

**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 1<sup>st</sup> 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 recommission 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 recommissioning 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 Framework<sup>1</sup> (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

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<sup>1</sup> <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:

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## 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
<b>Reputational risk:</b> 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.	Low	Gain approval through this paper to proceed with recommissioning of this mandated service.
<b>Health and wellbeing risk:</b> 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.	Low	Gain approval through this paper to proceed with recommissioning of this mandated service.  Assessment through development of the service specifications to ensure that the services continue to meet the health needs of the population.

<p><b>Financial risk:</b> 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><b>Local Government Reorganisation (LGR)</b></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><b>Management risk:</b> 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>

**Ansaf Azhar,**  
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**Background papers: NIL**

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