



Report of: Director of Population Planning, NHS Leeds CCG

Report to: Leeds Health and Wellbeing Board

Date: 29th April 2021

Subject: Development of the Left Shift Blueprint

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- The purpose of this paper is to share the approach taken to developing the Left Shift Blueprint and the document with Health and Wellbeing Board in addition to outlining the progress made with this initiative to date.
- The aim of the Left Shift Blueprint is to set out how health and care services will be delivered in Leeds over the next five years, particularly considering how the left shift can become a reality. The plan is grounded in the Health and Wellbeing Strategy and CCG Strategic Ambition for Leeds to be ‘a healthy and caring city for all ages where people who are the poorest improve their health the fastest’.
- The ambition within the Left Shift Blueprint is framed by a set of measures termed ‘strategic indicators’. There is significant alignment between the Strategic Indicators and measures within the Health and Wellbeing Strategy and the West Yorkshire and Harrogate Integrated Care System’s (ICS) ten big ambitions. One way in which the ambitions, as set out through the Strategic Indicators, will be delivered is through activity within the 9 programmes of work. In line with the direction of travel for the city these programmes reflect specific populations.
- The Left Shift Blueprint was shared for discussion at the Leeds Health and Care Partnership Executive Group (PEG) in December 2020 and February 2021. At both meetings the plan was endorsed. As a result of these discussions the Left Shift Blueprint is will now form a significant element of the strategic framework for developing a Leeds Integrated Care Partnership (ICP) and will be embedded within the emerging ICP Collaborative agreement.

Recommendations

The Health and Wellbeing Board is asked to:

- Sign up to both the concept of the Left Shift Blueprint and the Strategic indicators
- Support implementation of the Left Shift Blueprint both in the ways outlined in this paper and to explore with the Board how else they might support this initiative – in terms of both implementing the plan and achieving ambitions set around the Strategic Indicators as detailed in the Left Shift Blueprint document.

1 Purpose of this report

- 1.1. The purpose of the session and this paper is to share the Left Shift Blueprint approach and document with the Health and Wellbeing Board in addition to outlining the progress made with this initiative to date.
- 1.2. The Health and Wellbeing Board are asked to sign up to both the concept of the Left Shift Blueprint and the Strategic indicators and support delivery of the plan. Both in the ways outlined in this paper and to explore with the Board how else they might support this initiative – in terms of both implementing the plan and achieving ambitions set around the Strategic Indicators as detailed in the Left Shift Blueprint document.

2 Background information

- 2.1 The aim of the Left Shift Blueprint is to set out how health and care services will be delivered in Leeds over the next five years, particularly considering how the left shift can become a reality. The plan is grounded in the Health and Wellbeing Strategy and CCG Strategic Ambition for Leeds to be ‘a healthy and caring city for all ages where people who are the poorest improve their health the fastest’.
- 2.2 The blueprint is also the key vehicle within the CCG to support the reduction in activity required on the acute site for the Building the Leeds Way programme and it also includes the majority of the changes we are expected to achieve as a system to deliver expectations set out within the NHS Long Term Plan.
- 2.3 The ambition within the Left Shift Blueprint is framed by a set of measures termed ‘strategic indicators’. There is significant alignment between the Strategic Indicators and measures within the Health and Wellbeing Strategy and the West Yorkshire and Harrogate ICS ten big ambitions. One way in which the ambitions, as set out through the Strategic Indicators, will be delivered is through activity within the 9 programmes of work. In line with the direction of travel for the city these programmes reflect specific populations.
- 2.4 The complete Left Shift Blueprint document can be found in appendix A or using the following [link](#). The Left Shift Blueprint summary document can be found in appendix B. Further detail on the specific programme measures can be found in appendix C.

2.5 Please note that the full Left Shift Blueprint document was developed in December 2020. This means that more up to date data may be available for some of the programme measures. The intention is to update the full blueprint document on an annual basis with programme boards receiving updates on their programme measures on a quarterly basis.

3 Main issues

3.1 Assuming the successful passage of proposed legislative changes outlined in the February 2021 Health and Social Care White Paper, from April 2022, ICSs will become statutory organisations absorbing commissioning functions currently undertaken by CCGs and NHS England. Strong place based arrangements (ICPs) are the cornerstone of the emerging West Yorkshire and Harrogate ICS Operating Model.

