

Who Will Care Commission: Prioritising analysis			Total	Essex Carers Network	Basildon Borough Council	Essex County Council	Mid Essex CCG - Simon Griffiths/ James Bullion	SEPT	Voluntary Sector Training	Action for Family Carers	Supporting Carers & Families together	Healthwatch	ACE
		Timescale											
1 Understanding													
	Agree a new understanding between the public sector and the people of Essex			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.	The Basildon Health Partnership is 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 way of outreaching to local residents on health related issues. How can Basildon Borough Council (BBC) support ECC in this regard? As a suggestion, BBC can share data with partners for a greater understanding of the health needs at a local level. A further review could be done by ECC that identifies the IT aspirations of residents and whether IT could be used more to promote future health messages as part of this solution. The report refers to welcoming new players and provides incentives for greater participation by corporate employers. (This is a great opportunity to join this up to Education, Employment & Skills Partnership that is currently in operation) The BIG LOCAL project in Pitsea has been in operation for the last 18 months. Community Champions have been determined by the local community to		We welcome this, and it fits with NHS plans on A Call to Action. We believe the emphasis should be equal between services needing to change, and personal behaviours to support more preventative approaches.	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.	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.		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 community volunteer base are also implementing a Volunteering Strategy, which will enable ACE’s staff to volunteer out into their community. We have discussed the need to acknowledge, celebrate and reward these volunteers.
1.1.1	Campaign to create a new contract with the people of Essex	ongoing	7			Priority: The Council also sees the importance of 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 critical time. This must align with changes due to be implemented from April 2015 under the Care Bill and therefore needs to work alongside a national campaign, possibly through the LGA. Such a campaign cannot simply be a County Council one. The Health and Wellbeing Board will need to play a role in determining the key objectives for the campaign.	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’.						
1.1.2	GPs begin to make greater use of social prescriptions, helping us deal with issues beyond the physical	Autumn 2013	14			Priority: We agree that providing GPs with the 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 across the county once GPs are informed about relevant partner organisations and their services. Essex Libraries are already facilitating a book prescription scheme.	We welcome this and see a role for 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 and develop proposals with CCG leads. Involve District Councils and voluntary sector						
1.1.3	Voluntary sector begins to review how it does business, grounded in principle that our wellbeing is our responsibility	Winter 2013	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 expectation 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	The army of volunteers is good but will require considerable coordination and likely seed funding. Who will undertake this role?					
1.2.1	Launch the Citizens’ Guide to Care in Essex	Spring 2014	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				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.		
1.2.2	Extension of coaching, training and helplines to support self-management	Spring 2014	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/whatswe-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.					
1.2.3	Introduce a scheme supporting and celebrating carers and those who self-manage	By mid-2014	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/uploads/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.	We welcome this and see the County Council’s carers strategy and the coordinating point for this. Schemes already exist keen to review integration opportunities and ensuring sustainability in light of optimising existing resources. Close working with voluntary sector essential and support for carers should be embedded in all services.		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 (particularly 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.			

Tendring District Council	North East Essex CCG	B&B CCG	Essex Cares	North East Essex Health Forum	Voluntary Sector Responses from Healthwatch Engagement	
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.	Promotion of self-care in collaboration with CVS (they are members of our PCRg forum) Mental Health VSO contracts moving to PHBs in 18 months. Increasing over-the-counter medications to support self care. NHSE to support promotion of pharmacies as alternatives 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.		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.	
	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" would be very helpful in showing the range of services available and who is responsible for what. The community and voluntary sectors have an important role to play but it would be useful to cite some existing successful partnerships projects 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, respect, dignity, choice and a life outside of caring. Whilst good practice should be promoted and celebrated, practical support is more valuable than "Carer of the Year" type awards, which do little to reach out to those isolated by the most intensive caring situations. The use of the word "reward" also needs some clarification.		

