

Finance and Performance Committee

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| SUMMARY REPORT | Meeting Date: | 24 May 2023 |
| | Agenda Item: | 18 |

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| Report Title: | Annual Operational Plan 2023/43 (Version 4.4) – For approval | |
| Author(s): | Jason Rowlands: Deputy Director of Strategy and Planning | |
| Accountable Director: | Pat Keeling: Director of Strategy | |
| Other Meetings presented to or previously agreed at: | Committee/Group: | Finance and Performance Committee: Feb-May People Committee: March Council of Governors: April |
| | Date: | See above |
| Key Points recommendations to or previously agreed at: | <p>Council of Governors: The Draft Plan was reviewed and discussed with a group of Governors who welcomed the detail and the focus in the plan.</p> <p>People Committee: noted the areas of workforce expansion due to growth and emphasised the need for the developing workforce plan to combine needs relating to growth planning, ongoing recruitment and retention initiatives, areas of over/ under staffing from capacity reviews.</p> <p>Finance and Performance Committee: noted the good engagement undertaken in developing the operational plan and recommended that a clear schedule of KPIs is produced reflecting plan deliverables.</p> | |

Summary of key points in report

- Strategy alignment:** The Plan is aligned with our strategic framework. The key actions support the delivery of our strategies and have been developed through effective engagement.
- SHSC investment priorities have been agreed with commissioners:** Increased allocations through the Mental Health Investment Standard funding and other funding streams have been reviewed and agreed with Sheffield Place leads.
- Growth supported by c£3.9 million new income:** Our investment priorities will be supported by £3.9 million new income for 2023/24. This supports the expansion of Perinatal, Liaison, Recovery CMHTs, Primary Care Mental Health and Sheffield Autism and Neurodevelopment Services and provides additional funding to meet some cost pressures. New overhead funding of will offset losses from other contracts. Further investment and expansion is expected during the year.
- NHS Long-term plan delivery risks:** SHSC will achieve the national Perinatal Mental Health and Community Mental Health Services targets. It is not expected that we will achieve the targets for IAPT services due to delayed investment and Out of Area Placements which will see reductions in out of area activity through 2023/24 leading to expected achievement of the target during 2024/25.
- Workforce plans will support and expansion of c50 staff:** This will be supported by targeted and staggered recruitment planning. The range of roles to be recruited is varied reducing the risks from relying on expansion from a few roles/ professional groups.
- Financial context is challenging:** We are planning for a £3.267m deficit. The financial context significantly limits the choices and options available to SHSC to invest in the range of improvement plans across quality, people, digital to support the delivery of our priorities.

7. **The CIP Programme and Capital Plan:** Are reported separately to the Finance and Performance Committee, and the key headlines are reflected in the Operational Plan.
8. **The final version of the Operational Plan is submitted for Board approval:** The attached draft, reflects the intentions and direction for SHSC and the key deliverables for 2023/24.

Appendices attached:

Appendix 1: 2023/24 priorities and operational planning guidance

Separate document: Operational Plan 2023/24 – Draft 4.4

Recommendation for the Board/Committee to consider:

| Consider for Action | Approval | X | Assurance | Information |
|--|----------|---|-----------|-------------|
| 1. Recommendation 1: That the Board of Directors approves the Operational Plan for 2023/24 and confirms that the priorities and key deliverables reflect our intended direction of travel and priorities for 2023/24. | | | | |
| 2. Recommendation 2: That the Finance and Performance Committee ensures the supporting schedule of key performance indicators is in place as part of SHSC's performance framework. | | | | |
| 3. Recommendation 3: That the People Committee ensures that the developing workforce plan combines approaches to capacity review and planning and required growth and expansion. | | | | |
| 4. Recommendation 4: That the Board of Directors notes the range of risks and the impacts associated with the plan for next year and ensures that the Board Assurance Framework review provides the necessary assurance and controls going forward. | | | | |

Please identify which strategic priorities will be impacted by this report:

| | | | |
|--|-----|---|----|
| Recover services and improve efficiency | Yes | X | No |
| Continuous quality improvement | Yes | X | No |
| Transformation – Changing things that will make a difference | Yes | X | No |
| Partnerships – working together to make a bigger impact | Yes | X | No |

The key deliverables within the Operational Plan describe the range of actions being taken to deliver the strategic priorities. No recommendations in this report have any additional impact on the strategic priorities.

Is this report relevant to compliance with any key standards ? State specific standard

| | | | | |
|---|-----|--|----|---|
| Care Quality Commission Fundamental Standards | Yes | | No | X |
| Data Security Protection Toolkit | Yes | | No | X |

Have these areas been considered?

YES/NO

If Yes, what are the implications or the impact?

If no, please explain why

| | | | | |
|--|-----|---|----|--|
| Service User and Carer Safety, Engagement and Experience | Yes | X | No | <ul style="list-style-type: none"> Service delivery deliverables and investment plans are focussed on patient safety and experience priorities and will improve safety and experience |
| Financial (revenue & capital) | Yes | X | No | <ul style="list-style-type: none"> System pressures across ACP health and social care re resources, funding, capacity is challenging. |
| OD/Workforce | Yes | X | No | <ul style="list-style-type: none"> Implications arising from service expansion, service transformation, improving ways of working |
| Equality, Diversity & Inclusion | Yes | X | No | <ul style="list-style-type: none"> A QEIA will be undertaken to assess the impact of the plan on the communities we serve. |
| Legal | Yes | X | No | <ul style="list-style-type: none"> Failure to achieve CQC compliance is a breach of the requirements of the Health and Social Care Act. |
| Environmental Sustainability | Yes | | No | <ul style="list-style-type: none"> Green Plan implementation programme is delivering our sustainability goals |

| | |
|--------------|--|
| Title | Annual Operational Plan Report 2023/24 – Draft V4.4 |
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Section 1: Analysis and supporting detail

1.1 Background, context and development of the draft Plan

The draft Operational Plan has been developed and informed by the following

- The Board’s review of the strategic priorities, completed through December- February
- The operational planning guidance and the NHS 2023/24 priorities and the alignment of this Plan to the national requirements. This is summarised at Appendix 1.
- The financial context for SHSC, the work of the Efficiency Programme Group and the very limited options for new investments outside of national growth allocations.
- The investment prioritisation framework developed to assess and prioritise investment requirements. This has been used to support planning work and initial reviews with commissioning leads from Sheffield Place.
- Co-ordinated work across SHSC to develop service plans for each service and clarity regarding the key deliverables to progress our strategic priorities. This has involved
 - Through business planning all services have developed objectives aligned to our Clinical and Social Care Strategy, quality improvement, service user engagement, the experience of our staff, reducing waste and things that do not add value
 - Sheffield Place growth allocations and alignment of our priorities to the SY ICB and Sheffield Place. Of the c£8 million MHIS funding increase forecasts suggest c£5 million is available to support new developments for Mental Health in Sheffield after inflationary pressures. Other funding streams will also support development plans.
- The Draft Plan was reported to the Council of Governors in April and a separate session was arranged with Governors to review and discuss the focus of the Plan and explore if additional areas of focus should be incorporated. The Governors welcomed the detail and breadth of the Plan and agreed that there was no additional feedback that they wished to provide.

