8 June 2026 and is going to Commercial Board on 9 July 2026.

3. Background

Current Service

- a) The current service provides support for Children and Young People (CYP) affected by their own alcohol or drug use, and for those affected by the substance use of parents or carers. Two additional services include a whole-family intervention, and an extension to the age range of up to 25 years for some young adults.
- b) The contract commenced on 1 April 2023 and is currently in a 1-year extension period, due to end 31 March 2027.
- c) The service currently provides:
 - Structured one-to-one psychosocial treatment for CYP using alcohol or drugs
 - One-to-one psychosocial support for CYP affected by other people's substance use
 - Targeted brief interventions and advice
 - Information and prevention campaigns
 - One-to-one community resolution interventions for CYP found in possession of illicit drugs
 - Information and specialist casework support to professionals
 - Whole family intervention programme

Oxfordshire Context

- d) An options appraisal and business case was presented to Public Health Directorate Leadership Team highlighting evidence of need and the importance of an effective CYPSU service to reduce short-term substance use related harms, and as a form of prevention to mitigate the long-term risk of dependencies persisting into adulthood.
- e) The service has experienced performance challenges against national treatment ambitions. Benchmarking and system engagement suggest these issues are not unique to Oxfordshire but point to opportunities for improvement. Nationally,

numbers of children in structured treatment have been increasing since 2020/21¹.

Recommendation

- f) Commissioning a new service through a competitive process under the Health Care Services (Provider Selection Regime) Regulations 2023 is recommended.
- g) Direct Award Process A is not recommended because the existing provider is not the only one capable of providing the service.
- h) Direct Award Process B is not recommended because there is no restricted patient choice of provider for this service.
- i) Direct Award Process C is not possible as the current supplier is not meeting KPI's of the current contract.
- j) Most Suitable Provider process is difficult because the market is competitive and there is not one clear choice as there are performance issues in this sub-sector nationally. This is outlined in 3 e) above. Therefore, it is not likely the Council can identify the most suitable party without running a competition.
- k) This leaves us with the competitive process as the only realistic option under the regulations to ensure value for money. A preliminary market engagement will be carried out.

4. Corporate Policies and Priorities

- a) A Substance Use Service for CYP aligns with Oxfordshire County Council's (OCC) strategic direction, values and principles as outlined in the [Strategic Plan 2025 – 2028](#)². 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.
- b) The service also supports the [Oxfordshire's 2024-2030 Health and Wellbeing Strategy](#)³ and the [Neighbourhood Health Framework](#)⁴ for tackling health inequalities and preventing ill health, as well as contributing to the [Marmot Place programme](#)⁵ by supporting the principal of best start in life.
- c) Prevention and early intervention for substance related harms amongst young people, along with support for families, are key goals of the [national drug strategy](#).

¹ [NDTMS - Viewit - Young People](#)

² Oxfordshire County Council Strategic Plan, 2025-2028, <https://www.oxfordshire.gov.uk/council/our-vision>

³ Oxfordshire Health and Wellbeing Strategy, 2024-2030:

<https://mycouncil.oxford.gov.uk/documents/s75751/Appendix%20A%20%20Draft%20Oxfordshire%20Health%20and%20Wellbeing%20Strategy.pdf>

⁴ Neighbourhood Health Framework, UK Government, 2026, <https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework>

⁵ Oxfordshire as a Marmot Place, <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place>

[“From Harm to Hope”](#)⁶. Locally, the service is key to the [ambitions of the Oxfordshire Combatting Drugs Partnership](#)⁷, addressing a key action plan priority of early intervention for CYP through treatment and support pathways.

- d) The provision of this service delivers outcomes for key indicators as set by the Office for Health Improvement and Disparities (OHID), including the number of CYP in structured treatment for their substance use.

