



**CABINET**

**11 SEPTEMBER 2018**

**DIRECTOR OF PUBLIC HEALTH: LUCY WIGHTMAN**

**CABINET MEMBER WITH RESPONSIBILITY FOR DEPUTY LEADER & PUBLIC  
HEALTH: COUNCILLOR CECILE IRVING-SWIFT**

Subject:	Coronial Services for Northamptonshire
Recommendations:	<p>Cabinet is asked to:</p> <ol style="list-style-type: none"><li>1. Delegate authority to the Director of Public Health in consultation with the Cabinet Member for Public Health and Wellbeing and the Director of Finance to procure mortuary and pathology services for Northamptonshire.</li><li>2. Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Public Health and Wellbeing and the Director of Finance, to award appropriate contracts covering a period of up to a total four years (two years with the option for up to a further two years) commencing from 1<sup>st</sup> April 2019.</li><li>3. Delegate authority to the Director of Public Health in consultation with the Cabinet Member for Public Health and Wellbeing and the Director of Finance to take this procurement forward by means of direct award to the Providers referred to in paragraph 4.5 below and for the reasons given in paragraphs 4.6 and 4.7.</li><li>4. Note that an exemption, from council rules is currently in place until 31<sup>st</sup> March 2019 in place to allow statutory mortuary and pathology services to continue in the interim whilst waiting for cabinet approval of the award and mobilisation in time for 1<sup>st</sup> April 2019.</li></ol>

**1. Purpose of report**

1.1 At present Northamptonshire County Council (NCC) operates a range of contractual arrangements for delivery of the Coroner's service for Northamptonshire. This includes the collection and removal of bodies from the community where a death has been referred to the Coroner. Also included are provision of mortuary facilities and pathology to support coronial investigations.

1.2 Body Removal contracts were recommissioned in 2017/18 awarded to two independent funeral-care services to cover the county.

1.3 Presently mortuary and pathology services are provided by Kettering General Hospital and Northamptonshire General Hospital, with those cases that require more detailed investigation being handled by Leicester Royal Infirmary or John Radcliffe Hospital, Oxford.

1.4 At present no cabinet approved contracts are in place to cover these arrangements. Informal contracts have developed over time as the Coroner could instruct any pathology lab in the country to carry out post mortems on her behalf. Previous expired agreements are being used with both acute hospitals in the county. These services were an attempt to formalise and improve this part of the coroner's work. The purpose of this report is to seek agreement and delegated authority to procure and enter into contracts for the provision of mortuary and pathology services.

## **2. How this decision contributes to the Council plan**

2.1 The Council's vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of the county's communities and/or safeguarding the county's communities.

This initiative specifically supports delivery of services that increase wellbeing and/or safeguarding by ensuring that:

- People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities.
- Resources are utilised effectively and efficiently, in coordination with partners and providers.

## **3. Background**

3.1 The Coroner's service for Northamptonshire is a statutory function under the Coroners and Justice Act 2009. On average around 2,800 cases a year are referred to the coroner, of which approximately 1,000 require post mortems and around 300 are taken forward to inquest. This demand is growing year on year and is forecast to increase by over 40% over the next 20 years due to general population growth and a disproportionately high growth in the older population

3.2 The role of the Coroner is to confirm the identity and cause of death for those individuals who die within the coronial jurisdiction of Northamptonshire. Deaths referred to the Coroner include but are not limited to:

- All deaths of children and young people under 18, even if due to natural causes. This is for safeguarding purposes.
- Deaths within 24 hours of admission to hospital.
- Deaths that may be linked to medical treatment, surgery or anaesthetic.
- Deaths that may be linked to an accident, however long ago it happened.
- Deaths that may be linked to drugs or medications, whether prescribed or illicit.

- If there is a possibility that the person took their own life.
- If there are any suspicious circumstances or history of violence.
- Deaths that may be linked to the person's occupation, for example if they have been exposed to asbestos.
- All deaths of people who are in custody or detained under the Mental Health Act, even if due to natural causes.
- Deaths where the identity of the deceased is uncertain.
- Deaths where there is uncertainty regarding the cause of death.
- Deaths related to some unusual illnesses, including hepatitis and tuberculosis.