1.2 Draft Annual Operational Plan 2023-24

The Operational Plan will provide

- An overview of our strategic priorities, the progress made through 2022/23 and the drivers that shape our plan for 2023/24.
- An outline of the key deliverable areas for 2023/24 aligned to the SHSC strategies and national priorities.
- An overview of the investment plans covering areas for new commissioning investments, workforce plan, capital plan and efficiency programme.

The final Operational Plan will consist of two documents

- Annual Operational Plan: a short narrative document defining the priorities for 2023/24, and a summary of our workforce plan, activity and finance plans
- Annual Operational Plan: reporting framework

Growth and investment priorities for SHSC

Areas for planned investment have been developed with the Director of Operations and Transformation, the Senior Head of Service and Heads of Services and through Business Planning Group. They have been reviewed with Sheffield Place leads, final negotiations have concluded, and agreements reached. Key points to note at this stage are

- SHSC has received £3.9 million FYE. This supports the expansion of Perinatal, Liaison, Recovery CMHTs, Primary Care Mental Health and Sheffield Autism and Neurodevelopment Services and provides additional funding to meet some cost pressures.
- The £1.1 million allocation to the Recovery CMH Teams will support an expansion of the Team and fund c£800,000 cost pressures of existing staff within the service.
- New overhead funding of will offset losses from other contracts.
- Further investment and expansion is expected during the year.

| 1. Growth | Improvement | Staff | £ |
|---|--|--------------|--------------------|
| Perinatal | Deliver the 7.5% access standard | 10.40 | 406,538 |
| Liaison Mental Health | Deliver the 1 hr (A&E) and 24hr (general wards) access standard | 7.00 | 264,254 |
| Recovery CMHTeams | Deliver transformed models of care and the 4-week access standard | 27.62 | 1,187,482 |
| Primary Care Mental Health Services | Expansion of services across the Primary Care Networks in Sheffield | 6.00 | 229,000 |
| Sheffield Autism and Neurodevelopment Service | Expanded Multi-Disciplinary team and introduction of peer support workers. | 4.00 | 73,186 |
| Funds allocated to meet cost pressures | Allocations to mitigate costs of out of area placements | n/a | 1,780,000 |
| Totals | | 55.02 | 3.9 million |

Additional investment is expected through 2023/24 in respect of plans to support improved pathways for 18–25-year-olds, the introduction of employment advisors within IAPT services, expansion of Memory Management Services and improved pathways within Eating Disorders Services.

Workforce Plan

As noted above some of the potential £3.9 million investment from Sheffield Place will support unfunded roles within the Recovery Teams. This will provide stability and sustainable staffing for the services concerned.

It will also reduce the scale of workforce expansion required. Of the 55.02 wte roles supported by the £3.9m 17.22 wte are already in post in services and recruitment will aim to expand by the remaining 37.80 wte staff supported by the additional investment.

The workforce expansion projection is included in the Operational Plan.

CIP Plan development

The development of the CIP programme, as part of the Operational Plan has been progressed through the CIP Programme Board. The planned CIP programme for 2023/24 will need to deliver £5.734 million. The key areas of improvement focus will be

- Out of area placements: We will deliver more care locally in Sheffield and reduce Out of Area Placements in inpatient services by 29% bed days during 2023/24 and 86% bed days less in March 2024. This will reduce costs by £1.7 million
- Agency: Improve the care we provide by reducing Agency usage by 10% during 2023/24. This will reduce costs by c£2.5 million
- Efficiencies: Reducing our overhead costs, general efficiencies and budgetary control. This will reduce costs by c£1.5 million

Capital Plan

The full Capital Plan is reported separately to the Board. The Plan is based on the upside allocation assumptions of £12.791 million. Contingency provisions have been incorporated within the Inpatient estate and Digital cost projections.

The capital plan is summarised as follows.

| 2. Capital | | £0'000s |
|-------------------|---|---------------------|
| Inpatient estate | Ward environment improvements and Ligature Anchor Point removal | 6,636 |
| Digital | New electronic patient record and Digital strategy | 2,735 |
| Green Plan | Electric vehicle replacement programme | 397 |
| Other | Essential maintenance, other and reserves | 3,023 |
| Totals | | 12.7 million |

Sheffield Health Care Partnerships - National targets

The NHS 2023/24 priorities define six targets for mental health services. Across Sheffield plans from SHSC, Sheffield Teaching Hospitals, Sheffield Childrens and Primary Care Sheffield will deliver 3 of the 6 targets.

SHSC will achieve its contribution to the national Perinatal Mental Health, Community Mental Health Services and Dementia diagnosis targets. It is not expected that we will achieve the targets for IAPT services due to delayed investment and Out of Area Placements.

- The expected position for each of the six targets is summarised in the table below.
- Summary information on the expected position for IAPT and Out of Area Placements is provided below in Section 2, Risks.
- Appendix 3 of the Operational Plan provides information on the core targets for SHSC through 2023/24, the planned trajectory for each quarter and further narrative on the expected position.

NHS 2023/24 priority targets for mental health

| Women Accessing Specialist Community Perinatal Mental Health Services | Place Target | Provider data | Place Plan | Will Place plan achieve target |
|---|--------------|-------------------------------------|------------|--------------------------------|
| Number of women accessing specialist community Perinatal MH and Maternal MH services. | 736 | SHSC & Sheffield Teaching Hospitals | 750 | Yes |
| Access to Children and Young People's Mental Health Services | Place Target | Provider data | Place Plan | Will Place plan achieve target |
| Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one | 8,248 | Sheffield Childrens | 4,066 | No |
| Total access to IAPT services | Place Target | Provider data | Place Plan | Will Place plan achieve target |
| Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy. | 17,717 | SHSC | 16,220 | No |
| Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses | Place Target | Provider data | Place Plan | Will Place plan achieve target |
| Number of people who receive two or more contacts from NHS commissioned community mental health services for adults and older adults with severe mental illnesses | 5,800 | SHSC & Primary Care Sheffield | 7,166 | Yes |
| Inappropriate adult acute mental health Out of Area Placement (OAP) bed days | Place Target | Provider data | Place Plan | Will Place plan achieve target |
| Number of inappropriate OAP bed days for adults by quarter, 'internal' or 'external' to the sending provider | 0 | SHSC | 2,500 | No |
| Dementia diagnosis rates | Place Target | Provider data | Place Plan | Will Place plan achieve target |
| Number of people aged 65 or over diagnosed with dementia | 66.7% | Primary Care Sheffield | 70% | Yes |

Section 2: Risks

- 2.1 **NHS Long Term Plan deliverables:** SHSC will achieve the national Perinatal Mental Health and Community Mental Health Services targets. It is not expected that we will achieve the targets for IAPT services due to delayed investment and Out of Area Placements

IAPT: Going into 2023/24 the investment options are limited, and the Sheffield Place Plan has not prioritised additional stepped activity increases for IAPT. The anticipated growth in referrals to IAPT has not fully recovered since the pandemic, despite the efforts of the service to increase referrals through an extensive awareness raising and promotion campaign across the city. Waiting times are good. 98% of people accessing treatment are seen and start treatment within 6 weeks.

