

West Cheshire Children's Trust Executive

Joint Commissioning Framework for Children and Young People

2023 – 2027



West Cheshire
Children's Trust

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Foreword

- 1.1 On behalf of the Children's Trust partners, this commissioning framework sets out the priorities for integrated service development and delivery for the 2023 – 2027 period. The framework builds on the previously published framework, which has been in place since 2017.
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- 1.2 The benefits of integrated services are clear, by building trust, openness and transparency across agencies and working together towards a common vision, we can often make services more efficient and responsive, realise better value for money and use resources, such as workforce, buildings and budgets, more effectively and efficiently. The provision of personalised, joined up services is much better for children and young people and easier for parents/carers and professionals to navigate and access.
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- 1.3 This framework describes the shared commitment of all key partners who commission services for children and young people in Cheshire West to a joint commissioning approach. It will support the best use of available resources to improve outcomes for children, young people, and their families by delivering personalised and integrated care.
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- 1.4 This framework concentrates on the added value which can be achieved by close and effective integrated working and investment across partners, to effectively deliver services. This was achieved through engagement of the members of the West Cheshire Children's Trust.



Definitions

The table below provides the meanings to key terms used within the framework:

Children in Care Council	The group is open to all young people who are cared for in Cheshire West and Chester. It provides a voice for the children to influence and shape the parenting they receive at every level as well as the overall strategy for cared for children.
Commissioning	The process of assessing needs, planning, purchasing, monitoring and reviewing services to improve outcomes in the most efficient and effective way.
Core 20 Plus 5	A national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.
De-commissioning	The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.
Emotional Based School None Attendance	A term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school.
Emotional Literacy Support Assistants (ELSAs)	Teaching Assistants employed by Schools and settings, who have received 6 days specialised training and who access regular supervision with the Child & Educational Psychology Service. They support the emotional wellbeing of children and young people. Only those Emotional Literacy Support Assistants having regular supervision with a psychologist can use this title
Information, advice, and support services (IASS)	A service that provides impartial advice and information to parents/carers with children under the age of 25, who have a learning difficulty, or disability.
Integrated Care System (ICS)	Health, social and voluntary community sector organisations working in partnership to plan, deliver and improve joined up health and social care services, as well as reducing inequalities.
Joint commissioning	Joint commissioning takes place when there is a shared understanding across public bodies of the needs of people living in their local area, all want the same outcomes for the people in their area and have a common interest in achieving this. They agree to work together to jointly commission a service.

Joint Strategic Needs Assessment (JSNA)	Assessment of current and future health and social care needs and how well they are being met. The data and evidence gathered is used to identify gaps and opportunities as well as inform decision-making.
Maternity Voices Partnership	<p>A Maternity Voices Partnership (MVP) is an NHS England and Improvement, Maternity Clinical Network working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. Maternity Voices Partnerships (MVPs) are about working continuously to improve the quality of maternity care, and as part of that:</p> <ul style="list-style-type: none"> • Having a focus on closing inequality gaps. • Listening to and seeking out the voices of women, families and carers using maternity services, even when that voice is a whisper. • Enabling people from diverse communities to have a voice.
Parent Carer Forum	A voluntary group representative of parents/carers who have children, or young people, with special education needs and/or disability. The group provides a voice to many parents/carers, works in partnership and influences decisions within health and social care, as well as provides advice and information to patients/carers.
Resource Provisions	Schools which cater for pupils with Education, Health and Care Plans, who require a specialist environment within a mainstream school to support their access to the curriculum.
Special Educational Needs and Disabilities (SEND)	Learning disabilities, or difficulties, that affect a child's ability to learn compared to children of the same age, which means that they will benefit from special education, health and care support.
Technology Enabled Care	Technologies such as telehealth, telecare, telemedicine and tele-coaching that can transform the way that people manage their own health and care.
LGBTQIA	LGBTQIA is a term that collectively represents people who identify as lesbian, gay, bisexual, transgender, queer (or those questioning their gender identity or sexual orientation), intersex, and asexual.

Background

- 3.1 Within Cheshire West, there is a strong legacy of integrated commissioning, which we will further build on during the life course of this framework. Recent examples of joint commissioning in Cheshire West include jointly commissioned services for Sensory Occupational Therapy, Speech and Language Therapy, SEND Mediation and the Information Advice and Support Service (IASS). This framework aims to build upon these areas of good practice by further developing integrated commissioning for Children and Young People in Cheshire West. This will lead to better outcomes for children and young people by achieving more joined up, responsive and effective services, whilst securing value for money by commissioning at scale.
- 3.2 Support needs to be considered in the context of a life course model from the ante-natal stage through childhood to adulthood. This work and the priorities detailed are for all young people and children aged 0-19 years, and those aged up to 25 with a special educational need or disability (SEND).

- 3.3 Since the passing of the Health and Care Act 2022 and the creation of Integrated Care Boards (ICBs), the landscape across the local and national health and care system has evolved. Our local Integrated Care Board, NHS Cheshire and Merseyside, was established on 1st July 2022 and holds responsibility for planning NHS services, including Primary Care, community pharmacy and those previously planned by Cheshire Clinical Commissioning Group (CCG).

Accountable to the people of Cheshire and Merseyside and in charge of NHS money, NHS Cheshire and Merseyside will ensure that the strategies developed by the Cheshire and Merseyside Health and Care Partnership become a reality on the ground.

Cheshire West is one of nine defined 'places' within the Cheshire and Merseyside ICB footprint. The Cheshire West Place Plan was refreshed in 2022 and represents our joint vision to improve the health and wellbeing of residents in Cheshire West and Chester over the next five years. The joint work driven by this Joint Commissioning Framework will continue to link into the Cheshire West Place Plan so that progress and outcomes can be measured.



- 3.4 The national integration agenda between health and care presents a great opportunity for joint commissioning services in the future.

