

Approval to extend and vary the cooperation agreement with Leeds Community Healthcare NHS Trust for the West Yorkshire multidisciplinary model of adoption assessment and support (DN495859).

Date: 18th March 2024

Report of: Head of Service One Adoption West Yorkshire

Report to: Director of Children and Families

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report concerns the 12-month extension of an existing cooperation agreement with Leeds Community Healthcare NHS Trust (LCHT) for continued delivery of the multi-disciplinary model of adoption assessment and support across West Yorkshire in 2024/25.

This model, which was the first of its kind developed as part of the government's adoption regionalisation reforms, continues to demonstrate positive impact for families and is supported by health and local authority funding partners across West Yorkshire.

This agreement is an essential element of the model, ensuring clear expectations and objectives are in place with LCHT to deliver the health posts which are embedded in the multi-disciplinary team.

Recommendations

- a) The Director of Children and Families is recommended to approve the extension and variation of the cooperation agreement with Leeds Community Healthcare NHS Trust (LCHT) for the delivery of a multi-disciplinary model of assessment and support across West Yorkshire for children with a plan for adoption and adoptive families. This 12-month extension will run from 1 April 2024 to 31 March 2025 at a value of £187,980. The extension is permissible under the original contract terms. The variation will reflect changes in staffing stated in the service specification and insert a new price schedule.

What is this report about?

- 1 This report concerns the 12-month extension and variation of the cooperation agreement with LCHT for the delivery of a multi-disciplinary model of assessment and support across West Yorkshire for children with a plan for adoption and adoptive families.
- 2 The cooperation agreement is due to expire on 31/03/24. This commenced on 01/01/21 for a period of three years, with options of extension of up to 36 months. The agreement has since been varied to increase the value to reflect changes in staff structure (increasing the total value by £66,520 or 9%) and modifying the end date to 31/03/24 (so it coincides with the financial year and utilised the full confirmed funding available).
- 3 Funding provided by the Government between 2017- 2020 enabled the development of a multi-disciplinary model for adoption support across the West Yorkshire region. Agreement was reached across West Yorkshire health and local authority to support the project and sustain this beyond the initial funding. One Adoption West Yorkshire (OAWY) worked with adopters and children and young people to co- produce the model of support. Different models and best practice across the country and Europe were explored. West Yorkshire are leading the way in England as this is only one of two areas to have a Multidisciplinary Team (MDT) for adoption support, with a further 7 now being developed across England with DfE grant funding.
- 4 The model places focus on early, preventative work, providing timely, specialist assessment of need covering health, education and social care needs and access to high quality, ongoing packages of support from day one. The OAWY MDT has a sound evaluation of the services through Leeds University Psychology trainees and internal evaluation programme, which include online surveys and use of outcome measures. The evaluation is consistently demonstrating the positive impact the service is having on Improvement including Improvement in the quality of family life, Improvement in the emotional and mental health of young people and Parents having increased confidence and resilience. The OAWY MDT service is also included in the Adoption England Centres of Excellence evaluation programme.
- 5 The current funding model for the OAWY MDT is based on shared responsibility between 5 Local Authorities and the West Yorkshire ICB. The cooperation agreement with LCHT is for the health posts embedded in the MDT. With budgets under pressure across the sector, it has been challenging to confirm ongoing funding beyond 2023/24. All partners have recently been able to confirm funding for 2024/25 and so approval to extend the agreement by 12 months is now being sought. During this extension period, the model and funding framework will be reviewed in collaboration with all partners to improve longer-term sustainability of the service.

What impact will this proposal have?

- 6 An Equality Impact Assessment Screening document has been undertaken. This identifies there is a positive impact in respect of equality and diversity in that it will advance equality of opportunity for children that are looked after, particularly those most vulnerable i.e. those with special educational needs and disabilities; those from BME backgrounds and older children awaiting adoption.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 7 This proposal provides strong support for the refreshed Children and Young Peoples Plan and the Council's ambition to be a Child Friendly City. The outcomes delivered through this grant

funding will contribute to a number of the outcomes and priorities within the plan, including the outcome to ensure all young people are safe from harm and the priority to help children live in safe and supportive families.