As increased demand has not yet materialised further investment to support expansion and growth has not been prioritised.

Out of Area Placements: SHSC has a major programme of capital works which will improve standards of patient safety and experience. This involves creating single sex accommodation, the eradication of dormitory accommodation and the removal of Ligature Anchor Points. The programme responds to the CQC inspection of 2019 and is focussed improving patient safety and quality of experience.

As a result of this SHSC will have a reduced hospital bed base until April 2024 due to the refurbishment/ improvement programme. SHSC plan to reduce out of area hospital care throughout 23/24 but will not eradicate out of area hospital use until the end of this refurbishment programme.

Projected out of area activity for spot purchased beds for 23/24 is 2,500 bed nights, with a projection of 364 for Q4 23/24. This is a 45% reduction on spot purchased bed night activity for 23/24 compared to 22/23. By Q4 23/24 spot purchased activity is projected to be down by 73% on the Q4 22/23 position.

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

BAF0027: there is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirements.

- 2.2 **Service demand:** While generally demand levels remain stable over the medium to longer term there is a risk that crisis care services continue to operate under pressure which may compromise the effectiveness of care provided. 2022/23 saw the full year effect of an expanded Home Treatment service offer and further expansions in capacity for Liaison services over Q3-Q4. As we move into 2023/24 we will have a re-purposed Health Based Place of Safety suite, increased Liaison capacity and towards the end of 2023/24 the remodelled CMHT Service model should strengthen the resilience and effectiveness of community base care and support.

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

- 2.3 **Access:** There is a risk that long waiting times across several services continue. Recovery Plans are in place and monitored via the Quality Committee. Additional investments and service growth was made in 2022/23 across Memory Services, SAANs, SPA & EWS should result in improved access and a reduction in waiting times through into 2023/24. Recovery Plans will be reviewed alongside the impacts arising from the introduction of the revised Community Mental Health services waiting time and access standards and the planned new service model. With the exception of Memory Services further investment to address waiting lists has not been prioritised within the 2023/24 Plan, with the focus remaining on improvement and re-design work.

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

2.4 **Workforce expansion:** There is a risk that planned additional recruitment and ongoing recruitment and retention plans may not result in the required workforce to support service expansions over the medium to longer term impacting on service outcomes. This will be mitigated by clear actions in the following areas:

- Continued development of new roles across mental health pathways:
- Improved and focussed recruitment and retention campaigns:
- VSCE expertise and capacity supporting key service lines as part of

BAF0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

BAF.0029: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

2.5 **Community Services Accommodation:** There is a risk that the limitations placed on our capital programme limit the choices to deliver improvements in our community estate. While good progress has been made in defining future needs and priorities we now need to devise clear plans that will enable progress to be made within the constraints of a limited capital allocation.

BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans

2.6 **Disinvestments:** There is a risk that several planned and potential disinvestments will impact on our financial position through a failure to manage required cost reductions in specific operational service lines and more particularly across corporate services which may challenge the sustainability of some functions currently provided. An appraisal of the cumulative impact is being completed.

BAF0022: there is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

2.7 **Funding methodologies:** There is a risk that national funding methodologies continue to adversely impact on mental health providers reducing the available growth funding to support service growth and development in line with NHS Long Term priorities. This will be a key area to influence through our partnership work at Place, System and National levels.

BAF0022: there is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF0027: there is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirements.

2.8 **Financial position:** There is a risk that the financial position impacts on our future capacity to support improvement actions and programmes in line with our strategies and our future improvement priorities. Prioritisation of available resources will be a key consideration as strategy implementation plans are finalised alongside our five-year operational plans and investment plans for 2023-24.

BAF0022: there is a risk that we fail to deliver the break-even position agreed for 2022/2023 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

BAF0026: there is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

2.9 **Constraints on our capital funds:** There is a risk that investment priorities across estates, essential infrastructure and digital modernisation programmes can not be accommodated within our capital plan and the limitations of the capital departmental expenditure limit.

BAF0026: there is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

2.10 **Reliance on capital funding to deliver digital transformation:** There is a risk current reliance on capital funding to support the delivery of digital transformation programmes is high cost and does not support a sustainable approach to deliver our digital transformation needs and ambitions.

BAF 0021: there is a risk of failure to ensure digital systems are in place to meet current and future business needs

BAF0026: there is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects

Section 3: Assurance

Monitoring Framework

- 3.1 The Annual Operational Plan deliverables will be aligned to the relevant Committee, along with confirmation of the executive and senior lead who will progress delivery on behalf of the accountable director.
- 3.2 The current monitoring framework ensures effective oversight and reporting of progress to the Committee and the Board of Directors.

- 3.3 The IPQR will be reviewed to support alignment to the developing strategic framework and plans and this Annual Operational Plan ensuring the key deliverables improvement work is supported by robust use of information and performance metrics at the baseline stage and as part of the progress monitoring and benefits realisation stages.
- 3.4 This review will also ensure each deliverable is supported by SMART objectives and outcomes with assurance provided from the business and performance team regarding effectiveness.
- 3.5 A communication plan is being developed and will be in place. This will provide for a consistent and aligned approach to communications.
- 3.6 Following review through February and March further clarity has been provided in the Plan in respect of improvement priorities focussed on equality, diversity and research.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

The key deliverables within the draft Annual Operational Plan are aligned to our Strategic Aims and developing strategy framework.

A range of risks are identified across service capacity, improving access, achieving break even. These risks cover critical areas of focus in the Board Assurance Framework.

4.2 Equalities, diversity, and inclusion

Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity, and inclusion.

Future change needs to be aligned to the NHS Advancing Mental Health Equalities Strategy (2020), which sets out the action needed to address the gaps experienced by communities who are not receiving the services they need.

Many mental health services are struggling to address the issues faced by our Black Asian Minority Ethnic service users (BAME), who in some cases are subject to a racialised experience of care. Young black men are more likely to access services through the criminal justice system and find themselves in the most restrictive part of the mental health care system. In addition, there is an increasing understanding of the disparity experienced by our Lesbian Gay Bisexual Transgender and Queer (LGBTQ) communities in receiving the right care at the right time.

The Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

As part of wider Trust developments, is the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), which is in train. As part of the redesign, transformation, and evaluation phases, is examining what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

Investments through the Mental Health Investment Standard and Spending Review Funding are focussed on key service areas across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy

Our improvement and transformation journey is guided by our enabling strategies aligned to our Clinical and Social Care Strategy, which is committed to addressing inequality. Our developing partnerships, especially with the VCS, will be critical to ensuring we get our service offer right for the communities we serve.

Our plans will have a clear focus on addressing inequalities for our service users and our staff: We will ensure all our plans take the necessary actions to improve access, experience and outcomes and contribute directly to reducing inequalities. Alongside the Core20PLUS5 programme we will focus on:

- ✓ Restoring services inclusively
- ✓ Mitigating against digital exclusion
- ✓ Ensure datasets are complete and timely
- ✓ Accelerating preventative programmes, particularly focussing on physical health checks, smoking cessation, better hospital food, early intervention.
- ✓ Strengthening leadership & accountability

4.3 Culture and People

The change and transformation programme is challenging. This comes after the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We should ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

4.4 Integration and system thinking

The strategic priorities define the key areas of focus for the Trust in respect of partnership development and partnership working. Key areas of the Operational Plan will be dependent on effective joint approaches with a range of partners.

4.6 Compliance - Legal/Regulatory

Continuing to follow the guidance will ensure compliance with our constitutional rules and regulatory requirements.

Section 5: List of Appendices

Appendix 1: 2023/24 priorities and operational planning guidance

Attached separately: Draft Annual Operational Plan Version 4.4

2023/24 priorities and operational planning guidance

On 23 December, NHS England (NHSE) published [2023/24 priorities and operational planning guidance](#). Three key tasks for the next financial year,

- recover core services and improve productivity.
- renew focus on delivering the key ambitions set out in the NHS long term plan (LTP),
- continue transforming the NHS for the future.

Recovering our core services and productivity

- improve ambulance response and A&E waiting times
- increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce
- improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise.
- continue to narrow health inequalities in access, outcomes and experience
- two year funding through the Better Care Fund (£600m + £1bn) BCF to support timely discharge.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

- goals of the NHS Long Term Plan our 'north star'. Core commitments to improve mental health services and services for people with a learning disability and autistic people.
- workforce on a sustainable footing for the long term.
- level up digital infrastructure and drive greater connectivity (development of a 'digital first' option for the public, integration with the NHS App to help get the right care in the right setting)
- NHS England will develop the national improvement offer to complement local transformation work

Local empowerment and accountability

- expected to agree specific local objectives that complement the national NHS objectives

Funding and planning assumptions

- Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25
- NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25.
- At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.
- ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

Mental health

- **Mental Health Investment Standard:** increasing by more than allocations growth.
- **Workforce Plan:** with ICS partners, provider collaboratives and the VCSE sectors.
- **Improve mental health data:** focus on activity, timeliness of access, equality, quality and outcomes data.
- **System local plans:** improve quality of local mental healthcare across all ages in line with population need and NHS MH Implementation Plan 2019/20–2023/24
- **IAPT workforce:** providing 60% salary support for new trainees in 2023/24
- **System inpatient plans:** ICBs to co-produce plan by March 2024 to localise and realign mental health and learning disability inpatient services over a 3 year period

People with a learning disability and autistic people

- **Registers:** improve the accuracy and size of GP Learning Disability registers.
- **Workforce Plan:** Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance.
- **Autism:** Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

Support for system delivery: NHS England has allocated funding of £120m to support system delivery against the objectives and will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality.

Key deliverables

| | |
|--|---|
| Mental health | Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) |
| | Increase the number of adults and older adults accessing IAPT treatment |
| | Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services |
| | Work towards eliminating inappropriate adult acute out of area placements |
| | Recover the dementia diagnosis rate to 66.7% |
| People with a learning disability and autistic people | Improve access to perinatal mental health services |
| | Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 |
| | Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit |



Sheffield Health
and Social Care
NHS Foundation Trust

Our plans for 2023-24



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**Final draft version 4.4
For approval at Board**

[17 May 2023]



Introduction

Our strategic direction sets out where we aim to be by 2025 and what we need to do to get there, in an increasingly changing world and a financially challenged environment. We are therefore setting out our plans with a degree of uncertainty as we focus our collective efforts to prioritise recovering core services and productivity, deliver the key ambitions of the NHS Long Term Plan and continue to transform services for the future.

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. Key to our success will be our partnerships, working together with our health and social care partners in Sheffield and the Integrated Care System in South Yorkshire to have a bigger impact.

Our approach is underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours. As we deliver this plan, we will do so together with the combined efforts of the people who use our services and their carers, our staff, our governors, and our partners.

Our Plan sets out our 2023/24 priorities for the continuous improvement of the care we provide and the implementation of our strategic plans.

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2. Context: what's shaping our plan?
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1. Review of last year

Our Plan for 2023/24 has been shaped by the progress that made last year, together with our ongoing commitment to deliver outstanding care, create a great place to work, make effective use of our resources and ensuring our services are inclusive.

We have made good progress in delivering our strategic priorities

Covid – Recovering effectively: Activity levels have returned to pre-pandemic levels over the medium to longer term. Most services have returned to pre Covid ways of working using the learning from working in a global pandemic. Our focus now is on ensuring services remain resilient and meeting changing needs and demands

Getting back to good - Continuing to improve: Our improvement programme responding to the 2021 Care Quality Commission Inspections is on track and continues to deliver improvements to care standards. Our estates programme has improved safety and quality across our inpatient wards by removing 74% of ligature anchor points, re-opening a fully re-furnished Burbage Ward, moving our Liaison Mental Health Service into new accommodation at the Longley Centre and starting work to complete new facilities for the Health Based Place of Safety. While workforce challenges remain we have increased our workforce by 6.6% over the year. Our leadership development programme has supported 100 leaders through a range of programmes focussed on living our values.

Transformation - Changing things that will make a difference: We have agreed how we want to transform our community learning disability services and our community mental health teams. We have spent this year engaging with and co-producing our future plans with experts by experience and our staff. This year will be focussed on delivering changes to improve the experience and outcomes for our service users and our staff. To support improved care our new patient record system will go live during 2023/24, and we have vacated our old headquarters at Fulwood House, to release funds to improve our inpatient and community facilities.

Partnerships – Working together to have a bigger impact: We have worked well with our partners, sharing expertise to deliver improvements. Key examples are

- South Yorkshire Integrated Care System (ICS) and the Mental Health, Learning Disability and Autism Provider Collaborative focussing on improving crisis services for people detained under S136 of the Mental Health Act, and the need to improve services for people with autism and neurodevelopment needs.
- Building our partnerships with Voluntary, Community & Social Enterprise organisations in Sheffield to better integrate the support we can provide to the people of Sheffield and improve capacity.
- Working as part of the Sheffield Urgent and Emergency Care Pathway to ensure the effective delivery of the crisis care pathway.

