NIHR CLAHRC West Stakeholder Priorities for Health and Wellbeing

Update March 2015

Soon after the publication of the NIHR CLAHRC West Stakeholder Priorities for Health and Wellbeing report in August 2014, the 7 Clinical Commissioning Groups (CCGs) in the West began to publish their five year plans. We also received feedback from stakeholders to indicate that they found the report useful, particularly the table format in which some of the information was presented, allowing for easy comparison across the CCGs. Therefore, we have updated the format and content of the CCGs' priorities for an overview of the thematic commonalities in their plans.

The appended table 'Stakeholder Priorities Update March 2015 - Thematic analysis of the seven CCGs' Five Year Strategic Plans' sets out the four main priorities and related strategies in the first column. Each CCG's approach is then outlined and summarised so that they can be read across and compared.

The first priority is the **prevention of avoidable deaths and ill health related to behavioural factors and wider social determinants**. This involves effectively supporting people to stay well and independent through adopting and maintaining healthy behaviours. Subthemes relate to self-management of long term conditions, building on locally based resources and providing care for people as close to home as possible as well as support for carers.

The second priority of **reducing health inequalities and protecting vulnerable groups** is closely linked to the first, but in terms of approaches and strategies more heterogeneous than the first. While many plans contain general and high-level aspirations to reduce inequalities, others identify particular groups such as the homeless, excluded children and young people, older people, refugees and minority ethnic groups in relation to particular services such as end-of-life care, improving access to earlier diagnosis of long term conditions and cancer, and better coordinating physical and mental health services. Services for people with learning disabilities, and safeguarding practices for children and vulnerable adults have been highlighted in most plans.

The third priority is **the development and capacity increase of integrated community support to avoid hospital admissions**. This priority covers a wide range of strategies including the expansion of primary care and community services in scope and availability, integration with home and social care, provision of services closer to home (including urgent care and some specialist services), and better care coordination for people with multi-morbid long term conditions, using a number of different approaches and tools including data integration and data sharing, personal health budgets, and development of patient-facing technologies and digital communication.

The fourth priority of **reducing demand on acute hospital services** is closely related to the third and cites strategies that seek to address current problems related to unplanned and inappropriate admission to hospital, safe and early discharge, ambulatory care, reablement/rehabilitation services as well as proactive management of inpatient bed capacity.

Where CCGs have highlighted priorities which have not been captured in the thematic analysis table because they are not shared across the geographical area, we have produced an additional list which identifies these in relation to the specific services cited.