The health and care sector play a crucial role in improving the health of the younger generation throughout the life course, although, it is also recognised that the health of children and young people is determined by far more than healthcare.

Household income, education, housing, a stable and loving family life, and a healthy environment all significantly influence young people's health and life chances. Effective joint commissioning will enable partners to achieve value for money by commissioning at scale, agreeing joint expectations on quality measures and outcomes and standardising service documentation.

- 3.5 By working closely across public sector and non-statutory partners, including the community and voluntary sector, this joint commissioning framework will improve services for children and young people by ensuring that the priorities for joint commissioning are clear and focused. The framework supports individual agencies statutory functions and also recognises the valued contribution of the community and voluntary sector.
- 3.6 The 'Our Way of Working' approach is a common and consistent way of working with families using trauma informed practice. The model is evidence based and has been driven forward by the Children's Trust Executive as an agreed way of working across Cheshire West. The approach has a strong preventative element at all levels across the continuum of need and is based on a shared language and understanding across all partners. Many of the families we work with can experience a broad range of difficulties that need support and interventions.
- 3.7 The 'Think Family' approach is underpinned by the values and principles of Our Way of Working. This approach is a commitment for all practitioners whether working with adults, or children, to identify, consider and appropriately respond to the safeguarding needs of all family members.
- 3.8 This framework commits to ensuring that Our Way of Working and Think Family are embedded in service delivery at all levels.



West Cheshire Children's Trust Executive

- 4.1 Whilst Children's Trusts are no longer a statutory obligation, local commitment from all stakeholders has ensured the continued existence and operation of a local strategic partnership to oversee and direct an integrated way of working to improve the outcomes of children, young people and their families.
- 4.2 A strong integrated governing board is the 'cornerstone' of a Children's Trust. In Cheshire West, the Trust includes representation from all key partners at a senior level and is determined to drive whole-system change through clear leadership and effective action.
- 4.3 The vision of the West Cheshire Children's Trust Executive, which aligns with the priorities of the Cheshire West Place Plan is that:
In West Cheshire we will work together to support families to keep children and young people happy, healthy and safe.
- 4.4 The West Cheshire Children's Trust Strategic Outcomes Plan explains what partners aim to do to achieve this vision and to improve outcomes for children, young people and their families. The Cheshire West strategic partnership agreed the following five priority workstreams for 2020 - 2024:
 1. Emotional Health and Wellbeing
 2. SEND and Inclusion
 3. Early Year's and School Readiness
 4. Early Help and Prevention
 5. Children in Care and Care Leavers
- 4.5 This Children and Young People's Joint Commissioning Framework will support the achievement of the high-level strategic outcomes within this plan.

Guiding Principles

- 5.1 The aims of the Cheshire West Strategic Partnership are to ensure that each of the following principles of commissioning, that have been agreed by the Children's Trust Executive partners.

The aims

1. We will ensure that positive outcomes for children and young people are at the heart of the strategic planning and commissioning process.
2. We will ensure that decisions are based on a robust needs assessment.
3. We will ensure that children, young people, families and carers actively participate in our decisions about commissioning services at all stages of the commissioning cycle.
4. We will consult all relevant organisations, in advance of commissioning new services or undertaking de-commissioning or transforming services.
5. We will undertake effective market testing to identify and understand the contribution of all providers to deliver positive outcomes for children and young people.
6. We will seek to reduce health inequalities and commission services with equitable access and outcomes.
7. We will ensure that tendering and procurement processes are transparent and fair.
8. We will promote sustainability with our providers to enable longer term planning.
9. We will monitor, evaluate and review our services rigorously and proportionately to ensure high quality outcomes and to reflect changes in demographic trends.
10. We will de-commission existing services where they do not deliver value for money, or positive outcomes, for children and young people and work together to avoid duplication.
11. We will remain informed about the changing national direction over time for all agencies within the West Cheshire Children's Trust and implement this against local need.
12. We will consider opportunities for sub-regional commissioning where appropriate and look to bid for national funding individually and in conjunction with other local authorities, Integrated Care Boards and partners.
13. We will ensure that Safeguarding is embedded throughout the joint commissioning framework by ensuring that the expectations set out by the Safeguarding Children's Partnership are met and that any lessons learnt from reviews inform our commissioning.

Local Population Need

- 6.1 All commissioning follows a commissioning cycle, with the needs of the population at the heart of the process. Data is used to ensure that the needs and the determinants of health of the local population, including wider factors that impact on health and wellbeing, are identified, and agreed.
- 6.2 The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and partners assess the current and future health and social care needs of the local community to inform local decision making. The purpose of a JSNA is to:
- Characterise the health and wellbeing status of the local population
 - Identify inequalities
 - Illustrate trends
 - Describe local community views
 - Highlight key findings and recommendations
- 6.3 JSNAs were introduced by the Department of Health in April 2008 to strengthen joint working between the National Health Service and local authorities.
- 6.4 The Health and Social Care Act 2012 awarded responsibility to produce a JSNA and the development of a Joint Health and Wellbeing Strategy to Health and Wellbeing Boards, with the purpose of reducing inequalities and improving the health and wellbeing of the whole community. This is, therefore, an equal and joint responsibility for the local authority and Integrated Care System.
- 6.5 The Cheshire West and Chester JSNA Executive Board oversees the development of the Joint Strategic Needs Assessment in the area. The Board provides strategic direction, ensuring that JSNAs are focused on local priorities. This ensures that services are shaped around the needs of individuals and communities, particularly those most vulnerable and groups with the poorest outcomes.
- 6.6 Our most recent JSNAs for Children and Young People can be accessed here [Inside Cheshire West and Chester - Home](#)

Engagement and co-production

- 7.1 We are committed to seeking the views of children and young people with the aim that their voices are heard, recorded and acted upon in all the work we do. We will involve them before making any decisions about the services they use. We work with groups such as the Parent Carer Forum, Maternity Voices Partnerships, Children in Care Council, Cheshire West and Chester Youth Senate and Disabled Children's Champion Group.
- 7.2 Co-production changes people from being 'voices' to partners by involving them directly in the design and delivery of services, recognising that everyone has their own skills and knowledge to offer. The Cheshire West Strategic Partnership has a Co-production Strategy with a vision that all professionals, parents, carers and young people work together to improve the outcomes and the health and well-being of children and young people with Special Educational Needs and/or Disabilities and their families.



