	Who Will Care Commission: Prioritising analysis					
		Timescale	Total	Essex Carers Network	Basildon Borough Council	Ess
	Understanding Agree a new understanding between the public sector and the people of Essex			historically people may distrust the public sector and be more likely to trust their peers. As a network we feel we are well placed to help build bridges and engender trust. Patients as partners; this is a concept we fully support but people need to be empowered and supported to be effective partners and this must be at all levels from a strategic to ground level.	already looking to develop this as part of its Commissioning Framework, potential outcomes of which will touch upon public participation, including conducting research (using CACI) on what is the best	
1.1.1	Campaign to create a new contract with the people of Essex	ongoing				Prio deve new
			7			com citiz avai critic be in Bill a natio Suc Cou nee obje
	GPs begin to make greater use of social prescriptions, helping us deal with issues beyond the physical	Autumn 2013				Prio tools
			14			trea mar mak Colo ben soci acro rele Esso
						pres
	Voluntary sector begins to review how it does business, grounded in principle that our wellbeing is our responsibility	Winter 2013	11			We revia app resp of vo offic 'who clea VCS dem this
						cons com betv
1.2.1	Launch the Citizens' Guide to Care in Essex	Spring 2014	7			Prio Citiz how thro ours chai unde is co neee prov
1.2.2	Extension of coaching, training and helplines to support self-management	Spring 2014		Essex Carers Network: We support the introduction		see
			10	of coaching and training to support people to take control of their health and wellbeing and would like to ask that the health and wellbeing board advocate the use of experts by experience in the delivery of this. Some of our members have completed the partners in policymaking course (http://www.in- control.org.uk/whatwe- do/partners-in-policymaking.aspx) and have found it very useful in solving the many challenges that life brings them as family carers. It would be great if other families could benefit from this kind of empowering training.		
	Introduce a scheme supporting and celebrating carers and those who self- manage	By mid-2014		Essex Carers Network: Support acknowledgment and celebration of carers; it is not celebration that we as carers wish to see; we welcome acknowledgment of the role that we play in supporting our family members but most importantly as carers we want to be supported to enable us to continue in our caring role. The carers strategy 'carers at the heart of the 21st century families and communities' was launched in 2008. (https://www.gov.uk/government/uploads/system/uplo ads/attachment_data/file/136492/ carers_at_the_heart_of_21_century_families.pdf). In Essex family carers still do not know what the local offer is for carers, 5 years is too long to wait for an Essex response to the national strategy. It is essential that the mechanics are in place to support carers and we would like to work with Essex County Council and the Clinical commissioning groups to make it right. The voice of the family carer needs to be heard to ensure that the lived experience is influencing the services that are developed to support carers, this is not happening effectively at the moment and again we would like to work with you to get it right.		We mar rewa beha with mea then clea prov

otal	Essex Carers Network	Basildon Borough Council	Essex County Council	Mid Essex CCG - Simon Griffiths/ James Bullion	SEPT
	Essex Carers Network: We believe that the ECN can be the conduit between public services and families of people with a learning disability; we know that historically people may distrust the public sector and be more likely to trust their peers. As a network we feel we are well placed to help build bridges and engender trust. Patients as partners; this is a concept we fully support but people need to be empowered and supported to be effective partners and this must be at all levels from a strategic to ground level.	•		equal between services needing to	This is an important aim as it has the real chance of shifting demand down and encouraging people and communities to be more self sufficient.
7			developing an on-going campaign to promote a new 'contract' with the people of Essex. This communication strategy could help to manage citizen's expectations of which services are available to them as individuals, including those available in advance of a crisis rather than at a	We would see ourselves working with the County Council and District level Councils through the health and well-being board and would see this culminating in a high level document which complimented statutory plans not which does not replace them. Linkage to' Call to Action' with possible exploration of 'core offer'.	
14			tools to provide support outside of physical treatments could encourage people to self- manage their health needs, for example by making greater use of social prescriptions. Colchester CVS has begun to direct patients to beneficial activities, such as exercise facilities and social clubs. This scheme may be extended	promoting this approach with primary and secondary care, working in partnership for example with the Council's library services. Public health to invest in this area	
11			We agree that the voluntary sector needs to review how it supports people in Essex by applying the principle that our wellbeing is our responsibility. We support that the current group of voluntary sector leaders could be used as an official forum to map additional services for 'whole-person' care. Essex County Council is clear as part of our commission strategy that the VCS needs to compete with other sectors, and demonstrate best value and outcomes, and that this may require some restructuring and consolidation of the VCS sector. Our VCS commissioning strategy encourages collaboration between voluntary sector organisations.	We would support the County Council leading a collaborative piece of work with a view to improving support to VCS groups, but with the epectation that this is the reprioritisation of existing resources and not necessarily new resources. Already commenced in Mid Essex. Voluntary sector events established. Keen to support the development and funding priorities for voluntary care. Significant investment in carers already in place	and likely seed funding. Who will undertake this role?
7			Priority: We support the development of a Citizen's Guide to Care in Essex that explains how different aspects of care can be accessed through the state, other organisations and ourselves as individuals. This must align with changes due to be implemented from April 2015 under the Care Bill. It is imperative that any guide is concise, easy to follow and user-focused. It needs input from ECC, health partners, care providers and Healthwatch.	We would see this as a positive development, and feel that the Health and Well-being board should oversee this. CCG keen to work with health to disseminate the information through services such as SPoR, 111, etc. Keen to establish a coordinated approach to directory and access to services	
10	Essex Carers Network: We support the introduction of coaching and training to support people to take control of their health and wellbeing and would like to ask that the health and wellbeing board advocate the use of experts by experience in the delivery of this. Some of our members have completed the partners in policymaking course (http://www.in- control.org.uk/whatwe- do/partners-in-policymaking.aspx) and have found it very useful in solving the many challenges that life brings them as family carers. It would be great if other families could benefit from this kind of empowering training.		see 1.1.2	We support the principle here, in partnership with colleagues in Public Health.	Sept has some examples of good self management programmes developing with MAPP and our recovery college and we would welcome more focus on initiatives like these. We think reference should be made to personal health and social care budgets as part of the delivery plan for achieving this goal also.
8	Essex Carers Network: Support acknowledgment and celebration of carers; it is not celebration that we as carers wish to see; we welcome acknowledgment of the role that we play in supporting our family members but most importantly as carers we want to be supported to enable us to continue in our caring role. The carers strategy 'carers at the heart of the 21st century families and communities' was launched in 2008. (https://www.gov.uk/government/uploads/system/uplo ads/attachment_data/file/136492/ carers_at_the_heart_of_21_century_families.pdf). In Essex family carers still do not know what the local offer is for carers, 5 years is too long to wait for an Essex response to the national strategy. It is essential that the mechanics are in place to support carers and we would like to work with Essex County Council and the Clinical commissioning groups to make it right. The voice of the family carer needs to be heard to ensure that the lived experience is influencing the services that are developed to support carers, this is not happening effectively at the moment and again we would like to work with you to get it right.		We agree that carers and those who self- manage are to be supported, celebrated and rewarded and should come to represent an emerging social norm. This requires new behaviours beyond the County Council as well as within. Coaching and training appears the primary means of encouraging people to care for themselves and their families. This requires a clear strategy of how such training may be provided and funded.		