5. Financial Implications

- a) Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are Public Health services aimed at reducing substance use.
- b) Funding for the Services comes from the Substance Use allocation within the Public Health Grant. The Public Health Grant 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. From 2026-27, the Public Health Grant contains specific funding for Substance Use services.
- c) The proposed total contract value for delivery of the CYPSSU service is a maximum of £700,000 per annum, with a whole life cost of circa £4,900,000 at maximum level. This will be a budget increase in the region of £188,000. Funding is allocated from the Substance Use allocation within the Public Health Grant, which is a ring-fenced budget within the public health grant, for substance use provision.

Comments checked by:

Lucy Moore, Interim Finance Business Partner
Lucy.Moore@oxfordshire.gov.uk (Finance)

6. Legal Implications

- a) The Council has a statutory duty to take steps to improve the health of people in its area as set out in s12 of the Health and Social Care Act 2012. The delivery of the proposed services described in this report is designed to fulfil such duty.
- b) The contract will be procured in accordance with the Councils contract procedure rules and the Health Care Services (Provider Selection Regime) Regulations 2023. The contract will include appropriate terms to meet the requirements of this report, including, but not limited to LGR requirements.

Comments checked by:

Donna Creffield, Contracts Lawyer
Donna.Creffield@oxfordshire.gov.uk (Legal)

⁶ From Harm to Hope, National Drug Strategy, UK Government, 2021, <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

⁷ Oxfordshire Combatting Drugs Partnership, <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/alcohol-and-drugs/drug-and-alcohol-partnerships>

7. Staff Implications

- a) The Public Health - Live Well Improve and Enable Team will continue to performance manage a new contract.

The contract being tendered is likely to be subject to The Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) of the staff currently delivering the service. As with all tenders this will be determined prior to tender and addressed in the tender accordingly with parties complying with their relevant obligations under TUPE.

8. Equality & Inclusion Implications

- a) The most deprived areas generally face the highest prevalence of harms associated with drug use. The CYPSSU service uses targeted interventions to support vulnerable groups such as young people to access support for alcohol and drug use, delivering early intervention to prevent escalation of need, reduce demand on health and social care services, and support better long-term outcomes for children and young people and contributing to the reduction of associated health inequalities.
- b) In the recent Drug and Alcohol Health Needs Assessment (HNA) for Oxfordshire in 2025, CYP were identified as a vulnerable group, who are at increased risk of substance use. The HNA recommended enhanced support for CYP with a greater emphasis on whole family support, and to review education and prevention initiatives to deliver effective outcomes, which will be considered within the new contract.
- c) An Equalities Impact Assessment is being assessed by the Equalities Team.

9. Sustainability Implications

- a) The CYPSSU Service aligns with OCC's commitment to ensure that both the climate and the natural environment are at the heart of all decision making. The service specification will consider energy consumption, transport and travel considerations, and promotion of health and wellbeing.
- b) The service specification will also consider Social Value and local community benefit of the service.
- c) A Climate Impact Assessment (CIA) is being assessed by the [Climate Action team](#).

