

Board of Directors – Public

Date: 26 May 2021

Item Ref: 12a

TITLE OF PAPER	Strategic Direction 2021 - 2025
TO BE PRESENTED BY	Pat Keeling, Director of Special Projects/ Strategy
ACTION REQUIRED	The Board of Directors is asked to approve the Strategic Direction 2021 - 2025

OUTCOME	For the Board to be assured that an agreed plan has been developed through broad engagement activities, to confirm and deliver our vision.
TIMETABLE FOR DECISION	May 2021 Board Meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Trust Values People Plan Clinical and Social Care Strategy CQC Well Led Review Board Assurance Framework
STRATEGIC AIM STRATEGIC OBJECTIVE	The Strategic Direction 2021 – 25 confirms the Trust vision and the 4 strategic aims and 4 strategic priorities that will be the focus for this period.
BAF RISK NUMBER & DESCRIPTION	It sets out where the Trust is performing well and those areas that require further work. It also identifies the key opportunities and risks that the Trust must take account of.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Long Term Plan NHS 2021-22 Priorities and Operational Planning Guidance. Integrating Care: Next Steps (November 2020) Integration and Innovation White Paper Government mandate to NHS England and NHS Improvement
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	The Strategic Direction sets out the high level actions and deliverables during the period 201 - 2025. The financial implications will be developed through the enabling strategies, transformation programme and the annual planning process.
CONSIDERATION OF LEGAL ISSUES	The Foundation Trust is required to develop its five year plan and LTFM

Author of Report	Pat Keeling
Designation	Director of Special Projects / Strategy
Date of Report	19 th May 2021

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
X	X					
<p>For the Board of Directors to approve the Strategic Direction 2021 - 25.</p> <p>Attached are the</p> <ul style="list-style-type: none"> • Strategic Direction 2021 – 25 • Strategic Direction on a page summary • Enabling strategies timeline • How we developed our Strategic Direction 						

2. Summary

Background, context, and the development of the Strategic Direction

The Board of Directors identified the need to review the strategic direction as part of

- a) The CQC Well Led Review feedback in 2021
- b) The significant changes to the Board and leadership
- c) Feedback from staff on the need for a clear direction
- d) Changes to the NHS as a result of the Integration and Innovation White Paper

Our Strategic Direction has been developed a result of the work we have undertaken with our staff, our Leadership Group, our Joint Consultative Forum, our Council of Governors, the Board, people who use services and our partners.

We have refreshed our strategic aims to formally acknowledge the importance of addressing inclusion for our staff and people who use our services. We have also refreshed our strategic priorities to provide a greater focus on integration and working in partnership.

We are in the process of refreshing our Values and the Strategic Direction will be updated to reflect the outcome of that work.

We have developed our Clinical and Social Care Strategy through a significant engagement approach and we will be delivering the suite of associated enabling strategies, during the remainder of 2021.

Our Vision and Values

Our vision for the people we serve remains the same:

- **To improve the mental, physical and social wellbeing of the people in our communities.**

We are in the process of refreshing our values:

- **Accountability, Ambition, Compassion, Fairness, Partnership, Respect**

Our Strategic Aims and Priorities

We have added a new strategic aim to reflect the importance of inclusive ways of working for our staff, the people and communities we serve:

- Deliver outstanding care.
- Create a great place to work.
- Effective use of resources
- Ensure our services are inclusive

We have reviewed our strategic priorities and added a focus on partnerships to reflect the strategic importance of the new ICS NHS arrangements. We are working together with partners in Sheffield place and implementing new models of care with the local Alliance of NHS providers and South Yorkshire and Bassetlaw Integrated Care System.

