

REPORT TO:	Cabinet Member for Culture, Leisure and Sport
SUBJECT:	Provision of Mortuary and Post Mortem Services
LEAD OFFICER:	Jacqueline Harris – Baker, Resources, Executive Director Malcolm Davies, Head of Insurance and Risk, Head of Service
CABINET MEMBER:	Cabinet Member for Culture, Leisure and Sport
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/ AMBITIOUS FOR CROYDON

This agreement allows for the Council to have a closer relationship with NHS and will lead to better outcomes for our residents.

FINANCIAL IMPACT

The financial impact of this agreement, for Mortuary and Post Mortem Services, is £425,000 for 5 years. The previous agreement of 1 year, cost the Council £85,000 (2018/19) (aggregate value of £510,000).

The Leader of the Council has delegated to the Cabinet Member for Culture, Leisure and Sport the power to make the decisions set out in the recommendations below:

1. RECOMMENDATIONS

- 1.1 The Cabinet Member for Culture, Leisure and Sport in consultation with Cabinet Member for Finance and Resources is recommended by the Contracts and Commissioning Board to approve the award of contract in accordance with the Regulation 27c of the Council’s Tenders and Contracts Regulations to Croydon Health Services NHS Trust for the mortuary and post mortem services, for a contract term of 5 years and a maximum contract value of £425,000.
- 1.2 The Cabinet Member for Culture, Leisure and Sport is to note the Director of Commissioning and Procurement has approved to waive the requirement of Regulation 17 of the Councils Tenders and Contracts Regulations for a single source supplier contract for the reasons set out in paragraph 3.1.3.
- 1.3 And to note the Council has an existing arrangement with Croydon Health Services NHS Trust for these services and that therefore in the aggregate the total value of contracted services is £510,000.

2. EXECUTIVE SUMMARY

- 2.1 The purpose of the report is to formalise the interim arrangements which have been applied for the last 12 months for the provision of mortuary and post mortem facilities by Croydon Health Services NHS Trust by way of a Section 75 (NHS Act 2006) agreement.
- 2.2 The arrangement supports and is complementary to the strategy of working in partnership with the Croydon NHS Health Sector for the most efficient and effective outcomes for the residents of Croydon.
- 2.3 The main financial consideration is the estimate of a contribution of £85,000 PA towards costs of providing the services which will be offset by the TUPE transfer/redundancy of staff. On this basis the proposal is within existing budgets.
- 2.4 The content of this report has been endorsed by the Contracts and Commissioning Board.

CCB ref. number	CCB Approval Date
CCB1476/18-19	16/04/2019

3. Detail

- 3.1.1 Advice was taken from the Council's external legal support, Browne Jacobson's, on the current arrangement between the Council and Croydon health Services. It was agreed that this arrangement should be formalised by way of a 'Section 75 agreement' (2006 NHS Act). Section 75 agreements have already been used by Croydon Council including recently a partnership between the Croydon Clinical Commissioning Group and Croydon Equipment Solutions. In summary a S75 agreement made under section 75 of National Health Services Act 2006 is between a local authority and an NHS body in England. Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.
- 3.1.2 Croydon Council has been partnering with Croydon Health Services NHS Trust since February 2018 for the provision of Post Mortem and Public Mortuary Facilities including long term body storage for the South London Coroners Service and Croydon Council. These arrangements currently expire on 30 March 2019. The purpose of this paper is now to formally set out the benefits and business case for the option of a long term partnering arrangement under a S75 agreement with Croydon Health Services NHS Trust.
- 3.1.3 The service are asking for a waiver to submit an award report without a strategy report for the Section 75 agreement for the Mortuary Services with

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the NHS. This is due to the fact there is no provider in the market who can deliver these services, apart from the Council and the NHS.

3.2 Background

3.2.1 The Public Health Act (1936), section 198 provides 'that Local authorities, if required by the Minister of Health; have a legal duty to provide mortuary and post mortem facilities for HM Coroner'.