	Voluntary Sector Training	Action for Family Carers	Supporting Carers & Families	Healthwatch	ACE
9	A laudable solution but consideration needs to be made for vulnerable individuals who are less able to take ultimate responsibility for their care. The recommendations (satnav, trip adviser and driving lessons) are interesting approaches. Some of the information already exists although it may not be joined up. Mapping exercises always raise a concern for me in that the resources to undertake the exercise can exceed the resources to deliver the services – and the "geography" being mapped can change almost overnight.		together         A culture shift is required, moving from state provision to self provision of care and responsibility is a huge challenge and one not helped as it seems to become embroiled in political posturing i.e debates relating to means testing older people and those deemed vulnerable who may also be financially secure arguably in the need to save so much money this is a necessary debate to have to ensure money is best utilised? Agree wholeheartedly agree the services available should be easier to access services.		We have a large volunteer base a implementing a Strategy, which staff to voluntee community. We need to acknow reward these vo
				This is a recommendation not specifically linked to Healthwatch Essex, but HWE would be extremely well-placed to commission/produce such an (independent) guide. This would complement HWE's work in providing information and signposting support for Essex citizens, and HWE could take the lead on this recommendation.	
		Action for Family Carers welcomes the call for a 'new approach in Essex to the support, acknowledgement, celebration, recognition and reward for informal and unpaid carers and patients who self-manage'. We are committed to this ambition and we are prepared and well-placed to take a leadership role on every aspect. Unpaid Carers are perhaps the best example of individuals and families taking responsibility for their own care. We need to ensure that they are in a position – both financially and in terms of their own health and wellbeing – to continue doing so. Action for Family Carers supports the concept of such people 'becoming key members of the care team'. We describe this as a 'triangle of care' consisting of the patient/cared-for, the clinician/social care worker and the Carer.	Unpaid carers should be celebrated and valued as they save the state huge amounts of money, but mainly go unseen and not supported or recognised (particulalry true for young carers). Unpaid carers need to be able to access support easily in their locality to ensure they receive support to stay well, hopefully this will serve to reduce the issues raised in Recommendation 2.		

ge community e are are also a Volunteering th will enable ACE's eer out into their Ve have discussed the owledge, celebrate and volunteers.

2.4 Health TripAdvisor Essex launched by Healthwatch Essex By 6	r end of 2014 10	We see the benefit of Hesitiwatch developing a Trip Advisor-style guide in print, online and across see the utimater responsibility and other media to share the strengths and weaknesses of care services in Essex. Clearly this markel-like approach is for Healthwatch to decide whether to take forward.	This is something HWE could support, and also potentially resource, should we be funded by ECC to take on additional information and signposting responsibilities from 2014-15. We have concerns as to whether there is an audience for a 'magazine' format, but would welcome the chance to provide more consumer-related information direct to citizens. The prospect of a 'Trip Advisor' website has potential to glean voice and lived experience, but statutory (and other) stakeholders have expressed concern about the medium. There is also risk of duplication, as exiting websites such as NHS Choices, PEBL, and Macmillan provide similar services. HWE is currently engaging with service users and the public about their needs for information across health and social care – this empirical work can inform the next steps.
3.1 Government changes tax policy to no longer penalise those who save for their disabled children's future       201	15	N/A	

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Tendring District Council	North East Essex CCG	B&B CCG	Essex Cares	North East Essex Hea
TDC supports the concept of ownership by communities for their and others health & well-being. The provision of up to date information and advice through a variety of media is an element to achieving this and TDC would be interested in developing seamless, easy to navigate systems of information with partners. TDC also supports the concept of a process whereby the experience of public, service users, carers etc. is used to drive up standards and improve service quality. There is some concern that the report does not recognise that some population groups will require extra support to access information and advice. These messages will also need to be marketed to public sectors partners. We would like to see a requirement to develop working partnerships between providers built into commissioning contracts.	Individuals are the ones who know most about their own care needs and play a key role in keeping themselves, their families and friends healthy and independent. We are strongly supportive of the principle of empowering people to be active community members. Commissioners and providers alike need to listen to patients' and carers' stories, which are a rich source of information and ideas. This needs to be triangulated with data and hard evidence about which services provide high quality care and outcomes. Commissioning must be based on evidence as well as patient experience. The Report focuses on existing types of provision – we need to move beyond this to look at how services can be provided in new and innovative ways to meet changing needs. For example, moving away from over-specialising towards staff who can care for individuals with complex health needs, drawing on specialist advice when needed.	NHSE to support promotion of pharmacies as alternatvies to hospital/GP Services. ECC strategy is to reduce individual's reliance on social care.		
The statement regarding agreeing an understanding between the public sector and people of Essex appears to simplify the diverse nature of both areas. The public sector comprises of a vast array of different bodies, even the very number of local authorities in the county poses its own difficulties. Similarly the population of Essex is extremely diverse across the range from the outer parts of London through to rural areas such as Tendring or Uttlesford.			We are in contact with a very large number of Essex residents and believe that we can have a key role in brokering a new contract. We are experts in the provision of enablement services and are currently developing models of wellbeing, prevention and early intervention that are aimed at keeping people well and helping them to maintain independence. We currently run day and home based opportunities for both Older People and those with Learning Disabilities and this experience would be valuable in meeting the needs outline in social prescriptions. We are committed to the prevention of ill health and hospital admissions and recognise the role that maintaining good mental health plays in this. We currently have formal referral systems in place from GPs and these could be further developed to meet the need of social prescriptions. We recognise that we do not currently provide a full range of services that might be covered by social prescription but are keen to look at where service can appropriately be developed.	
TDC is keen to support the development of the voluntary sector, but it is unclear in this section how this might happen.	There is a great opportunity to empower voluntary organisations to get on with what they do so well. There are so many community resources out there – both health and social care need to work much more closely with these groups that know their local communities.		We work with several voluntary organisations and would be keen to further develop our relationships to support the delivery of this recommendation.	
	We support the idea of enabling and supporting people to care for themselves and the production of guides and magazines about the services available.		This is a major piece of work that would benefit from involvement across a range of expertise and skills. Essex Cares would be interested in supporting this work.	A "Citizen's Guide" wor helpful in showing the ra- services available and w responsible for what. Th community and voluntal have an important role to would be useful to cite s successful partnerships from around the country
	Training of staff and health champions needs to be a co-design with service users – otherwise it continues to be a model imposed from above, rather than the true engagement we want.		We would like to take a lead part in this area. Through our day and home based opportunities we already offer a range of support to meet the prevention agenda for this category of customer. We are in the process of modernising our day centre offering and are moving to 'Wellbeing hubs' whose concept is to provide varying levels of support and interaction for those both living well and with a low level of need to help maintain their health and independence.	
TDC is keen to contribute to supporting carers to help them maintain their caring role and manage their own health and wellbeing. However, rather than the reward and celebration of carers, TDC would like to see real support in place. It is disappointing that the Joint Carers Commissioning Strategy developed last year has not been taken forward as this was informed by what carers said their real needs were and offered opportunities for joint commissioning of information and support services.			We support the ethos of this recommendation and our current services already have a clear focus on supporting carers. Our Enablement Plus services can demonstrate our success in supporting people who can self- manage and we would be interested in working with others to develop a scheme.	Carers want recognition dignity, choice and a life caring. Whilst good pra- be promoted and celeb practical support is mor than "Carer of the Year awards, which do little t to those isolated by the intensive caring situation of the word "reward" als some clarification.

x Health Forum	Voluntary Sector Responses from Healthwatch Engagement	
	A partnership approach which recognises that both statutory and voluntary sectors need to change is required here. There is a need for greater, meaningful market development of the VCS.	
" would be very the range of and who is nat. The bluntary sectors		
role to play but it cite some existing		
rships projects ountry.		
gnition, respect, d a life outside of d practice should celebrated,		
s more valuable Year" type little to reach out by the most tuations. The use rd" also needs		

	We support the ethos of this recommendation and would be interested in working with others to develop this initiative.	

