



Report of: Head of Service One Adoption West Yorkshire

Report to: Director of Children and Families

Date: 24th September 2020

Subject: Request to award a cooperation agreement to Leeds Community Healthcare Trust for the provision of a multi-disciplinary model of adoption assessment and support across West Yorkshire

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| Are specific electoral wards affected? If yes, name(s) of ward(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Has consultation been carried out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Will the decision be open for call-in? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: 10.4.3 Appendix number: Appendix 2 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Summary

1. Main issues

- The Vision for the West Yorkshire Centre of Excellence in adoption support is to deliver a multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond.
- Following detailed discussions with Leeds Community Healthcare Trust (LCHT), and procurement and legal staff within the local authority, it is felt that the most appropriate arrangement for this service is a Cooperation Agreement under Regulation 12 (7) of the Public Contracts Regulations 2015. The work described in above fulfils the requirement required to establish or implement cooperation between contracting authorities
- The cooperation agreement will provide structural integration within LCHT to ensure interfaces with LCHT services, under contracts held by LCHT with NHS commissioners. These interfaces are underpinned by well-developed pathways,

shared IT/information systems, shared infrastructure and consistent clinical supervision and continued professional development

- This multi-disciplinary service model builds upon the lessons learnt from the regional Centre of Excellence pilot project and takes the proof of concept to the next stage – a genuine partnership between the three sectors over a three year initial period, jointly funded by local authorities and health commissioners, situated within OAWY, the regional adoption agency.
- The service will be comprehensive and co-ordinated, designed around the needs of the children and their families in order to support relationships, improve the mental health and wellbeing, the stability and quality of family life. The multi-disciplinary service will bring together and increase the knowledge of different professionals and will be able to identify the holistic needs of children and will offer specialised, evidence based Clinical/Psychosocial-Developmental practice, supporting the child within their broader social system.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- This proposal also supports the 2020 – 2025 Best Council Plan priorities to
 - Improve social, emotional and mental health and wellbeing
 - Keeping people safe from harm, protecting the most vulnerable
 - Support families to give children the best start in life

3. Resource Implications

- This provision is exempt from the CLT spending freeze as it will support a statutory function to ensure more children and young people are safely and appropriately adopted and these placements are supported.
- The cooperation agreement will be entered into for a three year initial period, jointly funded by OAWY (39.2%), health commissioners (33.6%) and an additional contribution from West Yorkshire local authorities (27.2%) over and above their contribution to the OAWY pooled budget. The budget will be situated within One Adoption West Yorkshire (OAWY), the regional adoption agency. Leeds City Council is to contribute 30.5% of the local authority additional contribution.
- The service will commence on 1 January 2021 and expire on the 31 December 2023. There are options to extend this agreement for a maximum period of 36 months, subject to the continuation of the joint funding arrangement.
- The value of the multi-disciplinary model costs for the initial three years is £719,234, or an estimated £1,438,468 if the full extension period is invoked.

4. Recommendations

- a) The Director of Children and Families is recommended to approve the award of a cooperation agreement to Leeds Community Healthcare Trust 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. The cooperation agreement

will run from 1 January 2021 to 31 December 2023 at a value of £719,234, with the option to extend by up to three years.

1. Purpose of this report

- 1.1 To seek approval for Leeds City Council (LCC) on the behalf One Adoption West Yorkshire to enter into a cooperation agreement with Leeds Community Healthcare Trust (LCHT) for the delivery of a multi-disciplinary model of adoption assessment and support across West Yorkshire

