

OFFICER DECISION RECORD 1 FORM

This form should be used to record Officer Decisions in Excess of £100k (but below the key decision threshold), or where required by Financial, Contract or other Procedure Rules or following formal delegation from Cabinet or a Cabinet Member or a Council Committee.

Decision Reference No: AHWB.068.2018 Communication Support Service for Deaf and Deafened People in Doncaster

BOX 1

DIRECTORATE: Adults Health and Wellbeing

DATE: 11 October 2018

Contact Name: Author Marie Hall

Tel. No.: 01302 736287

Subject Matter: Communication Support Service for Deaf and Deafened People in Doncaster

BOX 2**DECISION TAKEN**

Following a service review for the Communication Support for Deaf and Deafened People in Doncaster Service it has been decided to:

1. To increase the rate paid to freelance interpreters from 1 November 2018 as permitted in the contract terms and conditions for the extension period.
2. Extend the contract for a further 12 months to 31 March 2020 and not retender the service for a contract start date of 1 April 2019 as previously agreed in the Cabinet report dated 27 March 2018 - ADULT HEALTH AND WELLBEING COMMISSIONING 2018/19
- 3, Undertake a detailed service review in readiness for the re-procurement of the service

BOX 3**REASON FOR THE DECISION**

1. A service review was undertaken as planned, which has confirmed the need to review the fees paid to freelance interpreters. BID services, the contractor, has been having difficulty in securing freelance interpreters to fulfil assignments. The primary reason is that the current contract pays below the market rate, which is exacerbated by a shortage of fully qualified Communication Support Interpreters. This has worsened in the last 6 months and the provider is currently only able to fulfil 75% of requests for support against a target of 98%. The council will not be able to fully meet its duty under the Equality Act 2010. The fee increase can be

accommodated from the current budget.

2. To take advantage of a further 12 month extension as permitted by the current contract. This will ensure sufficient time and resource to undertake the following activities:

- a detailed service review
- commissioning activities to assess the needs of the deaf and deafened people in Doncaster, including consultation with service users and key stakeholders.
- review new technology/innovations and
- an effective procurement exercise for a new contract to start 1 April 2020.

BOX 4

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

Alternative option to not to increase fees has been rejected as it is very unlikely interpreters will take assignments at below the market rate and the council will not be fully meeting its duty under the Equality Act 2010. The option to re-tender the contract for a start of 1 April 2019 has been rejected due to insufficient time and resource in the commissioning team to undertake a detailed review and procurement exercise.

BOX 5

LEGAL IMPLICATIONS

Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.

Legal should be consulted to prepare the extension and the variation to the current contract.

Name: Nicky Dobson _ **Signature: _by email** **Date: 7th November 2018**_____

Signature of Assistant Director of Legal and Democratic Services (or representative)

BOX 6

FINANCIAL IMPLICATIONS:

The service has a budget of £91,540 and has historically underspent. It is calculated that with the proposed rate increased rate to be paid to freelance interpreters and activity levels similar to previous years the full annual cost would be circa £85,000 and so can be met from existing budgets

Name: Paul Williams **Signature: _by email_** **Date: 29/10/18**

Signature of Chief Financial Officer and Assistant Director of Finance (or representative)

BOX 7

OTHER RELEVANT IMPLICATIONS

N/A

Name: _____ **Signature:** _____ **Date:** _____

Signature of Assistant Director (or representative)

ANY IMPLICATIONS SENT TO DEPARTMENTS SHOULD GENERALLY BE SUBMITTED AT LEAST 5 WORKING DAYS IN ADVANCE TO ENSURE THESE CAN BE GIVEN THE RELEVANT CONSIDERATION.

BOX 8

EQUALITY IMPLICATIONS: (To be completed by the author)

Key stakeholders have been consulted as part of the service review and this highlighted some of the issues in providing this service. The service will be available to all adults in need of the service in Doncaster irrespective of age, disability, ethnicity, sexual orientation and religion.

BOX 9

RISK IMPLICATIONS: (To be completed by the author)

The impact of not implementing the increase for the extension period of this service will lead to inequalities towards meeting the communication needs of the Deaf, Deafened and Deafblind service users/patients. The impact of this will include lack of access to mainstream health, social care, housing and other services as the client group would be disadvantaged in terms of not being able to attend appointments.

BOX 10

CONSULTATION

Key stakeholders have been consulted as part of the service review and this highlighted some of the issues in providing this service and informed the decision to recommend raising the freelance rate.

BOX 11

INFORMATION NOT FOR PUBLICATION

In accordance with the Freedom of Information Act 2000, it is in the Public's interests for this decision to be published in full' redacting only the signatures.

Name: Gillian Parker **Signature** by email **Date:** 07/11/2018

Signature of FOI Lead Officer for service area where ODR originates

**BOX 12
BACKGROUND PAPERS**

Please confirm if any Background Papers are included with this ODR NO

(If YES please list and submit these with this form)

**BOX 13
AUTHORISATION**

redaction

Name: Damian Allen Signature : Date: 29/11/2018

Director of People

Does this decision require authorisation by the Chief Financial Officer or other Officer

NO

If yes please authorise below:

Name: _____ Signature: _____ Date: _____

Director/Assistant Director of _____

Consultation with Relevant Member(s)

Name: _____ Signature: _____ Date: _____

Designation _____

Declaration of Interest YES/NO

If YES please give details below:

PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION.

Once completed a PDF copy of this form and any relevant background papers should be forwarded to Governance Services at Democratic.Services@doncaster.gov.uk who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.