

Appendix D

Aligning the Left Shift Blueprint to Common Engagement Themes

The following have been identified as being the key themes that have emerged through engagement with people over the past 3 years. Themes have been compared with content within the left shift blueprint to identify where there is strong alignment and where we feel alignment could be stronger.

Theme	Link with the Left Shift Blueprint
1 - Mental Health	<p>Mental Health is a specific programme within the left Shift Blueprint. Programme measures align well to themes that have emerged through consultation including:</p> <ul style="list-style-type: none"> • Focusing on achieving a timely access to services – for example ‘the proportion of people receiving timely access to a MH Crisis Assessment % 0 - 4 hours’ • Focusing on achieving the ‘I Statements’ – statements that have been designed by people with lived experience of mental health services that set out what is important to them.
2 - Digital Inclusion	<p>Supporting digital inclusion is one of the enabling principles which sits across each programme within the Left Shift Blueprint. Each programme has agreed a number of priority areas for action and considering the approach to digital inclusion will be in each of these.</p>
3 - Information	<p>A number of the Left Shift Blueprint programmes focus on supporting people to manage their own health through accessing information in a timely way. For example:</p> <ul style="list-style-type: none"> • An objective of the maternity programme is for more women to be seen by maternity services within 10 weeks of pregnancy to ensure they receive the information they need to have a healthy pregnancy • The Long Term Conditions programme aims to use more programmes of rehabilitation, structured education and patient self-management tools to support people in having the information that they need to stay healthy / managing any existing information. <p>Programmes are developed in the knowledge that Leeds is continuing to develop its ‘Leeds Care Record’ to ensure people can tell their story once but that information will be used many times. One example of where this is important and ties in with our programmes of work is through the End of Life programme. To support as many people as possible to die in their place of choosing the aspiration is that all health and care staff who come into contact with the person approaching the end of their life can access their EpACCS record to understand what their preferred place of death is.</p>

<p>4 - Partnership Working</p>	<p>The Left Shift Blueprint has been developed through working with partners across the Health and Care system defining what it means to achieve the 'Left Shift'.</p> <p>Our strategic indicators were developed through working with planning colleagues from across the health and care system. Our programme indicators were developed through working with programme boards across the health and care system.</p> <p>Not only do our Partnership boards have strong representation from our statutory NHS services but they have representation from the Local Authority, the third sector, Healthwatch and in many cases people with lived experience.</p> <p>One of our strategic indicators – the P3CEQ is a measure of patient centred co-ordinated care experience. This will be measured through talking to people in the city who have accessed health and care services recently. This will support the system not only in understanding how well we work together as a system to put the individual at the centre of their care.</p>
<p>5 - GP Access</p>	<p>One of the ambitions of the blueprint is to support and increase access to a range of primary and community services. Our strategic ambition is to <i>'Increase the proportion of people being cared for in primary and community services'</i>. To support this the CCG is committed to continuing to fund Primary Care above the amount provided nationally. Investment in Primary Care is increasing nationally, particularly through the additional roles reimbursement scheme. This funding will extend and expand the range of support available in the community. Roles include Health and Wellbeing Coaches, Social Prescribers, Clinical Pharmacists and Mental Health Practitioners. This should allow people to access appropriate care closer to home more easily and help make best use of GPs time through supporting them in spending time with people who require more specialist care.</p>
<p>6 - Inequalities (general)</p>	<p>At the heart of the blueprint is a focus on reducing health inequality. These are the <i>'unfair and avoidable differences in health across the population and different groups within society'</i> (NHS England). For each of our strategic indicators we will aim in Leeds to be:</p> <ul style="list-style-type: none"> • As good – if not better than the England average • Narrow the gap between Leeds and deprived Leeds by at least 10% <p>Each of the programme indicators will also have a health inequalities angle. For example all Cancer programme measures look to not only improve performance in Leeds but to narrow the gap between Leeds and deprived Leeds.</p> <p>Achieving these ambitions does mean that resources need to be targeted at people who experience the worst health outcomes but this need not be at the expense of broader outcomes. Improving quality is an important aspect of the Blueprint with a number of the Strategic Indicators focusing on quality and each programme having its own quality metric.</p>