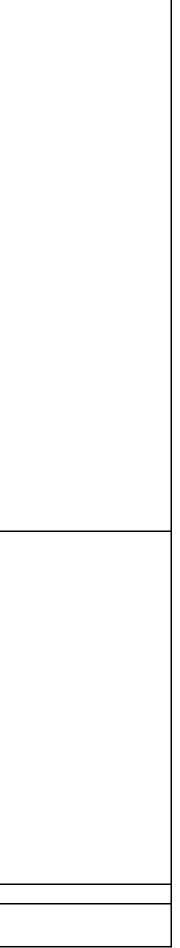
	Who Will Care Commission: Prioritising analysis				
		Timescale	Total	Essex Carers Network	Basildon Boroug
2	Prevent unnescessary crises in care			so that when a crisis occurs the plan becomes active. We are in the process of working with colleagues within the local authority looking at this specific issue in particular relating it to our older carers who still have their family member living at home with them.	Keeping people in own homes, local Basildon has a lar number of suppor Both ECC and BE what data sharing in place to undersi social care needs serve. This will he preventative work ongoing within the duplication. Encourage collabo prevent people en of the care system Emergency (A&E) Ongoing investiga A&E admissions is between Basildon Commissioning G Basildon Borough be linked to the as to help reduce the Hospital.
	Begin identifying the 20% of Essex residents most in need of care and support	Autumn 2013	11		
2.1.2	Ensure intensive initial support is in place for those considered most in need of care and support	Winter 2013	12		
	Promotion of online communities to help those in need Commissioning of new services for those most in need of care and support underway	Winter 2013 In 2014	7	Essex Carers Network: Online communities: we would like to suggest that when looking at this kind of thing you look at multi me (http://www.multime.com) a networking tool that can help people to "communicate and plan their lives. It is based on the idea of people telling their story through the use of multimedia and getting involved in each others' project planning, in a safe and supportive online environment" Some of us have used multi me for our family members and it has worked well for them.	
			11		
2.2.2	First nurse-led and volunteer-supported Long Term Conditions Centre opens	Spring 2014	9		Essex is to suppor Term Condition Conurse led and staf volunteers. BBC of initiative by using I facilities (in the same moment re the pro- services) that redu and could be strat need informed by Basildon.

K	Basildon Borough Council	Essex County Council	Mid Essex CCG - Simon Griffiths/ James Bullion	Uttlesford District Council & Voluntary Sector Board
er who has a learning disability curs the plan becomes active. of working with colleagues v looking at this specific issue o our older carers who still er living at home with them.	Keeping people in their communities – own homes, local care homes etc. Basildon has a large housing stock and a number of supported housing schemes. Both ECC and BBC need to establish what data sharing protocols are currently in place to understand the health and social care needs of individuals that we serve. This will help to understand the preventative work that is currently ongoing within the Borough and to avoid duplication. Encourage collaborative working to prevent people entering the "last resort" of the care system – e.g. Accident & Emergency (A&E) within this solution. Ongoing investigative work relating to A&E admissions is currently taking place between Basildon and Brentwood Clinical Commissioning Group (CCG) and Basildon Borough Council. This needs to be linked to the aspirations of this solution to help reduce the demands on Basildon Hospital.			
			In Mid Essex we think this is essential and see the work between health, social care and housing on the frail older people services as our key way of achieving this. ECC and partners need to habitually share information about people and co- locate responses through primary care. Significant priority for Mid Essex. Work in hand with risk stratification tool to predict those within health that are reflected within this category. There is potential to look at the overlap with the social care detail to further enhance targeted support once IG barriers resolved. Interim work will be to look at what can be achieved in the meantime. Primary care are already using a scoring methodology to look at patients with a social care need also holding MDTs involving GPs, Community Matrons and social workers at practice level. This includes schemes such as the Medical Response Vehicle schemes and High Impact team for Care	
		Priority: We agree this is a priority for action. We see the importance of identifying those who are most in need of care and support, and wish to develop a simple yet thorough way of calculating this. A current source of insight that the Council is developing is the Mosaic geo-demographic database, which indicates the types of household	would support the approach, and see this as joint action by the CCG and County Council Commissioners. Frailty pathway and reablement agenda (physical and mental health)	
Online communities: we at when looking at this kind of ne (http://www.multime.com) a n help people to "communicate based on the idea of people in the use of multimedia and others' project planning, in a ine environment" Some of us our family members and it has		live independently and combat loneliness. We would need to find an accessible online location for new forums that includes links or signposts to relevant supportive organisations. This could be supported by a separate body, such as Healthwatch Essex. see 2.1.2	We would see this as primarily the lead for Voluntary Sector groups but support the idea to ensure sustainability. Shared CCG and ECC lead. This will be a mixture of new service and changing the current balance of services. In Mid we are suggesting a Steering Group to promote joint commissioning. This relates to the various schemes that the CCG has initiated for physical and mental healh extedned to Districts and Voluntary sector	
	Term Condition Centres. These will be nurse led and staffed partly by trained volunteers. BBC could support this initiative by using local community	supported Long Term Conditions Centre that focus on the responsibility of the individual for their health. Staff must be trained on how to	workforde requirements associated with this as well as community cohesion opportunities	There are, of course, limits to distric councils' involvement in some of these solutions although in Uttlesfor we work very closely with our Leisure Centre provider and have a shared Community Health post. Th officer delivers a number of classes to support specific health issues such as COPD, cardiac rehabilitation, diet and exercise sessions for those with neurological conditions and we are just embarking on an exercise rehabilitation programme for people

	SEPT	Voluntary Sector Training	St Lukes Hospice		Supporting Carers & Far together
	to deliver them will require urgent and high level planning across agencies with supporting focus on the capacity and capability of organisations to work together in difficult times. We would suggest the focus of work should be on those with complex and Long term conditions and in particular people with long term mental health problems, drug and alcohol problems and obesity as targeted work with them will reduce demand on crisis services and significantly improve their quality of life. Again an important high impact change but we feel a significant and quick step to community 24 hours	responding to crises. The recognition of the roles for the VCS (wellness workers and volunteers at long term condition centres) are to be applauded but recognition is also needed that there are costs involved in these roles and activities. Recruiting supporting and developing volunteers mean that volunteers whist invaluable are not a free resource. These costs should be seen as investment. (Each £1 investment in a volunteering programme yielded an average return of between £3.38 and £10.46 (Teasdale 2008) as quoted in Kings	effectively manage the discharge processes from hospital for these who wish to be cared for at home.	change in focus to 'supporting individuals earlier – preventing crises in care, improving independent living'.	Concerned that volunteers replacing paid staff - how i consistency maintained as volunteers will leave if they internal relationship difficul personal priorities, accoun also a potential issue. Cor is very important for those services at a time when the most vulnerable due to ill h the challenges of older age
t d			Therapeutic Support groups are provided to combat loneliness and to deal with complex psychological and social needs. We are able to provide facilities within a number of sites to provide long term condition support. Our new Day Hospice facilities have been designed specifically to enable increased input and development of this area		

Carers & Families
at volunteers may be a staff - how is haintained as l leave if they have onship difficulties or ities, accountability is al issue. Consistency ant for those using time when they feel ble due to ill health or s of older age.

2.2.3 Introduce a care record owned by Essex residents not public agencies and designed to allow for advanced planning and improved support Spring 2014	8	The County Council supports the creation of a patient record that belongs to the individual. It is important that the record is accessible to relevant professionals, easy to understand and allows for early planning with care partners. We would suggest looking at an information partnership ur auspices of the Pioneer initia Essex are successful).	change through inder the	We welcome the suggested individually- owned record as a means of ensuring improved communication and information sharing. This is less straightforward where, for example, an individual does not have mental capacity to make decisions regarding their own care. Action for Family Carers can contribute to addressing such issues as this.
2.3.1       Across Essex, every person needing care and support has the choice to appoint their own co-ordinator or wellness worker       In 2015         2.3.1       Across Essex, every person needing care and support has the choice to appoint their own co-ordinator or wellness worker       In 2015	8 Essex Carers Network: We would like to encourage the exploration of systems already around which use the "coordinator / wellness worker" approach. This way of working can only encourage and enhance the practice of person centred working which is essential. An example of this which works well for our families is the early support model (http://www.ncb.org.uk/earlysupport) used with families of disabled children and young people soon after diagnosis which advocates the team around the child and identifying a key worker to coordinate the work. Another well documented system is that of brokerage: http://www.ndti.org.uk/uploads/files/TheWWH_of_bro kers.pdf this document talks about the use of independent support brokers in relation to social care. We have families within the network who have experience of brokerage and we would be happy to	We would like to give persons requiring care the opportunity to appoint their own co-ordinator, although we would target this at those most in need of support as above for recommendation 8. Communities and the voluntary-sector should be encouraged to fill this role and to take an individualised, non-disease based approach that endeavours to support people outside of hospital. Opportunities to use personal budgets could be investigated through this initiative.       We support the general notic coordination but would like to what guidance emerges thro forthcoming Operational Frai and integration guidance.	to see bugh the	We can and do play a key role in helping         Carers and those they care for to plan in         advance for their future care – a crucial         element of the work we do which makes a         real contribution to reducing the future         demand on health and social care, e.g. by         avoiding unnecessary hospital admissions         for people with dementia. Our workers         would be well-placed to act as         coordinators/wellness workers where this is         the individual choice made.



