



South East Regional Care Co-operative Pathfinder Bid

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Contents

| | | |
|----|--|----|
| 1. | Delivering the minimum requirements..... | 3 |
| 2. | Measuring success..... | 9 |
| 3. | Rationale for the size of the RCC (500 words)..... | 11 |
| 4. | Working with partners..... | 13 |
| 5. | Effective leadership and governance..... | 15 |
| 6. | Set-up costs..... | 18 |
| 7. | Project management and planning | 19 |
| 8. | Capital information..... | 23 |



1. Delivering the minimum requirements

1.1 Specific minimum requirements a-e

a) Carrying out regional data analysis and forecasting future needs of homes for children in care, in partnership with health and justice.

The South East region view accurate and timely data as key to addressing the sufficiency challenge. We have experience of producing a strategic looked after children¹ sufficiency analysis that included comprehensive quantitative and qualitative data from all 19 authorities. Through this work we have a good understanding of the practicalities of collecting, analysing and sharing the findings across the region. As a region we also have a well-established data team that have the knowledge and expertise to carry out the work required. We also have additional capacity that can be accessed at short notice through our Regional Improvement and Innovation Agency (RIIA) which has ready access to people with the data and subject specialist skills to conduct the work required.

We will work together as a region to design and co-produce a data specification which will form the basis of our initial analysis and forecasting work. This would be comprehensive including all looked after children in the region including those in receipt of youth justice services and children being cared for in health settings.

The data specification will also be used to form the basis of a live regional database and dashboard of looked after children containing information about the child/young person's:

- Basic information
- Strengths and needs
- Education
- Current placement details
- Cost of placement
- Start and end date of placements

A key element of the work will be to create an approach that is simple to administer by establishing standard data sharing arrangements and data governance. This will be achieved by developing a standardised approach to recording requests for new placements, placement moves and endings. The work will be hosted by one of our member local authorities and the information collected will help us to develop an accurate real time picture of the children who are being looked after by South East local authorities and the placements that we are looking for on any given day. We have also held preliminary discussions with the collaborative organisation Data to Insight² who are hosted by East Sussex about the possibility of working together to co-produce the data infrastructure required by the

¹ SESLIP Strategic Needs Analysis and Recommendations for Future Commissioning Arrangements (May 2020)

² <https://www.datatoinsight.org>

RCC. If this came to fruition we would make the intellectual property created free to access for other RCCs/local authorities.

b) Developing and publishing a regional sufficiency strategy setting out current provision and action to fill gaps. Please ensure that you explain how your regional sufficiency strategy will link to, and align with, each of the sufficiency strategies produced by each of the local authorities within the region.

Our experience of developing a regional sufficiency strategic needs analysis has equipped us with the skills and knowledge required. In addition to the information collected and analysed through our regional data analysis (outlined above in section a) we would also collect other information regularly (minimum basis would be annual) including details of all regional:

- Fostering households and placement numbers
- Residential homes and placement numbers
- Residential schools and placement numbers
- Nursing/CQC registered placements
- Secure and youth justice placements.

This information would be supplemented with other information to assist the development of our sufficiency strategy (e.g. population estimates, trend information about numbers of children entering and leaving care banded by age, UASC numbers etc).

In developing our regional sufficiency strategy we will also call on the expertise of our partners and stakeholders. These include NHS leaders, Youth Justice experts and representatives of key provider organisations (e.g. National Children's Home Association and National Association of Fostering Providers).

In addition to the RCC producing a regional sufficiency strategy it will also provide a core set of data for each of the partner local authorities (we did this with our strategic needs analysis referenced in section a). We will also provide support to local authorities to interpret and understand their data. We have recently completed a similar exercise in relation to data about the social care workforce. Authorities were provided with a data report and then meet with RIIA staff to analyse their strengths and areas for development.

Our regional and local sufficiency strategies will be critical when developing the RCC plans and activities. It will drive plans to open new local authority provision and commission placements from other partners and providers. At a regional level it will give a clear picture of the demand for placements by both type and location. This will help to increase confidence in both local authorities and providers to expand the available provision. The collaborative nature of our RCC model (as outlined below in section c) will also help providers to be assured that if they set up the type of provision needed at the quality required, they will be used and vacancies will be minimised.

Developing our approach to sufficiency in this way will also allow us to deploy more innovative and attractive approaches to contracting for placements. This will include the potential for block and soft block contracts which may be deployed to reserve placements to specific authorities or groups of authorities to help them keep children in local placements.

c) Market shaping, working as one customer with providers to address local needs, improve value for money and commission the care places required from external providers. This should include action to respond to the recommendation from the Child Safeguarding Practice Review Panel report on safeguarding children with complex needs in residential settings “to improve commissioning for children with disabilities and complex health needs”, in conjunction with health partners.

Our analysis identifies that simply procuring at a larger scale will not have the impact required to shape the market. Consequently we propose an ambitious and radical model for the RCC. The RCC we plan to create will not be a simple joint procurement agency, with staff TUPE'd from member authorities. It will be a set of agreed arrangements through which all the fostering households and children's homes, in-house and external, provided or commissioned by member authorities, become available to all children in member authority areas who need them. Learning from the provider collaborative arrangements which have been developed between NHS provider mental health trusts for tier 4 in-patient beds (which we envisage could over time become incorporated in merged, more flexible, care provision), we propose developing funding and provider arrangements which:

- Allow for maximum flexibility in the use of care households and homes across the region
- Are recognised by member authorities as fair and providing better value for money for them than the current competitive arrangements
- Incentivise best practice and innovation in long term care planning for children including supporting reunification.