<p>7 - Inequalities (specific)</p>	<p>Each 'priority' action within the blueprint has been shaped through developing an understanding of the detail of inequalities that exist in communities. For example, when considering increasing the numbers of Children and Young People with a diagnosable mental health condition receiving MH treatment we know that the barriers to this are different for different groups of people. For example:</p> <ul style="list-style-type: none"> • Data allows us to focus on the clusters where children are living with highest level of deprivation (Inner East) and therefore where general need is highest. • Within the BAME population, we know that needs are different for different groups: CYP from mixed heritage stand out as having high Social Emotional Mental Health needs and are underrepresented in many support services - this is a growing population which has more than doubled since 2005 • Chinese CYP report high anxiety about performing well academically and struggling with parents working long hours • Gypsy and traveller CYP experience inequitable pathways to services due to a range of complex factors <p>A measure within the mental health programme is to '<i>reduce over representation of BAME groups detained on admission to the same levels as White British</i>'. In order to achieve we are working towards all our mental health services being culturally appropriate and reflecting the needs of our communities.</p> <p>In terms of Cancer our Primary Care screening champions are based across 45 our GP practices that are situated in the most deprived areas. Taking this approach has already supported demonstrated some success with a slight narrowing in the gap in bowel screening uptake between deprived and non-deprived Leeds.</p>
<p>8 - Opening times</p>	<p>Opening times for services have not been considered specifically within the Left Shift Blueprint although will be considered within the programmes where this supports in meeting specific programme measures.</p>
<p>9 - Involvement in care</p>	<p>People's involvement in their care is a key area of focus across a number of the Left Shift Blueprint programmes. For example:</p> <ul style="list-style-type: none"> • One of the programme measures within the Long Term Conditions Programme (LTC) is that Patients with a LTC, will be supported to reduce complications and the development of additional long-term conditions through shared agreed goals including medication and lifestyle therapy treatment optimisation. • Within the Learning Disabilities and Autism Programme there is a focus on increasing personalisation by increasing the uptake of Personal Health Budgets to offer citizens greater choice and control. • Within the Frailty programme is an aspiration that people living with Frailty and their carers have a Collaborative Care and Support Plan in place. • Within the End Of Life programme there is a focus on supporting people to die in their preferred place of death

10 - Self-care	<p>Each of the Left Shift Blueprint programmes have been asked to consider Self Care within their programmes.</p> <p>Specific examples of this within the programme measures are:</p> <ol style="list-style-type: none"> 1. Reduce emergency admissions for childhood asthma. One way of doing this is through increasing number of schools recognised as 'asthma friendly' 2. A focus within the Long Term Conditions programme is increasing the proportion of patients identified at risk of developing a long-term condition who have been referred for management of risk factors)
11 - Transport	<p>Transport has not been specifically considered though the Left Shift Blueprint, although the availability of public transport will be a consideration within the programmes when considering specific areas of service change.</p>
12 - Environment	<p>Environment has not been specifically considered though the Left Shift Blueprint. However we know that through reducing the number of face to face appointments that take place within the hospital and increasing care that is delivered close to home or in people's homes there will be a beneficial impact upon the environment.</p>
13 - Wider determinants of health	<p>The Left Shift Blueprint has a focus on NHS services therefore whilst the wider determinants of health are referred to and considered essential in terms of achieving both the Strategic Indicators and many of the identified programme measures. Wider determinants of health will be considered through the programme boards.</p>
14 - Isolation	<p>The Left Shift Blueprint does not specifically consider isolation although it is acknowledged that Social Isolation can have a significant impact on people's health. However, social isolation is picked up through the wider work of a number of programme boards. For example one outcome from the All Age Mental Health Strategy is for <i>People will be part of mentally healthy, safe and supportive families, workplaces and communities.</i></p>