




<b>Report for:</b>	Cabinet Procurement Committee on 6 October 2011	<b>Item number</b>	
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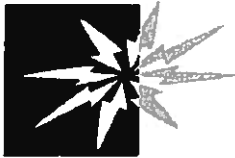
<b>Title:</b>	Request to waive the requirement to formally tender for the Multi-Systemic Therapy for Looked After Children and children who are at risk of coming into care or custody.
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<b>Report authorised by :</b>	Peter Lewis, Director of Children's Services  Signature: 
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<b>Lead Officer:</b>	Luciana Frederick, Commissioning Manager Telephone: 020 8489 2840 E-mail: <a href="mailto:luciana.frederick@haringey.gov.uk">luciana.frederick@haringey.gov.uk</a>
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<b>Ward(s) affected: All</b>	<b>Report for Key Decision:</b>
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<p>1 Describe the issue under consideration</p> <p>1.1 London Borough of Haringey and Waltham Forest have been jointly awarded grant funding by the Department of Education to deliver intensive evidence based intervention; "Multi Systemic Therapy" to vulnerable children and young people, those who are Looked After or at risk of going into care or custody.</p> <p>1.2 A bid to deliver the Multi Systematic Therapy service was prepared jointly with the Brandon centre. The Brandon centre was selected because of its expertise in delivering this specialist service previously in Haringey and currently in Camden and Enfield. There have been some positive outcomes for the families whom have received this service.</p> <p>1.3 A project plan was prepared with the Brandon centre and submitted as part of the bid, this illustrated how a Multi Systematic Therapy service will be delivered by Haringey and Waltham Forest .</p> <p>1.4 The terms and conditions of the grant states that it can only be used in accordance with the recipient's Intensive Evidence Based Interventions programmes project Plan and Expenditure Plan as approved by the</p>
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**Department for Education.**

- 1.5 Funding will be allocated to the London Borough of Haringey as the lead authority for three years; £29,000 for the year 2011-12 (to cover start up costs) ; £200,000 for the year 2012 – 2013; £200,000 for year 2013 -2014 subject to satisfactory performance.
- 1.6 This project will be a key element in CYPS strategy to provide alternative services of earlier intervention and support to families to prevent children and young people going into care and custody.
- 1.7 To seek Cabinet Procurement Committee Members' approval to waive the requirement to tender under contract standing orders (CSO) 9.01 as allowed through CSO 10.01.
- 1.8 Subject to approval being granted, a contract to be awarded to the Brandon Centre to deliver Multi-Systemic Therapy, for a period of 2 years commencing from 1st April 2012 to 31st March 2014, with an option to extend further period of up to 2 years subject to the availability of funding.

**2 Cabinet Member Introduction**

- 2.1 This is an innovative project being delivered in partnership with the Brandon Centre and the London Borough of Waltham Forest. We have experience of working with the Brandon Centre and are confident that they are the right partners for this project. They were named in the successful funding bid.
- 2.2 I am advised that the correct procedures have been followed and am happy to recommend the award of the contract as set out in this report.

**3 Recommendations**

- 3.1 That the Cabinet Procurement Committee Members agree the waiver of Contract Standing Orders (CSO) 9.01 (requirement to tender), as allowed under CSO 10.01.1(a), in accordance with waiver requirements noted under CSO 10.01.2(d), namely that it is in the councils overall interest.
- 3.2 Subject to approval being granted, a contract to be awarded to the Brandon Centre to deliver Multi Systemic Therapy (MST) for a period of 2 years commencing from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2014 with an option to extend for a further period of up to 2 years subject to availability of funding.



**4 Other options considered**

- 4.1 There is a lack of expertise and/or resources to deliver this service in-house.
- 4.2 The Brandon Centre was named in the bid and instrumental in its development, on that basis a tendering process was not considered.