Cheshire West & Chester Local Area

Co-production Strategy



West Cheshire
Children's Trust



Parent Carer Forum
Cheshire West & Chester

"The essential element is that parent carers work as a group in a forum, representing families living with a wider range of experiences and additional needs. Supported by training, governance processes, parent carer colleagues and linked to a wide membership of other families, these parent carer representatives can operate in a proactive way, bringing evidence of patterns where change is needed, and working as critical friends to the local authority."

NNPCF June 2014 Progress Report p.10

Introduction

Cheshire West and Chester Council recognise the importance of co-production and the difference it can make when identifying, understanding and developing how to meet the needs of children and young people and their families and carers.

Co-production has been proven to be an effective way of combining public resources allocated to services with the assets of those who are intended to benefit from them.

It changes people from being "voices" to partners by involving them directly in the design and delivery of services, recognising that everyone has their own skills and knowledge to offer.

Co-production is a more efficient and effective way of delivering services as solutions. Services that are developed with users help break down barriers and build stronger networks and groups within communities. Using co-production in this manner, particularly for the transformation of how services are designed and delivered, leads to better outcomes because the support and services that are put in place really do hit the mark. Co-production is not an alternative to public services

but a way of making it more targeted, affordable and sustainable.

One important aim of this strategy is to support people who work in public services at all levels. It will help them understand their roles, how they carry them out and any changes in the way services are managed and delivered. Knowing that you are really making a difference adds to a sense of purpose, job satisfaction and increased health and well-being for all concerned.

It also contains advice on how key features of co-production can be built into existing services. Cheshire West and Chester and its partners recognise that underlying systems and structures must change and co-production is everyone's business. We will measure the difference co-production has made by monitoring how organisations are engaging families as equal partners and how services are improving outcomes.

Mark Parkinson,
Chair SEND Strategy Group,
Cheshire West and Chester

LADDER OF PARTICIPATION



Co Production

Co-production is an equal relationship between all people involved.

Co Design

People who use services are involved in making decisions only.

Engagement

People who use services give their views and may be able to influence some decisions.

Consultation

People may give their views but may have no power to change.

Informing

Inform people about the services they use and explain how they work.

Educating

The people who use services are helped to understand the service design / delivery.

Coercion

People's views are not considered important and are not taken into account.



Aims

This co-production strategy has been developed

so that everyone in the local area:

- understands what co-production means, why it is important and what difference it will make
- is enabled to work co-productively and has a practical guide to co-production
- has a consistent and effective approach to co-production and one that can be evaluated
- can find out where to look for more information about co-production
- has an understanding that co-production is important to everyone

Mission Statement

Co-production is good practice for all.

Using this strategy will:

- ensure that all organisations in the local area are encouraged to develop co-production and to champion working together.
- ensure that working together is a positive and mutually beneficial experience for everyone
- demonstrate Cheshire West and Chester's (CWaC) desire to model the behaviour they promote and sets out how they will work with people who use their services and their carers.
- Make services better for people

Vision

Professionals, parent carers and young people working together to improve the outcomes and the health and well-being of children and young people with Special Educational Needs &/or Disabilities and their families.

What is Co Production?

Effective co-production relies on strong relationships between all parties. It is also about people with different views and ideas coming together to make things better for everyone. It needs to be planned for and supported to be sustainable.

There are different levels of working together (sometimes called participation). If the different levels of working together were put on a ladder then 'co-production' would be the top rung of the ladder. The lowest rung of the ladder would be 'coercion'. It is rare that 'coercion' would ever be an appropriate level. The level of working together can be evaluated or measured.

Co-production means working with people who use services and their carers as equal partners in the design and development of policy and practice including the commissioning, delivery and review of services in Cheshire West and Chester

The co-production partners covered by this policy are those represented by the SEND Strategy Group (see Appendix 1)

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How Co-Production Helps And Why It Is Important

Co-production is central to achieving the Government's objectives of personalisation of services which increases choice and control for users.

Co-production ensures that CWAC and its partners meet the needs of service users and their carers.

Co-production is a way of helping services do what they have to do by law or have agreed to do in their own plans. In particular it helps everyone do what it says as part of the following:

- The Care Act 2014 (see Appendix 2)
- The Children & Families Act 2014 (see Appendix 2)
- Cheshire West and Chester SEND Strategy 2016-2020 (Strategic Theme 4, see Appendix 2)
- Health & Social Care Act 2012 (see Appendix 2)
- NHS Five Year Forward View 2014 (see Appendix 2)
- Cheshire & Merseyside Sustainability and Transformation Plan 2016 (see Appendix 2)

Co-production helps improve services for families.

Co-production helps save money by reducing or avoiding future conflict and by giving evidence of need.

Co-production helps people work better in their community.

Co-production challenges services to think about how they make people's lives better and stop them having more problems.

Co-production challenges perceptions and highlights opportunities amongst partners.

Co-production helps services to work together more.

Everyone has something to give and nobody is more important than anyone else.

How to Achieve Co-Production?

The SEND Strategy Group will model and promote good practice across all agencies.

Staff from all agencies will embed the ethos and promote the values of co-production when drafting job descriptions, setting objectives and undertaking appraisals. This will include involving services users and carers in staff recruitment and commissioning processes when appropriate.