2. Background information

- 2.1 The Government's regionalisation reforms were introduced in 2017 to reduce the large number of agencies providing adoption services and create 25-30 Regional Adoption Agencies (RAAs) to pool resources and, in the long term, provide:
 - Better outcomes for children and adopters
 - Reduced practice and performance inconsistencies
 - More effective strategic management of the service delivering efficiency savings
 - A culture of excellence in adoption practice through strong partnerships with the Voluntary Adoption Agency (VAA).
- 2.2 One Adoption West Yorkshire (OAWY) became the country's first Regional Adoption Agency when the regionalisation reforms were launched, bringing together all of the adoption services from Bradford, Calderdale, Kirklees, Leeds and Wakefield. Within its second year of operation the agency demonstrated that it is leading the way for newer regional agencies by winning two national awards.
- 2.3 In 2018 DfE funding was awarded to North East Lincs Local Authority to establish a regional Centre of Excellence in adoption support. LCHT were designated an approved partner in the bid.
- 2.4 Leeds City Council has upheld a successful multi agency relationship directly with LCHT for many years. Consequently, to ensure a high quality standard of recruitment to the regional Centre of Excellence, and to further strengthen the multi-agency relationship, Leeds City Council agreed to lead on the commissioning of LCHT services on behalf of the region. The original grant agreement between DfE and North East Lincs Local Authority was varied to direct this element of funding to OAWY.
- 2.5 If this decision is not approved the Council will continue to fund parts of this vital provision through individual contracts with LCHT. However, this will impact the main ambition to provide a multi-disciplinary model of assessment and support to some of the most vulnerable children within West Yorkshire. Also, OAWY will miss the opportunity to develop and drive sustainable, long term improvements across the three sectors with likeminded professional partners.
- 2.6 There is a risk that LCHT will not be able to recruit suitably qualified staff within the required timescales, which will impede on service delivery. This will be mitigated by adjusting the first year's KPIs to take into account the delayed start times. From the second year OAWY and LCHT will be in a position where the full team is in place and are able to deliver up to full potential.

3. Main issues

- 3.1 The Vision for the West Yorkshire Centre of Excellence in adoption support is to deliver a multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond.
- 3.2 The proposal is for OAWY and LCHT to enter into a cooperation agreement to deliver this Vision. The cooperation agreement will provide structural integration within LCHT to ensure interfaces with LCHT services, under contracts held by LCHT with NHS commissioners. These interfaces are underpinned by well-developed pathways, shared IT/information systems, shared infrastructure and consistent clinical supervision and continued professional development
- 3.3 This multi-disciplinary service model builds upon the lessons learnt from the regional Centre of Excellence pilot project and takes the proof of concept to the next stage – a genuine partnership between the three sectors over a three year initial period, jointly funded by local authorities and health commissioners, situated within OAWY, the regional adoption agency.
- 3.4 OAWY will work in partnership with the local authorities, health and education providers to deliver a joined-up, holistic service to adoptive families across the region. The model seeks to transform the current fragmented pathways and provision offered for adopted children and young people who have experienced trauma and neglect in the region and will create a blueprint for change, encouraging collaborative ways of working, effective use of clinical expertise and social care resources creating a better approaches to whole life pathways and develop a co-ordinated working practice, where social work, education and therapeutic work form an interactive continuum of support.
- 3.5 The approach will include parents as part of the therapeutic team seeking to strengthen their ability to support their children reducing the need for specialist support. The resilience and mental wellbeing of parents is key focus of the model.
- 3.6 The service will be comprehensive and co-ordinated, designed around the needs of the children and their families in order to support relationships, improve the mental health and wellbeing, the stability and quality of family life. The multi-disciplinary service will bring together and increase the knowledge of different professionals and will be able to identify the holistic needs of children and will offer specialised, evidence based Clinical/Psychosocial-Developmental practice, supporting the child within their broader social system.
- 3.7 The service will provide outcome focused, preventative and targeted support, centred on early identification of need and early support, reducing the requirement for intensive, long-lasting support and mental health care later, but also offering timely specialist multi- disciplinary support children and young people with complex needs. Working flexibly in partnership with different agencies will lead to high-quality, timely services and an effective use of resources.

3.8 The long term objectives of the proposed multi-disciplinary model are:

1. Families' access to and experience of services is improved.
2. The adopted families tell us that the quality of life of their adopted child/ren and family has improved
3. That children and young people's emotional and mental health is improved
4. That parents have more confidence and more resilient in parenting their children
5. There is a reduction in the number of adoption disruptions.
6. There is less demand for intensive assessment and treatment services.
7. The education outcomes of the adopted children improve and the number of school exclusions decrease.
8. Economically this provides better value for money, cost avoidance and benefits to wider society.
9. That professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties.
10. New trauma and neglect informed evidence based support and care pathways are created

3.9 Following detailed discussions with LCHT, and procurement and legal staff within the local authority, it is felt that the most appropriate arrangement for this service is a Cooperation Agreement under Regulation 12 (7) of the Public Contracts Regulations 2015. The work described in above fulfils the requirement required to establish or implement cooperation between contracting authorities:

(7) A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled:—

(a) the contract establishes or implements a cooperation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;

(b) the implementation of that cooperation is governed solely by considerations relating to the public interest; and

(c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the cooperation.