**5 Background Information**

- 5.1 Multisystemic Therapy (MST) revolves around improving parenting capacity, increasing young people's engagement with education and training, reducing their offending behaviour, and tackling underlying health or mental health problems, including substance misuse. It is used with children and young people aged 11-17 years and their families, where young people are at risk of out of home placement in either care or custody, due to delinquent and aggressive behaviour, and anti-social attitudes.
- 5.2 The specific treatment techniques used include cognitive behaviour therapy, behaviour therapy and pragmatic family therapies which have strong evidence supporting their effectiveness in tackling anti-social behaviour and other clinical problems. MST is delivered in the community, for example, in the family home and school. The treatment plan is formulated in collaboration with family members.
- 5.3 The ultimate goal of MST is to empower the family to build an environment that promotes healthy development without over reliance on professional support.
- 5.4 MST lasts between three and five months and is very intensive: the MST therapist is likely to visit the family three times per week and also have telephone contact. An MST team usually comprises three or four therapists, a supervisor and a coordinator. A hallmark of MST is the team being available for contact with families' 24-hours-per-day and seven-days-per-week. Visits to families are arranged to suit the family and frequently take place outside traditional office hours.
- 5.5 MST has been evaluated in several randomised-controlled trials run by the developers that show:
- Reduced long-term rates of criminal offending in serious young offenders
  - Decreased recidivism and re-arrests
  - Reduced rates of out-of-home placements for serious young offenders
  - Extensive improvements in family functioning
  - Decreased behaviour and mental health problems for serious young Offenders



- Favorable outcomes in cost savings in comparison with usual mental health and youth offending services.  
( Brandon Centre annual report 2010 – 2011)
- 5.6 During 2003 to 2009, Haringey and Camden jointly commissioned the Brandon Centre to deliver the MST Pilot Project for 108 offenders aged between 13 – 19 years. The outcome was that there was a significant reduction in the risk of re-offending for those receiving MST. In addition, although not statistically significant due to a small number of young people that received a custodial sentence, there was a trend in favour of MST that showed 7% fewer receiving a custodial disposition.
- 5.7 The provision of multi systemic partnership with Haringey and Camden youth offending services and University College London has put the Brandon at the forefront of services offering MST in the UK. The Centre's MST service has been extended to two adaptations of MST standard including MST for young people with serious problem sexual behaviour (MST PSB) and MST contingency management (MST CM) for significant substance misuse problems. The Centre's involvement with MST has featured in the written press and on Radio 4, helping to inform the public of this important area of work.
- 5.8 The work of the Brandon Centre was praised by the Department of Health in the publication of its mental health strategy, no health without mental health, which stated ' The Brandon Centre has strong links with the local community, statutory services and academic institutions, and has a good track record in terms of engaging young people whom other services find hard to reach.
- 5.9 As part of a qualitative study and during the course of commissioned work the Brandon Centre interviewed parents and young people from over 80 families that have had MST to find out about their experience of MST. This study included experiences from Haringey parents and young people. Parents reported learning new skills, being helped to re-engage their child in education and improvement in their relationship with their teenager. Young people reported that they appreciated the help to develop a more positive relationship with their parents and to become re-engaged in education or training.
- 5.10 The Brandon Centre will endeavour to obtain the views of young people at risk of going into care or custody about the proposed service and invite parents and young people who have had experience of MST to share their experiences with professionals and families.
- 5.11 When interviewed as part of a qualitative study young people and parents reported:



*MST being at the family's convenience*

'It was easy for me because I didn't have to go to the person... They're coming into my home; it's my territory. I feel happy, I'm safe' (parent)

*Appreciating MST's holistic approach – working with the systems around the young person*

'The most helpful thing was my CV and stuff and helping me to get in college... she would try to help you find a job, she would just do a lot for you' (young person)

*MST being solution-focused, practical and providing observable benefits*

'The most helpful thing about it all is getting fresh ideas of how to deal with things, you know, because often within your home setting... you get sort of stuck in a rut, and it was nice to have [therapist] come in and help, and suggest these things and put things in place' (parent).

- 5.12 A referral and operational group will be established with representatives from London Borough of Haringey and Waltham Forest this will ensure that there are clear pathways for referrals and track the outcomes on each case. This group will refer to a strategic group where decisions will be made regarding the allocation of resources to each local authority.
- 5.13 The spend on this project has been set at £293,000 and £351,000 respectively in 2012-13 and 2013-14. Both local authorities are in the process of finalising the basis for the relative number of referrals to the service and thereby the relative financial contributions.
- 5.14 The value for money aspects and impact of this project will be evaluated nationally by the Department for Education. The grant funding is conditional on an assessment of the cost of young people in care and custody and the amount of revenue that can be released by using this model to prevent the need for intensive care provision.

**6 Financial Implications/ Chief Financial Officers comments**

- 6.1 Funding will be allocated to the London Borough of Haringey as the lead authority for three years; £29,000 for the year 2011-12, £200,000 for the year 2012 – 2013 and £200,000 for year 2013 -2014 subject to satisfactory performance.