Continuing our improvement journey and areas to improve. We remain clear on the improvements that we need to continue to deliver

- People from our ethnically diverse communities are over-represented in our inpatient services and under-represented in our community services
- Therapeutic environments, care and safe wards
- Patient flow, delayed transfers of care and out of area placements
- Waiting times for access to services and therapy
- Safe staffing levels, clinical and workforce productivity
- Our culture and staff satisfaction

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2. Context: what's shaping our plan?

Our ambition

We are clear in our direction. By 2025 we want to be the lead Mental Health, Learning Disability and Autism provider for services where we are good and outstanding. Our Clinical and Social Care Strategy implementation programme sits at the heart of our delivery plan, supported by clear and aligned enabling strategies.



Our plans will focus on

- Addressing inequalities for our service users and our staff.
- Delivering improvement through co-production and data driven decision making.
- Delivering shared improvement priorities for Sheffield and the South Yorkshire Integrated Care Board (ICB)
- Supporting staff wellbeing and effective leadership.
- Building our ways of working so that everyone can contribute, and we all take responsibility for improving the care we provide.

Our current position

- We have made positive progress in our improvement journey, addressing improvement actions, transforming services, improving our estate, strengthening our leadership and governance. This equips us well to continue and deliver the next stage of our strategic direction.
- Significant challenges remain. Much of our estate is not fit for purpose. We have access, demand and capacity challenges across some services, and we need to improve recruitment, retention and the use of new roles to support our teams. Our financial context is highlight challenged, we end 2022/23 in deficit, have an ambitious efficiency plan and the NHS Capital Departmental Expenditure Limit limits our capacity to use our capital funds to support needed improvements.

What's impacting on the services we deliver

- Deprivation in our local communities and widening gap in inequalities.
- Changing demand from longevity, comorbidities and societal expectations.
- Economic climate impacting the health of the nation and public finances
- Rising inflation impacting on national and SHSC capital programmes.
- Risk of reduced focus on parity of esteem.
- Shift to digital first and focus on instant access, self service and virtual services

Sheffield and South Yorkshire

Collaborative working across the South Yorkshire Integrated Care Board and the Provider Collaborative, and within the Sheffield Health Care Partnership provide clear opportunities to support the delivery of our strategic priorities.

The Integrated Care Board Mental Health Transformation Priorities, attached at [Appendix 1](#), focus on, Perinatal and Maternal Mental Health, Children and Young People's Mental Health, the transformation of community mental health services and adult crisis services. Learning Disabilities and Autism Transformation Priorities focus on redesign of pathways, improving support across autism and neurodiversity service pathways. Sheffield Place priorities are attached at [Appendix 2](#).

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3. Our strategic priorities

We have reviewed our strategic priorities and re-focussed them to reflect the next stage of our journey. We have delivered significant improvements over a short time, have strengthened our leadership and our focus on delivering sustainable improvements and have put in place robust governance systems to support the changes we need to deliver.

With solid foundations now in place we are able to move forward focussed on recovering core services and productivity, delivering the key ambitions of the NHS Long Term Plan and continuing to transform our services for the future.

Recover Services & Improve Efficiency

- Increase Community Mental Health Team activity by 5%
- Eliminate Out of Area Placements
- Reduce use of agency staff
- Increase access to Community Learning Disability services
- Increase the number of older adults accessing IAPT
- Minimise delayed hospital care

Continuous Quality Improvement

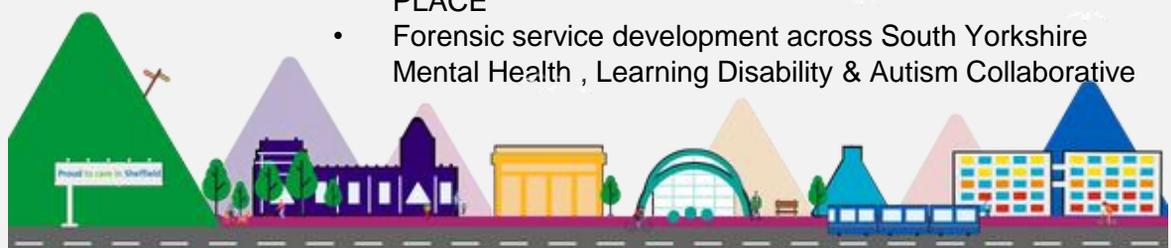
- Quality Improvement Framework implemented
- Research and Innovation Strategy implemented
- Staff survey action plan delivered
- 3-year workforce plan developed
- Green Plan implemented
- Deliver our Patient Carer Race Equality Framework
- Embed Human Rights in our day-to-day practice
- Co-produce with service users

Transformation – Changing things that will make a difference

- Therapeutic Environments – acute and older adult wards refurbished, and plan agreed for new facilities
- New Health Based Place of Safety service operational
- Electronic Patient Record implemented & benefits realised
- Learning disability service redesign implemented
- Community facilities implemented for: Assertive Outreach, Community Forensic, St Georges and IAPT
- Primary Care Mental Health Teams developed for all Sheffield Primary Care Networks
- Community Recovery Service redesign implemented
- Fulwood site sale completed

Partnerships – Working together to have a bigger impact

- Perinatal service increased across South Yorkshire Mental Health , Learning Disability & Autism Collaborative
- Health Based Place of Safety developed with South Yorkshire Mental Health , Learning Disability & Autism Collaborative
- Eating Disorder service co-located with VSCE - PLACE
- Substance Misuse service safe transition to new provider PLACE
- Student staff bank implemented with Sheffield Universities - PLACE
- Forensic service development across South Yorkshire Mental Health , Learning Disability & Autism Collaborative



4. Service Plan

We will deliver our strategic priorities for 2023/24 through well-structured improvement plans which engage staff and have a clear reporting framework, with executive and Board oversight.

Service delivery plan

- We will deliver more care locally in Sheffield and reduce Out of Area Placements in inpatient services by 29% during 2023/24 and 86% less in March 2024
- Improve the care we provide by reducing Agency use by 10% during 2023/24
- Implement Phase 1 of the Community Mental Health Team Transformation programme by August 2023, with eight care groups aligned to Primary Care Networks to support delivery of the 28 day access standard.
- Expand our Community Learning Disability Services over the next two years so that more support is available in the evenings and weekends.
- Introduce Employment Advisors across our IAPT Services by October 2023
- Deliver the 7.5% Access Standard for Perinatal services and provide support to partners by Q4
- Deliver the 1 hour and 24 hour Access Standard for Liaison Services
- Increase capacity and introduce new care models within Memory Services to deliver improved access and reduced waiting times during 2024/25, with further reductions in 2024/25
- Support the successful launch in Sheffield of the new Mental Health 111 response
- Re-commission our Crisis House and Crisis Line service by December 2023 to ensure it continues to meet the needs of people experiencing a crisis
- Deliver an extended Community Forensic service across South Yorkshire (note 1)

Note 1: Our plans are subject to a successful tender outcome for SHSC



5. Quality Plan

We continue to strengthen our approach to improvement and development with clear patient centred, co-produced approaches underpinning the work of each member of staff, our teams, and our leadership focus and effort.