			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			Total	Essex Carers Network	Basildon Borough Council	Essex County Council	Mid Essex CCG - Simon Griffiths/ James Bullion	Uttlesford District Council & Voluntary Sector Board	SEPT	Voluntary Sector Training	St Lukes Hospice	Action for Family Carers	Supporting Carers & Families together
		Timescale											
2 Prevention													
Prevent unnesscessary crises in care				Essex Carers Network: This is something that we support; our families need to be supported to plan with their family member who has a learning disability 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 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.		.		The five statements are strong and 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 services and some pre GP services where individuals and communities resolve health issues themselves will see a shift from crisis and inpatient acute care. Also what will you offer in terms of behaviour change and communication with the public using Nudge theory maybe useful here? a	It is absolutely vital to refocus resources on prevention rather than 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 whilst 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 Fund report on Volunteering in health and Care.	Our Hospice at Home team effectively manage the discharge processes from hospital for these who wish to be cared for at home. The service also provides an integrated Health and Social Care approach to provide additional support to those requiring care at home. The Hospice has significant experience of education and training to health care professionals, patients and carers. Our work for Essex Council staff has been highly commended. Training and support is also provided to volunteers to cover the range of complex roles they perform with the Hospice and across the community	Action for Family Carers supports the change in focus to 'supporting individuals earlier – preventing crises in care, improving independent living'.	Concerned that volunteers may be replacing paid staff - how is consistency maintained as volunteers will leave if they have internal relationship difficulties or personal priorities, accountability is also a potential issue. Consistency is very important for those using services at a time when they feel most vulnerable due to ill health or the challenges of older age.
2.1.1	Begin identifying the 20% of Essex residents most in need of care and support	Autumn 2013	11			Priority:	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						
2.1.2	Ensure intensive initial support is in place for those considered most in need of care and support	Winter 2013	12			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 that are most likely to benefit from early action. We are combining this with data on loneliness and social isolation that are associated with a higher demand for care to identify where people may need extra home-based interventions to avoid residential care.	We welcome the emphasis here and see this as joint action by the CCG and County Council Commissioners. Frailty pathway and reablement agenda (physical and mental health) commissioning in conjunction with 2.1.2						
2.1.3	Promotion of online communities to help those in need	Winter 2013	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.		We support the promotion of online communities to encourage people to support one another to 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.	We would see this as primarily the lead for Voluntary Sector groups but support the idea to ensure sustainability.						
2.2.1	Commissioning of new services for those most in need of care and support underway	In 2014	11			see 2.1.2	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 health extedned to Districts and Voluntary sector						
2.2.2	First nurse-led and volunteer-supported Long Term Conditions Centre opens	Spring 2014	9		Essex is to support the evolution of Long Term Condition Centres. These will be nurse led and staffed partly by trained volunteers. BBC could support this initiative by using local community facilities (in the same way we are at the moment re the provision of Sexual Health services) that reduces costs to the CCG and could be strategically linked to local need informed by data we have in Basildon.	We see the benefit of nurse-led and volunteer-supported Long Term Conditions Centre that focus on the responsibility of the individual for their health. Staff must be trained on how to educate patients and carers as well as care for their health needs.	CCG is currently looking at care of Long term conditions and the workforce requirements associated with this as well as community cohesion opportunities	There are, of course, limits to district councils' involvement in some of these solutions although in Uttlesford we work very closely with our Leisure Centre provider and have a shared Community Health post. The 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			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		

[illegible]

ACE	Tendring District Council	B&B CCG	Essex Cares
We have establishehd 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.	SPOR, PCATC, and other unplanned care admission avoidance schemes. Developing integrated commissioning schemes for frail elderly.	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.

			<p>We would like to take a lead part in this area. It is clear that many people receiving our services are confused 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.</p>
			<p>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 discussions on this and to take an active part in providing a solution.</p>

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.	TDC supports the concept of building community capacity and is currently part of the Essex Community Builders pilot. TDC recognises that communities are different and that whilst some areas have vibrant communities, others are non-existent. We would like to see approaches that support communities that may be more deprived or isolated.	As item 1, continue to support VSOs. Service specification 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.		Help for local schemes and an award scheme for the most vibrant communities 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 volunteers, is of concern – it would introduce another layer of bureaucracy and cut across existing structures. Finally, the voluntary sector should not be seen as care on the cheap but as an equal partner.	This would be welcomed either through appropriate and proportionate grants or contracts, or through 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 particularly 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.

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.	Telecare/telehealth/assistive 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.	

5.3.1	One pot of money alongside one set of outcomes	By Apr 2015	12		<p>We agree with the concept of aligning budgets behind outcomes but do not think a single pot of money is necessarily the only effective way of delivering identified outcomes. This could equally be managed by aligning budgets around common outcomes and we are currently working towards such arrangements through our integrated plans with the CCGs.</p> <p>We agree with the notion of aligning, pooling or delegating specific budgets around common outcomes but do not think a single pot of money should be looked at mechanistically as it is not necessarily the only effective way of delivering identified outcomes. This could equally be managed by aligning budgets around common outcomes and we are currently working towards such arrangements through our integrated plans with the CCGs. We suggest a pragmatic but ambitious approach going wider than government minimums and expect to work intensively with the County Council on this over the next 6-9 months.</p>									
5.3.2	A common, collaborative leadership across the Essex health economy	Winter 2015											<p>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.</p>	
5.3.3	Cradle to grave coordinated and convenient care is the norm in Essex	2016		<p>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.</p>		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 new 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 this 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.	
TDC does not support the notion 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.	
			ECL totally supports this vision.	
			ECL totally supports this vision.	

	<p>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.</p>		<p>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.</p>	
			<p>We see ourselves as offering part of the solution to make this happen.</p>	
			<p>ECL totally supports this vision.</p>	

North East Essex CCG	North East Essex Health Forum	
A clear delivery plan is needed to ensure all Essex residents can play their part. Residents should be 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 this in managing their own care. We recognise that lifestyles have changed and that models of care need to adapt. However, we would also like the issue of understaffing in primary care to be acknowledged: an issue that particularly affects Tending.	<ul style="list-style-type: none"> - See ageing as a creative enterprise - Move care from the medical to the social sector - Reconciling self-care and mutual-care. - Avoid institutional dominance. - Maintain autonomy, security and safety. - Political participation. - Accountability and empowerment. - Equity within free health care and self-funded. - The importance of mental activity. - Social contact and strengthening relationships. - Against inward looking organizations. - Against ageism and negative stereotyping. - Against limited choice. - Foster life-long-learning. 	