10. Risk Management

Risk	Likelihood	Mitigation
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<p>Procurement risk: Risk of poor market response, or that provider bids provide less resource/scope than expected due to cost constraints.</p>	<p>Medium</p>	<p>Market engagement has been included within procurement timelines, to increase interest.</p> <p>The service specification will include flexibility within the model and use optional additional services to enable additional services to commence later in the contract to allow for cost constraints within the market.</p>
<p>Financial risk: Rising supplier costs due to inflationary pressures and/or Public Health budgetary reductions during the Contract Life</p>	<p>Medium</p>	<p>There will be continued monitoring and timely escalation over the contract period, to support the provider to forecast any significant additional demand and mitigate risk of inflationary pressures.</p> <p>Appropriate and reasonable adjustments will be considered and detailed in the contract, with the inclusion of Contract Price Review mechanisms at regular intervals.</p> <p>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, if the Council's funding is reduced.</p>
<p>Local Government Reform Impact of Local Government Reform on delivery or funding of service.</p>	<p>Medium</p>	<p>This service plays a vital part in delivery of the 'Harm to Hope' drug strategy and corporate priorities. The service is likely to be prioritised to continue regardless of the outcome of LGR, and the associated commissioning responsibilities will likely transfer to the appropriate bodies.</p> <p>In addition, the new Contract will include, as a safeguard, a provision entitling the Council to terminate or amend the service terms, on written notice to the Service Provider, where the Council's funding is reduced or delivery is impacted. This is unlikely as this funding is ringfenced.</p>
<p>Management risk: Recommissioning the service with a short timeline may impact on market engagement or contract implementation, causing a delay to service/contract start.</p>	<p>Low</p>	<p>Public Health staffing resource has already been allocated to support procurement, which is being prioritised within team resources, and implementation, with a detailed timeline for the recommissioning and transition process.</p>
<p>Reputational risk: Recommissioning the service may compromise existing pathways and partnerships, and service and system issues may continue within the new contract.</p>	<p>Medium</p>	<p>Strong partnership working will be prioritised in the transition process with Public Health support, with continued partnership working under the Oxfordshire Combatting Drugs Partnership.</p> <p>Changes to the specification and service model will be made to address systemic issues, with plans to evaluate the model during the contract term.</p>

Director of Public Health and Communities

Background papers: Nil

Contact Officer: Hannah Kempzell
Health Improvement Practitioner
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07542 322172

July 2026

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Agenda Item 6

Delegated Decisions by Cabinet Member for Public Health and Inequalities

14 July 2026

Dynamic Approved Provider List Agreement, Primary Care and Community Pharmacy Services

Report by Ansaf Azhar, Director of Public Health and Communities

RECOMMENDATION

The Cabinet Member is RECOMMENDED 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.**

1. **Executive Summary**

- The services covered by this report include 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. All services within the Dynamic Approved Provider List Agreement (DAPL) are mandated and statutory services.
- The Primary Care Dynamic Approved Provider List Agreement (DAPL) is currently provided by 65 GP Practices, and the Community Healthcare (Pharmacy) DAPL Agreement is currently provided by 61 Community Pharmacies.
- 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 are due to expire on 31 March 2027.
- The current total annual contract value for the Primary Care DAPL is a maximum of £1,354,800 per annum. The proposed total annual contract value for the new Primary Care DAPL contract is 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 is £270,000 per annum. The proposed total annual contract value for the new Community Healthcare DAPL contract is a maximum of £293,000 per annum, with a maximum whole-life contract value of approximately £2,051,000.
- Funding for DAPL services is provided through the ring-fenced Public Health Grant.
- The recommended option is to re-commission all services as new contracts for a period of four years, with an option for the Council to extend for up to a further three years, under the Provider Selection Regime (PSR) Direct Award Process B. The application of the PSR means that an overarching framework agreement will not be required, as was the case under the previous arrangements which pre-dated the PSR.
- The re-commissioning recommendations were approved by Public Health Directorate Leadership Team on 11 May 2026. The Primary Care DAPL recommendation was approved by Commercial Board on 28 May 2026, and the Community Healthcare/Pharmacy DAPL recommendation was approved by Commercial Board on 11 June 2026.

2. **Background**

- Under the Health and Social Care Act 2012, the County Council has a duty to improve the health of the local population by ensuring the provision of services that

reduce health inequalities. All services within the DAPL Agreements contribute to fulfilling this duty and support the Council's statutory obligations.

The main aims of each service within the Community Primary Care Services DAPL Agreement are:

- NHS Health Checks - To reduce the burden of premature deaths from cardiovascular disease through screening people aged 40-74 for key conditions, including heart disease, diabetes, kidney disease and stroke, and to raise awareness of dementia across the population and within high-risk and vulnerable groups.
- Long-Acting Reversible Contraception (LARC) - To provide intrauterine devices (IUDs) and implantable methods of contraception to women of eligible ages within community settings, outside specialist sexual health services, including a fitting service as a method of emergency contraception.
- 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.