ACE	Tendring District Council	B&B CCG	Essex Cares
We have establisehd teams who provide services for patients with long term conditions and so we would be interested in the development of Long Term Condition Centres.	TDC supports the concept of early intervention and prevention and particularly supporting people to manage their long term conditions. There appears to be a growing consensus of the importance of prevention as the best use of resources however already this area is suffering in terms of resourcing for example via removal of funding for the GP referral scheme and reduction in spend for Supporting People. There is some concern that whilst schemes to support people with long term conditions in Tendring has been developing well, for example Virtual Wards, some long term conditions are given a lower priority. Through our own Local Health and Wellbeing Board a focus has been placed on mental health.		Essex Cares would be best placed to lead and facilitate this recommendation on behalf of partners across the sector for the people of Essex. Through the reablement work that we undertake across Essex, and the newer Rapid Response contracts in Mid and West Essex we are engaged in working with many of those residents already receiving care and support. We are keen to further develop our services into the preventative and supportive role for this highest risk section of society. We would be keen to coordinate the development of a means of identifying the 20% most at need of care and support.
			Essex Cares would be best placed to lead and facilitate this recommendation on behalf of partners across the sector for the people of Essex. Through the reablement work that we undertake across Essex, and the newer Rapid Response contracts in Mid and West Essex we are engaged in working with many of those residents already receiving care and support. We are keen to further develop our services into the preventative and supportive role for this highest risk section of society. We would be keen to coordinate the development of a means of identifying the 20% most at need of care and support.
			We would like to take a lead part in this area. Whilst we currently support people referred to us, as well as those referring themselves, with various options of support, we are very keen to proactively seek out and work with people in an early intervention and prevention approach. We are committed to this ethos - to both maintain health and independence and to reduce the burden on the health and care industries
			We support the ethos of this recommendation and would be interested in working with others to develop this initiative.
			We would like to work with commissioners and take a lead in developing the specifications for the new services needed. We are in a unique position working across all of Essex to suggest new opportunities/services that can maintain health, slow the loss of independence and reduce the burden on both the health and social care services, by the delivery of joined up integrated working practices across the spectrum. Our current work enables us to be able to make significant contributions to the design of cost effective care services that would slow the flow of people into the health and social care sector. We have the organisational and service infrastructure in place that allows for us to deliver new services swiftly and effectively across Essex.
			We would like to contribute in this area. We support all initiatives that move towards redesigning routine care to provide a personalised approach for people with long term conditions (LTC). We see a role for local services being commissioned to support those with LTCs to live well in the community, and we would offer an expert resource in the delivery of such initiatives and would like to be part of this service design.

It is area. It is clear that many people         receiving our services are confused         by the plethors of providers they         meet on their pathways. Client held         records have worked well in         maternity services nationally for         maternity services and consess all         sections of the community but this         does work. We believe that client         held records that enabled true         control and planning by the client in         pathetic records that enabled true         control and planning by the client in         pathetic records that enabled true         control and planning by the client in         pathetic records that enabled true         control and planning by the client in         pathetic records that enabled true         control and care to the individual.         bit savings by reducing the         duplication of services there can be         increased choice and in improved         standard of quality.         We would like to take a part in this         area. We see this as a key         dowslopment in providing a solution.         Essex to take control of their health         we would like to be a part of the         discussions on this and to take an         active part in providing a sol		We would like to take a lead part in
by the plethora of providers they meet on their pathways. Client held records have worked well in maternity services nationally for many years, in common with adult care this service also crosses all sections of the community but this does work. We believe that client held records that enabled true control and planning by the client in partnership with agencies, and alongside good continuity of care and carer, are essential. We would like to work with the many partners in operation across Essex on developing this record. We believe that there can be not only better control and care for the individual, but savings by reducing the duplication of services there can be increased choice and improved standard of quality. We would like to take a part in this area. We see this as a key development in enabling residents of Essex to take control of their health. We would like to be a part of the		this area. It is clear that many people
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	Who Will Care Commission: Prioritising analysis	Total	Essex Carers Network	Basildon Borough Council		Andrew Pike & Dave Hill work with THH	Mid Essex CCG - Simon Griffiths/ James Bullion	Uttlesford District Council & Voluntary Sector Board	SEPT	Voluntary Sector Training	St Lukes Hospice	Action for Family Carers
	Timescale       Community       Mobilise community resources		We firmly believe we are a community resource and we want to be part of the solution to ensure resources are used appropriately to support the health and wellbeing of the people of Essex.	This solution has already been developed in the Borough. Projects include the Vange REVAMP, Pitsea BIG LOCAL, Craylands and Highcliffe Troubled Families, all of which involve community engagement that support ongoing health related initiatives. BBC Community Development Officers (CDO) mobilise community resources for these projects and their contacts could be used to help move this solution further forward e.g. Voluntary Sector.		recommendation 3. The overarching aim of the group would be to: - Strengthen the voluntary sector and harness its support and commitment to implement recommendation 3; ii. The group would be chaired by Si Thomas Hughes-Hallett and will comprise: - Gary Sweeney (Deputy Chair) - Bob Reitemeier - Andrew Gardner - Andrew Gardner - Andrew Pike - A Medical Director from an Essex hospital iii. The Group would meet monthly and have joint meeting with the Anglia Ruskin Health Partnership and Essex NHS Commissioning Board on a bi-monthly basis to provide an update of progress and seek advice. iv. The Advisory group would report	partnership with the County Council, Districts, Parish Council and community sector. We believe that this work is best done locally, but perhaps supported by a County overview to spread ideas. We would liike to see the County Council focus r its work on Strenthening Communities in to this area of work.	detail recently. The Board concluded that to a degree the agencies' work already has an impact on delivering some of these aspirations but that the detail is not necessarily known about by the CCG or Social Care. The local		VST welcomes the recognition that communities and individuals are already active in contributing to the prevention of health and social care needs and in particular the help recommended for local voluntary schemes – seed funding, training and information on best practice. VST already seeks to support the training needs for local schemes an would welcome endorsement and support to extend this for the smallest volunteer led groups who can find even the heavily subsidised charge that VST makes for training beyond their resources.	nd ,	Action for Family Carers has long been seeking to ensure access to high quality support for unpaid carers across Essex. Currently there is a postcode lottery – a large variation in the range of services available as well as the quality. Action for Family Carers is the only Carers Trust Carers Centre in Essex, and holds the Carers Trust Quality Award. We are the only organisation providing hospital-based carer support services and transition support for Young Adult Carers, and one of only two providing school-based support for Young Carers. We are piloting the 'whole family approach' to working with Young Carers, and also work in partnership with Macmillan to provide support for Adult Carers around end of life care. We are in a position, through partnership where appropriate, to develop a model for supporting Carers across the county. Through this we could secure: - a locally based voluntary sector pan-Essex solution
	Implement community schemes, drawing on local knowledge and appetite - bolstered where appropriate	8	The report talks about help for schemes providing support and care; we feel the very first aspect of support comes from good information and appropriate signposting. This is a role that we aim to undertake for our families and wish to continue to do so. It would be useful if there was a community road map which illustrated what resources are out there in the community, we know there is some good stuff going on but not everyone knows about it. This road map would also need to be quality checked by people who will be using the resources identified on the road map. This is something which local user groups could be involved in.		We support the implementation of community schemes which provide support and care on a voluntary basis, drawing on local knowledge and appetite. Our VCS Strategy supports this, making it clear for instance, that piloting innovative ideas with grant funding is within the gift of a commissioner. Our proposed Community Resilience Fund is an example of how we could fund such schemes.	progress to the Health and Well		The District Council and the Voluntary Sector Board concluded that it is essential that agencies compile a paper identifying the areas of work that directly contribute towards the solutions that highlight voluntary sector involvement. This information would then demonstrate where the gaps are and where further work would need to be undertaken if the solutions are to be fully implemented in Uttlesford. If the Essex Health & Wellbeing Board resolves to adopt the recommendations in the "Who Will Care" report then we believe this local information will assist the Board in implementing the high impact solutions.			Centre provides support to patients and carers at all stages of their	
3.1.3	Consortia of organisations encouraged to collaborate and jointly bid for services       Winter 2013         Large employers commit to promoting volunteering and community activity to their staff       Winter 2013	8		Employers to support staff volunteering – Staff volunteering is currently evolving in Basildon. An example of a project that has been completed is the clearing of water courses in Wat Tyler Country Park	promoting volunteering and community activity among their staff and believe that the public sector should lead by example. This is why we already have policies in place to encourage employee volunteering. While we would also				This is highly commendable but we think will be resource intensive initially. We though are keen to work with partners to develop more staff volunteering and at an early stage with our own staff of developing a volunteering for staff policy. We think the voluntary and independent sector could play a key role here			Action for Family Carers could not do what it does without the support of volunteers. We therefore welcome encouragement for employers to support staff volunteering.
	Move toward 3-5 year contracts for services commissioned by public agencies Spring 2014		The report talks about poor procurement undermining commissioners aspirations; the use of people who use services and family carers can bring a unique perspective to the procurement process and we would encourage this, remembering that people will need support and training to undertake this.	to be included as an action within the Basildon Health Partnership Commissioning Framework. This will	corporate responsibility policies. We welcome moving towards 3 – 5 year contracts for services commissioned by public agencies. This is a stated target within ECC's VCS commissioning strategy and is something we consider to be good practice for commissioners. We also agree that consortia of providers should be encouraged to collaborate and jointly bid for services. ECC's commercial function will actively encourage this. Our VCS Strategy also refers to this, expecting that the VCS will engage in consortia where appropriate.				and would welcome a focus for them on this.			Action for Family Carers supports the recommendation that longer-term contracts are agreed and that consortia of providers should be encouraged where this leads to 'integration of services and better value'. As the only Carers Trust Carers Centre in Essex and the largest provider in the county we are in a position to lead such a consortium of carer support organisations. We would positively welcome the opportunity to work with commissioners and providers to achieve this to ensure a local community-based solution.
3.2.2	Create village / town / community groups to care for groups of households Spring 2014	8					CCG is keen to enable further community cohesion across existing for a					
3.2.4	1000 individuals each look out for 600 households       End 2014         Inaugural 'vibrant communities' awards for Essex neighbourhoods       End 2014         1500 individuals each look out for 600 households       End 2015	Follows on from 3.2.2			This links in with our VCS Strategy and we agree with it in principle. Careful thought would need to be given to how the scheme would work and whether it can add value and contribute towards continual improvement and innovation. If it is not done properly, the scheme risks being patronising and ineffective. We think this should be taken forward by the Essex Community Fund with Healthwatch.							

