Brent	**Cabinet** 24 August 2015 **Report from the Strategic Director of Children and Young People**
	Wards Affected: ALL

Authority to Award Contract for Clinical Input to the Inclusion Support Team

1.0 Summary

1.1 This report requests authority to award contracts as required by Contract Standing Order No 88. This report summarises the process undertaken in tendering this contract and, following the completion of the evaluation of the tenders, recommends to whom the contract should be awarded.

2.0 Recommendations

2.1 That Cabinet approve the award of contract for the Clinical Input services to the Inclusion Support Team to the Anna Freud Centre.

3.0 Detail

Background

3.1 The background to the retendering of the Clinical Input services (the "Services") is set out in the report submitted to Cabinet on the 16th March 2015, which gave authority to put the Services out to tender for a three year period, with the option to extend it for a further twelve months. A copy of the 16th March 2015 report is enclosed in Appendix 5 of this report.

3.2 This contract is to be funded by the Dedicated Schools Grant (DSG) and will deliver 2.2 FTE clinicians to the Inclusion Support Team to work with pupils, age 4-16 (and their families), at risk of exclusion from school. Please refer to Section 3 of the March 2015 cabinet report (Appendix 5) and the Equalities Impact Assessment (Appendix 3) for evidence of the impact of this service.

3.3 The tender exercise has now been completed and the Inclusion and Alternative Education Service are requesting authority to appoint Anna Freud Centre to deliver this contract.

The tender process

3.4 Advertisements to bid for these Services were placed on the London Tender Portal on the 22nd May 2015. Bidders were provided with an outline specification and details of the tender approach and were invited to bid using the Council's Electronic Tendering Facility.

3.5 Two bidders returned completed tenders by the closing date of 18th June 2015. Both bidders met the minimum requirements in terms of company finances and safeguarding. The two bids were fully evaluated.

3.6 The tendering instructions stated that the contract would be awarded on the basis of the most economically advantageous offer to the Council and that the panel would evaluate the tenders using a 40%:60% quality: price split.

3.7 The quality of bids submitted for the Services were evaluated on the basis of the criteria set out in the Method Statements and Evaluation Methodology (Appendix 4) namely:

- Ability to meet the requirements of the service specification to the required timescales
- Proven track record and experience of providing similar services to a high standard
- Project plan and implementation plan feasibility and achievability
- Monitoring arrangements and data feedback to the Local Authority
- Suitability of the company's quality systems (e.g. accreditations, quality frameworks, policies and procedures)

3.8 The price of bids submitted was evaluated using a relative cost score methodology which allocates a score for each price in relation to the lowest price assessed.

Evaluation Process

3.9 The tender evaluation was carried out by a panel of officers from the Inclusion and Alternative Education Service. Also in attendance was the Procurement Lead for this area.

3.10 All tenders had to be submitted electronically no later than midday on 18th June 2015. Tenders were opened on 18th June 2015. Each member of the evaluation panel read the tenders using evaluation sheets to note down their comments on how well each of the award criteria was addressed. Each evaluator had two weeks to complete their individual quality evaluation of the submissions against the Method Statement Questions.

3.11 The panel met on 2nd July 2015 and each method statement was marked by the whole panel through a moderation exercise. The panel discussed individual scores and comments for each question.

3.12 The names of the tenderers are contained in Appendix 1. The scores received by the tenderers are included in Appendix 2. It will be noted that Tenderer B was the highest scoring tenderer. Officers therefore recommend the award of the contract to Tenderer B, namely Anna Freud Centre.

3.13 The new contract, if awarded, will commence 1st October 2015.

4.0 Financial Implications

4.1 The Council's Contract Standing Orders state that contracts for supplies and services exceeding £250k or works contracts exceeding £500k shall be referred to the Cabinet for approval of the award of the contract.

4.2 The value of this contract is £134,937 per annum. This would be £404,811 for the 3 year contract or £539,748 should the option to extend for a further 12 months be taken. The previous value of the contract was £134,901.

4.3 A finance business partner was involved in the evaluation of the both tenderers' company accounts for their financial years 2012/13 and 2013/14. The financial evaluation determined that both tenderers are financially viable and meet the minimum (financial) requirements for consideration of contract award.

4.4 The cost of this contract will be funded by the Dedicated Schools Grant (DSG). The Inclusion and Alternative Education Service hold a budget envelope (funded by DSG) for commissioned services as agreed following the restructure of the service (at the end of 2013) and ratified by the Schools Forum on 26th February 2014 [1].

5.0 Legal Implications

5.1 Clinical Input services fall within the social and other specific services listed in Schedule 3 of the Public Procurement Regulations 2015 (the "EU Regulations"). Schedule 3 services' current EU threshold is set at £625,050 which is higher than the estimated value of the proposed contract over its lifetime which is potentially £540,000. However, the award of contract is subject to the EU Treaty overriding principles and due to its value it is deemed, under the EU Regulations, as a 'below threshold procurement' pursuant to regulation 112 and as such should Members be minded to approve the award of contract, such decision is required to be published in Contracts Finder, within a reasonable time of the formal decision.

5.2 The proposed award is subject to the Council's own Contract Standing Orders in respect of High Value contracts and Financial Regulations and Cabinet is required to consider the recommendation seeking approval to award this contract pursuant to Contract Standing Order 88(c).

5.3 As Officers are recommending awarding the contract to the incumbent provider, there will be no relevant service provision change and as such, the Transfer of Employment (Protection of Employment) Regulations 2014 ("TUPE") will not apply.

5.4 The council's duties (as applicable to this procurement) in connection with the Public Services (Social Value) Act 2012 are contained in Section 8.