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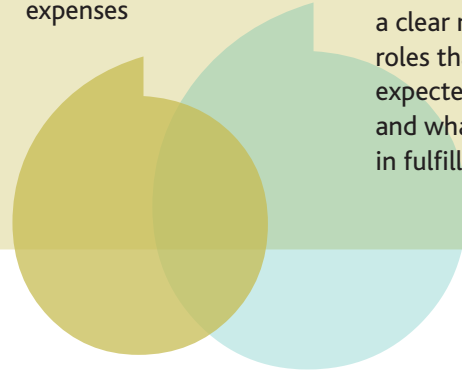
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CWAC and its partners will:

- Continually evaluate and annually review how co-production is working
- Work with transparency, honesty and respect
- Provide feedback about results of service user and carer input within agreed timescales
- Be clear about limitations on time, funding or staffing that could affect co-production. For example: if there is a fixed budget for a service or national legislation, co-production cannot change that budget or that legislation but it can change the outcome of how it is spent or applied locally
- Work to create an equal partnership between CWaC, its partners and the people who use its services
- Work with the widest possible range of people who use services and carers to ensure that co-production in CWaC reflects diversity within these groups
- Provide training, support and resources required to participate including paying reasonable expenses
- Recognise the access needs of individuals and use flexible and responsive approaches to meet those needs and so enable coproduction to take place. Consider access and support requirements, including physical access, times of meetings, accessible information, and support to deal with emotional or psychological barriers to participating
- Provide up-to-date and accurate information with a clear remit including roles that define what is expected of participants and what will be involved in fulfilling their role.



Evaluation/Monitoring

It is important for organisations to check how they are doing with co-production and if it is making a difference to people's lives.

As part of on-going monitoring and evaluation, co-production should be embedded in all SEND Strategy Group meetings with challenge given as appropriate.

All those engaging with co-production will:

- Have management systems in place that prompt, record and monitor co-production
- Carry out self-evaluation of their co-production practices using the Local Area Co-production Self-Evaluation Tool (see Appendix 3). Organisations will be expected to report on an annual basis via the SEND Strategy Group. This will be at a specific time as agreed by the Group
- Use the annual review process to make the way they do co-production better
- Proactively, as individual organisations, engage with the Parent Carer Forum to create an action plan if needed to move forward with developing their co-production processes
- Engage with the Parent Carer Forum to recognise and share examples of good practice.

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Appendices

Appendix 1: SEND Strategy Group

The SEND Strategy Group has members from a range of local decision-makers from Education, Health, Social Care and Voluntary sector across Cheshire West and Chester. It has Parent Carer Representative members from the Parent Carer Forum. The group oversee the action plan for SEND across the area. The group reports up to the Health & Wellbeing Board and The Children's Trust. The Chair of the Group is Mark Parkinson, Director for Education (Cheshire West & Chester)

Appendix 2: Relevant Legislation

Care Act 2014

For Example:

Section 2.14

"Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community."

Section 4.46

"Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions. This should be in line with the Building Capacity and Partnership in Care Agreement."

Children & Families Act 2014

Section 19

Local authority functions: supporting and involving children and young people

In exercising a function under this Part in the case of a child or young person, a local authority in England must have regard to the following matters in particular—

- (a) the views, wishes and feelings of the child and his or her parent, or the young person;
- (b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;

Cheshire West and Chester Council SEND Strategy 2016-2020

Strategic Theme 4

Ensure engagement and coproduction with children, young people, parents and carers. This Theme supports the following success indicators in particular:

- Increased personalisation, making sure children and young people are fully involved in planning for their own future and ensuring they get the support that is right for them
- Active involvement of young people and their families in the review, development and reshaping of services as well as the opportunity for personal budgets where this will support greater independence and choice

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Appendix 2: Relevant Legislation cont.

Health & Social Care Act 2012

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function. It defines a number of legal duties which are important for parent carer participation in health commissioning:

Duty to promote involvement of each patient

NHS England and Clinical commissioning groups (CCGs) must "promote the involvement of patients and carers in decisions which relate to the prevention or diagnosis of illness in the patients, or their care or treatment" (S13H and S14U of the NHS Act 2006 as amended

by the Health and Social Care Act 2012)

Duty as to patient choice

NHS England and Clinical commissioning groups (CCGs) must "act with a view to enabling patients to make choices with respect to aspects of health services provided to them" (S13I and S14V of the NHS Act 2006 as amended by the Health and Social Care Act 2012)

Public participation duties on CCGs and NHS England

The Act places a requirement on CCGs and NHS England to ensure public involvement and consultation in commissioning processes and decisions. A description of these arrangements

must be included in a CCG's Constitution, and both NHS England and the CCG must report on how they have met their public participation duties in their annual reports. (S13Q and S14Z2 of the NHS Act 2006 as amended by the Health and Social Care Act 2012)

Duty to reduce health inequalities

NHS England and Clinical commissioning groups (CCGs) must "have regard to the need to reduce inequalities between patients with respect to their ability to access health services ... and [to] the outcomes achieved for them by the provision of health services" (S13G and S14T of the NHS Act 2006 as amended by the Health and Social Care Act 2012)

NHS Five Year Forward View (2014)

The NHS Five Year Forward View was published in October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care.

Summary

The NHS Five Year Forward View has been developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and National Trust Development Authority).

Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

Full document online at:

<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

Cheshire & Merseyside Sustainability and Transformation Plan 2016

Full document online at:

<http://www.liverpoolcommunityhealth.nhs.uk/downloads/news/Cheshire%20Merseyside%20STP.pdf>

Appendix 3: Self Evaluation Tool - With these key ideas in mind now think about what stage you are at?

16

Here are some suggestions of how things might look. Think about your work, your project, your service or your whole organisation. Which of the sentences below fit with what is happening? What is the evidence? What are people doing or saying where you work that shows which stage you're at? Try to give an example that shows this is what is happening.

you really haven't got this if....



you've got the basics if....



you're doing really well if....



you're getting there if....

- You assume that professionals are paid to do the job and wouldn't be expected to or need to ask for help. Professional skills, qualifications and expertise have status.

