



ADUR & WORTHING
COUNCILS

Adur Cabinet Member for the
Environment & Leisure and the
Worthing Cabinet Member for the
Environment

Ref No: JAW/018/22-23

Date: 15 March 2023

Decision to be taken on or after:
23 March 2023

Key Decision: No

Ward(s) Affected: All

Clinical Waste Collection

Report by the Director for Digital, Sustainability & Resources

Executive Summary

1. Purpose

- 1.1. The Councils have a statutory duty to collect clinical waste from households who produce this waste as a result of an ongoing health condition.
- 1.2. It is a specialist service, with a dedicated vehicle and specific regulations to comply with. It is currently provided in house.
- 1.3. Following consultation with the trade unions and the member of staff affected, this report seeks to contract out the statutory clinical waste collections to an external supplier through a framework agreement as part of a West Sussex County Council contract.
- 1.4. This change will enable resources to be more focussed on our core services, particularly street cleansing.

2. Recommendations

- 2.1. That the Cabinet Members consider this report and decide to delegate the authority to the Director for Digital, Resources and Sustainability to:-

- 2.1.1. Enter into a collaboration agreement with West Sussex County Council for the procurement of a contract for the collection of clinical waste through a framework agreement and
- 2.1.2. To enter into the call-off contract with the successful supplier.

3. Context

- 3.1 The councils have a statutory responsibility to provide a clinical waste collection from residents who produce this type of waste as a result of an ongoing health condition (e.g. sharps, bandages, incontinence pads). The disposal costs are borne by West Sussex County Council, who are the disposal authority. The service can either be provided in house or via a contractor. Currently the service is provided in house.
- 3.2 Where people have undergone medical procedures which result in them producing clinical waste as a direct result of that procedure, the service provider (normally the NHS) is responsible for providing clinical waste collections. We carry out these collections on behalf of the NHS for which they are recharged.
- 3.3 The service currently consists of one core member of staff who is a driver operative, with a specialist vehicle. The service is not very resilient, relying on the specific knowledge of the member of staff, making it difficult to provide cover when they are on annual leave or absent for any other reason. We only have one dedicated vehicle, which also affects the resilience of the service. These vans can be difficult to source if our own vehicle is off the road adding risk to service continuity. Our current vehicle is due for replacement. With the growing demand for the service we would require a larger vehicle, and even then would struggle for capacity. The anticipated cost of a new vehicle is in the order of £70k which has been factored into the review of costs, and is a consideration in this review.
- 3.4 The service is also heavy in administrative resources, e.g. in relation to planning the rounds which vary on a daily basis (as patient needs vary with their condition and treatments). The clinical waste service results in approximately 460 calls per month to the contact centre with residents requesting a collection. Whilst self-service functionality is available, it is likely that the high call volumes are due to people not being able to, or not being comfortable with, accessing self service. Calls take 6.5 min on average and is

equivalent to $\frac{1}{3}$ of an FTE in the contact centre. These calls tend to be low value transactional calls, meaning staff are not available to support people with more complex enquiries.

- 3.5 Over recent years we have seen a steady increase in the number of requested calls and collections, which is drawing on resources from other areas, including street cleansing, affecting the resilience of that service.
- 3.6 Whilst recharges are made to the NHS for collections from patients undergoing treatment, overall, the income generated does not warrant the ongoing investment in the service. Managing the invoicing process through to payment is also resource intensive. All these factors were considered in a recent review of the service which has informed the recommendation to contract out the service.
- 3.7 Current costs of providing the service are summarised in Appendix 1.

4. Recommendations

- 4.1 West Sussex County Council sourced a contract for the collection of clinical waste. The contract is through a framework, enabling districts and boroughs to sign up to it. The contract is currently held by Medisort, a specialist clinical waste collection and disposal contractor. The following councils have signed up to the contract (which was first let in April 2019): Arun, Chichester, Crawley and Horsham. Under the terms of the contract the council would pay for collections from residents who have an ongoing medical condition. The NHS would need to source its own contractor, which could also be Medisort.
- 4.2 The contract is for an end to end service, from customers making contact through to disposal (the latter is the responsibility of the County Council as the disposal authority).
- 4.3 The proposed date for the commencement of the service is 1st April 2023.
- 4.4 This impacts one full time operative, whose sole duty is to collect the clinical waste. We have held vacancies within the service to give them the option to transfer to a number of different roles with similar terms and conditions. As a result there is no risk of redundancy associated with these proposals. Should they wish to stay with the clinical collection service they would have the option to TUPE across to our future supplier.

