

SUBJECT:	PROPOSALS FOR REVISION OF PUBLIC HEALTH FUNERAL PROVISION
DIRECTORATE:	DEPARTMENT FOR COMMUNITIES AND ENVIRONMENT
REPORT AUTHOR:	SIMON COLBURN (ASSISTANT DIRECTOR – HEATH AND ENVIRONMENTAL SERVICES)

1. Purpose of Report

- 1.1 To seek approval from the Executive Committee to amend the current level of public health funeral service provision to that of a direct cremation service.

2. Executive Summary

- 2.1 The Council has a legal duty under the Public Health (Control of Diseases) Act 1984, to make funerals arrangements where there are no known next of kin or other person who is able or willing to make those arrangements.
- 2.2 This function currently sits within the Environmental Health service area.
- 2.3 The number of public health funerals undertaken by Council has grown significantly since over recent years, with an associated rise in costs to the service.
- 2.4 The Council currently provides a full funeral service at the City Crematorium, which is an enhanced level of service over and above that which it is legally required to do. It is therefore proposed that an alternative direct cremation model is used for public health funerals.
- 2.5 A move to a direct cremation model would provide significant financial savings, with the cost of a direct cremation being more than 50% less than the current model.

3. Background

- 3.1 Part III, Section 46(1) of the Public Health (Control of Disease) Act 1984 states:

“It shall be the duty of a local authority to cause to be buried or cremated the body of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority”.
- 3.2 Cases are normally referred by the Coroner’s Officer where a body has been found and enquiries have not revealed the existence of any surviving relatives who are able or willing to make the funeral arrangements.

- 3.3 In the case of persons who have no relatives and die either in hospital or local authority residential accommodation, the funerals are normally arranged by those establishments. It should be noted that these organisations are not statutorily obliged to make the funeral arrangements, as we are, but the above legislation enables them to make the arrangements should they choose to do so.
- 3.4 Even if next of kin are identified, we have no powers to require them to make the funeral arrangements if they are not willing to do so.
- 3.5 The number of public health funerals being arranged by the Council has seen a significant increase in recent years (see Figure 1 below).

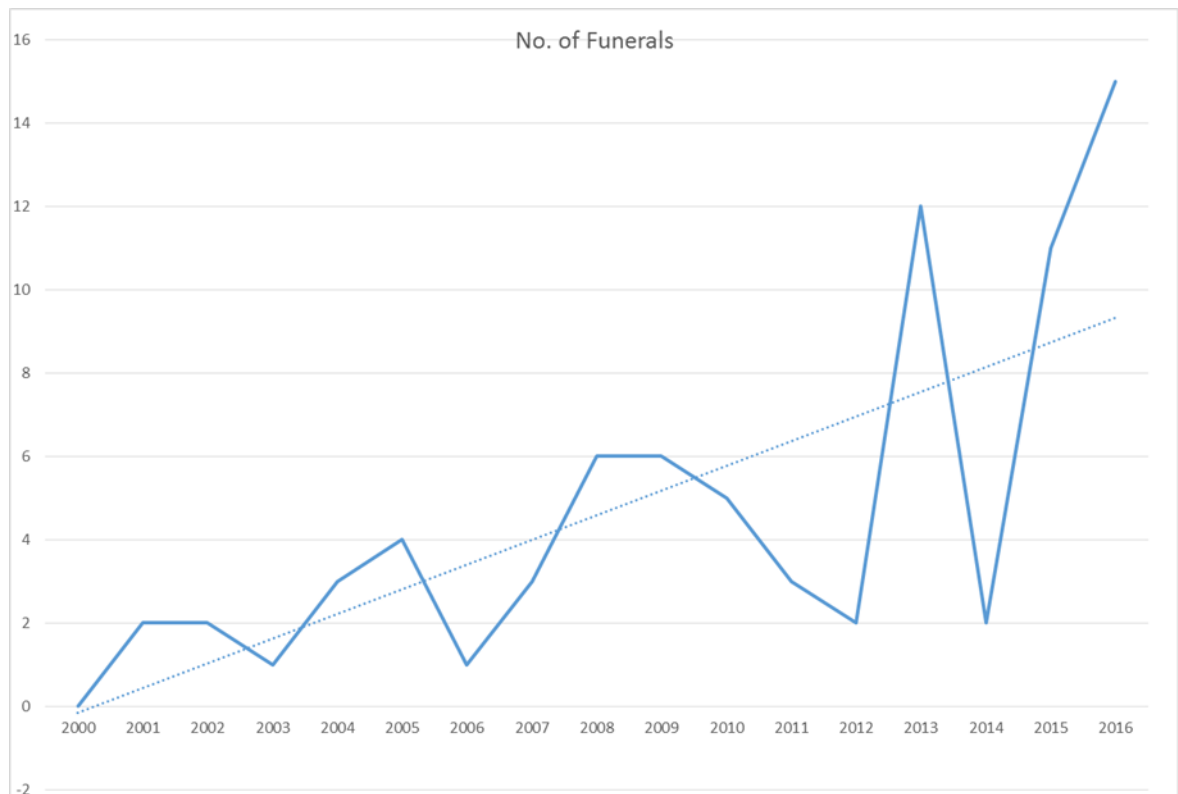


Figure 1 – Number of funeral per calendar year since 2000

- 3.6 The reasons for this are not clear but possible influences could include:
- Greater levels of estrangement from families
 - Increased levels of hardship amongst next of kin
 - Perceived failure of the Social Fund to adequately financially support next of kin in making arrangements*
 - Increased costs of making funeral arrangements