- There is no way of recognising any contribution anyone makes to the organisation, other than through the formal payroll

- Professionals are seen as 'authoritative voice' by both paid staff and community. Generally there are one way transactions from professional/expert to community member.

- You think and talk about people as victims, service users, problems to be solved.

- You and your organisation believe you are the experts in delivering your service

- There is no flexibility in how the service is run for either staff or clients to recognise the other roles they have as e.g. parents, family carers, community leaders.

- People are listened to but there are clear distinctions between roles and responsibilities of paid staff and community members

- People are encouraged to volunteer informally and training may be given to make sure they understand the service and are familiar with professional knowledge. Volunteer contributions are recorded and celebrated on a regular basis

- You understand that when people need extra support they do know a bit about the support they need in their lives and what they know can help make things better for others

- You listen to what people tell you about what works for them and they have some say about the way the service is designed and delivered, ie at services user forums, consultation events, reviews and other meetings with key-workers, people talking about their lives and experiences to staff

- You recognise and value the contribution people make to achieving their own outcomes.

- People's ideas help to shape the way that services are designed. Their skills are sometimes built into 'services' where professionals feel it is appropriate. People know when they get involved that it will be recognised and rewarded.

- "Expert by experience" roles exist for people where the "experience" is directly related to the service being delivered or the project being carried out.

- People's practical contribution is fostered through tailored approaches, coaching or individual development programmes. The practical contribution that people make is mainly determined by what roles the service needs

- Your ways of working include people who use the service in different ways like helping run training, being part of service planning groups. People give feedback that you listen to and act on.

- People who use the service are formally involved in recruitment and training of staff.

- People and staff know that it is their project. They each have an equal responsibility for it to run well.

- People's contributions are vital to success. The activity and work required within the project is shaped to fit the skills and responsibilities of everyone involved. Personal development is a common expectation for everyone involved.

- People have an active part in all aspects of projects, they work alongside professionals and their skills and opinions have equal weighting.

- A wide range of skills and experiences are valued.

- Your ways of working demonstrate that you value the contribution made by people who use the service as equal to that of paid staff and their skills, aspirations and broader life experience are integral to how your service is run.

- How the service is designed, run and evaluated is led by people who have lived experience.

Appendix 3: Self Evaluation Tool - With these key ideas in mind now think about what stage you are at?

Here are some suggestions of how things might look. Think about your work, your project, your service or your whole organisation. Which of the sentences below fit with what is happening? What is the evidence? What are people doing or saying where you work that shows which stage you're at? Try to give an example that shows this is what is happening.



you really haven't got this if....



you've got the basics if....



you're doing really well if....

you're getting there if....

continued

- Recognise the access needs of individuals and use flexible and responsive approaches to meet those needs
- As a service, you get involved in some community events.

continued

- The way staff work demonstrates on a daily basis that you listen to people, value what they have to say and the skills they bring as human beings and as people who are experts in their own lives.
- People's contributions are sometimes recorded as additional capacity within services.
- The way the service is run respects and supports the full contribution that staff and people who use the service make-both to the service and to the wider community.
- You are beginning to develop opportunities for people to play leadership and delivery roles within the provision of services. Services are co-designed and co-delivered but their reach is restricted by the objectives of the organisation.
- You welcome local people to volunteer in the service in a range of ways

continued

- Explicitly asking for and providing help from others is seen as positive and expected of staff and people.
- The work that people do is formally recognised and recorded and they are rewarded in ways that are useful to them and their lives.
- The purpose of interactions is supporting people to live a good life. Staff roles focus on connecting people to networks and resources to do this, removing barriers where necessary and developing skills and confidence
- Supporting peer networks that enable transfer of knowledge and skills within projects is seen as core work and is invested in.
- We are clear we want the organisation to be an active part of the community. To do this we make it part of everyone's job and in all our organisations plans.



LADDER OF PARTICIPATION

Co Production

Co-production is an equal relationship between all people involved.

Co Design

People who use services are involved in making decisions only.

Engagement

People who use services give their views and may be able to influence some decisions.



Consultation

People may give their views but may have no power to change.

Informing

Inform people about the services they use and explain how they work.

Educating

The people who use services are helped to understand the service design / delivery.



Coercion

Peoples views are not considered important and are not taken into account.



Parent Carer Forum
Cheshire West & Chester

The Parent, Carer Forum would like to thank
Cheshire Centre for Independent Living for providing a representative to
support the co-production of the strategy and self-evaluation tool

Acknowledgements

In developing this strategy and associated Self Evaluation Tool we have used examples of good practice from a number of organisations and Parent Carer Forums. We would like to particularly acknowledge the following:

Surrey SEND Partnership – Co-production Policy
Social Care Institute for Excellence – Guide to Co-production
London Borough of Newham – Co-production Charter
Think Local Act Personal – Our top 10 tips for Co-production
Wiltshire Parent Carer Council / Wiltshire Council / Wiltshire NHS – Participation & communication Strategy

Cheshire West & Chester Local Area

Co-production Self-Assessment Tool



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What are we assessing?

Co-production is good practice for all. Cheshire West and Chester Local Area has a vision that professionals, parent carers and young people work together to improve the outcomes and the health and well-being of children and young people with Special Educational Needs &/or Disabilities and their families.

This Self-assessment Tool is about how well you are doing with 'co-production'. Co-production is the highest rung on the participation ladder.

This Self-assessment Tool helps all participants to think about how well you are working towards some key ideas of co-production: Equal Partners; Recognising people as assets; Communities helping themselves to improve services

For each idea there are some suggestions of how things might look if.....

You really haven't got this yet.....

You've got the basics.....

You're getting there.....

You're doing really well.....

Participants can use the tool to see how well they are doing based on their own individual practice, how a current service or project is working, how the way the whole organisation works. The tool can also be used as a checking point when new activities are being planned.

Remember it is not designed to be just another set of boxes to tick – you should only use it if you want to make things better.....so there is no point in not telling the whole truth!

Equal Partners What this is about?