The main aims of each service within the Community Healthcare Services DAPL Agreement are:

- Pharmacist Supervised Consumption of Prescribed Opiate Substitution Therapy – To provide a harm reduction intervention which:
 - Prepares people to move towards abstinence and recovery from the illicit use of opioid substances
 - Reduces drug related harm and potential for overdose and death
 - Supports sustained maintenance of a drug-free lifestyle
- Needle Exchange Programme – To provide a harm reduction intervention which:
 - Reduces transmission of blood-borne viruses caused by reuse or sharing of injecting equipment
 - Reduces the risk and impact on the local community from drug injecting waste
- Take-Home Naloxone – To provide a harm reduction intervention which:
 - Widens the availability of naloxone, thereby preventing drug-related deaths
 - Increases understanding of overdose risks, appropriately informing people about harm reduction and the benefits of naloxone

3. Corporate Policies and Priorities

- All services within the DAPL Agreements are mandated services and align with Oxfordshire County Council's (OCC) corporate policies and the local strategic priorities of both the Council and Public Health Directorate.
- The DAPL services align with the Council's strategic direction, values and principles, as outlined in the Strategic Plan 2025–2028. This includes a vision to help people live healthy lives and provide access to services that can enhance quality of life in our communities.
- The DAPL services also contribute directly to the Marmot Place Programme goal of creating a fairer, healthier Oxfordshire, in particular to the principle of ensuring a healthy standard of living for all.
- Delivering the DAPL services is a key priority of the **Public Health Service Delivery Plan 2025-26**. This plan includes a priority to commence recommissioning activity ahead of the contract break point in March 2027.
- The Public Health Outcomes Framework¹ (PHOF) sets a vision for public health and desired outcomes for our population. The DAPL Service supports delivery against several PHOF measures:
 - NHS Health Checks – C26a, C26b and C26c.
 - Total prescribed Long-Acting Reversible Contraception (LARC) - C01 and under-18 conception rate - C02a.
 - Successful completion of drug treatment - opiate users (PHOF C19a)
 - Deaths from drug misuse (C19d)
 - Adults with substance use treatment needs who successfully engage in community-based structured treatment following release from prison - C20
 - New Local Outcomes Framework measures, including 'Drugs and alcohol: proportion of the opiate and/or crack prevalent population (15-64) and the proportion of the alcohol-dependent population (18+) that are not in treatment (unmet need)'.

4. Financial Implications

- 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, statutory duties to deliver the NHS Health Check Programme, and ensuring there is suitable provision of sexual health services for local

¹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

residents, including access to Long-Acting Reversible Contraception (LARC).

- The proposed total annual contract value for delivery of the Primary Care DAPL Services is a maximum amount of approximately £1,540,000 per year, which will be allocated from the Public Health Grant.
- The proposed total contract value for delivery of the Community Healthcare DAPL services is circa £293,000 per year, with a whole life cost of circa £2,051,000 at maximum level. This will be an increase to the current budget in the region of £23,000 per year. Funding will be allocated from the Substance Use allocation within the Public Health Grant, which is a ring-fenced grant within the Public Health Grant for substance use provision.

Comments checked by:

Lucy Moore, Finance Business Partner

lucy.moore@oxfordshire.gov.uk

5. Legal Implications

- The statutory duty of the Council to take steps to improve the health of people in its area is set out at s12 of the Health and Social Care Act 2012. The delivery of the proposed services described in this report is designed to fulfil such duty and the Council is therefore compliant with the law in engaging in this activity.
- As set out in the report, the procurement of these services falls under the statutory regime for the procurement of health services to individuals covered by the Health Care Services (Provider Selection Regime) Regulations 2023, commonly referred to as “the Provider Selection Regime (PSR)”. The PSR mandates that the Council must use “Direct Award Process B” where certain criteria are met, including where patient choice of provider is offered for the relevant health care service and the Council does not restrict the number of providers.
- This permits and requires the Council to directly award contracts to all providers meeting its minimum requirements. As such, the Council considers the conditions are met and satisfied to enable it to directly award the contract under the PSR on the basis of Direct Award Process B. There is no need for an overarching framework agreement, as was the case for the current arrangements under the previous statutory procurement regime.