3.2 For Leeds this would mean formalising the existing partnership arrangement into an ICP to help us achieve measurable delivery of our shared ambition. A working description of the emerging Leeds ICP is:

“An alliance of health and care partners that work together to improve the health outcomes and reduce inequalities of the population by using our resources collectively to deliver population-health driven integrated care”.

3.3 The Left Shift Blueprint was shared for discussion at PEG in December and February. At both meetings the plan was endorsed. As a result of these discussions the Left Shift Blueprint is will now form a significant element of the strategic framework for the ICP and will be embedded within the emerging ICP Collaborative agreement. The Left Shift Blueprint document has also been endorsed by the CCG Governing Body.

3.4 Until now the Left Shift Blueprint has been built on pre-existing engagement with the public. For example, the content of the Frailty Programme is based around the Frailty Outcomes Framework which was developed following significant consultation with the public. In addition to this, the direction of travel within the blueprint is in line with the national direction of travel and the document itself contains many of the mandated national must dos within the Long Term Plan.

3.5 Engagement on the strategy with citizens in Leeds is planned over the month of May where there will be a number of focus groups and interviews undertaken led by QA research. Through this work we will be working with people to understand their views in a number of areas including:

- The concept of the left shift, the aspects of this that people will see as positive and areas where there may be some concern
- What success in terms of implementing the left shift would look like to them
- How the Left Shift should be communicated to the wider public
- What people see as their ‘personal’ responsibilities in terms of implementing the Left Shift

- What the document should be called, since the title 'Left Shift Blueprint' does not necessarily provide clarity on what the document aims to achieve

3.6 The content of the blueprint has also been reviewed against the most common themes emerging from engagement across the city. Findings demonstrate a strong link between the Left Shift Blueprint and the common themes. These can be found in appendix D.

3.7 Going forward, the majority of change will be driven through pre-existing boards associated with Left Shift Blueprint programmes. The People's Voices Group are keen to consider how 'peoples' voice' is reflected on those boards. It is proposed that there is a 'people's voices' representative on each one and that the representative receives the support they require to undertake their role effectively.

3.8 The Health and Wellbeing Board are asked if they will support the implementation on the Left Shift Blueprint through holding the system to account for implementation of the plan and achievement of the strategic indicators. This could include:

- Reviewing regular updates against the strategic indicators to ensure progression towards achieving them is in line with the system ambitions
- Where the system is not on track to meet any of the strategic indicators receiving a 'deep dive' in that area
- Challenge relevant items that come to the Health and Wellbeing Board on how they are supporting the system in meeting the ambitions as set out in the Left Shift Blueprint.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As detailed above, the Left Shift Blueprint has been developed through building on consultation and engagement with people that had already taken place across Leeds.

4.1.2 A further programme of engagement and consultation with the public is planned to take place in May and June to understand views on the plan as a whole and to further shape the plan in a number of pre-defined areas.

4.1.3 The Left Shift Blueprint has been developed alongside partners from across the City. The Strategic Indicators were developed in consultation with the Place Based Planners Group and Programme Measures have been developed by the relevant programme boards. These boards include the following: Maternity Strategy Programme Board, Best Start Strategy Group, Mental Health Partnership Board, Long Term Conditions Programme Board, Leeds Integrated Cancer Services Board, Frailty / Ageing Well Programme Board, Leeds Dementia Care Oversight Board, Leeds Palliative Care Network.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 One of the four principles of the left shift as set out in the document is 'ensuring our resources are focused on reducing health inequalities'.
- 4.2.2 To support this, wherever possible each strategic indicator will have a health inequalities element to it. For each of the Strategic Indicators the ambition is to reduce inequalities between Leeds and Deprived Leeds by 10%.
- 4.2.3 The full Left Shift Blueprint document lists a number of priority initiatives for each programme of work. Each of these priorities has set out specifically how it will work with the diverse communities of Leeds to reduce health inequalities.

4.3 Resources and value for money

- 4.3.1 Through detailing a number of measures we are aiming to achieve as a city and align our resources behind the Left Shift Blueprint should support in making best use of the Leeds Pound.
- 4.3.2 Whilst there are no specific financial decisions within the document the left shift blueprint should influence how NHS resources are allocated in the future.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no legal, access to information or call in implications from this report.

4.5 Risk management

- 4.5.1 There are no specific risk implications arising from this report.