6.0 Diversity Implications

6.1 Members are referred to the Equalities Impact Assessment at Appendix 3 and will note that there are no negative equality implications. On the contrary, the continuation of this service supporting vulnerable young people and families will have a positive impact on particular characteristics (age, gender, and race) of pupils at risk of exclusion. This is due

[1] Schools Forum 26th February 2014 – Item 5 Para 4.4

to disproportionally high exclusion rates amongst particular groups; the clinical support works to reduce this.

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 This service is currently provided by the Anna Freud Centre and therefore there are no implications for council staff arising from awarding the proposed contract.

7.2 No accommodation implications arise for the council from the award of these contracts.

8.0 Public Services (Social Value) Act 2012

8.1 The Council is under duty pursuant to the Public Services (Social Value) Act 2012 to consider how the services being procured might improve the economic, social and environmental well-being of its area; how, in conducting the procurement process, the council might act with a view to securing that improvement; and whether the council should undertake consultation.

8.2 The service being awarded will address the needs of pupils at risk of exclusion, which will improve the social wellbeing of vulnerable young people, their families and the community. There is a limited market for delivery of these services however officers endeavoured to ensure the services were specified in such a way as to meet the requirements of the Act in the procurement process.

9.0 Background Papers

9.1 16 March 2015 – pre-tender Cabinet Report

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APPENDIX 2

CLINICAL INPUT TO INCLUSION SUPPORT TEAM CONTRACT

TENDER EVALUATION GRID

	Contractor B	**Contractor A**
Quality	36.80	19.20
Price	58.79	60.00
Total tender score	95.59	79.20

APPENDIX 3

EQUALITIES IMPACT ASSESSMENT

Commissioning Clinical Input in the Inclusion Support Team

Department
Children and Young People

Person Responsible
Emma Gould

Created
16th February, 2015

Last Review
16th February, 2015

Status
Screened

Next Review
16th February, 2016

Impact Assessment Data

5. What effects could your policy have on different equality groups and on cohesion and good relations?

5.1 Age (select all that apply)

- Positive

The clinical professionals (as part of the Inclusion Support team) work with pupils from age 4 up to age 16 who are at risk of exclusion from school. The clinical roles include psychotherapists, psychologists and family therapists to support young people and their families.

Their role is:
a) To undertake comprehensive assessment of pupils who have social, emotional and mental health difficulties and develop an action plan to address identified needs;
b) To work intensively with a small number of individual pupils with more severe and complex social, emotional and mental health difficulties through delivery of an education plan including evidence based approaches and multi-agency working as appropriate;
c) To contribute to the successful reintegration of pupils into mainstream settings; and
d) To help strengthen skills and competencies in understanding the underlying needs of children and young people and in managing behaviour in mainstream schools/pupil referral units, including monitoring and assessing the quality of school interventions.

As the Inclusion and Alternative Education Service is DSG funded (Designated School Grant) it focuses on supporting young people of school age (4-16). However the clinicians (and the wider Inclusion Support Team) work not only with the pupils but with the whole family. This results in a more holistic family model, focusing on early intervention.
Firstly to consider the age profiles of excluded pupils from Brent schools over the past 4 full academic years (2010-2014). This data combines both permanent and fixed term exclusions. The trends show that secondary exclusions (aged 11-16) from Brent schools are decreasing, whereas primary exclusions (aged 4 -11) are increasing. The service has seen an increased proportion of overall exclusions in primary pupils (aged 4 -11) from 9.5% (204) of exclusions in 2010-2011, steadily increasing to 16.5% (272) in 2013-2014. In 2013-2014 the primary age with the most exclusions is 10-11 years, year 6 (3.2% of overall exclusions).This demonstrates the need for early intervention, transition support and the increased teams focus on working with primary aged pupils. On the other hand excluded secondary pupils (aged 11-16) have decreased as a proportion of all exclusions from 83.7% in 2010-2011 to 77.5% (1792) in 2013-2014 (1275). In terms of secondary exclusions in 2013-2014, the highest percentage of these are aged 14-16, year 10 (19%) and 11 (19.1%). Overall, in 2013-2014, 18% of exclusions were primary, 77.7% secondary, 0.5% special school and 3.8% from the PRU (pupil referral unit).

For 14-15 we have data from our own records using data reported to the local authority by schools. This cannot be verified as accurate from census data but is useful as a guide. Considering permanent exclusions alone of primary pupils, these have remained relatively stable at 2-3 primary exclusions per year (2012-2013: 3; 2013-2014: 2; 2014-2015 to date: 2). However in 14-15 there have already been 3 permanent exclusions of Brent residents from Brent schools and there may be further ones in the following half term due to known pressures. Additional to this, there have been 3 permanent exclusions of Brent residents attending out of borough schools, which Brent are then responsible for education and support. Fixed term exclusions so far in 2014-2015 (286) for primary pupils have already significantly exceeded 2013-2014 (226) and 2012-2013 (126). 25% of fixed term exclusions have been of primary students and this is the highest it has been. This trend demonstrates the continued increased demand for additional support to primary pupils. The number of permanent exclusions may increase further if those at risk of exclusion are not supported. This increase in primary exclusions is not simply a local Brent trend but is also seen nationally. We are seeing this in the high proportion of primary referrals in 2014-2015 (45%) from schools.

Fixed term exclusions of secondary pupils are decreasing; however permanent exclusions have increased from 21 in 2012/2013 to 37 in 13/14 to already 40 so far in 2014/2015 (10th June 2015). This is again showing increasing pressures. So far in 2014/2015 the highest number of exclusions (totalling permanent and fixed) have been from year 11 (221 exclusions: 16.7%), followed by year 9 (201 exclusions: 15.2%). There has been a decrease this year from 2013/2014 and 2012/2013 in year 7, 8, 9 and 10 exclusions but an increase in year 11 exclusions. For primary exclusions this year, there has been an increase in year 1,2,4,5 and 6 exclusions from 2012/2013 and 2013/2014. This further demonstrates the increased pressures.