Supporting Carers & Families together Healthwatch	ACE	Tendring District Council	B&B CCG	Essex Cares	North East Essex Health Forum	Voluntary Sector Responses from Healthwatch Engagement
I am very excited by the possibilities the report has raised and the challenges offers the voluntary sector a chance to shine.	As well as the large volunteer base outlined in the first solution, as a social enterprise, if we make a surplus at the end of each financial year, we are able to use a percentage to support local community groups and organisations. We could potentially help with one-off funding (providing that our Social Impact Plan criteria is met) and also use staff skills to provide/advice/support.	recognises that communities are different and that whilst some areas have vibrant communities, others are non-existent. We would like to see approaches to support	As item 1 , continue to support VSOs. Service specificatiosn to ensure providers deliver person centred-care. Review our pilot schemes to either mainstream or cease. Where mainstreamed, make it easier for alternative providers to join the market and give contracts of up to 3 years.		seem good and straightforward ideas. The suggestion for longer contracts also seems sensible on the face of it. Employers supporting staff volunteering is also good. However, the proposal to create an Essex- wide body embracing paid staff and	philanthropic or in-kind support. More grass-roots activity can be stimulated if support is in the right place, to make better use of volunteers and community assets.
				We would like to take part in this area. Recognising that much of the focus of this recommendation is on voluntary organisations, we believe there is also a role for us as a care provider to engage further with the communities in which we operate and to develop relationships for the good of all.		
				We would like to take a part in this area. Currently we are developing relationships with the public sector, private and volunteer organisations with the aim of us collaboratively delivering services. We would be keen to work on system wide solutions to the issues of collaboration.		This is recognised, although VCS organisations would like to see evidence that consortia approaches would be welcomed by statutory funders. The Essex Alliance could look at this agenda.
				We would like to take a part in this area. Whilst we do currently have policies in place to support volunteering, and have volunteers working within the organisation, we are open to reviewing these to support greater engagement with large employers.		Models for this are evident across the County and could be easily promoted.
Agree new contracts with a range of providers across all sectors need to have some longevity as the current one year scenario is destructive and create insecurity for organisations to maintain staff levels, not a good use of public money to continually be recruiting and training new people. Public agencies also need to be much more prescribed in the 'outcomes' they require contractors to achieve, combined with much better communicated lead in times for the commissioning processes. Currently the situation going forward with public agencies is very unclear with no clear timeline communicated particulalry to voluntary sector organisations who receive 'Grant Funding'.		TDC fully supports the use of longer term contracts and the concept of consortia of providers to deliver integrated care. However, we are concerned that large scale contracts, and the way they are currently procured, disadvantage smaller, valuable voluntary sector providers. TDC would wish to work with partners to develop commissioning systems that enable a wide range of providers to innovate and compete.		ECL see this as an important recommendation. As a major provider of care we would support commissioners introducing more stability into the market with the provision of longer contracts.		This could be picked up as part of the VCS Strategy, but would require action on the part of statutory authorities.
		We do not support the concept of every household having an individual or team charged with identifying early any difficulty. This does not fit with a model of individual autonomy and self-help and best use of resources. We would prefer this resource to be targeted at people most in need		We would like to take a part in this area. We welcome this recommendation that supports individuals taking more responsibility for themselves.		This could be picked up as part of the VCS Strategy, but would require action on the part of statutory authorities.
				We would like to take a part in this area. We welcome this recommendation that supports individuals taking more responsibility for themselves.		
This is something HWE could support, as well-run award schemes (such as Colchester's 'Celebrating Volunteering Awards) can really raise the positive profile of volunteering. However, it is not clear whether HWE is the right body to promote this, but done in partnership, this could be a good step forward.				We would like to take a part in this area. We welcome this recommendation that supports individuals taking more responsibility for themselves.		This proposal received some support, but needs focus and to avoid duplication of existing, successful schemes.
				We would like to take a part in this area. We welcome this recommendation that supports individuals taking more responsibility for themselves.		This notion is based on a Columbian model advanced by a Canadian academic, Professor Jadad. Members of the BMG attended a workshop on the proposal – at the time of writing, I am awaiting detailed feedback from attendees.