The key aims of the SE RCC will be to support our authorities to:

- Maximise the number of looked after children who are in local placements, able to maintain and develop their family and friend connections and attend local schools
- Reduce significantly the use of unregistered care
- Make the best use of available resources and work more closely with the NHS
- Develop and design new placement options in collaboration with NHS colleagues (and other partners) to meet the needs of our most complex children
- Support step down/across from residential to family based care with multiagency working that improves outcomes for children
- Increase collaboration (and reduce competition) between authorities to help develop a sufficient number of affordable high-quality placements to meet the needs of all of our looked after children
- Develop effective family support services to prevent the need for children becoming looked after and to work with care settings to minimise the time spent in looked after.

Learning from the establishment of Regional Adoption Agencies, we do not propose the extensive transfer of employment of staff between member authorities and a new organisation. This is not necessary to achieve new, collaborative ways of working. We do propose, however, to make regional collaboration over the recruitment and development of residential staff a major focus of the arrangements, to address the current workforce challenges.

The RCC will sometimes commission for all 19 authorities, for example there is region wide need for children with complex lives who have mental health needs. This includes children stepping down from tier 4 CAMHs, and those sometimes placed in acute hospital settings. For this group the RCC is likely to work together to create or procure placements that can be accessed for all. This will ensure the scale and influence required to shape the market. In other circumstances smaller groups of authorities will come together to commission more local services, this could include block booking independent fostering agency placements to ensure they are available for use by local children.

Using this approach we are confident we will grow the market by developing the elements that are within our control, rather than trying to influence elements of it that are entirely focused on profit and growth. Our model enables us to grow in-house provision, working with the NHS, third sector and for profit organisations that share our ethos.

d) Recruiting foster parents through a regional recruitment support hub and improving the support offer to both new and existing foster parents. The RCC could also include support for foster parents through involvement of regional health partners, e.g., named CLA nurse, potentially to help address skills gaps around providing trauma-informed care.

Our plans to recruit foster carers through a regional support hub are well advanced and are being progressed through the DfE funded programme. The approach taken in our fostering bid is complementary to our overall approach to the delivery of an RCC. We do not see wholesale restructuring and centralisation as the solution to this challenge.

The change will be delivered through a virtual hub hosted in Bracknell Forest, and then following automated triage and screening the initial contact will be paired with a peer support experienced foster carer and passed onto the relevant LA lead working as part of the virtual hub to take them through assessment. Enquirers who do not know which authority they want to foster for, or who are at a very early stage of considering being a foster carer, will be passed to one of four sub-cluster virtual recruitment teams who will build a relationship with that prospective carer until they are able to make a decision. Each LA will have a dedicated recruitment officer who will act as part of the regional team and foster carers that can be paired with prospective carers. Phase 1 of the recruitment hub is about launching the virtual hub and shared front door, phase 2 being delivered from launch (April 2024) onwards will be about exploring opportunities for harmonisation, join-up and economies of scale.

We anticipate it is via phase 2 that there will be most potential synergy with the RCC work. We already have a huge amount of insight from the marketing research conducted with foster carers 18 months ago, and the mystery shopping of websites undertaken by foster carers this summer. We anticipate that this insight combined with the mapping and gap analysis which will inform both harmonisation opportunities. It will also identify potential commissioning and service offer gaps which may be able to be taken forward through the RCC (for example increasing skill of foster carers relating to trauma-informed care, reunification and positive approaches to contact etc).

The RCC bid and fostering bid are organised on a slightly different geographic basis. The RCC proposal is about providing economies of scale to secure commissioning arrangements over a larger footprint, there is also benefit to going with a smaller grouping as it will reduce the procurement and bureaucratic burden. Therefore the proposed approach of two hubs is being taken forward. Whereas the fostering recruitment hub is working to much tighter timescales and will be being put in place ahead of harmonisation of offer.

Consequently, the decision was taken in our fostering project to operate in sub-clusters which reflected existing working relationships (for example through RAAs) and where foster carers tended to cross borough boundaries. In practice this will mean that officers working in the new regional hub won't have to learn all 18 LAs and what their offer is to be able to discuss with potential foster carers, but they will need to get up to speed and be able to talk confidently about those in their sub-cluster.

The south hub for the RCC aligns with the three coastal sub-clusters in the fostering proposal, and the north hub aligns with the fourth sub-cluster - so from that perspective there is coterminosity.

In addition, given the interdependence of the programmes, we are ensuring join up at a strategic as well as practical and pragmatic level through close relationships between the DCS sponsors for both projects (Lucy Butler and Grainne Siggins) and through the operational programme managers taking forward the bids (Mark Evans and Rebecca Eligon). It is important to note that there are also slight minor variations to the overall footprint. Bucks is part of the RCC bid but not the fostering, and Richmond upon Thames and Kingston Upon Thames are both part of the fostering bid but not the RCC bid.

e) Developing new regional provision to increase capacity where gaps have been identified, including relating to children currently placed out of area. The Department will provide up to £5m capital funding to support this, and RCC members will be expected to pool sums of their own funding alongside this. Examples of new regional provision are detailed in the guidance document, 'Regional Care Co-operatives Pathfinder: Information and process overview for applicants'.

The RCC's key function will be the creation of additional capacity, driven by the priorities identified through our regional and local authority sufficiency planning. Our model accepts all of our authorities are in different places and that simply pooling resources is not a practical solution (as local authority governance arrangements would not permit this), Some authorities have already or are about to invest significant resources in addressing their sufficiency challenges whilst others still have more to do. The RCC model will be for authorities to retain their control, but with the ability to work/trade with each other on fair and agreed terms. This approach will apply to services directly provided by councils and those commissioned for delivery from third parties. The model will also allow the whole group of 19 authorities or sub-groups of 2 or more authorities to set up or commission new provision that can be accessed by all the local authority members. This will include the ability to jointly provide or commission with partners (e.g. Education or NHS).