The Inclusion Support Team holds a weekly Inclusion Support Referral (ISR) panel meeting where all schools referrals of pupils at risk of exclusion are discussed. The multi-disciplinary team discuss the needs of each child and the support or interventions that can be put in place. All pupils that will access clinical support will come through this referral route. A range of other support can be offered at these meetings, for example: family support, inclusion support in schools, behaviour support and support for teachers. Pupils who have been permanently excluded from mainstream school are also discussed at this meeting and suitable alternative education provision is coordinated. Since the beginning of this academic year (September 2014) to date (10th June 2015) there have been 248 referrals to this panel for support. Out of these referrals 112 (45%) have been for primary aged pupils (aged 4-11) (including nursery) and 136 (55%) for secondary aged pupils (aged 11-16). The highest number of referrals to the panel since September was for year 10 (46 referrals: 18.5%), followed by year 9 and 11 (30 referrals: 12.1%), year 8 (22 referrals: 8.9%) and then year 4 (21 referrals: 8.9%). Any school can refer pupils which they are concerned about and the team will use their professional expertise to produce the outcomes for the pupils and/or families. The high proportion of primary pupils supported in relation to actual age breakdown of exclusions positively responds to the growing demands in the primary students.

The current clinical provider submits quarterly reports detailing outcomes over the course of the contract. For the 1st year of their contract (1st April – 31st March), they worked with children aged between 4 and 16, with a mean age of 10.5. Around 55% of the expertise of the clinical team goes to support primary aged pupils with complex needs and at risk of exclusion. Although a higher proportion of permanent and fixed term exclusions are of secondary age pupils, the data demonstrates the increased pressures and growing trends in rising primary exclusions and the need for this early intervention model. The wider inclusion supports team works with a higher proportion of secondary students and therefore students of all ages are supported. The pupils referred for support from the schools reflect the rising demand and complexity in these age groups for clinical interventions. This clinical input into the Inclusion Support Team follows an early intervention approach in order to resolve issues as soon as possible and reduce risk of exclusions throughout future education. In line with this increasing trend the clinical early intervention work has increased its emphasis in terms of working with the younger primary aged pupils and their families.

Therefore this work positively impacts on the equality characteristic of age as it is working increasingly with the younger age groups using early intervention methods to address the emerging age trends in exclusions; and is additionally working with the whole family and not simply the pupil.

5.2 Disability (select all that apply)

- Neutral

This service has a neutral affect on disability. The Clinical team work with a proportion of young people with Special Educational Needs and Social, Emotional and Behavioural Disorders. The primary purpose of the service is to work to put in place individualised support and placements for excluded pupils to meet their learning needs, special educational needs and social, emotional and behavioural disorders are included in this. The exclusion census does not collect data on disability.

5.3 Gender identity and expression (select all that apply)

- Unknown

Both the service and the exclusions census return do not collect data on gender identity or gender expression and therefore it is difficult to say if this equality characteristic is impacted.

5.4 Marriage and civil partnership (select all that apply)

- Unknown

This characteristic is not impacted as the service that is being commissioned works with pupils aged 4-16.

5.5 Pregnancy and maternity (select all that apply)

- Neutral

This characteristic is not impacted as the service that is being commissioned works with pupils aged 4-16.The service do not often get referrals for support in this area. There is not any data available on this as it is not collected by the census. There have been a few referrals from girls who are pregnant and struggling to access education and who require inclusion or clinical support. However individualised support is available to them if they are referred.

5.6 Race (select all that apply)

- Positive

There are a highly disproportionate percentage of Black exclusions from Brent schools. This has been the long term case, not only locally in Brent but also nationally. In 2013-2014, 50% of all exclusions were of Black students (25.2% black Caribbean, 20.5% black African, 4.4% black other), and a further 5.2% mixed –white and black Caribbean. This is disproportionate in terms of the whole Brent school population of which 26% is black. However this has improved slightly from 2010-2011 and 2011-2012 at 55-56%. The schools have been trying to address this through a range of programmes. It is known that this disproportionate impact is not only in terms of exclusions but also in terms of attainment of Black pupils in comparison to peers. In comparison to other groups, Asian exclusions make up 12% of total exclusions when the Asian school population is 33%. White exclusions account for 16% of total exclusions when the white school population is 22%. The Mixed Race exclusions account for 11% of total exclusions, when the mixed race school population is 7%. This disproportionately high number of exclusions in terms of school population can be broken down into mainly Mixed - White and Black Caribbean (5% exclusions when school population is 2%) and Mixed - White and Black African (2% exclusions when the school population is 1%). (Figures from 2013-2014). To consider the trends 2010-2014, Asian and Mixed Race exclusions have remained relatively stabled, Black exclusions have decreased, white exclusions have seen an increase (from 13% in 2010 to 16% in 2014).

However the Inclusion Support teams work (including the clinical input) is representative in terms of the above figures. Out of the referrals to the Inclusion Support Team, 47.6% are from Black Pupils with an additional 8% coming from White – Black Caribbean and White - Black African groups. The team works with a much higher number of black pupils in their early interventions to reduce the likelihood of exclusions. The Clinical team (April 2014-March 2015) have worked with 41% Black pupils with an additional 12% identified as Mixed – White and Black Caribbean or Mixed – White and Black African. As there are 8% unknown we anticipate that these percentages are higher. This data is current for this academic year and therefore not verified from the census data. Therefore this data should only be taken as a guide. It is important to note this in reference to Child and Adolescent Mental Health Services, as BME uptake of these services by BME groups have historically been poor.

The clinical team works with a similar proportion of black pupils as the proportion of black pupils excluded. The services interventions address the race imbalance in terms of school exclusions through balancing this with the support offered.