3.3 For those deaths that occur within the community it is the responsibility of the Coroner's service to make arrangements to collect the bodies and convey them to a public mortuary. Northamptonshire does not currently have a public mortuary and instead draws on the capacity and mortuary services provided by the two acute hospitals, Northampton General Hospital (NGH) and Kettering General Hospital (KGH).

3.4 A contract is in place, issued in 2017, for the collection and removal of bodies to these mortuaries. These have been awarded to Co-Operative Funeral Care in Corby to cover north of the county and Cooksley's Independent Funeral Services for the south of the county.

3.5 Once the body has been conveyed to a mortuary, the senior Coroner, or one of the assistant Coroners, will make decisions on the requirement for further investigation including whether a post mortem is required. In some cases there may be a requirement for a more detailed forensic post mortem to take place, in which case the body may be transferred to a specialist centre such as Leicester Royal Infirmary (LRI).

3.6 Currently post mortems are conducted by surgical means however new technologies may allow potential for less invasive medical imaging autopsies to take place, with CT scanning now being employed on a regular basis in some parts of the UK. We are contributing to a regional discussion with regards to a future sustainable pathology services in the East Midlands which could lead to a reduction in costs.

3.7 In 2017/18 the Coroners service cost NCC £912,794, with £572,286 (63%) of this expenditure going towards mortuary and pathology services.

3.8 Along with the community services department the Coroners service became the responsibility of Public Health in October 2017. Investigations and a review to improve services discovered that there were no agreements or contracts in place that were approved by Council. Currently we are formalising the contractual position with the two hospitals with respect to the mortuary and pathology arrangements and therefore we were advised by LGSS Legal Services to obtain an exemption (from council rules) to cover interim arrangements pending cabinet decision until 31<sup>st</sup> March 2019 so as to allow for sufficient time for the mobilisation and award of the new contracts from 1<sup>st</sup> April 2019.

#### 4. Re-procurement of Mortuary and Pathology Services

- 4.1 To support the procurement process, and in accordance with the Public Contract Regulations 2015, a Prior Information Notice (PIN) was advertised in the Official Journal of the European Union (OJEU). The Contract Notice (No. 2018/S 115-261625) was issued on 15<sup>th</sup> June 2018 and was open from 19<sup>th</sup> June 2018 to 19<sup>th</sup> July 2018 seeking expressions of interest in the provision of mortuary and/or pathology services prior to potentially entering into formal procurement arrangements.
- 4.2 NCC reserved the right to only invite those that have submitted an expression of interest (EOI) to any further Tender stage(s) and NCC also reserved the right to directly award this contract to a single or multiple Providers.
- 4.3 On publication of the Contract Notice, organisations were asked to register their interest via the Authority's "ProContract" e-Sourcing portal, where EOI documents and an online questionnaire were available.
- 4.4 Expressions Of Interest (EOI): A total of eight providers requested details of the proposed procurement which resulted in two EOIs.
- 4.5 Following a process to review the EOI submissions in the context of known information regarding the market for mortuary and pathology services, it is recommended that Cabinet grants approval to directly award four year (2+1+1) contracts to both Kettering General Hospital and Northampton General Hospital.
- 4.6 The reason for recommending the direct award of contracts is that the EOI submissions demonstrated that this Contract has specific requirements, meaning only organisations with established expertise and within a geographical area complimentary to NCC are able to deliver.
- 4.7 Following Procurement services advice that a full Tender process would be unlikely achieve a different result; as we allowed for Providers to feedback on volume of work they are/would be able to deliver, and whether or not they would be willing to work within a Framework arrangement.
- 4.8 **Please note** that between the two submissions, full delivery/volume of work needed within the Contract will not be met. NCC therefore needs to consider issues around capacity, and how this is going to be addressed in the medium to long term. Discussions with NHS colleagues on this matter have already commenced. It would seem that best solution would be to divide the county in a broadly geographical basis on proximity to the hospital. However, there are capacity issues which are currently being investigated and any arrangements will be influenced by demand.
- 4.9 An exemption (up to 31st March 2019) has been put in place to secure the temporary delivery of statutory pathology and mortuary services in Northamptonshire. This exemption allows temporary contracts to be awarded to Kettering General Hospital and Northampton General Hospital for these services.

## 5. Consultation and Scrutiny

5.1 The PIN, subsequent validation of submissions, and recommendation have all been undertaken in collaboration with LGSS Procurement and LGSS Legal.