Covid-19 – Recovering effectively

- Increase staffing in those services most affected by increased Covid demand
- Reduce waiting times for assessment and treatment

CQC - Getting Back to Good (continuous improvement program)

- Implement our Quality Improvement and Leadership programs
- Improve our standard of patient centered care
- Implement rapid improvement in acute and recovery services
- Create safe & dignified facilities
- Complete our Well-Led Action Plan

Transformation - Changing things that will make a difference

- Primary care mental health service rollout to 15 PCNs by 2023

- Reduce Community Mental Health Team waiting times
- Implement and deliver a new electronic patient record in 2022/23
- Implement the new care model for the forensic services collaborative in 2022.
- Move out of Fulwood House in 2022
- Design and procure the Acute Care Therapeutic facility by 2023
- Implement our Clinical & Social Care Strategy

Partnerships – working together to have a bigger impact

- **Sheffield Place:** co-produce services to improve equality of access for all communities
- **Provider Alliance:** lead the development of forensic and specialist services & support development of the Alliance model
- **South Yorkshire & Bassetlaw Integrated Care System:** play our part in delivering the Long-Term Plan priorities
- **University:** improve outcome measures for service users

3 Next Steps

- a) Confirm our refreshed Values
- b) Approve the Clinical and Social Care Strategy
- c) Deliver the enabling strategies
- d) Communicate the refreshed Values, Strategic Direction and Clinical and Social Care Strategy to our Council of Governors, our staff, people who use services and our wider partners and stakeholders
- e) Confirm the monitoring arrangements through the Finance and Performance Committee and commence progress monitoring

4 Required Actions

The Board is asked to:

- a) **Approve the Strategic Direction 2021 – 2025**
- b) **Confirm the monitoring arrangements**

5 Monitoring Arrangements

Annual progress report to the Board.

6 Contact Details:

Pat Keeling, Director of Special Projects / Strategy



Sheffield Health
and Social Care
NHS Foundation Trust

STRATEGIC DIRECTION

2021 – 2025



CONTENTS

1. EXECUTIVE SUMMARY
2. INTRODUCTION TO SHSC & SHEFFIELD
3. OUR VISION & VALUES
4. WHERE ARE WE IN 2021?
5. WHERE DO WE WANT TO BE IN 2025?
6. HOW DO WE GET THERE?
7. OUR STRATEGIC AIMS & PRIORITIES

APPENDICIES

- A. PRINCIPLES TO GUIDE THE DEVELOPMENT OF PLACE-BASED PARTNERSHIPS
(Kings Fund 2021)
- B. OUR ENABLING STRATEGY REFRESH 2021
- C. OUR STRATEGY ON A PAGE 2021 – 2025
- D. HOW WE HAVE DEVELOPED OUR STRATEGIC DIRECTION

1. EXECUTIVE SUMMARY

Our strategic direction sets out where we aim to be as an organisation by 2025 and what we need to do to get there, in an increasingly changing world and NHS environment. We are therefore developing and setting out our plans with a degree of uncertainty, related to the Covid 19 pandemic and the development of our local Integrated Care System (ICS).

We are optimistic about our future and the important part we will continue to play in reducing health inequalities and improving the health and wellbeing of the population we serve by working with our health and social care partners within Sheffield and the wider ICS in south Yorkshire.

During the short to medium term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects. By 2025 we want to be 'The Best We Can Be', delivering accessible and inclusive person-centred mental health, learning disability and social care services right across Sheffield and the wider ICS.

In order to get there, we will implement and continually refine our Clinical and Social Care Strategy and our strategic framework of aligned enabling strategies, to build a coherent programme of year upon year of continuous improvement across all of our services, departments and partnerships. Our approach will be underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours.

