

WORCESTERSHIRE COUNTY COUNCIL

RECORD OF OFFICER EXECUTIVE DECISION

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| Item | Integrated Drug and Alcohol Service | | |
| Date Of Decision | 14 February 2024 | | |
| Decision Maker | Dr Lisa McNally Director of Public Health | | |
| Brief Description Of Decision | To award a Contract for an Integrated Drug and Alcohol Service using the direct award process permitted under the Provider Selection Regime (PSR), to the incumbent provider, Cranstoun Worcestershire for a period of 6 years, with break clauses at two year intervals, pending a successful negotiation regarding future delivery. | | |
| Reason(s) For Decision | <p>The current provider Cranstoun Worcestershire has been delivering a quality service and has significantly improved performance in the previous year. This direct award will provide an opportunity for the provider to continue to develop service provision and build on the successes of the most recent contractual period without needing to complete a competitive tender process (which is time-consuming and would detract from service delivery)</p> <p>It has the potential to extract greater value from the existing provider, compared to a new contractual arrangement, following a process of negotiation with the existing provider</p> <p>It provides stability and supports staff morale following a challenging period avoiding the difficulties presented by TUPE.</p> | | |
| Alternative Options Considered And Rejected | Do Nothing | Not an option | This contract ends in March 2025 and delivery of the service is a statutory duty of Worcestershire County Council using of the Public Health Ringfenced Grant |
| | Option 1 Modify Existing Contract | Not an option | Contract ends in March 2025 with no provision for extension. The provisions for modifications under the PSR must only be used for the modification of contracts during their |

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| | | | term and not to circumvent the regulations when a contract ends and a new one needs to be awarded. Any agreement to extend this contract would fall outside of the PSR. |
| | <p>Option 2 Most Suitable Provider</p> | <ul style="list-style-type: none"> • Able to select a supplier without a competitive process. | <p>Challenges with accurately identifying the potential market and potentially prevents consortium opportunities (as per Shropshire)</p> |
| | <p>Option 3 Competitive Tender</p> | <ul style="list-style-type: none"> • Opportunity to test cost and quality, value for money. • Opportunity for a new provider, fresh outlook and approach, a new start after 10 years or more | <ul style="list-style-type: none"> • Despite ongoing concerns, the performance and relationships developed over the 10 years has been generally positive. • Regardless of the outcome, a tender process will have a negative impact on provider performance in the short to medium term. • Low morale among provider staff, peers and volunteers resulting in further recruitment & retention difficulties. • Disbenefit of TUPE • Negative impact on Service users • Reputational damage among stakeholders • IPS service has change of provider after just one year. |

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| | | | <ul style="list-style-type: none"> • WCC default approach to cost, quality split is likely to be 65:35 – linked to financial situation. • Potential for increased costs related following a new contractual arrangement. (Existing funding has remained static for 15 years any tender process is likely to result in a more market aligned response) • Loss of continuity in the event of change of provider <p>IT transfer challenges</p> |
| <p>Joint Equality, Public Health, Data Protection and Sustainability Impact Assessments carried out</p> | <p><i>A. The JIA screening did not identify any potential considerations requiring further assessment during implementation.</i></p> | | |
| <p>Any Conflict of Interest declared by a consulted Cabinet Member/ any dispensation granted</p> | <p>None</p> | | |
| <p>Signature</p> | <p>Lisa McNally</p> | | |
| <p>Reference/Date Published</p> | <p>03/2024</p> | | |
| <p>Delegation check</p> | <p>Yes</p> | | |
| <p>Legal / Finance Check</p> | <p>CT / PR</p> | | |
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