- 6.2** Spend on the project will be cash limited to the amount of the start up grant in 2011/12 and is estimated to rise to £293,000 in 2012/13 and £351,700 in 2013/14. Grant funding will be supplemented by additional resources from each authority; the basis for which is currently unclear but is assumed to be based on relative number of referrals. This must be agreed by the strategic planning group before the service commences.
- 6.3** The expectation is that cost savings will accrue to the placement budget of each authority as a result of the use of Multi Systemic Therapy and this amount will be available to fund the project. It is only once these 'savings' exceed each authorities contribution that further reductions in costs attributable to the project have an overall benefit to the Council.
- 6.4** The request to waive Contract Standing Orders in favour of the Brandon Centre is predicated on the fact that the centre has worked with the authority in developing the bid, and would appear to be conditional on receiving the funding from the DfE. In these circumstances it is not possible to evaluate the value for money aspects of the project through a market testing process.

## **7 Legal Implications**

- 7.1** The Services which are the subject of this report are Part B services and therefore a European tendering exercise is not required under the Public Contracts Regulations 2006.
- 7.2** Because the value of the contract is in excess of £250,000, the Cabinet Procurement Committee is required to approve a waiver in accordance with Contract Standing Order 10.01.1. The waiver is requested on the grounds that it is in the Council's overall interest pursuant to CSO 10.01.2 (d)
- 7.3** Should the Cabinet Procurement Committee agree to approve the waiver, a recommendation for award of contract is requested under CSO 10.01.2 (d)
- 7.3** Should the Cabinet Procurement Committee agree to approve the waiver, a recommendation for award of contract is requested under CSO 9.07.1 (d).
- 7.4** The Head of Legal Services confirms that there are no legal reasons preventing Members from approving the recommendations in the report.



**8 Equalities and Community Cohesion Comments**

8.1 At this stage it is not possible to determine the equality implications of the project as an equality impact assessment is required. Once the needs analysis has been completed in Haringey and Waltham Forest a full equality impact assessment will be undertaken. Any consultation exercises to support the needs assessment should ensure that there is sufficient representation from the protected equality groups, so that the information can be used to support some of the consultation needed for the EqIA."

**9 Head of Procurement Comments**

9.1 This recommendation is in line with the procurement code of practise The funding was received on the basis that the bid was jointly produced with the Brandon Centre and it named the Brandon Centre as a partner and centre of excellence.

9.2 The value for money aspects and impact of this project will be evaluated nationally by the Department for Education.

9.3. The outcomes of the project will be monitored and reported up to a strategic group made up of representatives from Haringey and Waltham Forest.

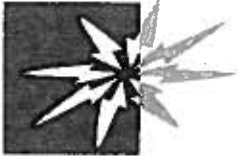
9.4. If the Brandon Centre were not to be awarded this contract there is a significant risk to the Council of the funding being withdrawn.

**10 Policy Implications**

10.1 The proposed MST service contributes to the Council's priorities for a thriving, healthier and safer Haringey through its aims of improving young people's educational attainment, reducing crime and anti-social behaviour and supporting vulnerable children and their families. It should also contribute to the work of the Youth Justice Plan and the Children and Young People's Plan.

10.2 The Children and Young People's assessment have a statutory requirement to undertake a sufficiency assessment which requires them not only to conduct a needs assessment for the Looked After population but also children and young people at risk of going into care and custody. Following the needs analysis CYPS will establish base line data to set targets to achieve the following :

- o The reduction in numbers of children entering care.
- o Placement stability
- o The reduction in numbers of young people presenting with serious



antisocial behaviour that put them at risk of a custodial sentence.

- 10.3 In CYPS, a significant number of resources are directed at a small number of children and young people with complex needs. A cross cutting theme is to redirect those resources to evidence based, preventative and early intervention services which can reduce family breakdown. This project would also underpin the commitment to work with the third sector in providing interventions and capacity building.
- 10.4 The Children and Young People's Service, subject to performance , is fully committed to MST becoming mainstreamed it is anticipated that savings will be accrued from fewer young people going into care or custody. In addition savings will be achieved by decommissioning services for young people that are less effective than MST.
- 10.5 MST as a therapeutic service will strive to work with young people with emotional and/or behavioural problems. Addressing these difficulties early can prevent deterioration of a young person's mental health thus prevent young people moving into high cost mental health services.

#### 11 Use of Appendices

#### 12 Local Government (Access to Information) Act 1985