	Who Will Care Commission: Prioritising analysis	Timescale	Total	Essex Carers Network	Basildon Borough Council	Essex County Council	Andrew Pike & Dave Hill work with THH	Mid Essex CCG - Simon Griffiths/ James Bullion	Anglia Ruskin Health Partnernship	SEPT	Voluntary Sector Training	Action for Family Carers	Supporting Carer
4	Data and Technology           Use data and technology to the advantage of the people of Essex			We welcome the use of technology to support peopl to maintain health and keep well, as long as it is not used as a way to covertly reduce support that is necessary and already in place. We know that some of our families are wary of telecare and we would welcome the opportunity to find out more about telecare and share it with our families in a positive way.	reviewed that support data sharing and protocols developed to make this proces	ss of							
4.1.1	1 Begin development of Essex-wide data strategy	Autumn 2013	11			We are already driving for the creation of an Essex-wide data strategy and believe patient- owned records should be the default across Essex. We would like to agree a preferred patient care system with the CCGs and will agree data standards between social care records and health records. We also support moving from separate organisation ICT and information governance strategies to convergent ones wher our services touch each other so as to prevent artificial blockers to sharing services, systems and data tautology.	e	We see the importance of coordinating data and look forwards to working with partners on this.		We agree that one pragmatic approach to data sharing across agencies is long overdue SEPT ha been using a data sharing portal wi Thurrock council with great succes and would be happy to share that across Essex.	ith ss		
4.1.2	2 Agree telehealth and telecare sites	Spring 2014	10			We support this in principle but recognise that further research would need to be undertaken regarding costs and outcomes and identifying a meaningful population. We have also been actively involved in developing telecare in Essex for several years, particularly following a pledge on telecare by ECC in 2009-10 where we pilote it with the over 80s in Essex for a year.	4	telehealth and telecare can play as part of a wider package of support, but we do think that further commissioning review of the evidence has to be undertaken as part of this work, so that developments can be made.	solution" around telehealth and telecare. Within our partnership, which includes providers of health and social care, the county council, and Anglia Ruskin University, we have broad base of relevant expertise. For example, the Anglia Ruskin MedTech campus is developing an "Assisted Living Observatory" to showcase and support the implementation of new technologies, including in remote	h Meanwhile a real push for the public sector to catch up with the public with things like trip adviser for care and telehealth and telecare is overdue.		Action for Family Carers can support the proposed telehealth and telecare trial by ensuring there is involvement of and support for the role of unpaid Carers as 'expert partners' in the care of the person they look after.	
4.2.1	1 Housing strategy supporting assisted technologies in place across Essex	End 2014				We support the creation of a housing strategy supporting assistive technologies in Essex but, a a non-housing authority, recognise that this is predominantly a matter for the borough, city, district and unitary councils and housing	as		monitoring. We are also supporting the sharing of knowledge and good practice across the county, and on the 30th October we are hosting an "Industry Seminar" where Invicta Telecare will be sharing their latest national and international experience in remote care. Furthermore, we are already collaborating across our partnership on assistive technology. We are in the final stages of developing	, II e			
			8			associations to take forward. We will therefore table the matter with the leaders and chief executives of these councils. We also have a Housing for People with Additional Needs Strategy and have recently identified Capital grant for specialist housing, which will require assisted technologies to be in place in any funde development. It is also our policy to actively see opportunities to maximise assisted technologies in new build and existing housing developments	ed ek						
	1 Implement and assess progress at telehealth and telecare sites whilst lobbying for improved connectivity across Essex	Throughout 2015						We acknowledge the value that telehealth and telecare can play as part of a wider package of support, but we do think that further commissioning review of the evidence has to be undertaken as part of this work, so that developments can be made.					
		2016									Again absolutely vital to maximise benefits of technology but also to make sure that this does not exclu individuals or groups without acces or facility with technological approaches.	de	Person held record tackle the barrier of holding personal d for ease of access services that may an individual or fan reporting of this wo service users to the required as the me historically reported in relation to electro personal data.
4.3.3	3 If appropriate, roll out telehealth and telecare across Essex	Early 2016						We acknowledge the value that telehealth and telecare can play as part of a wider package of support, but we do think that further commissioning review of the evidence has to be undertaken as part of this work, so that developments can be made.					

Carers	& Fa	milies	
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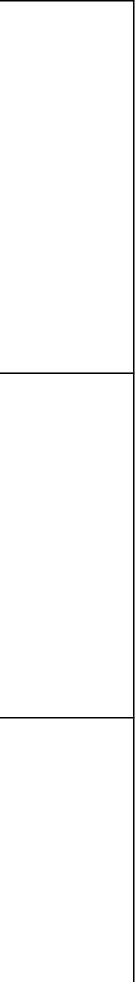
ACE	Tendring District Council	North East Essex CCG	B&B CCG	Essex Cares	North East Essex Health Forum	
We would welcome the opportunity to work with the Borough, City and District and Unitary councils and housing associations to create a housing strategy, as this will impact on health and wellbeing.	TDC is keen to support the development of data systems and technology and are keen to build on their data sharing work from the EssexFamilies pilot.	Whilst the internet is a great resource, we must remember that significant numbers of people do not have online access. This must be remembered when talking about people owning their own health records. In addition, the creation of online communities can be useful, but only if they are linked into real community support and not just offered in isolation to other support offers.	technology in some of our plans, New patient held record for COPD.		The essential point is ownership of the health record by the individual. The inclusion of housing in health and social care needs to be pursued if independent living is to become really meaningful. It must be remembered that a significant number of people don't have access to the internet – this has an impact on engagement as well as on their ability to benefit fully from telehealth and telecare.	
		Data sharing, with proper protocols, is vital for good care planning, for ensuring patient safety and for avoiding people having to repeat the same information many times over to different staff. It is paramount that a practical solution is found that allows proper access whilst complying with data regulations. The barriers posed by current legislation (Data Protection Act) and policy (Caldicott guidelines, revised 2013) are significant and a robust and lawful mechanism must be implemented to achieve these aims.		We would like to take a part in this area. At ECL we have implemented electronic systems that support the management of the care work we do. We are working on a companywide IT strategy and would welcome the opportunity to develop unified systems with partners		
		Whilst technology needs to be harnessed to support people's wellbeing and independence, we must take note of evidence around telehealth and also recognise, as mentioned above, that not everyone has online access.		We would like to take a lead part in this area. As current providers of Telecare in Essex we would be keen to see this developed to reach its potential. We are the first responders in one area of Essex and this could be developed across the whole county. Our experience is positive but we would welcome the opportunity to participate in further trials and evaluations.		
				We would like to contribute in this area. With both our Assisted Technology Service and Telecare we work with colleagues in the housing sector but recognise that there is much to be gained from better working with residents and housing. We are already in conversation with housing providers in the county regarding equipment services for example.		
				We would like to take a lead part in this area. As current providers of Telecare in Essex we would be keen to see this developed to reach its potential. We are the first responders in one area of Essex and this could be developed across the whole county. Our experience is positive but we would welcome the opportunity to participate in further trials and evaluations.		
				We would like to take a part in this area. At ECL we have implemented electronic systems that support the management of the care work we do. We are working on a companywide IT strategy and would welcome the opportunity to develop unified systems with partners		
		There is now a considerable body of evidence regarding successful and unsuccessful management of frailty and long-term conditions. We must be mindful of this when choosing which interventions and services to commission. Many attractive-sounding opportunities such as "telecare" and polyclinics ("long-term conditions centres") have not proven effective when subject to critical evaluation.		We would like to take a lead part in this area. As current providers of Telecare in Essex we would be keen to see this developed to reach its potential. We are the first responders in one area of Essex and this could be developed across the whole county. Our experience is positive but we would welcome the opportunity to participate in further trials and evaluations.		

