

**Forward Plan reference number: FP/335/01/24**

<b>Report title: Award of a contract for the All-Age Recovery Co-ordination Service</b>	
<b>Report to:</b> Cabinet	
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<b>Date:</b> 25 June 2024	<b>For:</b> Decision
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<b>County Divisions affected:</b> All Essex	

## **1. Everyone's Essex**

- 1.1 Alcohol and drug dependency can have a profound impact, not just on the health of the individual, but on their life, that of their friends and family, and on society.
- 1.2 Essex County Council commissioned the All-Age Recovery Co-ordination Service (AARCS) in 2017 to address precisely this challenge: providing a fully-integrated, county-wide service for both adults and young people needing support with alcohol and/or drug dependence. The AARCS provides a range of evidence-based interventions shaped to meet individual needs, as well as ongoing support for individuals who have exited the service/treatment system but who may experience instances of need for acute recovery support.
- 1.3 In providing this support, the service strongly accords with the ambitions in Everyone's Essex, particularly around supporting healthy lifestyles, tackling substance misuse, and levelling up health outcomes.
- 1.4 The service has been provided jointly, under a seven-year contract, by the Children's Society (Services) Limited and Open Road Solutions (incumbent provider). That contract is due to end in September 2024.
- 1.5 In January this year, the NHS Provider Selection Regime (PSR), came into effect. Introduced under the Health and Social Care Act 2022, the PSR applies to the procurement of health care services in England by 'relevant authorities', which includes Local Authorities. Under these new rules, the commissioning of a service such as the new AARCS contract can, if it meets certain clear criteria, be direct awarded to the incumbent provider.
- 1.6 The paper explains why officers consider that the incumbent provider is fulfilling the existing contract – examples of this are set out in this paper. Furthermore, the Council has extensive insight of the market, including close working relationships with commissioners across the country as well as neighbouring counties. ECC Commissioners would not have confidence in the ability of other prospective service providers to satisfy the contract.

- 1.7 Therefore, the purpose of this paper is to seek agreement to direct award the new contract for AARCS to the Incumbent provider, in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023.
- 1.8 Given that there is an element of travel required in this proposal, this service will not be carbon neutral. However, it will work towards the Essex Climate Change Commission recommendations.

## **2 Recommendations**

- 2.1 Agree that the Council is of the view:
  - 2.1.1 that the Children's Society (Services) Limited and Open Road Solutions, ('the Incumbents') are satisfying the existing contract for the All--Age Recovery Co-ordination Service and will likely satisfy the proposed contract for the same services to a sufficient standard.
  - 2.1.2 that the Incumbents have the ability to deliver the services required under this new contract; they have the necessary financial standing, and have the requisite experience and capability to deliver the new contract.
- 2.2 Agree to direct award a contract for the All-Age Recovery Co-ordination Service to the Children's Society (Services) Limited and Open Road Solutions at a maximum total value of £9,787,745 over the initial five-year contract period. The cost in year one is £1,957,549.
- 2.3 Agree that the contract length will be five years with an option to extend for two years.
- 2.4 Agree that the Executive Director, Economy, Investment and Public Health in consultation with the Cabinet Member for Health, Social Care and Integration is authorised to enter into the contract when:
  - 2.4.1 the decision to award the contract has been made publicly using a transparency notice which has been published using mandatory e-notification services; and
  - 2.4.2 a standstill period has been observed for at least the minimum period required by the Regulations and no representations have been made during that standstill period.
- 2.5 Agree to grant a waiver from competition in accordance with the Procurement Rules.

## **3 Background**

- 3.1 As part of Everyone's Essex, ECC is committed to improving the health of Essex residents. Alcohol and drugs are amongst the leading risk factors for overall

burden of disease in the UK. Individuals who misuse substances are not only at risk of developing conditions such as cancer and cirrhosis but are also at risk of developing or compounding underlying health issues, in particular mental ill health and in turn, are at heightened risk of premature death and or suicide.