Co-production means working with people who use services and their carers as equal partners. Working as equal partners means challenging perceptions and highlighting opportunities for all participants. It involves recognising that everyone has something to give and that contributions are not valued solely in relation to professional status or paid employment.

Working as equal partners means that everyone is clear about their role and what their responsibilities are and that expectations are clear to all participants.

Working as equal partners will mean that everyone has access to the training, support and resources they need to participate.

Recognising People as Assets



What is this about?

Effective co-production relies on strong relationships between all parties. It is also about people with different views and ideas coming together to make things better for everyone.

Recognising people as assets is about transforming the perception of people being passive recipients of services and burdens on the system into one where they are equal partners and their skills and strengths are used in designing and delivering services.

Everyone has something to give and nobody is more important than anyone else

Communities Helping Themselves to improve services

What is this about?



This is about remembering that people build and sustain communities and you have to be present to be included. Services need to play an active role in supporting people to become or stay part of their local communities. This direct involvement will make provision more responsive to local needs and aspirations.

This about thinking differently about how we define "work". We usually think about "work" as something we do that earns money. This idea in co-production helps us think about "work" as anything that is activity we need but may not rewarded with a wage.

The principles of co-production remind us that we need to see the skills people have to offer and how we can reward this "work" in ways that aren't just about paying people in cash.

Here are some suggestions of how things might look. Think about your work, your project, your service or your whole organisation. Which of the sentences below fit with what is happening? What is the evidence? What are people doing or saying where you work that shows which stage you're at? Try to give an example that shows this is what is happening.

you really haven't got this if....



you've got the basics if....



you're doing really well if....



you're getting there if....

- You assume that professionals are paid to do the job and wouldn't be expected to or need to ask for help. Professional skills, qualifications and expertise have status.

- There is no way of recognising any contribution anyone makes to the organisation, other than through the formal payroll

- Professionals are seen as 'authoritative voice' by both paid staff and community. Generally there are one way transactions from professional/expert to community member.

- You think and talk about people as victims, service users, problems to be solved.

- You and your organisation believe you are the experts in delivering your service

- There is no flexibility in how the service is run for either staff or clients to recognise the other roles they have as e.g. parents, family carers, community leaders.

- People are listened to but there are clear distinctions between roles and responsibilities of paid staff and community members

- People are encouraged to volunteer informally and training may be given to make sure they understand the service and are familiar with professional knowledge. Volunteer contributions are recorded and celebrated on a regular basis

- You understand that when people need extra support they do know a bit about the support they need in their lives and what they know can help make things better for others

- You listen to what people tell you about what works for them and they have some say about the way the service is designed and delivered, ie at services user forums, consultation events, reviews and other meetings with key-workers, people talking about their lives and experiences to staff

- You recognise and value the contribution people make to achieving their own outcomes.

- People's ideas help to shape the way that services are designed. Their skills are sometimes built into 'services' where professionals feel it is appropriate. People know when they get involved that it will be recognised and rewarded.

- "Expert by experience" roles exist for people where the "experience" is directly related to the service being delivered or the project being carried out.

- People's practical contribution is fostered through tailored approaches, coaching or individual development programmes. The practical contribution that people make is mainly determined by what roles the service needs

- Your ways of working include people who use the service in different ways like helping run training, being part of service planning groups. People give feedback that you listen to and act on.

- People who use the service are formally involved in recruitment and training of staff.

- People and staff know that it is their project. They each have an equal responsibility for it to run well.

- People's contributions are vital to success. The activity and work required within the project is shaped to fit the skills and responsibilities of everyone involved. Personal development is a common expectation for everyone involved.

- People have an active part in all aspects of projects, they work alongside professionals and their skills and opinions have equal weighting.

- A wide range of skills and experiences are valued.

- Your ways of working demonstrate that you value the contribution made by people who use the service as equal to that of paid staff and their skills, aspirations and broader life experience are integral to how your service is run.

- How the service is designed, run and evaluated is led by people who have lived experience.

Self Assessment Tool page 5 : With these key ideas in mind now think about what stage you are at?

Here are some suggestions of how things might look. Think about your work, your project, your service or your whole organisation. Which of the sentences below fit with what is happening? What is the evidence? What are people doing or saying where you work that shows which stage you're at? Try to give an example that shows this is what is happening.



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you're getting there if....

continued

- Recognise the access needs of individuals and use flexible and responsive approaches to meet those needs
- As a service, you get involved in some community events.

continued

- The way staff work demonstrates on a daily basis that you listen to people, value what they have to say and the skills they bring as human beings and as people who are experts in their own lives.
- People's contributions are sometimes recorded as additional capacity within services.
- The way the service is run respects and supports the full contribution that staff and people who use the service make-both to the service and to the wider community.

continued

- Explicitly asking for and providing help from others is seen as positive and expected of staff and people.
- The work that people do is formally recognised and recorded and they are rewarded in ways that are useful to them and their lives.
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- You are beginning to develop opportunities for people to play leadership and delivery roles within the provision of services. Services are co-designed and co-delivered but their reach is restricted by the objectives of the organisation.
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- Supporting peer networks that enable transfer of knowledge and skills within projects is seen as core work and is invested in.
- We are clear we want the organisation to be an active part of the community. To do this we make it part of everyone's job and in all our organisations plans.

What next?
Where are you on the traffic light?
Where is most of your evidence?

Most of my evidence
is under "you really
haven't got this if..."
With some in "you've
got the basics.."

= red



Most of my evidence is
under "you've got the
basics.." with some in
"you're getting there
if..."

= amber



Most of my evidence
is under "you're doing
really well if ..." with
some in "you're getting
there if.."

= green



What do you
want to change?

Now you have some good evidence for how well you are doing you need to think about what you want to do to start changing things for the better.

It's a good idea to do this in 2 parts:

1. Get down as many ideas as you can – nothing is too silly or too impossible. It's best to do this with a group of people so that everyone can share their ideas.