We have significant learning about how this process can work from our recent Children with Complex Lives project. This successfully navigated the governance, finance and risk sharing work required for 3 local authorities working together to commission residential services.

We will use the £5m capital to develop new placements in both the north and south of the region. We will use the capital where it had the greatest impact in delivering additional capacity places, this may involve work to bring dormant/mothballed provision back in to use or new provision. The places will be developed by a single authority (or by a collaboration of two or more authorities).

1.2 Stage 1 of the application process asked whether regions anticipate their pathfinders delivering anything further than the minimum requirements.

As part of our pathfinder bid there are three additional elements that we plan to deliver;

Regional Residential Workforce Academy – Our market research identifies a shortage of registered managers and skilled residential staff as a key limitation on developing new provision. This impacts on all sectors of the market and if it is not addressed no amount of market shaping will increase capacity. This workforce shortage is undoubtedly fuelling the escalating costs of placements. We will complete and publish a feasibility study exploring the potential for developing a resource to support an increase in the supply of people to fill these critical roles in residential homes. We plan to do this in conjunction with public, private and third sector organisations.

Property Project – Our market research also identified a factor limiting expansion is the availability of suitable property at an affordable price in the locations where we need children’s homes and foster carers. If successful we would work with local authority property expertise to explore new approaches to both the issues of affordability and planning permission. If successful, this will enable some organisations, particularly third sector providers, to develop new resources in our region.

Region Wide approach to meeting the needs of Unaccompanied Asylum Seeking Children (UASC) – As a region we recognise that Kent Council (and others in the South East) have been disproportionately impacted by the increased number of UASC over recent years. Our RCC would explore new and innovative ways to address this issue. This could include brokering agreements whereby South East authorities commit to not using specific placements in Kent to ensure they are available for their use, we would also seek support from DfE and other government departments to dissuade authorities from outside our region using these placements.

2. Measuring success

The success of our RCC will be measured in the short (1 year after go live), medium (2 years after go live) and longer terms (3-4 years after go live). Our programme is realistic and we recognise that our approach needs to be radical, but also work with the timescales of children and young people that we are currently caring for.

Before going live – in the first 12 months our focus will be on establishing the RCC including setting up the leadership and capacity required. The South East RCC will be underpinned by new working arrangements which will promote and encourage the sharing of resources between authorities in the region. This approach will require the development and signing off of new protocols and agreements that will underpin this work. They will describe how this will work in terms of the financial, legal and risk sharing aspects of the RCC approach. The RCC will also include the creation of some centralised capacity to deliver the leadership, data analysis and sufficiency strategies that will be required at both regional and local levels.

During this period we will also undertake extensive work with care experienced children and their families to help coproduce and design the SE RCC.

Short Term (1 year after go live), we will have in place:

- Excellent marketing and systems to support the recruitment of foster carers
- Published regional sufficiency strategy (and standardised format and contents for sufficiency strategies at authority level)

- Future demand model
- Significant new joint investments in the development of new residential provision
- Initial joint commission activity with NHS partners
- New standard suite of regional documents (full suite from referral paperwork to contracts)
- Workforce academy project underway.

Medium Term (2 years after go live), we will deliver:

- 10% increase in regional fostering capacity
- New homes developed with Pathfinder capital funding coming on line
- RCC contracts being used for all new placements
- Improved relationships with providers building confidence to develop new capacity
- Live dashboard of regional and subregional placements published
- First recruits from residential workforce academy become available to lead new homes

Long Term (3-4 years after go live), we will deliver:

- Significant reduction in the number of children in the region placed outside their local area (as measured by 20 miles from home)
- Improved health and education outcomes for our looked after children
- Better placement stability
- Less children placed in high cost private provision
- Sizeable uplift in the number of fostering households in the region
- No use of unregistered/unregulated care
- Reduction in the overall percentage of children living in residential care
- More joined up health, social care and education placements.

By this stage we will also have a high functioning sufficiency strategy that is delivering a rapid and agile response to changing needs of looked after children in the region. We will also ensure the majority of placements made by local authorities are being brokered through the RCC by this time.

3. Rationale for the size of the RCC

The South East RCC will serve the largest population of any of the regions, we have a population that exceeds 9 million people (2.14 million children)³. We are made up of 19 Children’s Services serving 7 county councils and 12 unitary authorities (including 3 where services are provided via Children’s Trust). In the most recently available data, the SE had the second highest number of looked after children of any of the regions (10,840)⁴. We have some of the smallest and largest councils in England. Our population is diverse and it makes us ideally placed to pilot the RCC concept. The Care Review cites large scale as a key factor to enable a change that is required in the children’s placement market.

As a region we have identified sufficiency as one of two key priorities (alongside workforce) and have a strong history of cooperation. We have a track record of working together as a whole region to produce the Strategic Needs Analysis covered earlier in this document (question 1, subsection b). We have secured a very strong commitment to the Fostering Stage 2 bid. In addition to this we have other regional and sub-regional projects that have been successful, these include our Memorandum of Cooperation Social Work Staffing and multiple Regional Adoption Agencies.