3.2.1 By 2017 Croydon were one of only 3 boroughs (out of 33) still operating their own Public Mortuary. Arguably while having greater control, there were/are some obvious risks and costs associated with operating a standalone public mortuary. These include but are not limited to having to carry the liability of staffing to serve only the borough whilst at the same time having the risk around lack of resiliency should a member of staff be absent for any extended period (which is why most boroughs opt to partner with the NHS).

3.3 Current Arrangements

3.3.1 Events caught up with Croydon when one of the major risks (concerning staff resiliency) was realised in February when, due to long term absence, only one member of staff was available to run the facility. This was obviously not a viable long-term position to maintain the service. There was an option to attempt to recruit a locum mortuary manager (although it was not anticipated to be easy to recruit and retain such a member of staff) and secondly was anticipated to be at a significant cost. The alternative which was available was a short-term partnering agreement with Croydon Health Services NHS trust to provide facilities for post-mortems with some body storage associated with overspill of longer term body storage staying at the CPM site. Given the geographical proximity of the two facilities (Croydon University Hospital and Croydon Public Mortuary) these arrangements were the obvious and indeed only solution (given the operational requirements for a hospital to maintain mortuary facilities in any event). These arrangements have been in place since February 2018 and have been working well for all parties and are now perceived to provide immediate, obvious and certain benefits for both parties.

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3.3.2 There are immediate benefits realised and risks eliminated from partnering arrangements with CHS NHS Trust and these are listed below:

1. The significant risks of running a standalone public mortuary and post mortem facilities and getting Post Mortems done has been transferred to the NHS.
2. Greater resiliency of arrangements for both the NHS and Local Authority due to having 3 staff operating flexibility and also realised due to the ability of the NHS to access staff, for example within the SW London network.
3. Elimination of lone working/out of hours working risks associated with trying to host Post Mortems at the isolated Thornton Road site, by operating from a 24 hour facility within a hospital. (The last 2 issues have been flagged by the Head of Service for some years).
4. Economies of scale achieved by being able to host all Croydon Post Mortems in one place with the supply of one technician as opposed to the Manager and Technician post required to run a standalone facility at Thornton Road (ie the Croydon Public Mortuary Manager post is not required in this scenario).
5. Pathologists (who are in the 'driving seat') happy with these partnering arrangements with the NHS.
6. Coroners service as the main 'client' are confirmed happy and supportive of these new arrangements
7. Staff development and training and expertise within the NHS context.
8. Ability to host infectious/high risk Post Mortems at Croydon University Hospital (CUH) so bodies are not being moved unnecessarily
9. Thornton Road site being used for some longer term (mortuary) body storage and fall back facility for the Croydon University Hospital mortuary facility.
10. Better use and flexibility of the pooled staff resources by concentrating Post Mortems and body preparation within one facility for both the NHS, Local Authority and Coroner leading to the efficiencies identified above.
11. Partnership in line with the 'One Alliance' Model of partnering with the local health economy to provide mutual benefits for the public sector/public purse.

3.4 Costs/Cost Savings of Partnership

3.4.1 Under the proposed partnership arrangements day to day operational costs will be transferred to the NHS including all liability for staffing costs. Under the partnership arrangement Croydon Council would then contribute to the CHS costs of hosting post-mortems on the basis of a cost per post-mortem. The headline figure is a contribution to CHS NHS Trust of £150 per routine post-mortem plus a £20 Community Death charge per referral and a £6,000 PA administration on cost. On this basis an analysis of the number of post-mortems going through the Croydon public mortuary in the last decade indicates the average cost contribution from Croydon Council for the service is circa £85,000 per annum equating approximately to £195 per Post mortem. However there are potential one off redundancy costs in year 1 estimated at £15,000.