5.7 Religion or belief (select all that apply)

- Unknown

Religion is not gathered in the school census return for exclusions and therefore the service does not have data on the religion of excluded pupils.

5.8 Sex (select all that apply)

- Positive

School exclusions have always included a much higher proportion of male pupils than female pupils. Overall exclusions (permanent and fixed) in 2013-2014 were 80% male and 20% female. However the proportion of females excluded is higher in secondary school at 22% in 2013-2014. Permanent primary exclusions have been almost entirely male up to 2013-2014; however in 14-15 to date (as of 11th June 2015) permanent exclusions have risen to 26% female (fixed term has remained stable). In previous years (2010-2014) female permanent exclusions have been between 1 and 5 a year, however in 2014-2015 there have already been 11.

The clinical team over the first year of the contract (April 2014-March 2015) worked with 69% males and 31% females. This is higher than the 20% exclusions however takes into account the rising numbers of permanently excluded girls this year. The work of the inclusion support team responds directly to the demand as required, dependent on referrals from schools when pupils are at risk. The work of the team responds to these changing trends, therefore these early interventions are positive in terms of impact on this equality characteristic. Overall referrals from schools to the wider Inclusion Support Referral Panel are almost identical in terms of breakdown, 30.6% female and 69.4% male. This is suggesting the increased risk of exclusion of females in line with the data trends.

5.9 Sexual orientation (select all that apply)

- Unknown

Sexual Orientation is not data gathered in the school census return for exclusions and therefore the service does not have data this.

5.10 Other (please specify) (select all that apply)

6. Please provide a brief summary of any research or engagement initiatives that have been carried out to formulate your proposal.

What did you find out from consultation or data analysis?

Were the participants in any engagement initiatives representative of the people who will be affected by your proposal?
How did your findings and the wider evidence base inform the proposal?

An online survey was sent out to consult with service users (pupils, parents/carers and teachers) and the Inclusion Support Team about their experiences of the clinical input service. It was decided that because of the complexity of the pupils and families that access this service, a group consultation would not have been appropriate. The Inclusion Support team who work regularly with the service users and have built good relationships with them, spoke to them about these surveys and helped young people and parents complete them. The consultation survey provided detailed qualitative feedback of views which will be taken forward into the next clinical input contract. In depth data analysis also formed a significant part of the report.

- What did you find out from consultation or data analysis?

The consultation report demonstrated how much pupils, parents, teachers and the inclusion support team value this clinical input. The pupils' responses were that they had good relationships with their clinical professionals, are able to openly discuss their feelings and that they have learnt new strategies to calm down when angry and control behaviour. Pupils have said they are happier in school due to this support and enjoy learning and break times more with their peers. They have noted a change in their behaviour and more understanding in how to manage behaviour and stay calm. Pupils have been happier in the home since this input and find it easier to talk to their family. The only suggestion for improvement was to have more sessions.

All parents/carers who responded said that their children have benefited from the clinical support they have received. They noted that the clinical support has helped them to learn new ways of understanding their child and helping them with their difficulties. Parents have acknowledged improvements in family relationships. Parents also have said that they feel comfortable talking to the clinicians, able to express feelings and appreciate that there is someone to turn to for support. Parents would like this support to continue to help further develop relationships and home and work effectively with the school. Parents would like more feedback from the clinical and more knowledge of the service as a whole.

The teachers of the pupils at risk of exclusion have responded that the feedback given to them by the clinicians was extremely helpful and that they were provided with invaluable advice about the child's needs. They were given some useful suggestions to implement and the gained insight into pupils' perceptions of self. They acknowledged that it was beneficial for the pupil to share openly with someone detached from the school. Teachers have received regular contact and feedback from the clinicians. They have seen better behaviour in the pupils, and families acknowledging difficulties in therapy has allowed pupils to progress. Other comments were that pupils have been more settled at school, willing to talk and a lot calmer, better relationship with new class teacher and more positive relationships with peers. All teachers that responded wanted to see this clinical support continue.
The Inclusion Support Team has said that there are many benefits of clinical expertise as part of their team.
This includes:

- Consultation and Specialist advice on complex issues when needed
- Clinical Perspectives on issues facing children and families
- Quick referrals and short waiting times
- Reduced anxiety of pupils and parents
- Training from the team giving more insight into attachment and MH issues
- Observing clinicians interacting with Children and Families
- Meeting and working with Children and families in a more holistic way
- Early identification, screening and assessment of young persons needs
- Gateway to CAMHS, understanding of thresholds, referrals and evidence needed
- Easy to work with and good advice
- Fast actions have reduced exclusions

The team have identified potential limitations of overlaps/duplications of work due to the number of professionals working with the children and families, staff not always available in working hours and that demand exceeds capacity. They would like to see more training within the team, an experienced full time member of staff, more regular updates to schools, increased capacity, more time for consultation and shadowing opportunities. They have also noted that it would be good if the clinicians could assess and formally diagnose ASD and ADHD. The team have said that they have seen a difference in children and families. They have seen reduced aggression in pupils and therefore risk of exclusion. Pupils are self regulating their behaviour. Parents concerns and heard, and families have a safe place to unpick their family dynamics and look at source of distress or trigger for their children's behaviour. Teachers feel supported to better understand pupils difficulties and have improved their strategies of dealing with pupils. They have also acknowledged the impact professionally of access to clinical expertise within the team. They are helped to make informed decisions about the ways forward to support individuals and families and managing risk associated with mental health concerns. They have gained advice on using clinical measures, identifying screening tools and interpreting results to support practice. The team have said that they are more effective in their role as a result of the clinical input and that the expertise in the weekly referral meeting is very positive. There is more knowledge of some conditions and disorders and the team are better able to suggest appropriate and effective strategies. 100% of staff responding would like to see this clinical support continue and have said that it is essential (and overdue) for multi agency working that results in positive outcomes.