- 3.2 Many individuals will invariably already have or become vulnerable to developing a range of other multiple and complex needs the longer their substance misuse remains untreated, for example, offending and homelessness which will likely escalate if not addressed.
- 3.3 There is a wealth of published research regarding the impact on children whose parents/carers misuse drugs and alcohol, highlighting the potential multiple and cumulative consequences for them across the whole of their life course, for example, impaired foetal development, poor educational attainment, and risk of substance misuse themselves. This in turn, has a direct effect on the wider community.
- 3.4 It is therefore essential to identify and engage those individuals most at risk at the earliest possible opportunity, preventing unmet escalating health needs, and thereby reducing future demand on costly and overstretched public health services.
- 3.5 In 2017, ECC commissioned a countywide All-Age Recovery Co-ordination Service (AARCS), to provide an all age, open access service to engage both young people and adults in treatment to address their alcohol and drug dependence.
- 3.6 ECC currently has one existing contract in place for the AARCS service with two charities who work together in a collaborative contractual joint venture -the Children's Society and Open Road Solutions (both referred to in this paper as the 'Incumbent'). This contract was awarded following a competitive procurement process. This contract commenced on 1 April 2017 and was due to expire on 31 March 2024. The contract has been extended for six months at a total cost of £978,775 and will now expire on 30 September 2024.
- 3.7 The AARCS provides a range of evidence-based psychosocial interventions which are tailored to meet individual needs, including a stepped approach to sustained recovery, and which aims to prevent relapse. Service users are encouraged to identify their own positive outcomes, including the pursuit of/access to mentoring, recreational, education/training and employment opportunities, which can aid sustained recovery and overall improved health and wellbeing. The service also provides ongoing support for individuals who have exited the service/treatment system but may experience instances of need for acute recovery support.
- 3.8 In summary, AARCS includes provision of the following services:
  - All age recovery co-ordination and specialist harm reduction and psychosocial interventions for substance misuse
  - Pharmacy needle and syringe exchange provision

- Young people drug and alcohol interventions including advice and mentoring support
- Support with onward referrals to other specialist treatment services

3.9 The figures below represent the number of clients engaging in structured treatment with the service each year:

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Childrens Society</b>	312	328	345	167	306	315
<b>Open Road</b>	2836	2921	2548	2456	2557	2495

3.10 While the numbers would appear to indicate a reduction in the numbers of clients supported, it is important to note that first, this data reflects only those clients engaged in structured treatment as defined by the National Drug Treatment Monitoring System, and therefore does not include/reflect broader activity/service delivery which falls outside of this.

3.11 Second, the service continues to achieve positive outcomes for clients, as evidenced by data collected through the National Drug Treatment Monitoring System, which confirms the service is performing above the national average across a number of areas.

3.12 It should also be noted that while the pandemic inevitably had a huge impact on service delivery, the service was able to respond by adapting and flexing support. Furthermore, clients are presenting with increasingly complex needs, and therefore require additional time and support which needs to be reflected in caseload numbers. In 2020 the decision was taken that the service would refer adult clients presenting with alcohol misuse issues only to one of the Council's other treatment service providers.

### **Introduction of the NHS Provider Selection Regime (the PSR)**

3.13 On 1 January 2024, the NHS Provider Selection Regime (PSR), came into effect. Introduced under the Health and Social Care Act 2022, the PSR applies to the procurement of health care services in England by organisations defined as 'relevant authorities', and which includes Local Authorities.

3.14 The aim of the PSR is to provide a flexible and proportionate process for selecting providers of healthcare services; facilitating collaboration across the wider system and ensuring that such decisions are made in the best interest of patients/service users.

3.15 The AARCS contract falls within the PSR as determined by the specific CPV codes used to procure this contract. Therefore, ECC is required to use the PSR rather than the Public Contract Regulations.

3.16 The Health Care Services (Provider Selection Regime) Regulations 2023 (the PSR Regulations) provide that ECC may – but doesn't have to - direct award a contract to an existing provider (called the Direct Award Process C), where there

is limited or no reason to seek to change from the existing provider or to assess providers against one another because the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably.

3.17 The Direct Award Process C may be used when all of the following conditions apply:

- 3.17.1 the relevant authority is not required to follow one of the other direct award processes available in the PSR Regulations;
- 3.17.2 the term of the existing contract is due to expire and the relevant authority proposes a new contract to replace that existing contract at the end of its term;
- 3.17.3 the proposed contracting arrangements are not changing considerably;
- 3.17.4 the relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard; and
- 3.17.5 the procurement is not to conclude a framework agreement.

3.18 The Cabinet will need to consider whether or not it believes that these conditions are met. If it considers this to be the case it may direct award the new contract for the AARCS to the Incumbent without any competition.