## 6. Equality Screening

Reason that no EqlA is required	✓ as appropriate
The paper is for information only	
The proposal/activity/decision has no impact on customers or the service they receive	✓
The proposal impacts upon staff but the proposed staffing changes will not affect the service that customers receive*	
Other (Please explain further)	

\* Where a proposal affects staff, the appropriate HR processes will be followed, which have already been subject to the EqlA process and will be compliant with HR legislation

6.1 The proposal is to put in place contracts to maintain existing service provision, with relatively minor amendments, and therefore there would be little or no impact on the service received by customers.

## 7. Alternative Options Considered

7.1 The following alternative options have been considered:

### 7.1.1 Do nothing

Doing nothing would allow for the potential continuation of services without following a procurement process and ungoverned by contracts between parties.

### 7.1.2 Re-procure through a further competitive process

A further competitive process is felt to be unlikely to yield a substantially different outcome due to the limited number of providers in this marketplace who have the specialist capability and capacity to provide the required services. Therefore the cost of a further competitive process are likely to significantly outweigh the benefits.

### 7.1.3 Create in-house capacity and provision

An option exists to create in house provision through the construction of a public mortuary with the development of associated services. This has the potential to deliver substantial benefits to NCC however the timescales associated with such an option make it impractical for the immediate requirements.

## 8. Financial Implications

8.1 The proposed contract award, if spending levels are maintained at the current level, would be for £575,000 per year for 4 years assuming 2% per year increase in costs due to inflation and increasing caseload, which is reflective of both the historic and projected trends for these services.

17/18	18/19	19/20	20/21	21/22	22/23	TOTAL
£572,286	£583,732	£595,406	£607,314	£619,461	£631,850	£2,454,032

## 9. Risk and Business Continuity Management

9.1 Risk(s) associated with not undertaking the proposal:

Risk	Risk Rating
Contract cost inflation – experience of neighbours has found that the award of new mortuary contracts has been accompanied by an associated increase in costs which is currently not factored into the budget for the Coroners service.	Green
There is a risk of challenge (risk of “declaration of ineffectiveness”), however, the reason for the direct award is justifiable, and was made in good faith, therefore the risk is considered minimal.	Green
The proposed provision does not fully meet the caseload requirements of the service and there would remain a shortfall in capacity particularly at peak times and in relation to bariatric cases.	Amber

## 10. List of Appendices

None

Author:	Name: Matthew Hoy Team: Public Health
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Background Papers:	n/a
Does the report propose a key decision is taken?	YES
If yes, is the decision in the Forward Plan?	YES
Will further decisions be required? If so please outline the timetable here	NO
Does the report include delegated decisions? If so, please outline the timetable here	NO
Is this report proposing an amendment to the budget and/or policy framework?	NO
Have the financial implications been cleared by the Strategic Finance Manager (SFM)? Have any capital spend implications been cleared by the Capital Investment Board (CIB)	YES/NO Name of SFM: Mark Walker  YES/NO
Has the report been cleared by the relevant Director?	YES/NO Name of Director: Lucy Wightman

Has the relevant Cabinet Member been consulted?	YES/NO Cabinet Member: Cllr Cecile Irving-Swift
Has the relevant scrutiny committee been consulted?	NO
Has the report been cleared by Legal Services?	YES Name of solicitor: Allis Karim
Have any communications issues been cleared by Communications and Marketing?	None Name of officer:
Have any property Issues been cleared by Property and Asset Management?	n/a Name of officer: James Wheeler
Procurement/ Contractual Implications: <ul style="list-style-type: none"> <li>• Have you evidenced compliance with the Council's Contract Procedures Rules?</li> <li>• Have you identified where you are seeking Cabinet to approve an exemption from the Contract Procedure Rules and detailed the risks and mitigations?</li> <li>• Have you identified any EU or UK legislative risks associated with the exemption process such as non-compliance with the Public Contract Regulations Act 2015, transparency and open competition?</li> <li>• Have you identified the procurement or contractual risks associated with a contract?</li> <li>• Has the contract/procurement been subjected to the Council's Commercial Board?</li> </ul>	YES Name of officer: Paul White
Are there any community safety implications?	NO
<i>Are there any environmental implications:</i>	NO
Are there any Health and Safety Implications:	NO
Are there any Human Resources Implications:	NO
Are there any human rights implications:	NO
Constituency Interest:	No specific constituency interest