In summary, what this consultation showed was how much this service is very valued by pupils, parents, teachers and the inclusion support team. There have been some small suggestions for improvements that will be implemented in the

future contract, however largely the users are very positive about the current service operation. The data analysis has shown the increase pressures on the service and the increased demand for this early intervention.

- Were the participants in any engagement initiatives representative of the people who will be affected by your proposal?

The consultation gained the views of pupils, parents, teachers and the Inclusion Support Team. All types of service users were therefore represented. There were not however any primary pupil responses. The pupils were pupils that have had direct sessions with the clinicians. All teachers have had pupils in their classroom who have received direct clinical support. Over half of the inclusion support team (in a variety of roles) completed the survey. Due to the highly specialised service worked intensively with a relatively small number of complex pupils and families the responses were not high in number but very beneficial in terms of the qualitative responses. In terms of pupil responses (total of 4 - 1 anonymised) covered pupils year 8 to year 10 and black Nigerian, black Caribbean and white British pupils. All non-anonymised responses were male.

How did your findings and the wider evidence base inform the proposal?

The data has demonstrated that the clinical team have been able to meet their objectives for children across the protected characteristics. It has demonstrated the extent to which pupils, parents, teachers and the inclusion support team value this clinical input service. The service is going to tender for a new longer term clinical input contract (3 years with the option to extend for a further 12 months) very similar to the existing clinical input. The responses will be used to enhance potential benefits and deliver improvements to the service under the new contract. The data gathering and understanding of the service broken down by different equality characteristics will be used to ensure that the service supports pupils and families in line with the demand.

7. Could any of the impacts you have identified be unlawful under the Equality Act 2010? Prohibited acts include direct and indirect discrimination, harassment, victimisation and failure to make a reasonable adjustment.

- No

There are not any impacts identified that could be unlawful under the Equality Act 2010. All impacts are positive, neutral or not applicable for this service.

8. What actions will you take to enhance the potential positive impacts that you have identified?

The service is going to ensure that the cohort of pupils supported by the clinical team and the wider inclusion support team is in line with the inequalities in exclusions. This will be done through regular data analysis of our exclusions in terms of the equality characteristics. The provider will produce quarterly reports to the inclusion and alternative education service which details all of the pupils that have been referred to them. Quarterly contract management meetings can take place to ensure that the support is in line with the pupil exclusions and the equality characteristics impacted. For example race, age, gender.

The Inclusion and Alternative Education are currently working on an Equality and Exclusions Project which is working to tackle the inequalities in exclusions of black pupils, in particular black boys. This will involve in depth data analysis and research into best practice (case study examples, evidence of successful interventions) across Brent schools to form a guidance report and educational film for all schools to inform their teaching staff of successful interventions currently taking place in Brent. The schools themselves have got some very successful projects to reduce exclusions and increase attainment and these experiences, interventions and success stories will be shared with all teaching staff as guidance.

The service is also putting together exclusion training for governors to understand their role and responsibilities within the exclusion process and when exclusions may need challenging.

As a result of the consultation the service will work with the clinical provider to improve parental feedback and increase the consultation/training/shadowing opportunities for the inclusion support team. The parents have requested more knowledge of the service as a whole, and the website and outgoing communications will reflect this.

9. What actions will you take to remove or reduce the potential negative impacts that you have identified?

Tendering and continuing the clinical support to children and families will ensure that positive impacts remain. Regular data analysis will ensure that the work of the team is in line with exclusion trends. A longer term contract will mean stronger relationships with pupils, parents, teachers and the team and the ability to better respond to changes in trends over time. The current evaluation project will work towards understanding and using more evidence based interventions to result in better outcomes for children and families.

10. Please explain how any remaining negative impacts can be justified?

No negative impacts have been identified. Cabinet have approved the request to tender for this service to continue. There would be potential negative impacts on equality characteristics if this specialist service was not in operation.

Appendix 4

METHOD STATEMENTS AND EVALUATION METHODOLOGY

INSTRUCTIONS TO TENDERERS

1. Overview

1.1. The Tender Evaluation Panel will consist of officers from the Council's Inclusion and Alternative Education Service and the Procurement Unit.

1.2. The panel will evaluate the tenders in terms of the minimum standards, Quality (40% weighting) and Price (60% weighting).

1.3. Price will consist of 60% of the evaluation weighting. The provider is expected to show that the application is economically advantageous to the Council and be able to ensure the quality of the service meets that specified in the tender document.

1.4. The provider should note that the current available budget for this service is £135,000 per year and the provider should use this as a guide and tailor their costings to account for this.

1.5. Quality will consist of 40% of the evaluation weighting. The quality assessment will be evaluated using the following criteria and indicative weightings. The criteria and questions that bidders will be evaluated against are provided within the Invitation to Tender (ITT) documentation. The provider will need to return a response to each individual method statements.

1.6. Of the 40% quality weighting, the weighting breakdown is outlined below. **The organisation is expected to provide a separate answer for each method statement question listed below.**

Method Statement Number	Method Statement	Responses to include:	Weighting (%)
1.	Please demonstrate your organisation's ability to meet the requirements of the service specification to the required timescales	• Service provision of all activities covered listed in the specification • Service provision including training, recording and reporting • Reliability & Integrity	30
2.	Please detail your organisation's experience & proven track record of providing similar services to a high standard	• Appropriate clinical experience • Skills of the team delivering this contract (including CV's and organisational structure)	20
3.	Please provide your organisation's project plan for delivering the service specified and the implementation plan.	• Timescales • Key milestones • Set up & delivery plan • Contingencies	20
4.	Please outline the organisation's monitoring arrangements and data feedback to the Local Authority in line with the specification.	• Regular feedback on pupil and family progress • Quarterly reporting on outcomes across the service • Systems for measuring success of interventions • Ensuring the needs of the service users are met and their views are acknowledged	20
5.	Please demonstrate the suitability of your organisations quality systems for the service provision	• Policies and procedures • Quality Framework • Any accreditations	10
Total			**100**

2. Quality Evaluation Instructions

2.1. Tenderers are required to submit method statements demonstrating how they intend to deliver services if selected to provide the services required under this contract. Responses to the method statement questions will enable the evaluation panel to assess tenderers against the requirements of each criteria. Organisations should focus their answers to respond to the question asked and as well as keeping it to the point.