5 Conclusions

- 5.1 The aim of the Left Shift Blueprint is to set out how health and care services will be delivered in Leeds over the next five years, particularly considering how the left shift can become a reality. This is a significant plan for the city since it sets out both the CCG commissioning and investment strategy. It is also guided by the Health and Wellbeing Strategy vision that Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.
- 5.2 Due to the strong links with the Health and Wellbeing Strategy the Health and Wellbeing Board are asked to support the implementation of the Left Shift Blueprint. A number of mechanisms through which they could do this are suggested as set out below:
- 5.3 Reviewing regular updates against the strategic indicators to ensure progression towards achieving them is in line with the system ambitions
- 5.4 Where the system is not on track to meet any of the strategic indicators receiving a 'deep dive' in that area

5..5 Challenge relevant items that come to the Health and Wellbeing Board on how they are supporting the system in meeting the ambitions as set out in the Left Shift Blueprint.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Sign up to both the concept of the Left Shift Blueprint and the Strategic indicators
- Support implementation of the Left Shift Blueprint both in the ways outlined in this paper and to explore with the Board how else they might support this initiative – in terms of both implementing the plan and achieving ambitions set around the Strategic Indicators as detailed in the Left Shift Blueprint document.

7 Background documents

- None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

One of the four principles of the left shift as set out in the Left Shift Blueprint document is that our services and resources will be focused on reducing health inequalities. In line with the Health Inequalities framework it states that *'health inequalities is no longer about doing the 'extra things' but about a focus on inequalities in everything we do, applying the totality of resources available to us as a Health system'*.

There are a number of measures set out in the Left Shift Blueprint that are focused on reducing health inequalities in Leeds. The ambition for the Strategic Indicators is that where we can measure it, we aim to be as good, if not better, than the England average and to reduce the health inequalities between Leeds and deprived Leeds by 10%.

Where possible there is also a health inequalities element to each of the programme measures.

How does this help create a high quality health and care system?

The Left Shift Blueprint sets out what we are aiming for health and care in Leeds to look like in five years' time. This is described through our strategic indicators which focus on a number of different areas:

1. Health Outcome Ambitions - These are longer term indicators that we are looking at over a 10 year period.
2. System Activity Metrics: These indicators will provide a more immediate view of impact through the Leeds Data Model
3. Quality Experience Measures: These indicators will provide a view of peoples' experience of services and moving between services

There are also measures associated with each programme of work representing specific populations. Delivering these will become part of the business of the associated programme boards. Through establishing a consistent framework of measures, the majority of which can only be achieved through system integration and collaboration, the Left Shift Blueprint should support in creating a high quality Health and Care system.

How does this help to have a financially sustainable health and care system?

Within the document the Left Shift is described in the following ways:

1. The population's health overall will move from being more sick and dependent on services, to living, ageing and dying well. We will have a much clearer focus on specified outcomes. For example, we know that improving outcomes in childhood is essential for better education, health and economic outcomes for a whole population.
2. For the population's health to improve equitably and for us to reduce health inequalities, we will need to ensure services are focused better on the needs people who are socially economically disadvantaged ; inclusion groups and those at higher risk of poor health – so we will have specific goals across all relating to reducing inequalities.

3. In order to achieve this we will invest more resources in prevention and personalised proactive care – often (but not always*) resulting in more activity and care taking place in community settings including people’s homes – so we will have clear targets to measure how these activity levels will change.
4. People will be equal partners in their care, we will have clear measures to ensure high quality, personalised services are delivered focusing on what matter to people,

*(*We say not always, as sometimes, for people with a complex physical or mental health condition, the most proactive approach is to have access to specialist care as quickly as possible, which may be delivered from hospital.)*

If as a system we can move more towards the left shift, ensuring people are equal partners in their care and focusing more on keeping people well the system should become more financially sustainable.

Future challenges or opportunities

As with any strategy the challenge now with the Left Shift Blueprint is implementation, bringing it to life and making it real to people. There are a number of areas of areas of work underway to support this:

- The Left Shift Blueprint indicators are proposed to be embedded within the forthcoming Collaborative Agreement as part of the Integrated Care Partnership (ICP)
- Supporting programme boards in understanding the impact their actions are having through the development of regular programme dashboards
- Understanding people’s views on the blueprint, what is important to them and where they might have concerns that need to be addressed through the forthcoming consultation
- Working with our staff to understand what the Left Shift means to them through the forthcoming ‘Hearts and Minds’ work being undertaken through work focused in ICP development
- Working with the Left Shift Blueprint programmes and the city wide enablers (workforce, estates, digital) to support greater alignment of plans

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	