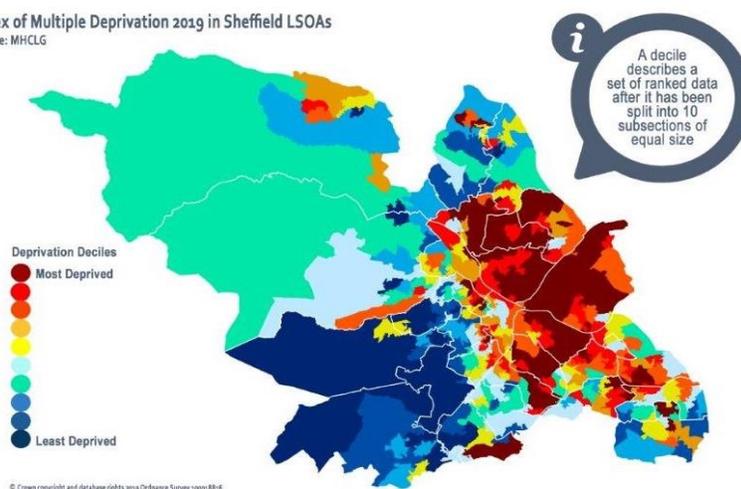
Jan Ditheridge, CEO

Mike Potts, Chair

2. INTRODUCTION TO SHSC & SHEFFIELD

Sheffield Health and Social Care NHS FT (SHSC) employs over 3000 staff and has an annual income in 2021 of £131m. We provide predominantly secondary care mental health, learning disability and specialist services to the population of Sheffield (circa 600,000).

Index of Multiple Deprivation 2019 in Sheffield LSOAs
Source: MHCLG



Sheffield is the seventh least deprived of England's eight core cities, with nearly a quarter of Sheffield's areas in the most deprived 10% nationally. Five areas in Sheffield are within the 1% most deprived in England, which is an increase from three in 2015 (*Joint Strategic Needs Assessment 2019*)

Since the 2011 Census there has been a 6.0% increase in the city population. The largest percentage changes were a 13.1% increase in the 5-11-year-old age group and a 9.6% increase in older people (65+). Conversely there was a 5.0% decrease in the number of babies and infants.

Sheffield's diverse population is similar to the national average population profile except for the 20-24-year-old age group, due to the 60,000 students studying at Sheffield's two universities. Overseas students account for 26% of Sheffield University's total student population. There have been changes to ethnic groups throughout Sheffield with significant increases in the number of people; African (8,000), Pakistani (6,000) and Chinese (5,000) since 2011. In Darnall ward 37% of the resident population are from an Asian ethnic group whilst Black residents made up 14.4% of Burngreave's resident population in 2011.

The five wards which rank as most deprived within Sheffield (1% most deprived in England) are Firth Park, Southey, Burngreave, Manor Castle and Park & Arbourthorne.

3. OUR VISION & VALUES

Our Vision

To improve the mental, physical and social wellbeing of the people in our communities.

Our vision will continue to guide us on our strategic journey to continuously improve. It will help us to focus our partnership work on what is most important to the people who need to access our services.

Our Values

During 2020/21 we have revisited our values with our staff. We have also considered the NHS Constitution values during this process. The values which we have agreed will underpin our strategic direction and everything we do are as follows: [\(note there is a separate paper on Values coming to the May Board\)](#)



We will use these values to set our standards of care, service quality, shape our behaviour and cultural development and to test our strategic plans and how we work together with our partners.

4. WHERE ARE WE IN 2021

What's working well

What really sets us apart from other similar NHS providers is our key strategic advantage resulting from our strong research and innovation reputation. These arrangements and the associated partnership working with Sheffield and York Universities have the added benefit of supporting the training and development pipeline for our mental health and learning disability workforce, across all professions.

As a result of our research and innovation activities we became only the third mental health trust to gain membership of the University Hospitals Association, during 2020. This will become a key strategic driver for our continuous improvement approach. In addition, we already use a quality improvement methodology (Microsystems) which is embedded within the organisation and we intend to build on this foundation.

During 2020 we have put in place a Trust wide improvement program called 'Back to Good' to address areas for improvement identified by the CQC inspection in January 2020. The approach has seen significant and steady improvements and we will continue with this improvement programme during the next 12 to 24 months or until all the areas for improvement have been addressed.

We have also put in place a longer-term strategic program to transform the way we work and provide treatment and care to service users. This program includes improvements in the infrastructure needed to support service users and staff. This strategic program is assisting our implementation of the priorities identified in the NHS Long Term Plan.

Our partnership with Sheffield Primary Care Network and local voluntary organisations has attracted national recognition in identifying and addressing unmet need in our most deprived communities (identified in section two). We will be continuing to roll out this programme over

the next three years with an increasing focus on improving outcome measures and service user feedback.