	Who Will Care Commission: Prioritising analysis		Total	Essex Carors Network	Essex County Council	Mid Essex CCG - Simon Griffiths/		Voluntary Sector Training	Braintree District Council	Action for Equily Core
	Leadership	Timescale	Total	Essex Carers Network	Essex County Council	James Bullion	SEPT	Voluntary Sector Training	Braintree District Council	Action for Family Care
	Ensure clear leadership, vision and accountability						to be high impact number one here We welcome the Essex Care Partnership concept of providers and commissioners working togeth on this but would not want to see	and vision need to be followed through with actions that are understood and followed throughout the "partnership". In "flexing the workforce" the paid and unpaid staff in the VCS need to be taken into account.		
	approach to care and begins work on the core health and social care challenges	In Autumn 2013 By Winter 2013	11	This solution suggests "a care partnership with an independent chair governed by the health and wellbeing boards and operating across Essex to bring together key partners from the public, private and voluntary sectors" the ECN welcomes this and would like to ask that users of services and family carers are included on this board. We often hear that we are represented by a third party but to us as families the only people who can represent us are people who have direct experience. We must stress though that people who use services and family carers who become part of this partnership or other initiatives should be supported and offered training to take on such a role. As a network we strongly believe that as family carers we must be involved at the onset of planning, too often in the past we have been told this is what we are going to do. Increasingly now we are being involved right at the beginning at a strategic level which is where we want to be, we feel we are very well placed to be able to influence commissioning and development of services. We hope that this way of working continues and people o Essex can feel they have a role to play in developing good services in their county.	f	have agreed to look into this recommendation. It is important that			Braintree Health & Wellbeing Panel to be a sensible mechanism to develop further collabortive working on this agenda in the Braintree District.	the proposed Essex care
5.1.2	Business leaders begin mentoring health leaders in Essex - part of the development of a trusting leadership team	By Winter 2013	8	believe that people who use services and family carers should also be invested in to encourage them to be leaders which will lead to empowered groups of people willing to work with you in a solution focussed way to support the health and wellbeing of everyone in Essex. The report talks about "a culture of compassion, acknowledgement, value, learning, sharing and improvement learning from others to	already begun investing in the leadership team and building trust with partners in Essex. For instance, we held an Accelerated Design Event for Essex health and social care integration partners in June. We also recognise the value of mentoring but believe it would be most beneficial when carried out on an as-and-when-required basis. Partners could also look to the private					
5.1.3	Integration plans agreed	In Jan 2014	15			Steering group established. ToR being established			The Council recognises that integration means that all authorities and agencies need to work effectively toegther, and pledge to develop, with partners the methods and mechanisms to achieve the aims set out in the Commisison's report. It supports a local apprach to health and social care as documentmented in the report. BDC has constructive relationships with ME CCG and NHS ENgland and supports the Urgent Care Plan, Primary Care Strategy and the ME Integrated Plan.	0 C
5.1.4	Permission to innovate' granted	Early 2014	10							
5.2.1	Begin measuring success	In Sep 2014	8			Will need further definition for us going forward ie 5.3.1				
5.2.2	Integration of provision begins - an ongoing drive to make services less complicated	Throughout 2014				Integration				
5.2.3	Decommissioning of non-core services alongside commissioning of new activity	Throughout 2014			While we agree with the spirit of this recommendation, we believe we need to take a pragmatic rather than dogmatic and arbitrary approach to this. The focus of commissioning activity needs to be on securing better outcomes within increasingly confined budgets, as well as looking for opportunities to remove duplication and de-commission services that are not making the best contribution towards outcomes.					
5.2.5	Clear progress and improvement in the Health Executive's areas of focus	Throughout 2014 and ongoing By January 2015			We recognise how essential this is and have been working hard with the CCGs to better integrate our services. We have restructured our own internal organisation and appointed Integrated Commissioning directors aligned to each CCG. We have also created a single People Commissioning function under one accountable owner, ending the distinction between adults and children.We agree with this recommendation and believe that the Health and Wellbeing Board and partners in Essex need to continue to put momentum behind work that is already underway. An Accelerated Design Event with partners in Essex recognised that if we are to make progress we need to prioritise key areas of activity and Older People/ Frailty and Learning Disabilities emerged as the key priority areas for accelerated focus.					
5.2.6	A culture of measurement, comparison, learning and improvement is in place	2015								

ffiths/	SEPT	Voluntary Sector Training	Braintree District Council		Supporting Carers & Families together	Healthwatch	ACE
	to be high impact number one here. We welcome the Essex Care Partnership concept of providers	<ul> <li>and vision need to be followed through with actions that are</li> <li>r understood and followed throughout the "partnership".</li> <li>In "flexing the workforce" the paid and unpaid staff in the VCS need to be taken into account.</li> </ul>					W e would welcom to be a member of Partnership. We ha and knowledge of h and learning disabil like to be involved i solutions.
king. ard Int that lents mance at any nd egies ng			to be a sensible mechanism to develop further collabortive working on this agenda in the Braintree	Action for Family Carers can contribute to the proposed Essex care partnership of commissioners and providers and the creation of a 'county-wide strategy' focused on integration, earlier identification and intervention. We have a clear vision concerning future support for Carers across Essex based on best practice locally and through evidence gathered by Carers Trust nationally.			
ρR			The Council recognises that integration means that all authorities and agencies need to work effectively toegther, and pledge to develop, with partners the methods and mechanisms to achieve the aims set out in the Commisison's report. It supports a local apprach to health and social care as documentmented in the report. BDC has constructive relationships with ME CCG and NHS ENgland and supports the Urgent Care Plan, Primary Care Strategy and the ME Integrated Plan.		A real intention to work collaboratively will also require a real intention to pool funding and expertise. Integrated services are the buzz phrase of the moment, but how will empire builders be encouraged to move from gatekeeper of budgets to sharer? This has been a key issue for service users being pulled from one provider to another due to this protection of budgets and 'its somebody else's problem or responsibility' which is very distressing for the individual or family on the receiving end of this culture.		
us							
f frailty						This is entirely consistent with HWE's current strategy, and so can be supported.	

ne the opportunity f the Essex Care have experience hospital discharge ilities and would in creating new
in creating new

5.3.1 One pot of money alongside one set of outcomes	By Apr 2015	We agree with the concept of aligning budgets behind outcomes but do not think a single pot o money is necessarily the only effective way of delivering identified outcomes. This could equa be managed by aligning budgets around common outcomes and we are currently workin towards such arrangements through our integrated plans with the CCGs.	of pooling or delegating specific budgets around common outcomes ally but do not think a single pot of money should be looked at		
5.3.2 A common, collaborative leadership across the Essex health economy	Winter 2015				HWE recognise the key role to be played by partnership boards in the future, and would welcome the opportunity to place patient and service user voice and lived experience at the heart of strategic decision making. It is vital that solutions to challenges facing health and social care are generated in a co-productive capacity. That said, any new partnership arrangements, such as the proposed 'Care Partnership', have to be fit for purpose and not produce a new layer of bureaucracy.
5.3.3 Cradle to grave coordinated and convenient care is the norm in Essex	2016	Navigating the system: we are glad to see the report acknowledge that this is difficult, the ECN wants to work with their family carers to empower them. Information for our carers is fragmented; mainstream carer groups and organisations often have very few if any carers attending who care for a family member with a learning disability we need to be a conduit for our carers. The report talks about services being based increasingly on professionals working with people to develop individual services: this is where brokerage as mentioned above would be very useful. People who use services and family carers are ideal people to become brokers and support and empower others to develop person centred individual services.	AFFORDABLE		