3.10 The proposal for LCC to enter into a cooperation agreement with LCHT meets these conditions in that

(a) the agreement will implement a cooperation between LCC and LCHT with interdependencies and mutual benefits, utilising existing structural integration within LCHT to deliver seamless interfaces between multi-disciplined services provided by LCHT and the Local Authority.

(b) the agreement will enable swifter access for Young People and families to supported services as initial clinical assessments will not be subject to the same wait time and consultation clinic protocol as 'external' referrals.

(c) the agreement will adhere to this requirement

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 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
- 4.1.2 A CoE 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.
- 4.1.3 Adoptive parents and young people were consulted as part of the development of this service.
- 4.1.4 The proposed model builds upon the lessons learnt from the Centre of Excellence pilot project and takes the proof of concept to the next stage.
- 4.1.5 The Executive Member for Children and Families has been consulted about this decision.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The equality, diversity, cohesion and integration screening form is attached as Appendix 1. This form identifies that an impact assessment is not required in this case

4.3 Council policies and the Best Council Plan

- 4.3.1 The delivery of this service enables Leeds City Council to meet its statutory duty to improve outcomes for young children and their families and reduce inequalities.
- 4.3.2 This proposal will contribute to a number of the outcomes and priorities within the refreshed Children and Young People' Plan 2018-2023, including
 - To ensure all children and young people are safe from harm
 - To ensure all children and young people enjoy healthy lifestyle
 - To help children and parents to live in safe, supportive and loving families
- 4.3.3 This proposal also supports the 2020 – 2025 Best Council Plan priorities to
 - Improve social, emotional and mental health and wellbeing
 - Keeping people safe from harm, protecting the most vulnerable

Climate Emergency

- 4.3.4 The service specification requires the service to meet all Legislation, Guidance and Good Industry Practice in environmental management and the objectives of the Authority's sustainability policies. Thereby supporting the Council in achieving its ambition to be carbon neutral by 2030.

4.3.5 LCHT will be required to consider the environmental impact of their approach to service delivery. They will be asked to demonstrate how they will reduce their carbon footprint, including making best use of technology and sustainable transport in delivering the outcomes required for this provision.

4.4 Resources, procurement and value for money

4.4.1 This provision is exempt from the CLT spending freeze as it will support a statutory function to ensure more children and young people are safely and appropriately adopted and these placements are supported

4.4.2 LCHT currently provide a number of standalone services to OAWY, including clinical psychology and occupational therapist input. These services have been commissioned on short term, ad-hoc contracts as/when funding has been made available

4.4.3 The cooperation agreement will be entered into for a three year initial period, jointly funded by OAWY (39.2%), health commissioners (33.6%) and an additional contribution from West Yorkshire local authorities (27.2%) over and above their contribution to the OAWY pooled budget. The budget will be situated within One Adoption West Yorkshire (OAWY), the regional adoption agency. Leeds City Council is to contribute 30.5% of the local authority additional contribution.

4.4.4 The service will commence on 1 January 2021 and expire on the 31 December 2023. There are options to extend this agreement for a maximum period of 36 months, subject to the continuation of the joint funding arrangement

4.4.5 The value of the multi-disciplinary model costs for the initial three years is £719,234, or an estimated £1,438,468 if the full extension period is invoked.

4.4.6 The formalising of this arrangement through the award of a cooperation agreement will ensure we have clear expectations of all partners and will ensure accountability for the funding. It will also strengthen our partnership working with LCHT to drive quality and ensure continuous improvement.

4.4.7 The cooperation agreement will consist of a detailed service specification and role descriptions, including clear outcomes and performance indicators, and legally binding terms and conditions.

