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MONTHLY/QUARTERLY R/A/G STATUS 2013

Q1 Apr – June '13	Q2 July – Sept '13	Q3 Oct – Dec '13	Q4 Jan – Mar '14
Green	Green	Amber	

Targets / Performance / Milestones:

○ **Collect and collate stakeholder commissioning priorities**

These were collected from the following stakeholders to provide a broad foundation with which to start to define priorities for Ashford based on the local strategic needs assessment:

- *Ashford Borough Council*
- *Ashford Clinical Commissioning Group*
- *Ashford Housing Framework*
- *Ashford Supporting Families Programme*
- *Community Health & Wellbeing Group*
- *Community Safety Partnership*
- *Kent County Council*
- *Public Health*

○ **Discover commonalities within the priorities**

The priorities from the above stakeholders were then compared for commonalities to reduce duplication and evidence aligned strategic areas.

○ **Establish shared key areas of local need**

Following discussion at the Ashford Integrated Commissioning Group, the following broad key areas of local need were defined, based on the local strategic needs assessment and the experience of the stakeholders within the group:

- *Family Support*

Achievements / actions completed:

○ **Collection of commissioning priorities from each of the stakeholder organisations involved in the Ashford Integrated Commissioning Group.**

These were collected from the following stakeholders to provide a broad foundation with which to start to define priorities for Ashford:

- Kent County Council (KCC) – Families and Social Care, Public Health etc.
- Ashford Borough Council (ABC) – Housing, Environmental Health, Community Safety, Planning etc.
- Ashford Clinical Commissioning Group (CCG)

Throughout this process, the Ashford ICG ensured that the local Integrated Commissioning Plans also considered national and countywide priorities, including but not limited to the following:

- Kent's Health Inequalities Action Plan - MIND THE GAP Building bridges to better health for all
- Winterbourne View – Programme of Action
- Caldicott Information Governance Review
- What Matters Forum - Quality Assurance Action Plan
- Falls Prevention
- 2013 Mid-Staffordshire NHS Francis Report

○ **Three local priority areas have been defined: Supporting Families, Long Term Conditions and Healthy Living**

- *Long Term Conditions*
- *Healthy Living*

Each of the commissioning priorities were reviewed and filtered to those aligned against these agreed areas of locally focussed need.

○ **Match commissioning priorities to key areas**

The remaining priorities were then matched against the following key commissioning areas:

- End of Life Care
- Long Term Care & Support – Sustained & Ongoing
- Prevention & Self Care
- Short Term Care & Support – Goal Oriented

This was to ensure county wide consistency across each of the Integrated Commissioning Plans in line with the Integrated Commissioning Toolkit.

○ **Agree on shared commissioning objectives**

Following further discussion at the Integrated Commissioning Group around the three locally areas of focus, Supporting Families, Long Term Conditions and Healthy Living, it was decided that the main commissioning objectives for services in Ashford delivering in these areas would be as follows:

- Early Diagnosis and Intervention, including awareness raising and information sharing to promote choice and control

○ **Map existing services**

Each stakeholder within the Integrated Commissioning Group to map the existing services they current provide or fund within Ashford District. Venn Diagram to be created.

Discussion took place over several Integrated Commissioning Group meetings to look at the themes and trends that were coming from the shared commissioning priorities list.

After some debate these it was agreed that the group would focus on the three local priority areas of Supporting Families, Long Term Conditions and Healthy Living. It was also agreed these broad themes would need to be further broken down into more targeted areas.

○ **Key local objectives agreed of Early Diagnosis and Intervention were set**

Following the agreeing of the broad themes as stated above, the next task of the group was to identify key local objective that could be applied to each identified area.

Following a good deal of discussion, it was agreed that there was currently a gap within each area in supporting early diagnosis and intervention. This was unanimously agreed to be a key local objective in improving supporting and improving diagnosis rates as well and providing early intervention and appropriate needs-led levels of support for each individual.