- 8 This proposal also supports the 2020-25 Best Council Plan priority to make Leeds a Child Friendly City where families are supported to give children the best start in life.

What consultation and engagement has taken place?

Wards affected: n/a

Have ward members been consulted? Yes No

- 9 No individual wards in Leeds will be impacted by these proposals because the work will be delivered at a regional level
- 10 There are no particular legal or statutory requirements to undertake consultation as part of this decision. There was significant consultation with stakeholders during the inception of the MDT and prior to the current agreement being awarded in 2021. The multi-agency Centre of Excellence (CofE) was a project to develop an evidence-based, multi-disciplinary 'assessment and intervention spectrum' of layered support, developed in partnership with users, carers and providers, with the ultimate aim of improving outcomes for children and young people. One of the objectives of the CofE was to develop: A multi-disciplinary model of specialist assessment and therapeutic support.
- 11 A CofE Reference Group was established to advise and steer the initiative, comprising 23 members from a range of sectors including CCGs, local authorities, Adopter Voice, Directors of Childrens Services, Leeds CAMHS, virtual school heads and third sector commissioned service providers. Adoptive parents and young people were consulted as part of the development of this service.
- 12 All funding partners have been consulted throughout the duration of the service and as part of confirming funding for 2024/25. LCHT have confirmed costs to deliver the health posts in 2024/25.

What are the resource implications?

- 13 The costs for delivering the health posts for the MDT in 2024/25 are £187,980. This covers the posts of Psychologists and Occupational Therapists, with a small amount of non-staffing direct costs and a percentage of overheads.
- 14 The cost of the extension is fully covered by the financial contribution to the MDT by the West Yorkshire ICB, therefore not creating additional costs pressure to the Authority.
- 15 This extension is essential spend because it will support a statutory function to ensure more children and young people are safely and appropriately adopted and these placements are supported.

What are the key risks and how are they being managed?

- 16 The key risk for this extension is staff retention, due to the short-term nature of the funding. The priority for 2024/25 will be working with funding partners, families, practitioners and LCHT to review the model, ensure best value is achieved and identify ways to secure longer-term sustainability.

What are the legal implications?

- 17 The value of this extension is £187,980 and as such is deemed a significant operational decision. This is not subject to call in.
- 18 Following detailed discussions with LCHT, and procurement and legal staff within the local authority, it was felt that the most appropriate arrangement for this service is a Cooperation Agreement under Regulation 12(7) of the Public Contracts Regulations 2015 (PCRs). The award of the agreement was therefore not deemed as subject to public procurement regulations.
- 19 Since 1st January 2024, the commissioning of Health Care Services are subject to the Health Care Services (Provider Selection Regime) Regulations 2023 and no longer subject to the PCRs. Services provided by nurses and psychologist services are covered under the new 2023 Regulations. Modification of contracts must comply with Regulation 13 “Modification of contracts and framework agreements during their term”. As the modification described in this report is below the £500,000 and represent less than 25% of the lifetime value of the original contract, the modification is permissible but will not necessitate the publication of a notice on the Find a Tender Service as there is no increase in the contract value.

Options, timescales and measuring success

What other options were considered?

- 20 Not applicable.

How will success be measured?

- 21 The contract will continue to be monitored and performance and impact information shared with funding partners. The service is regularly reviewed by Leeds University Psychology trainees and internal evaluations through online surveys and outcome measures, against the following long-term objectives:
- Families’ access to and experience of services is improved
 - The adopted families tell us that the quality of life of their adopted child/ren and family has improved
 - That children and young people’s emotional and mental health is improved
 - That parents have more confidence and more resilient in parenting their children
 - There is a reduction in the number of adoption disruptions
 - There is less demand for intensive assessment and treatment services.
 - The education outcomes of the adopted children improve and the number of school exclusions decrease.
 - Economically the model provides better value for money, cost avoidance and benefits to wider society
 - That professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties
 - New trauma and neglect informed evidence-based support and care pathways are created

What is the timetable and who will be responsible for implementation?

- 22 The Commissioning Service will ensure the extension and variation is processed in a timely manner once approval is obtained ahead of the agreement expiry date of 31/03/24.

Appendices

- EDCI screening form.

Background papers

- None.