4.5 Legal implications, access to information, and call-in

4.5.1 The total estimated cost in relation to this cooperation agreement is £1,438,468. We therefore deem that this decision is subject to call-in. This decision is on the forward plan and the decision can be taken from 5 February 2020.

4.5.2 It is considered that the conditions required to utilise Regulation 12 (7) of the Public Contracts Regulations 2015 are met due to the reasons set out at section 3 above. Also, this agreement is not a procurement for the purpose of the Council Contract Procedure rules (CPR 1.5.2).

4.5.3 If this Regulation is used incorrectly, and it is subsequently determined that the above conditions are not met, the Council will be open to legal challenge that it has

breached the procurement rules. Further, an aggrieved contractor could potentially argue that it has missed out on a competitive opportunity and thereby seek damages for that loss of opportunity.

- 4.5.4 A Voluntary Transparency Notice (VTN) is being developed for publication in the Official Journal of the European Union (OJEU) in accordance with the Public Contracts Regulations 2015, and waiting 10 days to see if any challenges are made. If no challenges are made the chances of a claim for ineffectiveness being brought are significantly reduced, and would only be successful if the Council had sought to rely upon Regulation 12 (7) incorrectly. Further, publishing such a notice will also start time running for any other potential claim for breach of the Public Contracts Regulations 2015, which must be brought within 30 days of the date that an aggrieved party knew or ought to have known that a breach had occurred
- 4.5.5 It should be noted that voluntary transparency notices themselves can be challenged. A grey area remains around whether the protection of a voluntary transparency notice will be available where the contracting authority genuinely, but mistakenly, considers it was entitled to award the contract without notice.
- 4.5.6 In making their final decision, the Director of Children and Families should be satisfied that the course of action chosen represents best value.
- 4.5.7 Appendix 2 to this report has been marked as confidential under Access to Information Procedure Rules 10.4 (3) on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) which, if disclosed to the public, would, or would be likely to prejudice the commercial interests of that person or of the Council.

4.6 Risk management

- 4.6.1 There is a potential risk of challenge if it can be demonstrated that the requirement under Regulation 12(7) are not met. This risk has been significantly reduced by publishing in the Official Journal of the European Union (OJEU) a Voluntary Transparency Notice (VTN). A standstill period will be observed as indicated under section 4.5.4 above prior to formally enter into contract. Until the effective award of this contract take place there is still a potential risk of claims for breach of Public Contracts Regulations 2015 but this risk is low due to the publication of the VTN.
- 4.6.2 The Agreement has been drafted by both parties (LCHT and LCC) and therefore both parties are aware and accept the roles and responsibilities identified.
- 4.6.3 The Agreement will be subject to quarterly progress monitoring and annual performance reviews by both parties to ensure service risks are managed and addressed.
- 4.6.4 A three year funding package was agreed to fund the MDT service from 1 April 2020 - 31 March 2023. Due to the delay in developing and commissioning the service due to Covid 19, the agreement will now commence 1 January 2021. Therefore there is a funding gap between April and December 2023. Additional funding will be sourced to cover this gap. In case this additional funding does not become available a break clause will be included in the cooperation agreement Terms and Conditions, which will be utilised if necessary. LCHT has been consulted and agree to this break clause.

5 Conclusions

- 5.1 Approval is being sought to award a cooperation agreement to LCHT which will set out each organisation's responsibilities and obligations in relation to delivering the multi-disciplinary model of assessment and support to some of the most vulnerable children within West Yorkshire,. The agreement will streamline and expand on the number of separate service arrangements into one cooperation agreement will help ensure we achieve value for money and positive outcomes for children with a plan for adoption and adoptive families.
- 5.2 The cooperation agreement is being jointly drafted by the two organisations, with the Council taking the lead on the initial drafting. The intention is for the agreement to be in place from 1 January 2021 until 31 December 2023 and will be subject to regular reviews by both parties.

6 Recommendations

- 6.1 The Director of Children and Families is recommended to approve the award of a cooperation agreement to Leeds Community Healthcare Trust 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. The cooperation agreement will run from 1 January 2021 to 31 December 2023 at a value of £719,234, with the option to extend by up to three years.

7 Background documents¹

- 7.1 NA

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.