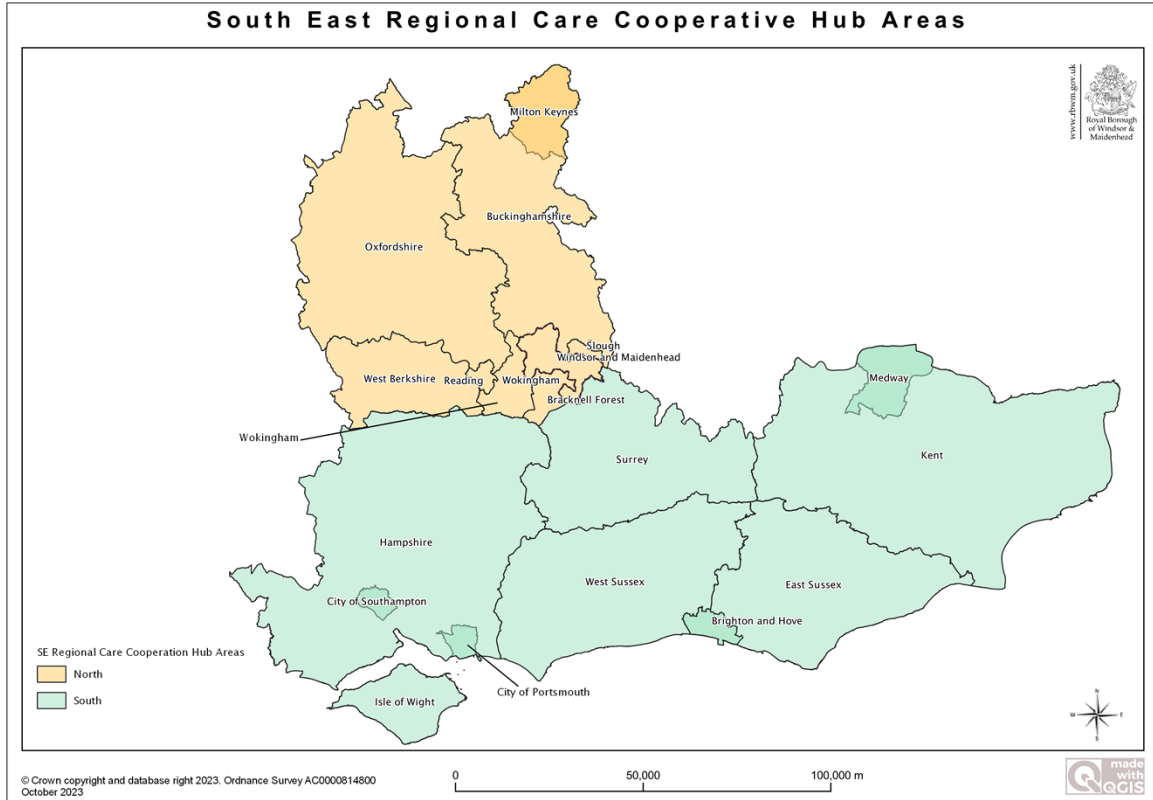
The SE RCC will be delivered through two hubs, whilst we recognise that scale is important the RCC also needs to have mechanisms to support authorities working closely together with each other and important partners (e.g. NHS ICBs). The RCC will act as a single entity when required and beneficial (e.g. market shaping and some procurements). It will work through the two hubs when closer partnership working and trust building is required. The membership of the hubs is as set out below.

| South Hub | North Hub |
|--------------------------------|---|
| West Sussex County Council | Royal Borough of Windsor and Maidenhead Council /Achieving for Children |
| East Sussex County Council | Buckinghamshire County Council |
| Brighton and Hove City Council | Oxfordshire County Council |
| Kent County Council | Milton Keynes City Council |
| Southampton City Council | Reading/Brighter Futures for Children |
| Hampshire County Council | Wokingham Borough Council |
| Isle of Wight Council | Slough Borough Council /Slough Children First |
| Portsmouth City Council | Bracknell Forest Council |
| Medway Council | West Berks Council |
| Surrey County Council | |

³ https://www.nomisweb.co.uk/sources/census_2021/report?compare=E12000008#section_4

⁴ <https://explore-education-statistics.service.gov.uk/data-tables/fast-track/e896f244-e028-473c-bd32-162d697c0f85>





RCCs face a paradox as scale is required to shape markets, whilst children need local services. Our RCC will be designed to address this issue by enabling us to create or buy placements at a regional or local level (and variations between). To be effective the RCC needs to be a flexible and agile organisation, scale alone will not solve the sufficiency crisis. Three South East authorities recently issued a joint tender for forty placements on a long term a (10 year) block contract basis, paying up to £20k per week with guaranteed inflationary uplifts and specification that was well received by potential suppliers. No bids were received and the feedback given from some suppliers was that if they created this provision they could sell it a higher price on the spot market. Others identified the workforce and property challenges as barriers to bidding. It illustrates that many for profit organisations with the resources to invest in this sector are reluctant to do so as the market is so dysfunctional.