Quality delivery plan

The aim of our Quality Strategy is to improve the experience, safety and quality of care through understanding what matters to people and co-producing systems and models of care. Our plan during 2023/24 is focussed on

- Implement our Nursing Strategy
- Implement the final year of our Restrictive Practice Programme by March 2024
- Implement our Quality Management System
- Extend our skills and use of quality improvement tools and methods
- Establish and monitor key clinical quality standards
- Ensure we have robust assurance and oversight for out of area inpatient care
- Physical health objectives and development plan
- Planning for and managing end of life care
- Sustain our Covid and Flu vaccination programme, ensure resilience and safety

Service user engagement and experience plan

The aim of our Service User Engagement and Experience Strategy is to embrace coproduction and diversity to help us make the right improvements to deliver outstanding care. Our plan during 2023/24 is focussed on

- Introduce and embed the Patient, Carer, Race, Equity Framework (PCREF)
- Strengthen our service user and carers groups to ensure diversity and fit for purpose ways of working
- Review the use of our current Co-Production policies across services
- Improving the experience Experts by Experience have in working with us
- Improve the numbers, diversity and experience of our volunteers
- Increase the ways we use to gather and collect feedback

Research, innovation and effectiveness plan

The aim of our Research, Innovation and Effectiveness Strategy is to create a vibrant, engaged improvement culture, using the best, and most up-to-date evidence to achieve the best outcomes for people who use our services. Our plan during 2023/24 is focussed on

- Provide opportunities, through research, for new interventions and treatments to improve clinical outcomes
- Focus on evidence led practice and increasing research partnerships.
- Embed our Clinical Effectiveness Framework
- Support the embedding of routine use of clinical outcome measures
- Facilitate National, Trust and Service-level audit and evaluation
- Promote the benefits of being a member of the University Hospital Association

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6. People Plan

Our People Strategy

The focus of our people plan is to support our commitment to the NHS people promise, to ensure that we hear everyone's experience of working at SHSC and that action supports our collective efforts to deliver high quality care.

Development priorities

Looking after our people: Reduced sickness absence by 2% and improve data insights for our leaders

- Absence reduction action plan implemented
- Workforce dashboard implemented to provide improved data insights
- Diversity data as standard on people reports
- Menopause accreditation achieved reflecting improved access to support

Belonging: Improved staff survey scores and quality of Personal Development Reviews (PDRs) through

- Dedicated wellbeing roles in place
- Leadership Competencies implemented
- Managers development programme defined
- New recognition agreement in place with staff side

Growing for the future: Reduction in vacancy rates, reduced time to hire and turnover and vacancy rates through

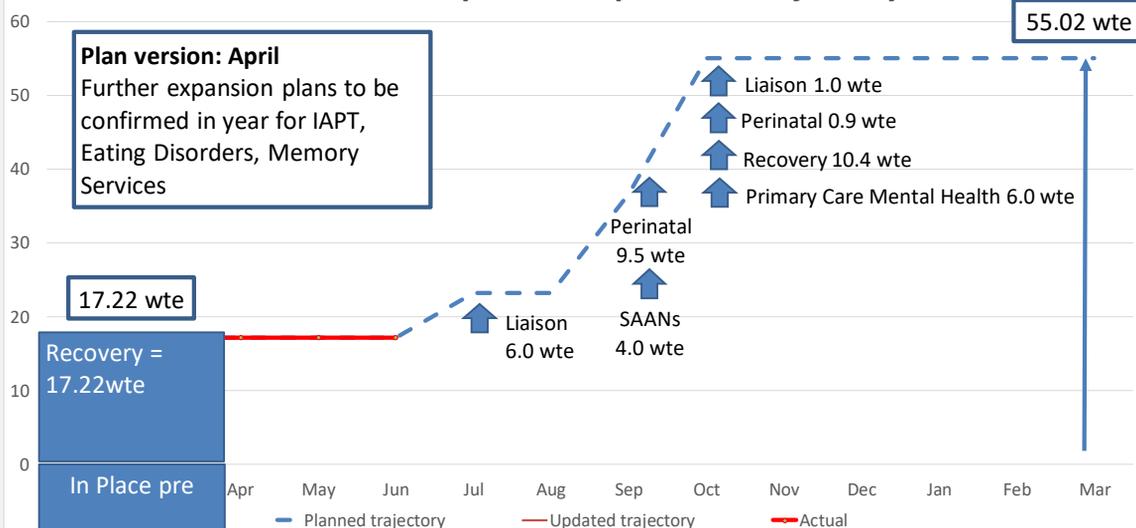
- Embedding service led workforce plans
- New roles development integrated into workforce planning
- SHSC Recruitment plan developed to deliver workforce planning priorities
- Deliver recruitment process improvement plan
- Review of local reward and benefits offer

New ways of working and delivering care: Improvement to onboarding experience, quality of PDRs and improved retention by

- Established core requirements for all roles
- Review Agenda for Change evaluation process

Workforce plan

Workforce expansion - planned trajectory



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7. Support plans

Digital plan

The aim of our Digital Strategy is to provide staff with more time to be with the people who use our services so they can deliver outstanding care, working in an environment where technology 'just works' Our plan during 2023/24 is focussed on

- RiO, the new Electronic Patient Record, successfully implemented through 2023/24 across SHSC with plans in place for ongoing development.
- Development of business intelligence and data warehouse capabilities to support automation of statutory reports by Q4
- Introduction of our Power Business Intelligence strategy and appraisal of our analytical capabilities with a development plan agreed by June 2023.
- Coproduction of a development roadmap with clinical teams to understand the priorities within their services by September 2023
- Ongoing development of foundational infrastructure (eg WiFi, Service Desk)
- Redesign Digital Strategy Group to improve clinical participation
- Substantive recruitment into difficult to recruit posts

Estate plan

The aim of our Estate Strategy is to fit for purpose buildings that provide a healing environment. Our plan during 2023/24 is focussed on

- Delivering therapeutic environments:
 - New Health based Place of Safety facility (by August 2023)
 - Stanage Ward renovation and re-opening (by August 2023)
 - Maple Ward renovation and opening (by March 2024)
 - New Tribunal Room at Michael Carlisle Centre (by June 2023)
 - Endcliffe Ward de-escalation rooms (by June 2023)
- Improving our community facilities: across the following key areas St Georges, Assertive Outreach, Community Forensic, IAPT, Single Point of Access and Emotional Wellbeing Services and links to Primary Care Mental Health Services
- Ensuring resilience and improvement across core services
 - Maintenance programme and plans to address 7 Facet survey priorities
 - Compliance and risk management
 - Space utilisation review and improvement plan
 - Green Plan & Sustainability priorities
 - Centralise the Housekeeping function to deliver improved services