2.2. Tenderers should provide information which demonstrates and supports their understanding of, and ability to meet the service specifications. **It is vital that responses do not simply replicate or list policies and procedures, but clearly demonstrate how and when these might apply and how they will be utilised in the service delivery of this contract.** Failure to complete all required questions may result in the submission being rejected.

2.3. Please answer all questions and present the information as requested with any documentary evidence required. **Excess information such as corporate brochures, pictures must not be submitted / inserted in your completed method statement. This may result in your tender being rejected or not considered.**

2.4. If more than one organisation is involved in a bid, this should be explained clearly in the response to the tender. Only the Lead Organisation should be involved in submitting the bid, clearly demonstrating any partnership relationships and what proportion each of these will own of the proposed consortium organisation.

3. Scoring Quality

3.1. The scoring methodology for the evaluation of the Method Statements will be in accordance with the following table:

Score	Acceptability	Tenderer Response Demonstrates
0	Unacceptable	Information is either omitted or fundamentally unacceptable and/or there is insufficient evidence to support the proposal to allow the Authority to properly evaluate
1	Major Reservations	The information submitted has insufficient evidence that the specified requirements can be met and/or there are significant omissions, serious and/or raises many concerns
2	Some Reservations	The information submitted has some minor omissions against the specified requirements. The solution achieves basic minimum standard in some respects but is unsatisfactory in others and raises some concerns
3	Satisfactory	The information submitted meets the Authority's requirements and is acceptable in most respects, and there are no major concerns
4	Good	The information submitted provides good evidence that the specified requirements can be met. It is a full and robust response, and any concerns are addressed so that the proposal gives confidence
5	Outstanding	The information submitted provides strong evidence that the specified requirements will be exceeded, and provides full confidence with no concerns

3.2. Bidders must score a minimum of 50% or higher in the quality area of the evaluation for their proposal to be considered further.

3.3. Should a bidders score 0 or 1 in any areas of the quality assessment then their proposal will not be taken further.

4. Price Evaluation

4.1. We use a relative cost score methodology to calculate the score for each overall price which allocates a score for each price in relation to the lowest price assessed. The lowest price will receive the full 60% mark available for cost. Each tender price above this will receive proportionally less.

4.2. All responses and submissions provided may form part of the contract should your application subsequently be successful. Please be aware that the Council is not

committed to accepting any tender or placing any order whatsoever. If the Council chooses to accept a tender then there will be no binding agreement until a written contract is executed by the Council having received the proper authority to do so. Tenderers are asked to note that all tender submissions and other documentation are prepared at the tenderer's own cost.

5. Indicative Timeframe

5.1. The indicative timeline for this Tender Process is outlined below.

Task	Date
Adverts placed/ITT issued on London Tender Portal	22 May 2015
Deadline for Clarification Questions	10th June 2015
Deadline for tender submissions	Midday, 18 June 2015
Contract Award	31st July 2015
Contract start date	1 October 2015

Appendix 5

Cabinet Report – 16 March 2015

ITEM NO. ( )

Brent	**Cabinet** 16 March 2015 **Report from the Strategic Director Children and Young People**
For Action	**Wards Affected:** [ALL]
Authority to tender a contract for the Clinical Input into the Inclusion Support Team	

1.0 Summary

1.1 The Clinical Input (psychology and psychotherapy) into the Inclusion Support Team (part of the Children and Young People's Department) is an integral part of the council's work to combat exclusion from schools. The multi-professional Inclusion Support Team is funded by the Dedicated Schools Grant (DSG) with agreement from Schools Forum and works together using an early intervention approach to support vulnerable pupils (age 4-16) at risk of exclusion from school.

1.2 After a competitive commissioning process, a 12 month contract was awarded to the Anna Freud Centre commencing on the 1 April 2014. A further six month extension was granted in order to gather significant evidence around the impact of this service. The current contract will end on the 30 September 2015.

1.3 Officers have reviewed the outcome data from this clinical input and as a result of its positive impact recommends this provision continues (see section 3). This report requests approval to invite tenders for the provision of Clinical Input services to the Inclusion Support Team as required by Contract Standing Orders 88 and 89.

2.0 Recommendations

2.1 That the Cabinet gives approval to the pre-tender considerations to seek expressions of interest and invite tenders for clinical input to the Inclusion Support Team as set out in paragraph 3.12 of the report, with a proposed contract period of three years with an option to extend for a further one year.

2.2 That the Cabinet gives approval to officers to evaluate the tenders on the basis of the evaluation criteria set out in paragraph 3.12 (vi) of the report.

3.0 Detail

3.1 In 2013, the services to support children excluded from school and at risk of exclusion were reviewed as part of a One Council project. This led to a major restructuring, working in partnership with schools. One of the key aims of the restructuring was to put a stronger emphasis on preventative work, intervening at an earlier stage to prevent exclusion of children from school. In particular, the review identified that the work to work with children at risk of exclusion needed clinical input (psychology and psychotherapy) as an integral component.