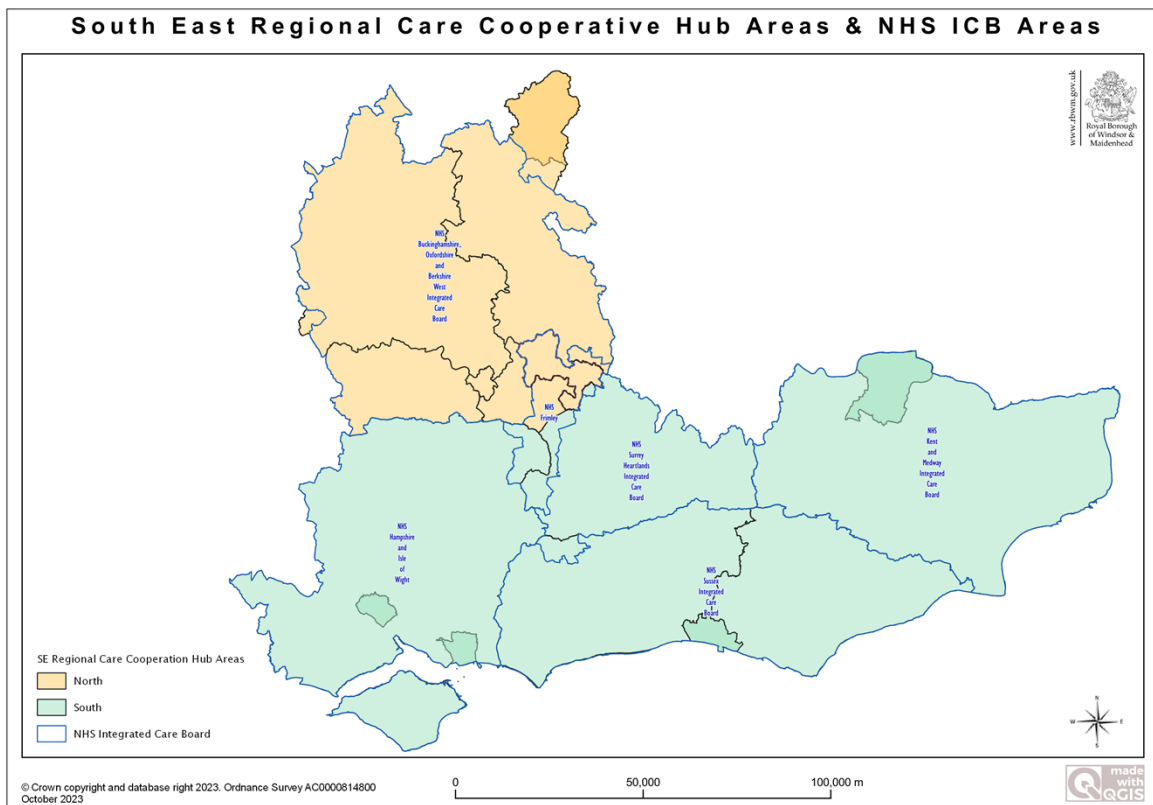
Our RCC model accepts that local authorities with limited resources have very little potential to influence multi-national venture capital driven organisations, but can deliver changes by other routes including local authorities delivering directly and working with third sector organisations and for profit providers who are prepared to work to deliver our priorities to keep children local and in their communities.

4. Working with partners



Effective partnership is key to improving outcomes for children and families. The current system is fractured and fragmented. Too much time, energy and resource is spent identifying which agency is responsible for meeting children’s needs. Many looked after children have complex needs and lives that require support from a range of public sector organisations.

Our RCC will make a step change in partnership arrangements with health. This will include working more effectively with ICBs and all other vital services (e.g. LAC Nurses etc). The South East RCC will work with 6 separate NHS ICBs and 216 Primary Care Networks, this a complex picture and the extent of existing collaboration is variable. For example, in Sussex the councils and ICB are in advanced discussion about the potential for joint commissioning to meet the needs of children with complex lives. Similar activity is taking place with Buckinghamshire, Oxfordshire and Berkshire West. Through this activity we are seeking to align our commissioning cycles for key groups of children, for example those who present with mental health issues and those who are inappropriately inpatient on general children’s wards. The focus of this activity is on both additional placements and more effective preventative services.



Our NHS colleagues asked us to include the statement below in our bid:

To Whom It May Concern,

NHS England South-East Region fully support the South-East bid and ambitions for a Regional Care Cooperative (RCC) Pathfinder. This continues our longstanding commitment to working with Local Authority and Local Government Agency partners to improve outcomes for children in care across our region (see links to [resources](#) and [webinars](#)). We have



actively contributed to development of the RCC bid and are fully committed to both supporting the establishment of an RCC if the bid is successful and ensuring engagement of key health partners across the region.

Yours Sincerely,



Andrea Lewis RRC

Regional Chief Nurse

David Radbourne

Regional Director of
Strategy &
Transformation

Natalie Percival

Regional Director of Nursing
Professional & System
Development

SRO for Mental Health
Programmes

Our RCC will also continue to build and develop our relationship with providers. Since 2019 we have been working with both the Children's Home Association (CHA) and the National Association of Fostering Providers (NAFP). Both contributed by helping us to develop our regional strategic needs analysis. They also worked with us on a tender for children with complex lives.

We have also conducted extensive market engagement with third sector providers to explore the barriers to them developing some of the additional placements required. If successful our RCC will allocate time and resources to working with the third sector to build and develop some of the additional capacity.

The RCC will also work closely with youth justice partners to identify how we can improve sufficiency and preventative services. This will include engaging with YJBs, youth offender institutions, secure training centres and secure children's homes.

A key element of the South East RCC model is a plan to promote more effective prevention and family support. By keeping children local and where safe/possible with their families we can reduce the numbers of children and young people entering care. To achieve this our RCC will work in partnership with education, health and others to create pathways that avoid the need for care and reduce the time spent in care. This work will focus on identifying children at risk of needing care early and providing effective services to them and their families at the earliest opportunity.