We have as a result of COVID 19 been developing new ways of working in both our clinical and social care services as well as our wrap around corporate services offer. These approaches are being consolidated within a new Agile Working Policy and will shape our ways of working moving forward. It is likely that we will shift to investing more in digital solutions whilst reducing our overall property footprint. The model of care for service users has also changed as a result of COVID 19 and we will be locking in those changes that have helped to improve our effectiveness, efficiency and productivity so that we can continue to see more people, quickly and effectively, using less resources.

During 2020/21 we have increased the capital investment in our inpatient facilities and we will continue to improve the safety of our estate (e.g. by removing ligature anchor points) and enhance the therapeutic benefits of our facilities to support service user and staff wellbeing and promote service user recovery.

We have had a strong focus on staff engagement in 2020 and have strengthened our working together through our Joint Consultative Forum and our five staff networks:

BAME; Disability; Rainbow (LBTG); Staff Carers; Staff with Lived Experience;

We have also appointed our Freedom to Speak Up Guardian to promote open and transparent communication particularly where staff have concerns. In addition, there has been a strong focus on improving staff supervision and appraisal and staff compliance with statutory and mandatory training. We have also commenced our cultural and organisational development programme to develop a culture of openness, empowerment and dispersed leadership.

Where do we need to improve?

We have identified, with the support of the NHSE Mental Health Improvement Team, those areas where we are currently an outlier in 2021, in relation to the Model Hospital data for the mental health Trusts in England. The areas where we need to focus further improvement are:

- Waiting times for therapy
- Clinical and workforce productivity
- Patient flow, delayed transfers of care and out of area placements
- Staffing levels
- Culture and staff satisfaction
- People from our BAME communities are over-represented in our inpatient services and under-represented in our community services
- Therapeutic environments and safe wards
- Data quality and digital systems to improve care records and digital delivery of services

We were disappointed by our Staff Survey results, received in March 2021. As a result, we are more actively engaging with our staff to improve upon our 41% return rate, as well as working with staff to address key areas for continual improvement as identified by them, including:

- Morale
- Quality of care
- Safety culture
- Staff engagement

What opportunities should we embrace?

Major changes are taking place in the way health and care is organised in England as the emphasis of national policy continues to shift towards promoting partnership working within local health and care systems. Integrated care systems (ICSs) are being established in all areas of the country to drive changes that are intended to lead to better, more joined-up care for people who use our services, reduce inequalities and improve population health and wellbeing.

A key premise of ICS policy is that much of the work to integrate care and improve population health will be driven by providers and commissioners working together over smaller geographies within ICSs (often referred to as 'places'). *Kings Fund Report 20 April 2021*.

The term 'place' refers to the geographical level below an ICS at which most of the work to join up budgets, planning and service delivery for routine health and care services (particularly community-based services) will happen. We will continue to work in partnership across Sheffield 'place' as well as the wider ICS. In order to make a reality of ambitions to deliver more joined-up care and bring about meaningful improvements in population health there will need to be a major focus on strengthening partnerships at the level of place (alongside the development of ICS structures and capabilities).

We have signed the Memorandum of Understanding in support of the South Yorkshire and Bassetlaw ICS Provider Alliance and we intend to play our part in developing new models of care to improve the accessibility and effectiveness of services.

Allied to the opportunities for increased partnership working we will also make the most of the additional Mental Health Investment Standard and COVID 19 funding to deliver our workforce plan supporting delivery of the Long-Term Plan mental health priorities, by 2024. We will also seek capital funding through the New Hospitals Program to support our plans to develop new wards with 100% single room en-suite accommodation, fit for the twenty first century.

What risks should we be mindful of?

As COVID-19 becomes controlled through the UK vaccination program we are forecasting an increased demand for our services in the near to medium term. We have developed demand and capacity and workforce plans to respond to the recovery phase.