Comments checked by:

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6. Staff Implications

The Public Health Age Well and Live Well Improve and Enable teams will continue to performance-manage the contracts.

7. Equality & Inclusion Implications

When services are integrated within GP and pharmacy settings, they are more accessible, reduce stigma, and enable earlier intervention—particularly for populations that are less likely to engage with specialist or hospital-based services. Earlier access and continuity of care help prevent escalation of need, reduce pressure on secondary care, and support better long-term health outcomes.

In addition, delivery of services within primary and community care helps to ensure that individuals' holistic health needs are identified and addressed, particularly for those with drug and/or alcohol-related needs who may not otherwise access health interventions, thereby contributing to a reduction in health inequalities.

An Equality Impact Assessment has been completed and assessed by the Equalities Team.

8. Sustainability Implications

- The Community Primary Care DAPL aligns with OCC's commitment to ensure that both the climate and the natural environment are at the heart of all decision-making.
- Providing these services in GP Practices and in community pharmacy settings across rural Oxfordshire brings care closer to people's homes, reducing both travel and related climate impacts.
- A Climate Impact Assessment (CIA) has therefore been completed and signed off by the Climate Action Team.

9. Risk Management

The following risks are considered and reviewed:

Risk	Likelihood	Mitigation
<p>Reputational risk: Allowing the contract to expire without recommissioning the service would lead to severe reputational damage to the Council both locally and nationally due to the inability to provide a vital and mandated service for the population of Oxfordshire.</p>	Low	Gain approval through this paper to proceed with recommissioning of this mandated service.
<p>Health and wellbeing risk: Preventing cardiovascular disease (CVD), promoting sexual and reproductive health, and reducing substance use all play critical roles in achieving several wider societal goals, including improved population health and productivity, ensuring a healthy workforce across the system, and securing long-term economic growth in the context of population ageing. Population health will be put at risk if these services are not recommissioned.</p>	Low	<p>Gain approval through this paper to proceed with recommissioning of this mandated service.</p> <p>Assessment through development of the service specifications to ensure that the services continue to meet the health needs of the population.</p>

<p>Financial risk: As these services are activity based/demand driven contracts, there is a risk that activity could increase above the estimated levels.</p> <p>There is a risk of budgetary reductions during the contract life.</p>	<p>Low</p> <p>Low</p>	<p>Continued monitoring of contract spend over the course of the contract period will be undertaken to forecast any significant increase in cost due to additional demand and need. Appropriate and reasonable adjustments will be considered and detailed in the contract.</p> <p>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.</p>
<p>Local Government Reorganisation (LGR)</p> <p>Local Government Reorganisation (LGR) may affect the Council's statutory responsibilities in relation to these services, including their delivery, governance, and funding arrangements.</p>	<p>Low</p>	<p>These services are statutory requirements as local authorities have a duty to deliver these services under the Health and Social Care Act. Therefore, regardless of the outcome of LGR, service provision needs to continue, and the associated commissioning responsibilities will need to transfer to the appropriate statutory bodies.</p> <p>In addition, the service contract includes, as a safeguard, a provision entitling the Council to terminate the purchasing terms or amend the service terms, on written notice to the service providers, where the Council's funding is reduced or delivery is impacted.</p>
<p>Management risk: The recommissioning of these services together poses some complexity in relation to staff and stakeholder resource and time (LMC, Public Health, Finance, Legal and Procurement) in order to implement the next steps of the provision cycle.</p>	<p>Low</p>	<p>Public Health staffing resources have already been planned and allocated for this area of work within the Age Well and Live Well teams. Sufficient time has been allocated to the recommissioning process to ensure stakeholder input is obtained.</p>

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Background papers: NIL

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