[The Social Fund is administered by the DWP and assist people on low income with making funeral arrangements, provided they meet the eligibility criteria in terms of relationship to the deceased (this can effectively be the next of kin, a close relative or close friend of the deceased) and the benefits/tax credits that the claimant receives.*

The Social Fund will pay for the burial/cremation fees, doctors' certificates, and the cost of any documents needed to release the money, savings and property of the

person who has died. There is an additional £700 available that can be used for funeral director fees, cars, coffin etc.]

- 3.7 If any funds exist in the deceased's estate then the Council can and does recover costs for the funeral arrangements. However, in reality, the majority of public health funerals are heavily subsidised by the Council. (e.g. in 2016 the expenditure was in the region of £29,000 and only approx. £2,000 was recovered from the various estates.)
- 3.8 In terms of annual expenditure, the graph below (Figure 2) highlights the correlating trend in increased expenditure (based on financial year data) and the widening gap between actual expenditure and budget provision. It should be noted that the budget provision for 2017/18 has been increased to £12,000 but this will still lead to a significant shortfall if the increasing trend continues.

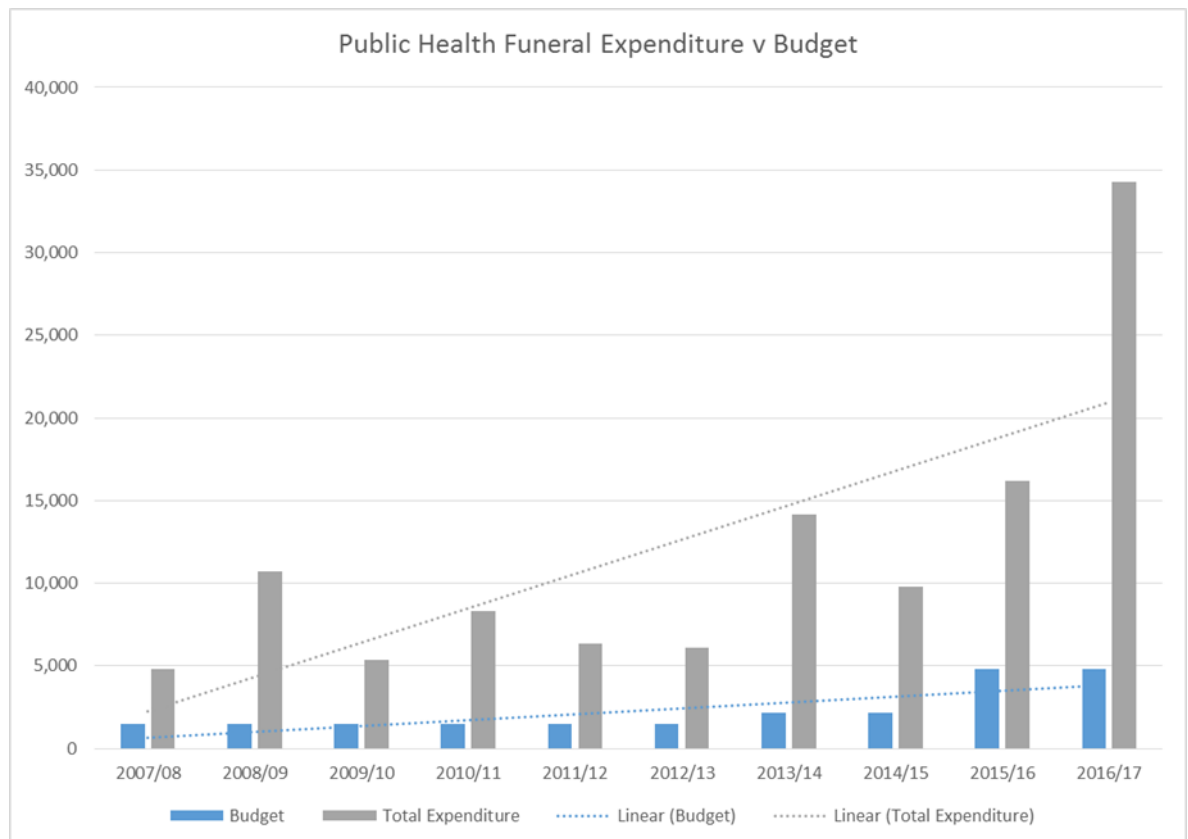


Figure 2 – Public health funeral expenditure against budget provision since 2007/08