3.2 Following the service review, the Inclusion Support team was therefore established as a multi-professional team that supports vulnerable young people aged 4-16 who are at risk of exclusion from school. The team works to support inclusion in mainstream schools and address emerging concerns as soon as they arise for individuals, groups and families. They receive referrals from schools at a weekly panel meeting where key workers are allocated and the team work together to ensure appropriate support is provided. The five commissioned clinical staff work alongside four Inclusion Support Officers, one Family Support Worker, one Alternative Provision and School Engagement Coordinator, two SEBD (Social, Emotional and Behavioural Difficulties) Advisory teachers, one SEBD Casework Officers and one Behaviour Support Worker. All are funded from Dedicated Schools Grant. The service currently operates at full capacity with a high level of referrals. In particular, officers are observing an increase in complexity of need at a young age in their caseloads with pupils requiring more intensive wraparound support.

3.3 The current Clinical Input into the Inclusion Support Team is provided by five part-time Anna Freud Centre clinical members of staff (equating to 2.1 FTE). This support consists of two psychotherapists, two psychologists and one family therapist. All members of staff are experienced mental health

clinicians with a range of professional training including Family Therapy, Clinical Psychology, Child and Adolescent Psychotherapy and Social Work.

Their role is to:

a) Undertake comprehensive assessment of pupils who have social, emotional and mental health difficulties and develop an action plan to address identified needs;

b) Work intensively with a small number of individual pupils with more severe and complex social, emotional and mental health difficulties through delivery of an education plan including evidence based approaches and multi-agency working as appropriate;

c) Contribute to the successful reintegration of pupils into mainstream settings; and

d) Help strengthen school staff's skills and competencies in understanding the underlying needs of children and young people and in managing behaviour in mainstream schools/pupil referral units, including monitoring and assessing the quality of school interventions.

3.4 From commencement of the current contract, the provider has submitted quarterly outcome reports which are discussed in regular contract management meetings. In the nine months from 1 April 2014 to 31 December 2014 the Anna Freud team worked with 80 pupils; 55 per cent from primary schools, 30 per cent from secondary schools and 15 per cent from Alternative Provisions; this includes Ashley College (our health needs service) Brent River College (our Key Stage 3 and 4 PRU) and Alternative Provisions (such as Plan B, Red Balloon, 14-16 college places and virtual learning where a number of our young people are placed). The sessions delivered to pupils/families included both direct and indirect therapeutic intervention.

3.5 Through this quarterly reporting the Anna Freud Centre provide in depth case studies on the targeted work they have done with individual young people, and the outcomes of the interventions. For example, family therapy for a ten year old pupil whose home life was leading to disruptive behaviour in school. Intensive family therapy over a ten week period positively improved the family interactions and dynamics; as a result the school have seen a rapid improvement in his progress and behaviour. A second example is Child Psychotherapy sessions for an eight year old pupil referred for repeated fixed term exclusions as a result of persistent disruptive behaviour and violence towards peers. As sessions progressed, this pupil

was able to understand his own behaviour through play, link his behaviour to his feelings, and to recognise particular situations, like feeling unfairly treated, and how to negotiate them without immediately reacting. He is now able to manage much better in classroom situations, and has more friends and better peer relationships. He is more reflective, calmer and able to recover from setbacks much faster. The service has seen significant improvements in a large number of pupils as a direct result of this clinical input and collaborative working with other professionals in the wider Inclusion Support team. Importantly, since September 2014 there have not been any permanently excluded primary age pupils signifying the value of this early intervention model in terms of outcomes.

3.6 The current contract with the Anna Freud Centre (AFC) benefits from the organisation's 'Evidence Based Practice Unit'. The AFC is currently working with the Inclusion Support team to systematically evaluate progress and impact using standardised measures. This will allow the service to map outcomes against interventions more effectively. The AFC has added value to the wider Inclusion Support Team through their professional expertise, providing drop in clinics to discuss cases and providing their input from a clinical perspective into the weekly referral meetings (ISR).

3.7 A longer term contract of three years would enable tenderers to provide stability of provision and consistency in staffing and relationships with pupils and families. It would also mean this evidence of impact collated through the evaluation project can be analysed and developed to inform future practice.

3.8 The current contract is due to expire on the 30 September 2015. In order to continue this service, a new contract needs to be re-tendered and awarded by July 2015. This will allow sufficient time for a handover period for a new supplier to take over the service should the current provider not win the contract. The tender process will need to start in April 2015. Feedback from schools and relevant officers is good and the contract deliverables appear to be fit for purpose. Officers are not therefore considering making significant changes to the current specification.

3.9 The value of the proposed contract is estimated at £135,000 per annum, £405,000 over the 3 year life of the contract and £540,000 should the contract be extended for a further 12 months. As a High Value Contract under the Council's standing orders a full tender exercise needs to be conducted.

3.10 Under the new Public Contract Regulations 2015 ("the Regulations"), Clinical Input service is classified as a Schedule 3 service (social and other specific services) and is below the relevant threshold, therefore subject to a lighter touch regime under the Regulations; such services being below threshold are exempt from adhering to the normal OJEU timescales. Officers are proposing to follow broadly the OJEU timeframe as set out below. An open or one stage procedure will be followed; in accordance with the timeline below.

3.11 In accordance with Contract Standing Orders 89 and 90, pre-tender considerations have been set out below for the approval of the Cabinet.