2. From this list, choose 2 or 3 things that you could really do that would make a difference. Work these up into an action plan that shows what, who, when and how.

7.3 During the refresh of this joint commissioning framework, we have been clear that it is critical for children, young people, their parents/carers and families and our priority groups, including children in care, to strongly influence the priorities in this plan.

7.4 During 2022, stakeholder engagement was undertaken with the following groups using workshops, meetings, discussion groups and surveys to gain an understanding of the potential areas for joint commissioning and prioritise them. The feedback received was incorporated into the priorities identified in this framework.

- Parent Carer Forum
- Children in Care Council (both younger group and older groups)
- Primary School Heads
- Secondary School Heads
- Special School Heads
- Maternity Voices Partnerships
- Representatives from the Special Educational Needs (SEN) focus group

7.5 All agencies that are members of the Children's Trust were also invited to shape the priorities; however, we feel we could go further with this joint planning, particularly with the community sector, housing, fire services and the police and youth justice service. This will, therefore, feature as an ongoing priority during the life-course of this framework.



Commissioning intentions

8.1 The joint commissioning priorities detailed in the 5 workstream tables, have been developed for each of the Children's Trust Executive priority workstream areas. They have been identified using a variety of local and national intelligence including the following documents and resources:

- The Children and Families Act 2014,
- NHS Long Term Plan,
- Cheshire West Place Plan
- West Cheshire Children's Trust Strategic Outcome Plan,
- Cheshire and Merseyside Mental Health and Emotional Wellbeing Logic Model,
- Joint Strategic Needs Assessments (JSNA)
- Perceived Gaps Report 2021-2022,
- Performance data,
- Feedback from stakeholders and service users
- Local and national guidelines and recommendations.

The challenging financial position of all public sector agencies, both nationally and locally, has also been a driver, which has helped to inform this work.

8.2 For each priority identified, we will work together, with appropriate partners, throughout the commissioning cycle to assess needs, review current provision, design and plan services and monitor and evaluate outcomes, where appropriate. We will work in partnership when commissioning new services, undertaking de-commissioning, or transforming services, where this is deemed beneficial. We will explore a range of ways to improve partnership working, such as aligning plans, pooling budgets and introducing more formal joint commissioning arrangements. Decisions regarding the level of joint commissioning for each priority will be made via the local governance arrangements in place within each of the organisations involved.

Monitoring and review

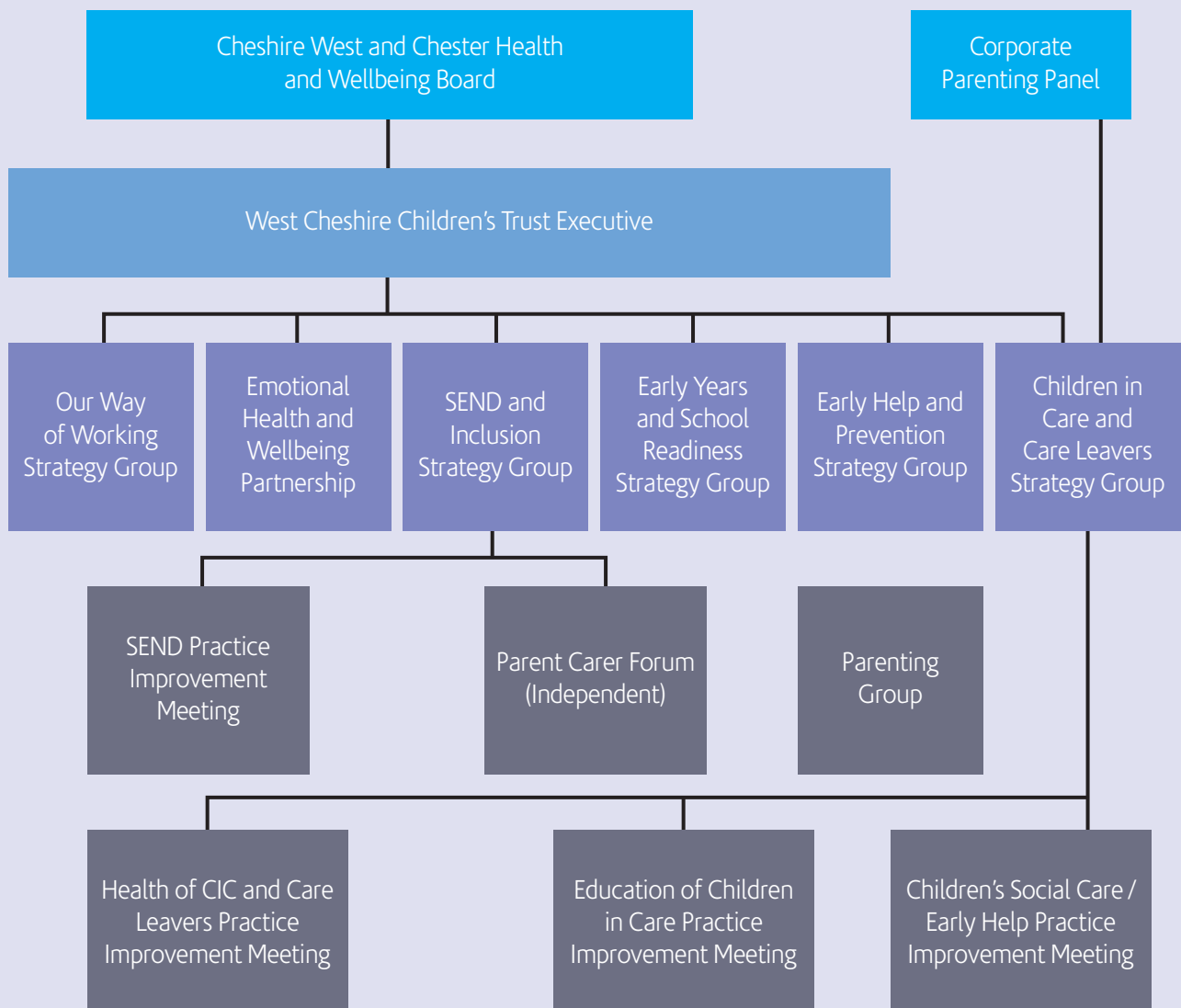
- 9.1 Without evidence, we don't know what is working well and what could work better. Through monitoring, oversight, challenge, and resolution, led through established partnership arrangements, we are in the best position to respond proactively so that our commissioned services are the best they can be. The Children's Trust is committed to regular monitoring and review of the progress against the priorities detailed within this commissioning framework, through annual reviews and more regular updates on key projects, as required.