3.19 The Direct Award Process C requires that the existing provider meets *both* the key criteria and basic selection criteria. Officers have undertaken an in-depth review and analysis of both the quantitative and qualitative evidence available to determine this. This has been consistently gathered as part of the existing performance and monitoring requirements which have been in place since the commencement of the existing contract.

### **Key criteria**

3.20 Relevant authorities must consider five key criteria when applying direct award process C. These are:

- 3.20.1 quality and innovation
- 3.20.2 value
- 3.20.3 integration, collaboration and service sustainability
- 3.20.4 improving access, reducing health inequalities and facilitating choice
- 3.20.5 social value.

3.21 All five criteria must be considered; however it is a matter for ECC as to the weighting to be attached. The decision has been taken that the criteria will be weighted equally. An exercise was undertaken using the evaluation criteria for the previous tender, and mapping them to the each of the key criteria order to assess the weight to be attributed to each of the key criteria, the result of which indicated that each of the key criteria were equally important and should therefore be weighted equally.

**Current contract performance and evidence of key criteria:**

- 3.22 The full findings of the review/analysis are detailed in Appendix 2. However, of particular note are the following examples:
- 3.23 **Quality and innovation:** There is substantial evidence of the high quality of the service based on it consistently performing above the national average in a number of areas, for example: for the reporting period Q4 22/23, 92% of young people who engaged with the service were successfully closed either drug free or with reduced use; this is higher than the national average which is 82%. Data from the National Drug Treatment Monitoring System (NDTMS) indicates that on average over the last 8 quarters, 53.1% of Essex clients showed substantial treatment progress. This is higher than the national average of 46.5% for the same period. From all adult clients in treatment, the numbers successfully completing treatment was 21.3%, average over the last 8 quarters, which is above the national figure of 20.6%. Similarly, where the Service is performing at a higher rate than national comparators, this is indicative that the Service is providing good value for money.
- 3.24 Examples of innovation (and service sustainability) include the introduction of a fast track Recovery Pathway Group for young people referred into the Service and who are happy to receive immediate support through virtual group support, rather than waiting for 1:1 appointments, thereby ensuring they receive help as early as possible, while also avoiding increased waiting times/lists for support.
- 3.25 More generally, the ability to flex and adapt to meeting changing needs of young people, including for example, local intelligence gathered by the Service through engagement with schools/education settings, as well as wider partners to understand changes in demand and supply of drugs is critical to ensure sustainability of the service. For example, the service has observed an increase in the use of Ketamine by those under 18, (while also observing that there has been a decline in Opiate users). Given the evidence of long term physical/irreversible damage caused by Ketamine, coupled with potential profound negative mental health symptoms, this insight is critical to ensure that the service and in turn the wider system remains equipped to evolve and respond to potential changes in treatment requirements, and broader implications for health needs generally.
- 3.26 **Integration, collaboration and service sustainability:** A prime example of integration and collaboration is the work being delivered by the service directly in schools, in particular, all staff working with young people have received training to deliver the PSHE+ programme in schools.
- 3.27 As part of a joint pilot with Essex Police, young people arrested for certain offences, have been offered the opportunity to attend an assessment followed by a minimum of two engagement sessions (minimum requirement) with the Service as an alternative to interview under caution/charge, thereby diverting

them from the criminal justice system and preventing them from being criminalised, while also acting as a potential deterrent to young people from engaging in future offending behaviour. The pilot has been hugely successful with 25 out of 26 young people choosing to participate, and of those, 23 out of 25 continuing to engage with the service following completion of the initial minimum requirement.

