



North Devon Council

MeetingDate

Request for Waiver

1. NAME AND JOB TITLE OF OFFICER REQUESTING WAIVER:

Natasha Rowland, Service Lead Housing Vulnerable Persons and Community Safety

2. TITLE OF PROPOSED CONTRACT:

Mental Health Nurse attached to the Outreach Team

The proposed contract for the above will be between £12,000 (inc VAT) and £120,000 (inc VAT).

With this RFW I include a copy of the specification or brief which has been prepared for this contract and which details the goods, services and/or works which will be provided.

Specification Attached (and provide a brief description of the contract below):
Permission to set aside the requirements of the Contract Procedure Rules to continue to procure a part-time Mental Health Nurse via Devon Partnership Trust at the cost of £26,977 over a 12 month period. Full costs for this service are met via awarded MHCLG funding.

I can also confirm that the contract terms which will be used for this contract will be the Council's standard terms and conditions for goods and services or (where relevant) works or, where this is not the case, I have sought the approval of Legal Services to the alternative terms and conditions that I propose to use for this contract.

In accordance with the Council's Contract Procedures Rules, three alternative quotes should be obtained and the lowest quotation should be accepted.

I can confirm that I have sought advice from Legal Services and we have agreed that it is appropriate that this requirement be waived for the following reason(s):

*(Delete A, B **OR** C as applicable)*

A Obtaining three price quotes is not appropriate

NOTE: This form, and the decision, must be kept on file and properly recorded for audit purposes.

It is a legal requirement that details of the contract being procured pursuant to this RFW must be included on the Council's Contract Register. A copy of this RFW must be sent to supplyingndc@northdevon.gov.uk immediately following approval.



3. THE PROPOSAL IS TO AWARD THIS CONTRACT TO THE FOLLOWING SUPPLIER:

Devon Partnership Trust

4. DETAIL

I can confirm that, despite non-compliance with the requirement to seek at least three quotes, the award of this contract to the above supplier will be best value for the Council for the following reason(s):

The approved funding is based on enhanced service provision from the existing supplier of Mental Health services in the area. There is no other recognised specialist service operating in the area.

Where quotes were received (option B or C above) please provide summary information below:

Quotation 1:

Does the quotation conform to the provided specification? Y / N

(If no, please provide detail)

Supplier Name:

Quotation Price:

Quotation 2:

Does the quotation conform to the provided specification? Y / N

(If no, please provide detail)

Supplier Name:

Quotation Price:

Quotation 3:

Does the quotation conform to the provided specification? Y / N

(If no, please provide detail)

Supplier Name:

Quotation Price:

(Add more as appropriate)

5. DECISION TO BE MADE BY: Nina Lake

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To be completed by Decision Taker:

6. REQUEST FOR WAIVER AUTHORISED BY DECISION TAKER?: Yes / ~~N~~

7. DECISION TAKER'S COMMENTS: This is a continuation of a bespoke service where trusted relationships have been formed and complies with the detailed specification.

8. DATE OF DECISION: 03/02/2025

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