Procurement Plan

| | |
|---------------------------|---|
| Estates | Maple Ward renovation, range of work projects from essential maintenance programme |
| Patient service related | Interpretation services, Living Well tenancy support, secure patient transport, taxi services, Perinatal Mental Health support, Crisis House and Crisis Line services |
| Continuity and resilience | Cyber security, uniforms, telecommunications, utilities, audit services |

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8. Financial plan

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Our full financial plan is available separately. It supports our Operational plan and ensures investments are aligned to our Strategic Direction, our Clinical and Social Care Strategy and local and national priorities. Our financial context is challenging and our plan aims to deliver a deficit of £3.267 million.

| 1. Growth | Improvement | Staff | £ |
|---|--|--------------|--------------------|
| Perinatal | Deliver the 7.5% access standard | 10.40 | 406,538 |
| Liaison Mental Health | Deliver the 1 hr (A&E) and 24hr (general wards) access standard | 7.00 | 264,254 |
| Recovery Community Mental Health Teams | Deliver transformed models of care and the 4 week access standard | 27.62 | 1,187,482 |
| Primary Care Mental Health Services | Expansion of services across the Primary Care Networks in Sheffield | 6.00 | 229,000 |
| Sheffield Autism and Neurodevelopment Service | Expanded Multi-Disciplinary team and introduction of peer support workers. | 4.00 | 73,186 |
| Funds allocated to meet cost pressures | Allocations to mitigate costs of out of area placements | n/a | 1,780,000 |
| Totals | | 55.02 | 3.9 million |

Additional investment is expected through 2023/24 in respect of plans to support improved pathways for 18-25 year olds, the introduction of employment advisors within IAPT services, expansion of Memory Management Services and improved pathways within Eating Disorders Services.

| 2. Capital | | £0'000s |
|------------------|---|---------------------|
| Inpatient estate | Ward environment improvements and Ligature Anchor Point removal | 6,636 |
| Digital | New electronic patient record and Digital strategy | 2,735 |
| Green Plan | Electric vehicle replacement programme | 397 |
| Other | Essential maintenance, other and reserves | 3,023 |
| Totals | | 12.7 million |

| 3. Efficiency Plan: Our programme is focussed on improving how we deliver care and reducing waste and unnecessary costs. Our programme has five areas of focus. | | £0'000s |
|---|---|--------------------|
| Out of Area Placements | We will deliver more care locally in Sheffield and reduce Out of Area Placements by 25% in 2023/24. | 1,700 |
| Agency staff | Reduce our vacancies, increase our Bank service and reduce Agency use by 10% during 2023/24 | 2,484 |
| Efficiencies and controls | Targeted efficiency projects and reduction of unfunded costs during 2023/24 | 1,525 |
| Totals | | 5.7 million |

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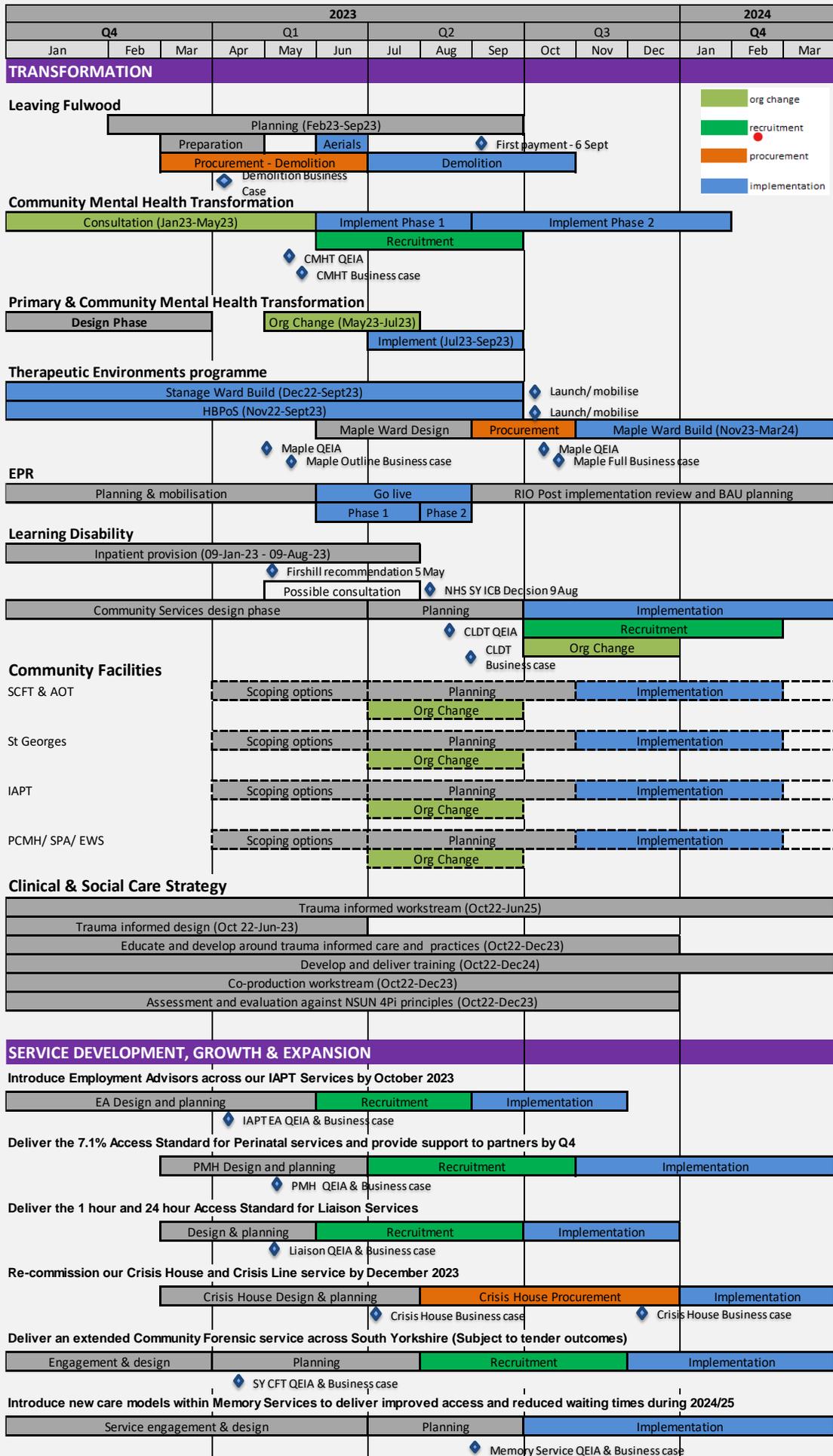
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9. Key dates and milestones



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10. Oversight and governance

The Board of Directors, the Executive Team and senior leadership of the Trust have clear lines of accountability and focus to support our staff to deliver the best care they can. We have a clear and consistent approach to reviewing how we perform, responding to new challenges, and ensuring that our improvement plans are delivered.