In addition, economic downturn is anticipated following COVID 19 as some members of the population have lost employment, some businesses have failed to recover (for example the hospitality sector) and the mental health impact of the virus has increased sickness absence. We therefore have an important role to play in helping Sheffield's recovery and we will continue to closely monitor the level of need and the resources required.

Whilst we are in a relatively strong position regarding the training and development of our mental health and learning disability workforce across all professions, aided by our strong research and development reputation, we still need to continue to find ways of developing the workforce pipeline and succession planning. Should staff turnover due to retirees exceed new joiners then we will have insufficient staff to meet demand.

5. WHERE DO WE WANT TO BE IN 2025?

By 2025 we want to be 'The Best We Can Be', leading person-centred health and social care across Sheffield place and supporting delivery of the ICS mental health and learning disability priorities.

We will have implemented our Clinical and Social Care Strategy, supported by our enabling strategies, resulting in:

- Modern therapeutic facilities – new inpatient facilities and improved community facilities
- Effective digital systems – a new EPR and modern digital platform to support virtual clinical services
- A workforce capable of responding to demand – fully utilising the MHIS and a range of new roles
- A culture where everyone feels valued – with a significant improvement in our staff survey responses
- Effective outcome measures and service user feedback – working in partnership with Universities
- New and improved models of care – for Crisis, Recovery and Forensic services
- A significant reduction in the use of restrictive practices – linked to the design of our new therapeutic inpatient facilities
- A range of effective leaders throughout the Trust who will form the basis for our succession plan – as a result of our organisational development program and inclusive behaviours

6. HOW DO WE GET THERE?

Working in partnership

Some of our most promising opportunities to make progress will come from building broad multi-agency partnerships involving local government, NHS organisations, VCS organisations and our communities. These partnerships, involving a broad range of agencies and sectors, will offer a wider range of levers to influence health outcomes (see Appendix A).

ICSs are set to be established as statutory bodies from 2022 with significant responsibilities for NHS planning and funding and developing broader partnerships to improve population health. This process will require careful implementation to avoid detracting from the efforts of our local place-based partnerships. As ICSs move onto a more formal footing, they will continue to focus on the priorities of local places. We will work with the ICS to ensure mental health and learning disability services and people who use these services are adequately represented in formal ICS structures and we will continue to strengthen the connections between these priorities, governance and leaders at system and place level.

We will work in our place-based partnerships to communicate this work and decision-making arrangements with our local Sheffield population. We will focus on incremental change, progressively strengthening our partnerships and delivering tangible improvements in health and wellbeing.

Effective Use of Resources

As CCGs merge, we will work with the ICSs to support delegation of budgets to place level to enable a more joined-up approach to resource management that makes best use of the total collective resources available. We will also work with the ICS and the Provider Alliance to ensure adequate capital funding is available to support our environmental and digital strategic priorities and transformation. This will require effective planning and decision making on our part, particularly in relation to delivery of our environmental and digital strategic priorities.

Clinical and Social Care Strategy implementation

Our Clinical and Social Care Strategy implementation sits at the heart of our delivery plans:



We will be implementing our revised Clinical and Social Care Strategy from May 2021 followed by our program of enabling strategies (see Appendix B). Our enabling strategies will be carefully reviewed and triangulated to ensure that they align with and clearly support delivery of our Clinical and Social Care Strategy.

Alignment of Strategy and Planning

We will ensure that our program of strategy implementation is triangulated, aligned and embedded in our annual operational planning process and linked to regular performance reviews. Effective governance arrangements will be important to our success and we have taken action to clarify and strengthen our governance arrangements during 2020.

Developing a strong culture

We will continue to focus on our organisational development and leadership program to develop our culture of openness, inclusiveness and dispersed leadership.

Addressing inequalities and embracing diversity

We will focus on addressing inequalities and embracing diversity both within SHSC and externally within the communities we serve, to ensure that everyone is provided with the very best opportunity to realise their potential.

During 2020 we have developed our Equality Diversity and Inclusion (EDI) Strategic Overview, promoting EDI in all that we do in our diverse organisation. As we implement our strategic direction one of our four strategic aims will be to **‘Ensure our services are inclusive’**

Implementing the Strategic Direction

Our Strategic Direction will be implemented primarily through delivery of our Clinical and Social Care Strategy, our enabling strategies and through good governance arrangements.