Governance

- 10.1 The oversight of the delivery of the Joint Commissioning Framework will be via the Children's Trust Executive. The nominated lead officers and respective sub-groups will appraise the extent to which progress is being made against the commitments outlined.

The structure below provides a summary of high-level governance:

Summary of high-level governance



Workstream 1	Our goals and commitment	What we will do
Emotional Health and Wellbeing	Increase the support available to meet emotional wellbeing and early mental health needs in school	Work with education and subject matter experts (e.g. Educational Psychologists) to establish whether there is a whole system approach to mental health across Primary and Secondary schools in Cheshire West
	Improved support for adults and children with adoption in their journey to support permanence for these families	Explore the emotional wellbeing and mental health needs of those adults and children and young people with adoption in their journey to reduce health inequalities and promote permanence of placements
		To offer support around mental health needs, to those in care and care leavers
	Focus on prevention and early intervention to provide support when it is needed	Continue to improve links between primary care and community based mental health services and support to provide timely interventions and closer to home
		Provide timely support for children and young people, especially those in care, leaving care and to coordinate support available to meet their physical and emotional needs.
	Improve NHS funded mental health services and support at school or college; Improve access to children and young people's mental health support	Children and young people mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability
	Increase access to low level mental health interventions including NHS Talking Therapies	Offer timely access to self-help and low level talking therapies for those who have mild common mental disorders.
	Improved access to children and young people crisis support	Ensure all staff and volunteers understand the current mental health crisis pathways available for children, young people and adults
		Provide a 24/7 mental health crisis provision for all ages that combines crisis assessment, brief response and intensive home treatment functions

Workstream 1	Our goals and commitment	What we will do
Emotional Health and Wellbeing	Reduced attendance at accident and emergency departments	Provide 'Community Wellbeing Services' to prevent people entering crisis
		Expand alternative crisis initiatives currently in place
		Continue development of integrated Urgent Response Centre
		Work with families and carers to understand the support that they require when a person is in mental health crisis
	Active planning to promote the 5 Ways to Wellbeing and improve overall emotional and physical wellbeing, evidenced through feedback from people and carers	Ensure children and young people are discharged from any acute stay with the help and support they may need to manage their emotional and mental health, avoiding transition to adult mental health services and specialist services wherever possible
	Earlier identification of any escalating need to prevent a revolving door into acute care	Build on the progress already made to date rolling out initiatives such as The Nook and identifying other areas of good practice
		Take learning from the Gateway approach to better meet the needs of Children and Young People being discharged from inpatient mental health services and to reduce to likelihood of readmission
	Improved access into services and improved pathways for young adults including care leavers	<p>Commission consistent pathways and provision to support young people moving between Children and Young People and Adult mental Health Services establishing a single transition model.</p> <p>Work with our partners to establish consistency governance and structures to enable effective provision of age-appropriate services</p> <p>Work with young people to inform the commissioning of age-appropriate services</p>
	Improved mental health outcomes for 18-25-year-olds moving into adult services	Build on the progress already made to date rolling out initiatives such as The Nook and identifying other areas of good practice Young people tell us they could access the right service at the right time in a place which was appropriate for them

Workstream 2	Our goals and commitment	What we will do
SEND and Inclusion	Children, young people and their families participate in decision-making about their individual plans and support.	Continue to work together to commission IASS
		Review mediation service to review effectiveness
	Children and young people's needs are identified accurately and assessed in a timely and effective way.	Develop all age Technology Enabled Care service
		Confirm local pathway for diagnosis of Learning Disability across Health and Education'
		Provide timely support for children and young people, especially those in care, leaving care and to coordinate support available to meet their physical and emotional needs.
	Children and young people receive the right help and support at the right time.	Provision of Health Services in resource provision and special schools – following sufficiency assessment 23/24
		Review continence pathways linked to the recommission of the 0 -19 Starting Well service
		Undertake Service Review with service users of the Speech and Language Therapy service
		Embed the Sensory Paediatric Occupational Therapy service and evaluate its effectiveness
	Children and young people are well prepared for their next steps and achieve strong outcomes	Develop support services to enable young people to access supported accommodation as part of the transition to adult services

Workstream 3	Our goals and commitment	What we will do
Early Years and School Readiness	To promote the development of children in the Early Years to ensure that they are ready for school	Review continence pathways linked to the recommission of the 0 -19 Starting Well service
		Review emotional support required in Early Years settings

Workstream 4	Our goals and commitment	What we will do
Early Help and Prevention	Intervene in a joined-up way at the earliest possible stage to prevent problems escalating with children, young people and their families	Reduce admission to A & E due to unintentional injuries
		Develop Family Hubs

Workstream 5	Our goals and commitment	What we will do
Children in care and care leavers	Support our Children in Care and Care Leavers to enable them to achieve their full potential	Review Nursing Services for Children in Care (in and out of borough)
		Develop trauma response and recovery services for Children in Care
		Priority access to primary care services for Children in Care and Care Leavers (Corporate Parenting Strategy)
		Improve the coordination of emotional wellbeing support for those in the care of the Local Authority and be proactive in meeting their needs to deliver Corporate Parenting responsibilities

West Cheshire Children's Trust Executive

Visit: **westcheshirechildrenstrust.co.uk**