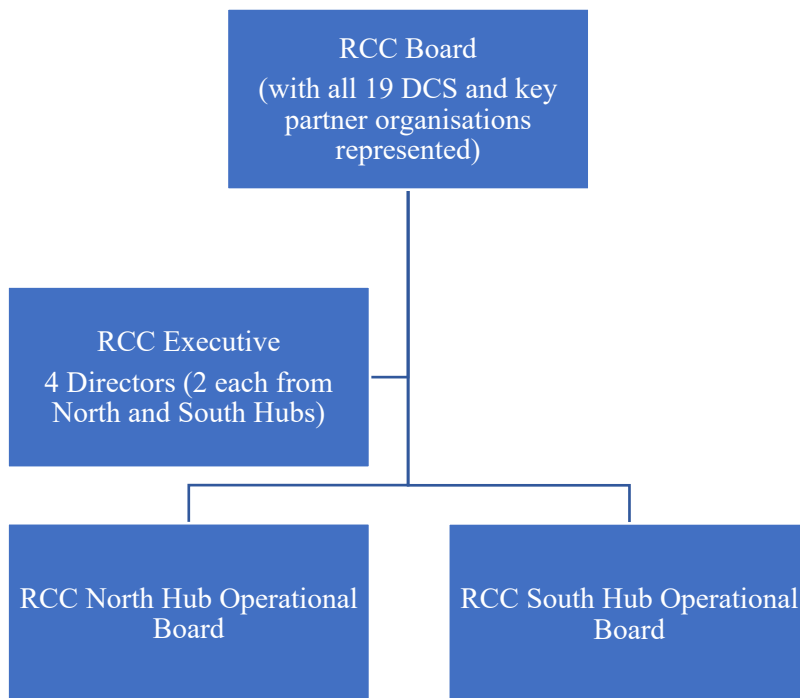
We also think Ofsted as the regulator need to be a partner in the development of the SE RCC. We recognise their role and need for independence. We are not seeking any compromises on the quality of provision. However, they have a significant impact on the way the market for children's social care works and there will need to be a proactive dialogue with the new RCCs as they develop.

5. Effective leadership and governance

Our model is a partnership based service hosted by one of our authorities. We have considered the full range of models (joint venture, local authority owned company) and rejected them as they are costly to set up and there is no evidence they support better outcomes.

Our model recognises the complexity of this issue and the need to develop an approach that can accommodate the different starting positions of our authorities. We understand that theoretically there could be benefits regionally if local authorities agreed to pool all budgets and placements. This ignores the reality and the political priorities that drive local authority spending. Our approach is designed to facilitate authorities working together and aligning activities. Over time this will give the RCC the scale and influence to address the sufficiency challenges faced.

The development of our RCC will be overseen by a board with the DCSs for all 19 authorities and key partnership organisations (e.g. ICB leads) present. This board will be responsible for key decisions including the resourcing of the RCC and identifying its priorities. There will also be a smaller executive with 4 DCSs that will shape the agenda and planning for the development of the RCC. Each of the 2 RCC hubs will also have an operational board to work with the RCC to identify and deliver priorities. The operational board will also oversee the relationship between the RCC and the member authorities.



Shared Spending

The RCC will develop a programme designed to deliver the identified priorities arising from the regional sufficiency planning. Authorities will be invited to commit to joining specific activities. Examples could include:

- Shared projects to develop new local authority/NHS residential provision

- Procuring block (and soft block) contracts for private or third sector local residential or fostering placements
- Developing or procuring specialist step across services to support children moving from residential to foster or return to birth families.

Over time as children move from their current spot purchased residential and fostering placements we envisage more and more activity being conducted via the RCC rather than LA spot purchases.

Key Roles and Responsibilities

RCC Director - This will be a senior role with responsibility for the leadership of the RCC. This will include day to day management of the organisation, developing the RCC 5 year plan (to be agreed by the RCC Board) and control of all shared and pooled budgets. They will report to the DCS of the host authority, but will also be accountable to the RCC Board.

RCC Data and Sufficiency Director - This role will lead on the aspects of data collection, collation and analysis. They will report to the RCC Director. They will be responsible for the creation of the regional sufficiency strategy (and providing core information for each local authority's sufficiency strategy). They will work closely with the data teams in each of the member authorities.

RCC Partnership Manager - The SE RCC model will be built around a range of new protocols and agreements setting out how local authority and other partners will work together to support our priorities as set out in question 1 (c). This role will work closely with a lead in each of the partner authorities and organisations to ensure their success.

RCC Contracts and Procurement Lead - This role will lead on new (multi-authority) procurements and contracts. This work will be carried in out in collaboration with our member authorities.

Other Roles and Responsibilities - More work is required to identify the full RCC team and how these roles should be filled. If our bid is successful we would do the work earlier in the development of the new service.

Filling the Key Roles – Our aim would be to fill the key roles early in the development of the new RCC. We plan to have the full team in place by early Summer 2024 to start operating as a shadow RCC before going live in April 2025. We envisage the team will work with the project lead to do much of the preparatory work to develop the foundation for the RCC.

In recruiting to the roles we will comply to the highest possible standards and ensure we fully meet our public sector equality duty.

The project has been discussed at length at the regional DCS group and with NHS partners. There is a strong view that the current system is failing children and clear appetite to find new ways of working together to address the challenges. Regionally we have experience of working together to complete a strategic needs analysis and also taking a multi-authority project to tender with a value of over £100m.

6. Set-up costs

Our project will be hosted by West Sussex County Council, they will manage the budget and report to the DfE/their chosen deliver partner as required. Our initial budget plan is outlined below.

| Description | 2023/24 | 2024/2025 |
|----------------------------------|-------------------|------------|
| Project lead | £60,938 | £182,813 |
| Project manager | £44,688 | £134,063 |
| Data, analysis and IT costs | £44,688 | £134,063 |
| Fostering development | £44,688 | £134,063 |
| Workforce development | £44,688 | £134,063 |
| Property and planning | £22,275 | £66,825 |
| Residential development | £44,688 | £134,063 |
| NHS Partnership lead | £22,275 | £66,825 |
| HR/recruitment | £44,688 | £134,063 |
| Legal support | £37,500 | £112,500 |
| Co-production | £37,500 | £112,500 |
| Project costs | £30,000 | £90,000 |
| Developing performance framework | £13,750 | £41,250 |
| | | |
| Annual Total | £492,363 | £1,477,088 |
| | | |
| Total | £1,969,450 | |

The budget is aligned to the SE RCC High Level Initial Project Plan (outlined in section 7). It will be delivered through a combination of people recruited into time limited roles and contracts with partner organisations. For example will recruit a project lead who has the skills knowledge and expertise to deliver the RCC, this could be via secondment, short term contract and or consultancy contract. In other areas we will use the available budget to engage partners to support the work. For example we



will commission organisations with expertise in co-production with children young people and another who have a track record of working with parents who have experience of the care system.