Our Clinical and Social Care Strategy together with our enabling strategies will be monitored through the appropriate Board subcommittees, as currently occurs for our People Plan implementation plan and associated workstreams.

Each year we will set out in our Annual Operational Plan those activities that we will be delivering as part of our strategy delivery. The Annual Operational Plan is monitored on a monthly basis through our governance arrangements and progress reports are provided to our Finance and Performance Committee, each quarter.

Any risks relating to the delivery of our Strategic Direction will be escalated from our Corporate Risk Register to our Board Assurance Framework and discussed at Board subcommittees and the Board.

7. OUR STRATEGIC AIMS & PRIORITIES

Our Strategic Aims

As a result of the work we have undertaken with our staff, our Leadership Group, our Joint Consultative Forum, our Council of Governors, the Board, people who use services and our partners, to review our strategic direction, we have revised our strategic aims to formally acknowledge the importance of addressing inclusion for our staff and people who use our services, as follows:

- Deliver outstanding care.
- Create a great place to work.
- Effective use of resources
- Ensure our services are inclusive

Our Strategic Priorities to 2025

We have reviewed our strategic priorities and added a focus on partnerships to reflect the strategic importance of the new ICS NHS arrangements, working together in Sheffield place and implementing new models of care with the local Alliance of NHS providers.

Covid-19 – Recovering effectively

- Increase staffing in those services most affected by increased Covid demand
- Reduce waiting times for assessment and treatment

CQC - Getting Back to Good (continuous improvement program)

- Implement our Quality Improvement and Leadership programs
- Improve our standard of patient centered care

- Implement rapid improvement in acute and recovery services
- Create safe & dignified facilities
- Complete our Well-Led Action Plan

Transformation - Changing things that will make a difference

- Primary care mental health service rollout to 15 PCNs by 2023
- Reduce Community Mental Health Team waiting times
- Implement and deliver a new electronic patient record in 2022/23
- Implement the new care model for the forensic services collaborative in 2022.
- Move out of Fulwood House in 2022
- Design and procure the Acute Care Therapeutic facility by 2023
- Implement our Clinical & Social Care Strategy

Partnerships – working together to have a bigger impact

- **Sheffield Place:** co-produce services to improve equality of access for all communities
- **Provider Alliance:** lead the development of forensic and specialist services & support development of the Alliance model
- **South Yorkshire & Bassetlaw Integrated Care System:** play our part in delivering the Long-Term Plan priorities
- **University:** improve outcome measures for service users

Our refreshed strategic aims and priorities together with our vision and values are captured within our Strategy on a Page summary document (see Appendix C).

PRINCIPLES TO GUIDE THE DEVELOPMENT OF PLACE-BASED PARTNERSHIPS

(reference: Kings Fund Report April 2021)

The success or otherwise of place-based partnerships will come down to how they are implemented locally. The report sets out a series of principles for local health and care leaders to help guide them in these efforts.

Start from purpose, with a shared local vision

- Setting a local vision starts with an understanding of the population and the place, underpinned by local data and insights.
- Developing a shared sense of purpose requires a process of collaborative development across a wide range of partners, including with local communities.
- Place-based working stands the best chance of success when place footprints make sense to local people and partner organisations.

Build a new relationship with communities

- Working more closely with local communities creates opportunities for health and care organisations to improve the services they provide and increase their impact on population health and wellbeing.
- Efforts to connect with, support and mobilise communities are likely to have greater impact if pursued by multiple organisations in tandem, and place-based partnerships can play an important role in this by agreeing a shared approach and co-ordinating action.
- Partnerships need to know whether place-based working is leading to improvements for local people and will not be able to do this without hearing directly from people using services and other community members.

Invest in building multi-agency partnerships

- Local government and VCS organisations need to be able to drive the agenda at place level alongside their NHS partners.
- It is crucial to ensure that putting ICSs on a statutory footing does not make it harder to create joint ownership of partnership working.