- 3.28 Both Open Road and The Children's Society are integral partners within both the Essex treatment and recovery system, but moreover within the wider system, providing invaluable support to individuals experiencing a whole range of multiple and complex needs. For example, the Children's Society also delivers the CARE project which is specifically targeted at children and young adults who are being exploited, or who are at risk of criminal or sexual exploitation, and as part of which works in close collaboration with ECC Safeguarding, children and families/leaving and aftercare social work teams, and the Police.
- 3.29 Open Road delivers both the Individual Placement Support (IPS) scheme in Essex, which supports individuals who are in structured drug treatment services into employment, as well as providing specialist employment support to those in contact with the criminal justice system, and or other combinations of multiple disadvantage. This demonstrates the Service's ability to diversify and positively influence other socio-economic factors which impact on individuals, and moreover able to positively contribute to the local economy.
- 3.30 To date, 343 clients have engaged in the IPS employment scheme (IPS) and around a third of whom (over 100 clients) have secured employment in Essex businesses. A recent government study shared that potential overall savings in terms of reduction of benefits claimed, tax spend and economic activity of those who gain employment can equate to overall net gain to the treasury of £14k per person per annum, which is a total value £1.4 million.
- 3.31 Value: In 2019, the CIPFA published a set of indicators including unit cost across 15 neighbouring areas to Essex. The findings confirmed that Essex compared favourably in regards to spend compared to neighbouring areas/other local authorities, with unit costs in the lower quartile: ie £9.22 per unit cost which was the fifth lowest across a total of 16 areas.
- 3.32 Notwithstanding there has been no financial uplift during the seven year period of the contract, coupled with increasing financial pressures due to rising inflation and cost of living, the service has continued to perform extremely effectively both in terms of value for money, but also, delivering providing excellent quality of service.
- 3.33 Based on a review of performance monitoring data (for the periods Q3 2021/22 to Q2 2022/23) Essex is also performing above other areas nationally in respect of a number of outcomes (as measured by the National Drug Treatment Monitoring System), including for example: On average 53.1% of clients in the Essex treatment system have either successfully completed treatment with reduced or no use of their problem substance and do not have an acute housing problem, or are drug-free or have reduced their drug use but remain in treatment

for support. This is higher than the National average of 46.5%. The service also compares favourably to other areas nationally in respect of non-re presentations to service within 6 months of completion of treatment.

- 3.34 On average, 89.3% of young people supported have successfully completed treatment, compared to the national average of 82.8%. The wait time for their first intervention is also much lower than the national average (ie only 0.1% clients waiting over 3 weeks for their first intervention, compared to the national average of 2.7%)
- 3.35 Since 2019, the Service has generated additional funding from a range of sources including charitable events and donations totalling £5,221,281 to date, which has been invested to make continued service improvements to ensure the highest quality of service for clients and moreover excellent value for money. This represents both a significant financial investment (and in turn a costs benefit/saving to ECC), but also represents significant social value ie high quality of service which has a direct impact on improved health and wellbeing outcomes for Essex residents.
- 3.36 Although there will be no increase to the value of the contract, ECC and the Incumbent Provider remain committed to working in partnership and are satisfied that the Service will continue to perform effectively and provide value for money.
- 3.37 **Improving access reducing health inequalities, and facilitating choice:** The peripatetic service model, including co-location with other treatment/support services across the County, including DASS, Full Circle, ARC and Peabody, provides 'a one stop shop' for clients, many of whom would invariably struggle to otherwise engage/attend appointments.
- 3.38 The Service also delivers targeted interventions to particularly vulnerable and marginalised groups, for example separated migrant young people, care leavers, and those not in education employment or training. As noted elsewhere the Service has forged strong relationships within the wider system including for example, children and families social care, to identify and support those individuals/groups who are particularly vulnerable, in particular those with co-occurring needs, and so also helping to address multiple disadvantage and reduce health inequalities.
- 3.39 **Social value:** 100% of staff in the service reside in Essex, and 40% have experience of people with drug or alcohol problems; either their own or those of a family member, thereby providing a wealth of local knowledge, and an in-depth understanding of the different geographies, demographics within local areas, including those areas where deprivation is more prevalent and the associated challenges this brings. Again, this is critical in supporting a place-based approach to service delivery, providing local knowledge and insight to inform service improvements and changing needs within a specific locality.

### **Basic Selection Criteria**



- 3.40 Cabinet will need to conclude that the Incumbent fulfils the necessary basic selection criteria set out in Schedule 16 of the PSR, i.e., the Incumbent has the ability to deliver the services required under this new contract; they have the necessary financial standing, and have the requisite experience and capability to deliver the new contract.