○ **Applying the local objectives to the 199 commissioning priorities set by the group reduced the number to 20**

The original commissioning priorities list comprised of 171 individual items and following considerations from the Ashford Health and Wellbeing Board and further input from the Integrated Commissioning Group, this number eventually rose to 199 commissioning priorities across the stakeholder organisations represented within the Group.

When these priorities were filtered against the agreed local priority areas of Supporting Families, Long Term Conditions and Healthy Living and then by the local objectives of Early Diagnosis and Intervention, the priorities list reduced to a more manageable 25.

○ **The broad local priority areas were re-fined to Behavioural and Emotional Need, Dementia and Eating**

Disorders with a focus on Obesity.

Having a reduced number of commissioning priorities to focus on, the Group were able to more clearly refine the key areas from Supporting Families, Long Term Conditions and Healthy Living down to the more focused areas of Behavioural and Emotional Need, Dementia and Eating Disorders with a particular focus on Obesity, a condition that affects almost 25% of the Ashford population.

- **Service Map and associated Venn Diagram now directly links to the Commissioning Priorities List.**

Using the Commissioning Priorities List as a starting point, a service area was applied to each of the 199 priorities. These services were then mapped against each of the stakeholder organisations forming the ICG:

- Kent County Council (KCC) – Families and Social Care, Public Health etc.
- Ashford Borough Council (ABC) – Housing, Environmental Health, Community Safety, Planning etc.
- Ashford Clinical Commissioning Group (CCG)

Following this mapping exercise the ICG were able to produce a Venn Diagram that graphically illustrated how some these service areas overlapped the remit and scope of the three key organisations, KCC, ABC and the Ashford CCG.

The Venn Diagram shows 18 service areas that cross-cut all three organisations, most importantly these include the 3 agreed local priority areas of Behavioural and Emotional Need, Dementia and Eating Disorders.

- **Sub Groups have now been formed for each of the local priority areas**

It has been agreed by the Ashford ICG that a sub group be formed for each of the local priority areas with a member from each of the stakeholder organisations taking a lead as follows:

Priority Area	Lead
Dementia	Kent County Council
Behavioural and Emotional Needs	Ashford Borough Council
Eating Disorders / Obesity	Ashford Clinical Commissioning Group

Membership of these groups will be agreed and circulated prior to the next AICG meeting on 27th November 2013. Each group will then develop outcomes and objectives for each priority area.

Next Steps

- **Complete the linking of the AICG priorities to the MIND THE GAP equalities action plan.**
AICG members to complete the mapping of the priorities list to the national MIND THE GAP equalities action plan for each of their stakeholder organisations.
- **Sub groups to be formed for each of the AICG priority areas – Eating Disorders/Obesity, Dementia and CAMHS/ASD promoting early diagnosis and intervention.**
A representative from KCC, ABC and CCG to lead each group and carry out a service gap analysis of current provision including associated costs, service user profile and usage including pathway.
- **Further define objectives and produce associated outcomes**
Having defined the Areas of focus and the local commissioning objectives to be applied to each, it is now the task of the Sub Groups to further define the objectives and produce associated outcomes and expectations.

New or outstanding risks:

- **These to be discussed by each stakeholder partner within the Integrated Commissioning Group and will become a standard agenda point for review and update of this report.**
AICG Risk
Changes in AICG membership can result in regular revisions of the Priorities and can delay forward movement.
This did lead to the priorities list being revised several times and growing significantly from 171 to the current 199 items.
Priority Definitions
During the original task action of listing and collating the commissioning priorities from each of the stakeholder organisations into a single list, it became apparent that some of the items listed referred too specifically to individual services rather than a higher level strategic priority as intended and needed to be reworked.
The AICG needs to be mindful of this going forward as the focus of some discussions can become too narrow.

Priorities crossed referenced by JSNA

The AICG need to ensure that any priorities agreed are cross referenced with the local Joint Strategic Needs Assessment.