- 3.9 At present a Council public health funeral normally consists of a cremation at the City Crematorium, with an open service, usually officiated by a C of E vicar (unless another religious preference is known). A funeral director is employed to make the usual funeral arrangements. The funeral director fees are approximately £1500 (inclusive of coffin, arrangement fees, collection and storage of body, hearse for funeral, bearers and conducting, and vicars fees), plus a further £690 cremation fees.
- 3.10 The cost of providing public health funerals is escalating at a significant rate and is becoming unsustainable – there is a clear trend of increasing demand for this service. There is a feeling that the Council may be providing an enhanced level

service over and above that which we are required to do. There is potential to make considerable savings for the Council by reducing what we provide by way of public health funerals.

4. Proposals for future Public Health Funeral Provision

- 4.1 The principal reason for the Council being obliged to make the funeral arrangements, in the absence of anyone else undertaking the task, is to ensure that no public health risks arise from the deceased's remains not being properly disposed of.
- 4.2 In this respect, the Council is not obliged to hold a service for the deceased – a simple, dignified, direct cremation would meet the aim of Act and the Council's duty under the 1984 Act.
- 4.3 A direct cremation entails delivery of the deceased in a suitable coffin to the front of the crematorium, where the funeral director is met by a member of the Bereavement Services team, at a time when there are no services being held (this would normally be at 8.45am). The coffin is then transferred through the chapel, whilst soft background music is being played, to be placed on the catafalque where there is a moments silence and those present bow to the coffin before the curtains are closed and the coffin passes into the crematory area, from where cremation will follow the usual practices at the crematorium. After the cremation, the deceased's ashes will be buried in the crematorium's garden of remembrance, as is the current normal practice for public health funerals.
- 4.4 Some funeral directors already provide the option of direct cremations to the public and the City Crematorium has already assisted with providing direct cremations for a number of clients.
- 4.5 Generally speaking, current public health funeral services are not well attended, even though they are open for anyone to attend. However, there is still likely to be some interest from next of kin/friends of the deceased wishing to attend a funeral/memorial service. The fact that we would hold a direct cremation, would not prevent next of kin/friends organising their own service at a venue of their choice. They can also make arrangements to attend the burial of the ashes, provided they meet the costs (charges for being present at the internment have been introduced earlier this year).
- 4.6 By providing a direct cremation, costs could be reduced as:
 - There would be no vicars fees
 - Reduced amounts of bearers
 - No hearse would be required – a less expensive “private ambulance” style vehicle could be used for transporting the body to the crematorium
 - Reduced/no funeral director arrangement fees
 - Potentially less costs associated with storage of the deceased
 - The crematorium would be able to offer reduced fees to just cover the costs of the actual cremation rather than the provision of additional facilities for the funeral service (this would also free up service times for the crematorium to host other funeral services).

- 4.7 The view of the portfolio holder has been sought and has no objection in principle to providing a direct cremation only service, rather than the current level of service provision.
- 4.8 Similarly, CMT have expressed no objections to the direct cremation model, although the issue of whether there should be a brief committal type reading before the coffin passes to the crematory area has been raised. To address this concern, it is proposed that where there is clear evidence that the deceased followed a particular faith, a brief committal service will be included, officiated by an appropriate faith leader, within the service provision, which will be financed as necessary.
- 4.9 The views of the Policy Scrutiny Committee were also sought on 28th November 2017. No objections were raised regarding the direct cremation proposals.

5. Strategic Priorities

None affected by the proposals.

6. Organisational Impacts

- 6.1 Finance
There is potential for significant savings per funeral (in excess of 50% of current costs). However, due to the function being demand based, it is not possible to provide a figure for annual financial savings.
- 6.2 Legal Implications including Procurement Rules
The Council will still be meeting its legal obligations under the Public Health (Control of Diseases) Act 1984, so there are no legal implications.
- 6.3 Equality, Diversity & Human Rights (including the outcome of the EA attached, if required) - none

7. Risk Implications

- 7.1 Based on previous media coverage nationally, the public's view of this proposal is likely to be that it's a positive move for the following reasons:
- £29,000 for 16 funerals could be considered very poor value for taxpayers' money
 - The majority of residents will not be affected by the proposal
 - People are likely to accept that, unfortunately, if they cannot afford to pay for a funeral themselves, the council is only able to provide a basic level of provision
 - Alternative funding options for service still remain for those families most in need, for example the Social Fund

8. Recommendation

- 8.1 That the Executive committee note the contents of the report and approve the adoption of the direct cremation model for providing public health funerals.

Is this a key decision?

No

Do the exempt information categories apply?

No

Does Rule 15 of the Scrutiny Procedure Rules (call-in and urgency) apply?

No

How many appendices does the report contain?

None

List of Background Papers:

None

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