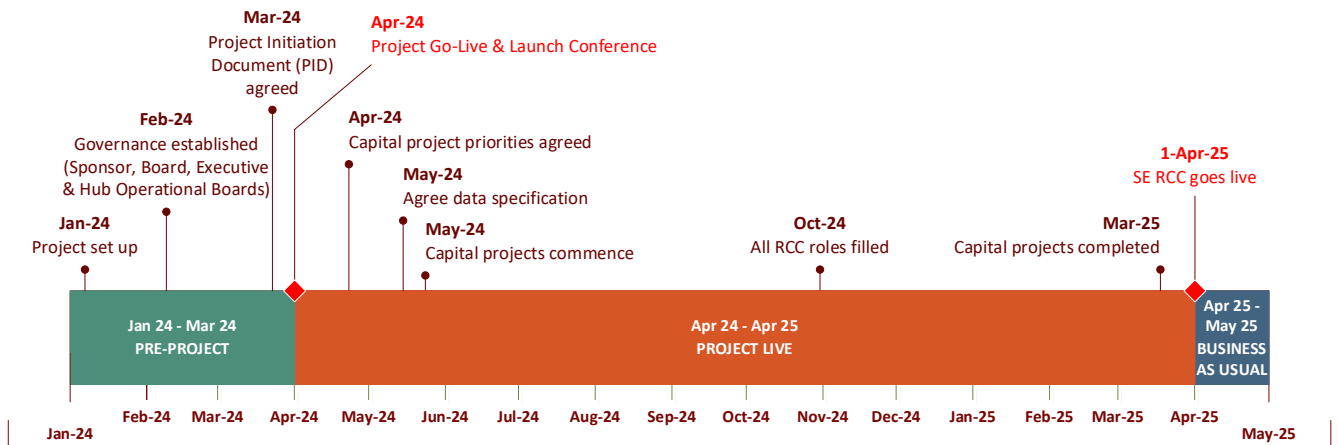
Our budget priorities will be to ensure the RCC is ready to go live by April 2025 with clear plans in place to be financially sustainable. We will also use it to develop a clear plan with a programme of work to improve placement sufficiency across the region. This work will focus on how the changes needed can be delivered including the potential to build new resources, invest in foster care and practical schemes to prevent children coming into public care (and also to support them to return to their birth families wherever safe/appropriate. We envisage this plan will include local authority developed services and the commissioning of services from other organisations. We will also use the start up funding to identify the potential to pool resources with partners to make the best possible use of public sector resources.

7. Project management and planning

We will develop the RCC through a programme approach with number of discreet projects, these include:

- Core RCC Project
- RCC Capital Project
- RCC Data Project
- RCC Fostering Changes Project
- RCC Residential and Workforce Project

The key milestones and activities are highlighted in the diagram below.



| SE RCC High Level Initial Project Plan | | |
|--|----------------|---|
| Date | Milestone | Description |
| January 24 | Project set up | SESLIP allocate resources to complete preparatory work for project to go live on 01.04.25 |



| SE RCC High Level Initial Project Plan | | |
|--|---|--|
| Date | Milestone | Description |
| January 24 | Project team in place | Local authorities, SESLIP and partners identify capacity needed to start project |
| February 24 | Project launch conference | Event for DCSs and other key stakeholders to meet and agree plan for setting up RCC |
| February 24 | Governance arrangements set up (sponsor, board, executive and hub operational boards) | Membership agreed and schedule of meetings set up for the duration of the project |
| February 24 | Project initiation document (PID) agreed | Regional DCS group endorse the PID setting out the full scope of the project, planned deliverables, risks and governance arrangements |
| February 24 | Agree Capital Project Priorities | Identify where we will invest £5m Capital |
| March 24 | Job description/person specifications for key roles agreed | DCS group sign off the main JDs/PSs and agree process for filling the roles |
| March 24 | Agree arrangements for specialist support (e.g. legal advice, HR, co-production etc) | Work completed to identify who will provide specialist support and how it can be accessed by the project team |
| March 24 | Formal agreement about which LA will be hosting the project and supporting the hubs | We already have informal agreement that West Sussex will host, but we will go through a process to check all parties are in agreement with this. |
| April 24 | Establish RCC website and communications strategy | The RCC needs to be public facing and accessible to providers, local authorities and other partners |
| April 24 | Evaluate JDs/PSs for key RCC roles | Complete processes required to start advertising key RCC roles |
| April 24 | Co-production work with care experienced young people and families starts | Authorities start the process of user engagement to help ensure the RCC design is co-produced with care experienced young people and families |
| April 24 | Finalise data specification | Work with local authorities and other partners to identify what data will be collected and analysed for use in the regional and authority level sufficiency strategies |
| April 24 | Agree terms of reference for workforce, UASC and property work | Work completed to agree scope and work plan to explore feasibility of developing a workforce academy, and a shared approach to UASC and |