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- 3.4.2 The main risk to be considered is whether there could be a sudden spike in the number of Post Mortems required thereby increasing the cost of this arrangement to all parties. An analysis of the number of post mortems required over a decade is, however, actually consistent with a slight downward trend over that period. It would require an increase of over 50% in the number of post mortems required to revisit the financials on the current business case and should this ever occur, the delivery model will be reconsidered accordingly at that time. The Croydon Public Mortuary similar to the other mortuaries in the South London Coroner's Jurisdiction has been experiencing declining post mortem volumes. This is also the case across England and Wales.
- 3.4.3 As per the Coroners Statistics 2010 England and Wales Report published by the Ministry of Justice, the percentage of cases involving post-mortem examinations, as a proportion of all deaths reported to coroners, fell slightly from just below 46 per cent in 2009 to 44 per cent in 2010, continuing the existing downward trend.
- 3.4.5 There appears to be no correlation between the declining number of post-mortems and the reduction in death rates as the post mortems depend on a number of other factors. A potential explanation is that the decline in volumes is most likely due to GPs certifying deaths of the deceased under their care reducing the need for the Coroner to get involved as well as deaths occurring in hospitals and other Care institutions where death is predictable.

3.5 Summary

- 3.5.1 The partnering arrangements will place the authority in a much more resilient service. Long-term option of partnering between NHS and local authority provides benefits on both sides. There will be increased staff resilience, having more staff under one structure and secondly increase flexibility about use of resources at CUH and CPM sites.

4. CONSULTATION

- 4.1 Consultation has been undertaken with all the main stakeholders in this arrangement namely the South London Coroners service, Bereavement Services and the Emergency planning Team as well as the NHS Trust. There is no requirement under a Section 75 agreement to consult more widely.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1

1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Revenue Budget available				
Expenditure		85	85	85
Income				
Effect of decision from report				
Expenditure		85	85	85
Income				
Remaining budget	_____	_____	_____	_____
Capital Budget available				
Expenditure				
Effect of decision from report				
Expenditure				
Remaining budget	_____	_____	_____	_____

2 The effect of the decision

Overall this proposal is cost neutral but results in a much more resilient and responsive service. There is, however, potential one off redundancy liability in year 1, estimated to be £15,000. The costs of the mortuary services are met from the Registrars and Bereavement Service within Gateway, Strategy & Engagement department.

3 Risks

A spike in the number of post mortems ordered by the Coroner but based on trends over the last decade this is considered unlikely. The estimated £85,000 per annum an upper estimate and the actual spend per annum may be lower.

4 Options

Effectively at this point there are only two options for the service going forward. One is to formalise the arrangements that have worked well for the past year. The second is to revert to the previous arrangements of trying to run a standalone facility ourselves with the costs and risks that attached to that.

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5 Future savings/efficiencies

As described above the proposal is cost neutral for Croydon but provides a much more resilient and responsive service that significantly reduces the risk to Croydon.

6 Approved by: Ian Geary, Head of Finance, Resources & Accountancy

6. LEGAL CONSIDERATIONS

6.1 The Director of Law & Governance comments that the legal considerations are as set out in this report.

6.2 Approved by: Sean Murphy, Director of Law and Governance and Deputy Monitoring Officer

7. HUMAN RESOURCES IMPACT

7.1 With this proposal considerations in regards to TUPE and possible redundancy which may have a direct impact on the two current permanent staff members who are employed to work in the mortuary. Any implications or impact will be managed under the Council's HR policies and procedures.

7.2 Approved by: Jennifer Sankar, Head of HR, Gateway, Strategy & Engagement on behalf of Sue Moorman, Director of Human Resources

8. EQUALITIES IMPACT

8.1 An initial EA has been completed. There are no changes to current service, for the service user, there will be no significant impact on protected groups compared to non-protected groups so a full EA is not required.

8.2 Approved by: Yvonne Okiyo, Equalities Manager

9. ENVIRONMENTAL IMPACT

9.1 There are no environmental impacts related to this report and service.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There are no crime and disorder reduction impacts related to this report or service.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

- 11.1 The reason for this recommendation is to allow a local partnership between the Council and Croydon University Hospital, to provide more flexible and resilient mortuary services for the borough of Croydon.

12. OPTIONS CONSIDERED AND REJECTED

- 12.1 Two options for this service has been considered – Option one is to formalise the arrangements that have existed for the past year. The second is to revert to the previous arrangements of trying to run a standalone facility ourselves with the costs and risks that attached to that and for the reasons set out in this report, that option has been rejected.

CONTACT OFFICER: Malcolm Davies Head of Risk & CPO Ext 50005

BACKGROUND DOCUMENTS: None