Tendring District Council	North East Essex CCG	B&B CCG	Essex Cares	North East Essex Health Forum
TDC would like to see this section considered more broadly and perhaps more bravely. The current structure of public services in Essex should be fundamentally reviewed. We would want to see a partnership that seriously tackles the issues highlighted above, effecting real change and new approaches to commissioning and delivery. There also needs to be consideration to the tension between resourcing early intervention and prevention work and reactive acute services as this is missing from the report. The concept of the Community Budgets (and family solutions in particular) is a concept which should be adopted in taking this report forward. It needs to look at how to invest up front and reduce demand which will lead to better outcomes for less cost.		Integrated commissioning. In turn this may also pave the way for new health care trusts. Integrated provision - using the System Group to encourage providers to work closely together. Plus to consider provider incentives? We also propose to decommission services as they are replaced by improved ones. Potentially an area that CCGs cannot tackle in isolation.		We are very wary of the creation of a n Essex Partnership outside of existing arrangements. However, we can see the value of ensuring that all partners work together on core areas that pose significant care challenges, especially if brings together health and housing provision.
			We would like to take a part in this area. It is evident that in the churn created by the introduction of new structures in Health in 2013 not all existing organisations in care and the 3rd sector have yet got a voice/been heard. Any move that enables better representation and the development of a unified approach to core challenges is welcome and we offer our support to developing this. We would welcome the opportunity to bring our expertise to such forum in the future.	
			We would like to take a part in this area. We believe that all leaders, in Health, care and voluntary organisation would benefit from mentoring and support. We are accredited under the Integrated Leadership Programme and committed to strengthening leadership. We are keen to contribute to integration plans, but as providers not commissioners we do need to be assured that our contributions will be valued and that we will not be compromised by participation and sharing of commercial data.	
			We see ourselves as offering part of the solution to make this happen. We see ourselves as offering part of the solution to make this happen.	
			We see ourselves as offering part of the solution to make this happen.	
that where a new service is commissioned another service should be decommissioned. This is too simplistic and comes across as a sound bite. Commissioning should be based on need, when a new need is identified this does not automatically mean that a cut should occur in another area. The decommissioning of a service needs to be more considered.	Some services are amenable to commissioning uniformly across Essex. However, the local populations within Essex are very diverse and need careful attention to meet their unique circumstances. CCGs are well placed to for a focus for this. In addition key stakeholders such as Pharmacy, Community Services, Voluntary / Charitable organisations and GPs are tightly bound to local communities and will require a more locally engaging approach to successful transform their services to meet the aspirations in the report.		ECL totally supports this vision.	
			ECL totally supports this vision.	

Health Forum

ne creation of a new ide of existing er, we can see the all partners work s that pose

nges, especially if this and housing

We recognise the potential of joint decision making and the purchasing power offered by commissioning jointly between health and social care. However, we remain focussed on the seamless services we desire for our population rather than the intricacies of formal pooling of budgets. We believe that we can achieve all the benefits of collaborative working without the delay and complexity of creating either an intermediate governance arrangement or a formal pooling of budgets. Instead, we suggest that jointly agreed specifications and gainshare / riskshare agreements will be far quicker to implement and far less costly to amend.	We would like to take a lead part in this area. We are clear that for this to be a seamless service offering care and support in an integrated way, then unified funding is key to this success.	
	We see ourselves as offering part of the solution to make this happen.	
	ECL totally supports this vision.	



	Who Will Care Commission: Prioritising analysis	Timescale	Total	Essex Carers Network	Basildon Borough Council	Essex County Council	Mid Essex CCG - Simon Griffiths/ James Bullion	SEPT
6	Thorny issues	Timescale						-
	Appropriate hspital discharge			In relation to discharge of someone with a learning disability we know that the learning disability liaison nurses placed in each of the hospitals in Essex work hard to get this right, however we also would like it acknowledged that these nurses are very stretched in their role which is much more detailed than hospital admission and discharge.	I'm already working with Tom Abell (CCG) and Ian Wake (ECC Consultant – Public Health) on this and will have data that could be used to help this review.			
6.2	earning Disabilities			The report asks whether services for people with a learning disability and their families is optimal given the large financial investment. The confidential inquiry into the premature deaths of people with a learning disability (http://www.bristol.ac.uk/cipold/fullfinalreport.pdf) showed that men with learning disabilities die on average, 13 years sooner than men in the general population, and women with learning disabilities die 20 years sooner than women in the general population. This indicates there is work to be done regarding effective use of resources to bring about positive life experiences, health and wellbeing for people with a learning disability. As a network the ECN want to be fully involved in looking at the current situation in Essex and the potential solutions; as some very good friends with learning disabilities say "nothing about us without us!"				
	Dther			The report says that services must meet the needs of the people not the preconceptions of those who draft current tenders for services; this builds on our belief that user groups including the ECN must be involved at a strategic level to support those who commission services and work with providers to ensure they are fi for purpose and effective; don't tell us what we need ask us! • The report talks about a focus on community activity and preventative work, we welcome this and want to continue to be part of this, it is important to remember that the voluntary and third sector groups and networks who are already trying to do this and want to continue and do more will need to be given the resources to enable them to do this. We believe that people can make good decisions about their health and wellbeing if they have access to good information when they need it. We feel as a network we can support our families to navigate the system.		Partnership, we have already begun to develop a leadership programme for the next level of health and social care senior managers. The	local dialogue with people (in line with the call to action) to faciliate	We welcome the public services better coordinate and more convulues. We also we to shift money a care and to correst and to co

SEPT	Voluntary Sector Training	Braintree District Council	Action for Family Carers	Supporting C together
			this issue. We provide hospital-based carer support (at Broomfield Hospital, funded by Mid Essex CCG). There is great demand for this service yet it is the only such service in Essex. We are addressing issues in the system, working on policy as well as working at the front end to create a model which can be replicated across other hospitals. There is a major issue with communication and information sharing between clinicians and patients and carers, as well as the ongoing issue with delayed transfers of care due to poor integration of health and social care services. We are able to manage the transition between services, providing a	for a single pro implemented not falling betw
			Carers of people with learning disabilities and will support efforts to ensure that future support better addresses their situation and needs.	We should be with dignity an of their ability, sexuality or re they do not fee marginalised k life is difficult a require profes the situation. learning disab services need future services Group will be helping to ach and efficiencie
better coordinated, easier to access and more convenient and flexible to use. We also welcome the intention to shift money away from hospital care and to community, mental health and support at home. We are hesitant about the	potential roles for the VCS and communities and for highlighting specific actions to support these roles. VST would welcome the opportunity to deliver the required training topics to support volunteer and voluntary and community sector engagement across health and social care.	Keen to play their part and work with us on all 5 high impact solutions. Role of Districts in healthy lifestyles with BDC having many leisure facilities including new multi-use leisure facilitiy in Witham opening summer 2014. New leisure providr is extending wellbeing clasess outside of current facilities into rural areas.		

g Carers & Families	
scharge seems to be a bit from the feedback my in receives from carers. It od or awful - from the ital! this really is an area process to be ed to ensure people are etween the gaps and back in hospital y. Definitely an area to h service users from the ad ends of experience.	
be treating all patients and respect regardless ity, race, culture, age, religion and ensuring feel undermined or d by their experiences, alt already, it does not ressionals to compound h. Again those with abilities accessing ed to be the shapers of ces. The Stay Safe be a fantastic asset in achieve improvements acies.	

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North East Essex CCG	North East Essex Health Forum	
A clear delivery plan is peopled to		
A clear delivery plan is needed to ensure all Essex residents can play their part. Residents should be	<ul> <li>See ageing as a creative</li> <li>enterprise</li> <li>Move care from the medical to the</li> </ul>	
involved in drawing up the engagement plan. Finally, we would	_	
like to note that we understand people's concerns about access to primary care and the importance of	care. - Avoid institutional dominance. - Maintain autonomy, security and	
this in managing their own care. We recognise that lifestyles have	safety. - Political participation.	
changed and that models of care need to adapt. However, we would also like the issue of understaffing in	<ul> <li>Accountability and empowerment.</li> <li>Equity within free health care and self-funded.</li> </ul>	
primary care to be acknowledged: an issue that particularly affects	<ul> <li>The importance of mental activity.</li> <li>Social contact and strengthening</li> </ul>	
Tendring.	relationships. - Against inward looking organizations.	
	- Against ageism and negative stereotyping.	
	<ul> <li>Against limited choice.</li> <li>Foster life-long-learning.</li> </ul>	