### **Service user feedback and co-production**

- 3.41 Given the proposal for the direct award of the contract to the Incumbent, the PSR does not require ECC to undertake market engagement/consultation with service users. However, commissioners continue to gather and utilise feedback from those with lived experience of services, and other professionals working within the system to inform continuous improvements to the service, and the wider drug and alcohol treatment recovery system more generally.
- 3.42 In particular, working in partnership with the Essex Recovery Foundation (ERF) this includes the implementation of a workforce development strategy, including system wide training, as well as investment to improve the wellbeing and support staff retention, as well as enhancing opportunities for those with lived experience of drug and alcohol misuse to gain employment within the sector. The Incumbent Provider is already working very closely with ERF to help drive this work forwards, and in particular their delivery of both the IPS and employment specialists to support those in treatment and recovery into employment, education and training opportunities.

### **Staffing implications and workforce retention**

- 3.43 As noted above, staff retention within the drug and alcohol continues to be a challenge, as does recruitment to vacancies. In 2022, as part of the Changing Futures programme in Essex, partners from across both drug and alcohol services as well as wider services working with individuals with multiple and complex needs, provided feedback regarding some of the challenges around working within the system. This included lack of job security caused by the letting of short contracts, largely due to the fact that AARCS (together with other drug and alcohol treatment services) are funded through time limited grants, including the Public Health Grant which is reviewed/decided on an annual basis.
- 3.44 It is intended that by directly awarding the new contract for the same period (5 years plus 2 years) to the Incumbent, this will help provide a sense of job security to the staff currently working within the service, and therefore encourage job retention/prevent attrition from the drug and alcohol treatment system which will assist in the provision of services to Essex residents.

### **Next steps**

- 3.45 The new contract would commence on 1 October 2024 to prevent a cessation in the services being provided subject to the award decision being published and the standstill period expiring as set out in the Recommendations of this report. The value of the contract remains the same and there are no planned changes to the service specification

## **4 Links to our Strategic Ambitions**

4.1 This report links to the following aims in the Essex Vision:

- Enjoy life into old age
- Strengthen communities through participation

4.2 This report links to the following strategic priorities in the Organisational Strategy 'Everyone's Essex':

- Health wellbeing and independence for all ages
- A good place for children and families to grow

4.3 This report links to the commitments in Everyone's Essex and plans for levelling up the County:

- Health lifestyles
- Promoting independence
- Place based working
- Levelling up health
- Family resilience and stability
- Safety
- Levelling up outcomes for families

4.4 This report links to the following overarching priority areas in the Essex Joint Health and Wellbeing Strategy:

- Improving mental health and wellbeing
- Supporting long term independence
- Alcohol and substance misuse
- Health inequalities and the wider determinants of health

4.5 This report links to the outcomes in the Children and Young People's Plan:

- Stable and thriving families
- Safe and accessible neighbourhoods

4.6 This report links to the national government drug strategy, From Harm to Hope and 10 year plan to reduce crime and save lives.

4.7 The recommendations in this report will not have direct environmental or climate change implications. However, providers undertaking this contract will be expected to demonstrate how they are upholding and contributing to the themes of the Essex Climate Change Commission recommendations including a focus on low carbon transport, waste reduction and recycling, effective use of energy contributing towards the carbon neutral agenda.

## **5 Options**

### **5.1 Option 1: Do nothing**

This option is not recommended.

The existing contractual arrangements for delivery of the service will expire on 30 September 2024. The Council has committed to improving the health and wellbeing of Essex residents and to address health inequalities. For the reasons outlined above, this option would be contrary to the Council's commitment to Levelling Up. This would also be detrimental to the needs of vulnerable adults experiencing alcohol and drug dependence, as well as other multiple and complex needs, who are unable to navigate complex service pathways without support, and which would result in their needs escalating, and creating undue pressure on costly public health services who do not have the capacity or expertise/experience to provide support.

### **5.2 Option 2: Direct award a contract to the Incumbent**

This is the recommended option.

For the reasons set out above in this report, it is recommended that the Council proceeds with the direct award of the contract for the All-Age Recovery Coordination Service to the Incumbent Provider. The new contract needs to be in place on expiry of the existing contract to ensure that the services will continue to be delivered without a gap in provision.

The PSR permits this as an option provided that the relevant criteria for using the direct award process are met although this is a new process that has not yet been fully tested in the market.

### **5.3 Option 3: Run a competitive tender process under the PSR**

This option is not recommended. The purpose of introducing PSR is to ensure a flexible and proportionate process for deciding who should be the service provider. Having carried out an extensive review of the evidence, the Council is satisfied that there is no reason to seek to change from the existing provider; or to undertake a competitive procurement process. The Council is satisfied that the Incumbent is satisfying the existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably.