| SE RCC High Level Initial Project Plan | | |
|--|--|--|
| Date | Milestone | Description |
| | | developing suitable properties to support the region in delivering sufficiency |
| April 24 | Capital projects started | Capital projects underway with their own project plans, risk register etc. |
| April 24 | Agree RCC constitution/MoU | This will include ways of working together and financial sustainability arrangements for the RCC from 01.04.25 |
| May 24 | Sign off RCC performance framework | This will be the initial performance framework and dashboard for the RCC, it will become more detailed as the RCC priorities and sufficiency strategies are produced |
| May 24 | Start recruiting to key roles | Agree process for filling all key roles and functions of the RCC |
| September 24 | Publish RCC initial sufficiency strategy and plans for first year of operation | This will be key in identifying activities that the RCC will lead on to improve regional sufficiency |
| October 24 | All RCC roles filled | All posts filled and induction underway |
| January 25 | Workforce, UASC and property feasibility work complete | Reports completed and board agrees what priorities to progress |
| March 25 | Capital project completed | Projects completed and new capacity starts to come on line |
| April 1 2025 | SE RCC goes live | The RCC moves from being a project to business as usual model. |

The key risks and potential action to mitigate are outlined in the table below:



| SE RCC High Level Programme Risk Register | | | |
|--|------------|------------------|--|
| Risk | Likelihood | Potential Impact | Mitigation |
| Difficulty building levels of trust/commitment required to make the RCC function as required. | 2 | 4 | Extensive work will take place with local authorities and partners to broker a fair and equitable approach embedded in a written constitution/MoU. |
| Authorities may not get political support for the planned changes. | 3 | 4 | Constitution/MoU will be based on pragmatic approach to sharing financial risk. This will ensure authorities maintain control for their own budgets/resources. Councils will be able to opt in (and out of) specific RCC activities to reflect their needs and the starting point at which the join. |
| RCC may struggle to recruit to some key roles | 2 | 3 | Work will start on this early and will include a range of approaches (open market, secondment etc). Jobs will be appropriately evaluated/graded. The project will have high profile and recruitment will be supported by all local authorities and partners. |
| Capital project may be difficult to complete in the time available due to grant conditions. | 2 | 3 | Work will begin early and build on work we have already carried out to ensure a quick start. This includes a detailed specification that has been designed by 3 of our local authorities. We will also ensure robust project planning from the point that we are notified the funding becomes available. |
| Due the complexity of the RCC concept and the number of partners involved it may take longer than the time allowed by the grant for it to be set up. | 2 | 4 | Work will start as soon as we are notified the funding is available, we will allocate some existing RIIA funds to enable the programme of work to start before the RCC Pathfinder funding becomes available. |

Likelihood on scale of 0-4 where 0 equates to no possibility and 4 indicates a strong probability if no mitigation is put in place.

Impact on scale of 0-4 where 0 equates to no impact and 4 indicates a strong probability the project may fail if no mitigation is put in place.

8. Capital information

The South East region welcomes the potential injection of additional capital. Our key aspiration for this funding is to develop new provision that demonstrates the ability for multiple local authorities to



work together to create new capacity and to share it. As part of this aim we would seek to develop provision in both hub areas (north and south parts of the region).

We have multiple options available and would decide which to progress in the period between being notified that we are successful in Dec 24 and the grant funding becoming available in 2025.

One option will be to use the capital to develop two new homes for children with Complex Lives.

We would set up two new homes that would:

- Be in small residential homes that are between 2-4 places (some of which could be used for single occupation when needed)
- Be in psychologically informed/therapeutic environments – shaped, structured and delivered in such a way as to be psychologically safe for distressed children and able to support their healthy development, although, as set out below, healthcare will be separately purchased
- Provide extensive access to and engagement with birth parents and other family members wherever safe and appropriate to do so (beyond regulatory requirements)
- Ensure robust 'move-along' planning and support to equip the child and parents/carers to offer a safe and secure exit route into a family-based provision (within their own kinship network or with foster carers) where this is achievable and to stable permanent alternatives where it is not
- Be able to work with the participating authorities to support access to education in close liaison with the destination school for the child and in line with the child's needs (and education health and care plans if they have one)
- Ensure alternative suitable arrangements are in place where education is not available via the participating authority
- Have a relationship-based ethos that supports ongoing contact/mentoring post placement as agreed in the individual placement agreement
- Be able to offer support to step across to foster care provision and return to birth family where this is safe and appropriate
- Be sufficiently flexible to respond to requests for emergency/same day placements (although most placements will be planned)
- Include short (less than 12 weeks), medium (12 weeks to 6 months) and long term placements (6 -24 months and longer if needed)
- Tailor the placement duration to the needs of individual children (this may vary from a period of weeks through to years)
- Offer flexibility (e.g. shared care, respite, placements remaining open during planned rehabilitation or other planned moves).

Our approach to the capital element will be to identify existing properties/sites where these homes could be developed with no new planning permissions being required. Our NHS partners have told us of similar schemes where new health provision has been set up very quickly by working with companies who specialise in creative and agile approaches to building/development (e.g. on hospital/trust property). We have already identified a number of possible locations.

We have already developed a specification for these homes and as part of the project would decide if they would be operated directly by local authorities or if we would undertake a procurement exercise to find a partner organisation to staff and run them. The homes would be operated on a regional rather than local authority basis and all of the councils in the RCC hub would be able to access the places in an equitable way. This would be a useful pilot/proof of concept for the new joint working principles that will underpin the RCC.

Our second option would focus on our regional secure resources. We would rapidly conduct a feasibility study to identify if we could use the capital bring the West Sussex Beechfield resource back into use and to support East Sussex (Lansdowne) and Hampshire (Swanick Lodge). If feasible we would use the capital to support the three units to improve their ability to deliver their full potential capacity. We would also explore how we could then use them as a regional RCC (rather than national) resource.