Ref.	Requirement	Response	
(i)	The nature of the service.	Clinical Input into the Inclusion Support Team	
(ii)	The estimated value.	£135,000 per year, £405,000 over the three years life of the contract, and/or £540,000 if the contract is extended for 12 months.	
(iii)	The contract term.	Three years with the option to extend for a further 12 months.	
(iv)	The tender procedure to be adopted.	Schedule 3 - social and other specific services procedure to be followed – Open tender process.	
v)	The procurement timetable.	**Indicative dates are:**	
		Adverts placed/ITT issued on request	15 April 2015
		Deadline for tender submissions	15 May 2015
		Tender evaluation	1 June 2015
		Panel evaluation/Moderation Exercise	5 June 2015
		Cabinet approval	July Cabinet Date tbc
		Cabinet 5 day call in period.	July Cabinet + 5 days Date tbc
		Contract Mobilisation	10 August 2015

Ref.	Requirement	Response	
		Contract start date	1 October 2015
(vi)	The evaluation criteria and process.	1. An open or one stage tender will be used to tender the requirements. 2. Tenders will be evaluated in line with best value principles to identify the economically most advantageous tender having regard to price and quality elements. The price, quality ratio will be a 60/40 split in favour of price. 3. Quality will be evaluated by analysis of method statements produced by the tenderers these include; 4. Proposals for ensuring effective quality management of the service and maintenance of the quality standard including self monitoring and evaluation will be evaluated. 5. The tenderers' approach to working in partnership with all key stakeholders including the Council, children/young people and parents will be evaluated. 6. The Tenderer's proposals for adhering to child protection and safeguarding requirements will be evaluated 7. Specific safeguarding and health and safety matters relevant to the contract will be evaluated. 8. Price will be evaluated using a proportionate scoring methodology.	
(vii)	Any business risks associated with entering the contract.	*There are no specific business risks associated with this tender.*	
(viii)	The Council's Best Value duties.	The procurement process and on going contractual requirement will ensure the Council's Best Value obligations are met.	
(ix)	Consideration of Public Services (Social Value) Act 2012	This is a highly specialist market but officers will endeavour to ensure the requirements of the Act are taken into account as part of the procurement.	
(x)	Any staffing implications, including TUPE	See section 5.4 and 7.1 below.	

Ref.	Requirement	Response
	and pensions.	
(xi)	The relevant financial, legal and other considerations.	See sections 4 and 5 below.

3.13 The Cabinet is asked to give its approval to these proposals as set out in the recommendations and in accordance with Standing Order 89.

4.0 Financial Implications

4.1 The estimated value of this service over the period of the contract is £135,000 per annum, £405,000 over the three years of the contract. In the event that the option to extend for an additional 12 month is taken, this will amount to a total of £540,000. The full cost of this contract will be met from the existing IAES budget envelope for commissioned services, which is funded by the Dedicated Schools Grant [2]

4.2 The proposed plan is intended to ensure better stability and consistency of the Inclusion and Alternative Education Service, and improve the longer term outcomes and life chances of Brent's vulnerable pupil population at risk of permanent exclusion. The target is that this early intervention reduces the demands and related costs relating to permanent exclusions (i.e. specialist placements in the PRU or Alternative Provision) in the future. It also aims to reduce demand on other related services such as CAMHS[3] by addressing problems before they reach the service threshold.

5.0 Legal Implications

5.1 Clinical Input services fall within the social and other specific services listed in Schedule 3 of the Regulations and are subject to a lighter touch regime ("Schedule 3 Services"). Under the Regulations Schedule 3 Services are required to be advertised in the OJEU where they are above their relevant EU threshold (currently set at £625,050). Schedule 3 Services are afforded greater flexibility in determining the procurement procedure to be applied in connection with the award of contracts. Consequently as the estimated

[2] IAES delivery & funding proposals following restructure presented to and ratified at the Schools Forum of 26th February 2014

[3] CAMHS (Child and Adolescent Mental Health Services) provide specialist mental health services in Brent to children and young people. They offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

value of this proposed tender (£540,000 including possible extension) will be below the relevant EU threshold, officers are not required to issue an advert in the OJEU.

5.2 The estimated total value of this contract is in excess of £250,000 making it a High Value Contract under the Council's Contract Standing Orders, as such the proposed contract is subject to the Council's own Standing Orders and Financial Regulations and therefore the Cabinet is required to consider approval of the pre-tender considerations as set out in paragraph 3.12 above (Standing Order 89) and the inviting of tenders (Standing Order 88).

5.3 Once the tendering process is undertaken, Officers will report back to Cabinet in accordance with Contract Standing Orders, explaining the process undertaken in tendering the contract and making recommendations for an award.

5.4 In the present case if the contract is awarded to a new contractor the Transfer of Employment (Protection of Employment) Regulations 2006 (as amended) ("TUPE") is likely to apply where there is a service provision change from the incumbent contractor to a new contractor and there are an identified grouping of employees of the current contractor who spend all or most of their working time dedicated to the delivery of the services to be taken over by the new contractor.

6.0 Diversity Implications

6.1 An Equality Impact Assessment (EIA) is being prepared in conjunction with the Equalities team. An initial screening has been completed to be reviewed by the Equalities team. A full EIA will be completed for the July Cabinet Meeting where the tender award report will be presented. This will include consultation with pupils, parents and schools and will impact the specification and contractual agreement during contract award.

7.0 Staffing and Accommodation Issues.

7.1 This service is currently provided by an external contractor and there may be implications for staff arising from re-tendering the contract.

7.2 No accommodation implications arise for the Council out of the retendering of this contract.

8.0 Public Services (Social Value) Act 2012

8.1 The Council is under duty pursuant to the Public Services (Social Value) Act 2012 to consider how the services being procured might improve the economic, social and environmental well-being of its area; how, in conducting the procurement process, the council might act with a view to securing that improvement; and whether the council should undertake consultation.

8.2 The services being procured have as their primary aim improving the social and economic well being of some of the most vulnerable groups in Brent. They are highly specialist with only a very limited number of suppliers who can meet the Council's requirements. Nevertheless, officers will endeavour to ensure the requirements of the Act are implemented as part of the procurement process.

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