The Council has extensive insight of the market, including close working relationships with commissioners across the country as well as neighbouring counties. ECC Commissioners would not have confidence in the ability of other prospective service providers to satisfy the contract.

Running a competitive process would distract the Incumbent Provider from being able to deliver the service and much needed support to vulnerable residents across the County and as such would be contrary to the spirit/intentions of PSR

which is to ensure that such commissioning decisions are made in the best interest of patients/service users. This would also run the risk of destabilising the workforce, leading to further attrition rate of experienced staff from the sector.

The existing contractual arrangements for delivery of the service will expire on 30 September 2024 which would not allow time for ECC to go out to the market for the procurement of the new contract.

## **6 Issues for consideration**

### **6.1 Financial implications**

6.1.1 The current contract with the Children's Society in partnership with Open Road, (the 'Incumbent Provider'), to deliver AARCS required an annual investment in 2023/24 of £1,957,548, with the existing five year contract value totalling £9,787,741. In 2023/24, this was fully funded from the Public Health grant (£67.8m in 2023/24).

6.1.2 The proposal is to direct award the contract for a five-year term from October 2024 with an annual investment by ECC of £1,957,548 and a total contract value of £9,787,741. No inflationary or other increases have been negotiated and therefore, a flat contract value agreed for the new term.

6.1.3 The existing contract, having been awarded under a competitive tender process, implies value for money was achieved. The renewal of the contract with the same value, reasonably demonstrates this contract will continue to drive value for money for ECC in current market conditions with no inflationary uplifts.

6.1.4 The proposed contract will continue to be funded from the overall annual Public Health Grant on the assumption that the Public Health grant does not fall below current levels. £68.7m for the current year.

6.1.5 For the period from 2025/26 until the contract expires, there is no further assurance at this time about the level of funding of the public health grant and as such, should a cost pressure arise as a result of a reduction in funding levels, action would need to be taken to mitigate this including re-prioritisation of existing resources from other services if no solution could be found within the public health service.

### **6.2 Legal implications**

6.2.1 This report proposes that the Council uses the Provider Selection Regime (PSR) to directly award a contract to the Incumbents without any competition.

6.2.2 The PRS is a new set of rules for procuring health care services in England. The Council's Procurement Rules would expect a contract of this value to be competitively procured and it will be necessary to grant a waiver from Procurement Rules to proceed. Whilst direct award may be easier, the Council is spending significant amounts of public money and needs to be satisfied that

the criteria are met and also that it is appropriate to award the contract without competition.

6.2.3 The Council is expected to ensure that when following this regime, they make decisions in the best interests of people who use the service. To do this, they must act with a view to all of the following: (a) securing the needs of the people who use the services; (b) improving the quality of the services; and (c) improving efficiency in the provision of the services.

6.2.4 The requirements of the regulations and how it is suggested that those requirements are met are set out in the report. It is proposed to use 'Direct Award Process C' in the regulations.

6.2.5 Once ECC has ascertained that it can use Direct Award Process C, it must: (1) publish a notice containing its intention to award the contract to the chosen provider and observe the standstill period; (2) enter into a contract with the chosen provider after the standstill period has concluded; and (3) publish a notice confirming the award of the contract within 30 days of the contract being awarded.

6.2.6 Providers may make representations to ECC during the standstill period. A decision can be challenged during the standstill period on the grounds that the Regulations were not applied correctly. For example, they may argue that ECC was not following the transparency requirements or failed to manage conflicts of interest appropriately.

6.2.7 Further, there may be occasions where decisions taken under the PSR could be subject to judicial review, which may include challenge on other grounds (i.e., that ECC did not act reasonably).

6.2.8 This is a very new area of law and therefore it is impossible to determine the likelihood of challenge from the recommendations in this report. It is also suggested that the Council should have processes in place for making an early decision on whether or not a direct award should be made. There would not be time to hold a competitive procurement between now and the expiry of the current contract - which has already been extended.

## **7 Equality and Diversity Considerations**

7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The Equalities Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

## **8 List of Appendices**

Appendix 1 - Equalities Comprehensive Impact Assessment

Appendix 2 – AARCS PSR Key Criteria Evidence

## **9 List of Background papers**

None