Build up from what already exists locally

- Wherever possible, partnerships should build on pre-existing agendas, relationships and structures and embed them into a coherent place-based way of working.
- Health and Wellbeing Boards are important local partners in place – and can also play a role in ICSs.
- Differences in local government and NHS organisational configurations mean there will not be a universally applicable model for how HWBs engage in a place agenda, but it is important that their roles are clarified locally.

Focus on relationships between systems, places and neighbourhoods

- Place-based partnerships need to establish how they relate to surrounding places and to partnerships at other geographical levels (including ICSs and local neighbourhoods) to ensure that their activities are complementary.
- The exact division of responsibilities will need to be determined locally given the significant variation in the scale of places and systems and the inevitable interdependencies between them. Central to these decisions should be the idea of subsidiarity: that decisions should be made as close as possible to local communities, and that activities should only be led at scale where there is good reason to do so.
- ICSs are made up of their constituent places. They should operate as a mechanism for working across places to bring benefits of scale rather than as distinct entities in a hierarchy.

Nurture joined-up resource management

- There are significant advantages to having some NHS budgets controlled at place. In the context of CCG mergers and proposals for them to be subsumed by statutory ICSs, there is a risk these benefits are lost.
- ICSs will need to develop arrangements for delegating some budgets to place level and ensure appropriate skills and expertise in planning and resource management exist at place. National bodies will need to support ICSs to develop processes to robustly and transparently allocate financial resources to place.
- Place-based partnerships can help create a more joined-up approach to resource management underpinned by shared priorities and an ethos of ‘one place, one budget’, even if they do not become budget-holding entities in their own right.

Strengthen the role of providers at place

- Much of the work to deliver more integrated services needs to happen at place level through collaboration between providers of all kinds.
- Larger providers such as hospital trusts need to be able to engage in place-based collaboration at the same time as pursuing closer integration with neighbouring trusts through collaboratives

covering larger geographies.

It is likely that a range of overlapping collaborative arrangements will be needed involving different providers working together in different ways.

Embed effective place-based leadership

- Effective leadership is critical to achieving the opportunities described in this report.
- Multi-agency leadership teams can help co-ordinate change at place level and work across different levels of activity within an ICS.
- Effective place-based leadership requires a leadership mindset supportive of collaboration.

Kings Fund April 20th 2021

DEVELOPING OUR STRATEGY



Our Strategic Direction 2021/22 - 2024/25

▶ Our Vision

To improve the mental, physical and social wellbeing of the people in our communities.

▶ Strategic aims

Deliver outstanding care. Create a great place to work. Effective use of resources. Ensure our services are inclusive

▶ Strategic priorities 2021-2023

Covid-19 - Getting through safely



- Increase staffing in those services most affected by increased Covid demand
- Reduce waiting times for assessment and treatment

CQC - Getting back to good



- Implement our Quality Improvement and Leadership programmes
- Improve our standard of patient centered care.
- Implement rapid improvement in acute and recovery services
- Create safe & dignified facilities.
- Complete our Well-Led Action Plan

Transformation - Changing things that will make a difference



1. Primary care mental health service rollout to 15 PCNs by 2023
2. Reduce Community Mental Health Team waiting times
3. Implement and deliver a new electronic patient record in 2022/23
4. Implement the new care model for the forensic services collaborative in 2022.
5. Move out of Fulwood House in 2022
6. Design and procure the Acute Care Therapeutic facility by 2023
7. Implement our Clinical & Social Care Strategy

Partnerships – Working together to have a bigger impact



- **Sheffield Place:** co-produce services to improve equality of access for all communities
- **Provider Alliance:** lead the development of forensic and specialist services & support development of the Alliance model
- **South Yorkshire & Bassetlaw Integrated Care System:** play our part in delivering the Long Term Plan priorities
- **University:** improve outcome measures for service users

Respect

Compassion

Partnership

Fairness

Accountability

Ambition



ENABLING STRATEGIES TIMELINE 2021