5. Engagement and Communication

- 5.1 The proposals to contract out the service have been subject to consultation with the trade unions through the formal Joint Negotiation and Consultation Committee for the service.

- 5.2 The member of staff has also been consulted.
- 5.3 The consultation started on Monday 23rd January and concluded on Tuesday 7th February. Three meetings in total were held with the staff member, giving them opportunity to ask questions and were provided with all the information necessary to make an informed decision as to what they would choose. An opportunity was also provided for the staff member to meet and discuss with the potential service provider.
- 5.4 As part of the consultation 3 permanent positions were held open for the staff member affected. These were:
- Cleansing Driver Operative (Bulky Waste Collections)
 - Cleansing Driver Operative (4 on 4 off shift pattern)
 - Cleansing Driver Operative (Dog waste collection)
- As per the framework agreement, the staff member also had the option to TUPE over to Medisort.
- 5.5 On the 7th February the concluding meeting was held and the staff member made the decision to stay within the employment of the Council and choose the Cleansing Driver Operative (Bulky Waste Collection) vacancy should the service be transferred to Medisort as proposed in this report..

6. Financial Implications

- 6.1 The current costs of the service have been increasing in recent years and are predicted to be above the approved budget. This trend will continue as the demand for the service continues to increase. There has already been a requirement to utilise a member of staff from the cleansing section to help with an additional collection day and this would be extended to a 2nd day per week if the Council continued to directly deliver the service. In addition it has been a challenge to meet the budgeted income with the current expected income from the NHS services expected to be no more than £17,000.
- 6.2 The current 2023/24 budget for the direct costs for this service which would contribute towards the new contracted out service is:

	£
Employees (including Additional days cover and holiday cover and call centre staff)	54,500
Transport	11,560
Equipment	12,010
Total direct cost	78,070

Less: Income -30,350

Net direct cost 47,720

- 6.3 In addition to the direct costs, the Council has indirect costs of management and agency costs for sickness & holiday cover as well as additional vehicle costs.
- 6.4 If we were to continue with the in house service there is a necessity for growth to support the ongoing increasing cost pressures of demand and immediate investment in a new vehicle which is at the end of its useful life. The expected cost of a replacement vehicle is £70,000. This is currently unbudgeted and would require growth to the Capital programme. There are revenue costs of £9,640 associated with the repayment of debt used to fund the acquisition which will be avoided if the contract is let.
- 6.5 Therefore to move to a directly awarded contract with Medisort, whilst incurring additional costs, will provide resilience in managing the increasing costs associated with demand. Under the terms of the proposed contract, the Council will continue to fund the free collection element of the service at a cost of between £77,195 - £86,630 depending on demand.
- 6.6 This additional cost will be funded by the saving in the direct service costs of £47,720 and any additional costs not able to be contained within the services current budget for 23/34 will be met from the Inflation and Contingency budgets of the 2 Councils in 2023/24. In the longer term growth may be required in the budget to address the emerging demand for the service.

7. Legal Implications

- 7.1 Under Section 111 of the Local Government Act 1972, the Council has the power to do anything that is calculated to facilitate, or which is conducive or incidental to, the discharge of any of their functions.
- 7.2 s1 of the Localism Act 2011 empowers the Council to do anything an individual can do apart from that which is specifically prohibited by pre-existing legislation
- 7.3 Section 3(1) of the Local Government Act 1999 (LGA 1999) contains a general duty on a best value authority to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

- 7.4 s1 Local Government (Contracts) Act 1997 confers power on the Council to enter into a contract for the provision of making available assets or services for the purposes of, or in connection with, the discharge of the function by the Council.
- 7.5 When entering into a public contract, the authority is required to comply with the Councils' Contract Standing Orders found at Part 4 of the Councils' constitution.

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Sustainability & Risk Assessment

1. Economic

- The proposed contractor for the service is based locally in Littlehampton

2. Social

2.1 Social Value

- The company employs staff locally to provide the service in line with its equalities and diversity policy

2.2 Equality Issues

- Medisort provide a specialist collection service for customers with a range of physical health conditions. The service can be accessed on line or by phone.

2.3 Community Safety Issues (Section 17)

- Issue considered - no issues identified

2.4 Human Rights Issues

- Issue considered - no issues identified

3. Environmental

- The proposals will ensure the safe collection and disposal of clinical waste. The company has an environmental policy to cover its operations and is actively seeking to decarbonise its fleet.

4. Governance

- The proposals will improve the resilience of the service enabling our staff in waste cleansing and customer service to focus on our core services.