



Joint Strategic Committee  
6 March 2023

## ADUR & WORTHING COUNCILS

### **Procurement of clinical waste contract (in partnership with West Sussex)**

#### **Report by the Director for Sustainability & Resources**

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##### **Executive Summary**

Collection of clinical waste from households is a statutory duty for the District and Borough as the waste collection authority. It is a specialist service which was contracted out to a private contractor Medisort in April 2023. This was done through a framework with West Sussex County Council. That contract is up for renewal from April 2025. Working with the district and boroughs, the county council has led on the re-procurement of the service.

This process has now been completed and this report seeks permission to enter into the revised contract for a period of 4 years, with the possibility to extend by two.

#### **1. Purpose**

- 1.1. To inform the committee of the contractual agreements and re-procurement process for the clinical waste collection service.

#### **2. Recommendations**

- 2.1. That the committee note the content of this report.

2.2. That the committee delegates authority to the Director for Sustainability and Resources, in consultation with the Adur Cabinet Member for Finance and Resources and Worthing Cabinet Member for Resources, to enter into a contract for the collection of clinical waste from households in Adur and Worthing.

### **3. Context**

- 3.1 Under section 45 of the Environmental Protection Act 1990 ('the EPA'), Waste Collection Authorities have a duty to arrange for the collection of household waste. Household waste includes clinical waste produced domestically as a result of an ongoing health condition (eg sharps, bandages, incontinence pads). The disposal costs are borne by West Sussex County Council who are the disposal authority.
- 3.2 Clinical waste generated as a result of a medical procedure (for example if someone has had surgery and produces clinical waste on a temporary basis while they recover) is the responsibility of the NHS.
- 3.3 In April 2023 the councils contracted the collection of clinical waste to Medisort, moving away from providing the service in-house. The reasons for stopping the in-house service were that:
- The service was not very resilient, relying largely on the knowledge of the driver who worked on the service. This caused issues when the individual was on leave or away from work for any other reasons. Due to the service growing we would have needed to put more staff on the service to maintain standards.
  - The vehicle used for the service (which was a specialist vehicle) needed replacing. The service was also at capacity and the councils would have had to invest in at least two vehicles.
  - Significant investment would have been needed in the service to digitise the management of it.
  - The inhouse service generated a large volume of calls to the contact centre (approximately 460 per month) reducing call handling capacity for other streams.
- 3.4 The councils entered into a contract through a framework with West Sussex County Council. Arun, Chichester, Crawley and Horsham also contract their clinical waste collections through this framework. The contract expires in March 2025.

#### **4. Issues for consideration**

- 4.1 WSCC, as the lead procuring authority, are currently in the process of re-procuring a framework agreement for the treatment and disposal of clinical waste and the collection and support services for clinical waste. To support the procurement process, a working group has been established consisting of representatives from each of the district and borough authorities which wish to call off, on the framework agreement. This working group has agreed the evaluation and methodology within the procurement process.
- 4.2 The procurement exercise was completed in December 2024. It is recommended that Adur District and Worthing Borough Councils call-off on the framework and direct award to the nominated supplier for an initial four year period, between 1 April 2025 and 31st March 2029. The proposed contract commencement date is 1 April 2025.
- 4.3 Clinical waste collection is a statutory requirement which Waste Collection Authorities are legally obliged to undertake under the EPA. Following the finalisation of the procurement process in December 2024, the contract is to be awarded to the preferred supplier for commencement on 1 April 2025. No external consultation on this contract is planned as this is a statutory service requirement.
- 4.4 Extending the existing contract is not possible due to the existing framework agreement not providing the option to extend beyond 31 March 2025. Providing the service in-house does not achieve the efficiencies and savings of which 5 of the districts and boroughs within West Sussex currently benefit. This shared service means that the resources for support and collections are shared and costs are reduced, to provide this in-house would represent a higher cost to the Councils.
- 4.5 The current contract expenditure in the budget is £82,590. The budget setting process for 2025/26 has allowed for an annual budget of £120,000 and it is understood that the initial contract term of four years will allow price certainty for this period, subject to flexibility for market conditions and regulatory requirements.

4.6 We do not expect the costs to change significantly, however there is a likelihood that this will increase with inflation.

## **5. Engagement and Communication**

5.1 Clinical waste collection is a statutory requirement. No public consultation or engagement has taken place regarding the proposals set out in this report.

5.2 Officers have been monitoring the service since it was contracted to Medisort. In the first few months of operation the service received an increase in complaints as the new contractor was bedding in new rounds and staff were getting used to the area. The contractor was very proactive in identifying and resolving these teething problems and the service operates very well.

## **6. Financial Implications**

6.1 The report sets out the circumstances giving rise to the need to enter into the contract 4.5 gives details of the current year budget and the planned budget for 2025/26 of £120,000 it is understood that that the new contract will be within this amount and gives certainty over cost for the next 4 years. The cost of returning the service to in house delivery means that this is not efficient when compared with this contract.

## **7. Legal Implications**

7.1 Under Section 111 of the Local Government Act 1972, the Council has the power to do anything to facilitate or which is conducive or incidental to the discharge of any of their functions.

7.2 Section 1 Local Government (Contracts) Act 1997 confers power on the local authority to enter into a contract for the provision of making available of assets or services for the purposes of, or in connection with, the discharge of the function by the local authority.

7.3 Section 3(1) of the Local Government Act 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.

## **Background Papers**

nil

## **Sustainability & Risk Assessment**

### **1. Economic**

- The preferred contractor is a local company based in Littlehampton providing local employment

### **2. Social**

#### **2.1 Social Value**

- Matter considered and no issues identified.

#### **2.2 Equality Issues**

- Clinical waste is generated by residents with certain medical conditions. Having a safe, reliable and hygienic way to dispose of their clinical waste is an essential service.

#### **2.3 Community Safety Issues (Section 17)**

- Matter considered and no issues identified.

#### **2.4 Human Rights Issues**

- Matter considered and no issues identified.

### **3. Environmental**

- Clinical waste can be hazardous and its storage, collection and disposal is tightly regulated. The proposed contractor is licensed to manage this waste stream

### **4. Governance**

- Matter considered and no issues identified