This is delivered through the following governance systems:

- *Board Committees:* The Board Committee structure ensures Board oversight of performance and delivery of our plans in respect of Quality, People, Risks, Transformation and Finance.
- *Performance Reviews:* All operational services have a consistent and established Integrated Performance and Quality Review framework that ensures day to day performance and progress with long terms plans is reviewed . Our Clinical Directorates review quality and performance metrics and information each month. The Executive Team reviews performance of all departments periodically through the year.
- *Clear improvement priorities:* Have been developed and agreed and are represented in this plan. This ensures clarity of purpose and that each improvement priority has a defined timeframe, milestones and agreed metrics to ensure we can understand the progress made and outcomes delivered and agreed governance oversight.
- *Managing risks to the delivery of safe and effective services:* The Board Assurance Framework and Corporate and service level risk registers ensure risks are identified, escalated, and managed effectively.
- *Using SMART metrics to monitor our improvements:* For each improvement action agreed in this plan we have defined the current baseline, what we will measure, the metrics we will use, how often we will measure, and what the future target is that we plan to deliver. Our Performance Framework will continue to extend the range of metrics we use to understand how we are performing.
- *Ensuring delivery of our plan:* We have put in place robust arrangements to track progress with the Annual Operational Plan and report progress against the plan at the Finance and Performance Committee. Our monitoring arrangements are explicitly linked to the Board Assurance Framework.

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Appendix 1: South Yorkshire Integrated Care Board Mental Health, Learning Disability and Autism(MHLDA) Priorities



South Yorkshire
Integrated Care Board

Priorities for MHLDA Across the Life Course

Integrated Care Board Mental Health Transformation Priorities:

- Overarching aim to expand & transform mental health services, in line with the NHS Mental Health Implementation Plan 2019/20 - 2023/24
- Children and Young People's Mental Health (inc. access, Mental Health Support Team, Primary Care, Crisis and Eating Disorders)
- Perinatal and Maternal Mental Health (including access)
- Community Mental Health Transformation (inc. Early Intervention in Psychosis, Individual Placement Support (IPS) Serious Mental Illness (SMI) and Rough Sleeping)
- Adult Crisis Services (including crisis alternatives, Mental Health Recovery Vehicle crisis lines (phone and text) and suicide prevention/ bereavement)

MHLDA Provider Collaborative Priorities:

- [Eating disorders \(working across the whole pathway in a phased approach\)](#)
- [Urgent and emergency care \(starting with health-based place of safety\).](#)
- [MHLDA Inpatient Quality Transformation Programme](#)

Integrated Care Board Learning Disabilities and Autism Transformation Priorities:

- Overarching aim to expand & transform Learning Disability and Autism services, in line with the Long Term Plan requirements and 2023/24 planning guidance
- Redesign and reconfigure pathways around specialist services, crisis support and inpatient provision
- Improving Autism Pathways and focus on early intervention and support
 - [Neurodiversity diagnosis \(Provider Collaborative\)](#)
 - [Learning disabilities and Autism – complex placements/inpatient care and crisis care \(Provider Collaborative\)](#)
- Improving Health Inequalities and tackling the causes of morbidity and preventable deaths

Appendix 2: Sheffield Health Care Mental Health, Learning Disability and Autism Strategy priorities for 2023/24.

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Our eight emerging key priorities for 23/24

1. Deliver on ambitious plans to tackle our waiting lists – CAMHS, Single Point of Access and Emotional Wellbeing Services, Sheffield Autism and Neurodevelopment Service, psychotherapy, memory clinic, eating disorders; reduce avoidable out of city hospital placement

2. Design an integrated, holistic approach to children and young people's mental health and social care

3. Continue the transformation of adult community and primary mental health and social care

4. Deliver the commitments of the Autism Strategy and refine the diagnostic pathway (for neurodevelopment)

5. Recommission learning disability community services and right-size inpatient services

6. Deliver the commitments of the Dementia Strategy, including memory assessment pathway

7. See a transformation in substance misuse services

8. Continue to grow and develop the VCSE sector, working together to address health inequalities

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Appendix 3: National key performance indicators for 2023/24.

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| Women Accessing Specialist Community Perinatal Mental Health Services | | Place Target | Provider data | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|---|--|--------------|---------------|-----------|-----------|-----------|-----------|-------|
| E.H.15 | Number of women accessing specialist community Perinatal Mental Health and Maternal Mental Health services in the reporting period | 736 | SHSC | 187 | 274 | 381 | 483 | 483 |
| | | | STH MMH | 50 | 100 | 183 | 267 | 267 |
| | | | Sheffield | 237 | 374 | 564 | 750 | 750 |

Across both services in Sheffield 750 women will access treatment and support. The SHSC service will see 483 during 2023/24. In Quarter 4 SHSC plans to see 102 which will meet the 7.5% Access Standard by Q4.

| Total access to IAPT services | | Place Target | Provider data | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Quarter 1 |
|-------------------------------|--|--------------|---------------|-----------|-----------|-----------|-----------|-----------|
| E.A.3a | Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. | 17,717 | SHSC | 4,055 | 4,055 | 4,055 | 4,055 | 16,220 |

The national target is for 17,717 people to enter treatment within 2023/24.

Levels of demand in Sheffield to not reflect this currently. The anticipated growth in referrals to IAPT has not fully recovered since the pandemic, despite the efforts of the service to increase referrals through an extensive awareness raising and promotion campaign across the city.

Waiting times are good. 98% of people accessing treatment are seen and start treatment within 6 weeks.

As increased demand has not yet materialised further investment to support expansion and growth has not been prioritised.

| Overall Access to Community Mental Health Services for Adults and Older | | Place Target | Provider data | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|---|---|--------------|---------------|-----------|-----------|-----------|-----------|-------|
| E.H.27 | Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed Primary Care Networks) for adults and older adults with severe mental illnesses | 5,800 | SHSC | 3,666 | 3,666 | 3,666 | 3,666 | 3,666 |
| | | | PCMH | 3,500 | 3,500 | 3,500 | 3,500 | 3,500 |
| | | | Sheffield | 7,166 | 7,166 | 7,166 | 7,166 | 7,166 |

The national target is for 6,328 people to access support from community mental health services in 2023/24. Sheffield plans to support 7,166 people, of which 3,666 will be supported by SHSC services.

| Inappropriate adult acute mental health Out of Area Placement bed days | | Place Target | Provider data | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|--|---|--------------|---------------|-----------|-----------|-----------|-----------|-------|
| E.H.12 | Number of inappropriate Out of Area Placement bed days for adults by quarter that are either 'internal' or 'external' to the sending provider | 0 | SHSC | 1,000 | 645 | 491 | 364 | 2,500 |

SHSC has a major programme of capital works which will improve standards of patient safety and experience. This involves creating single sex accommodation, the eradication of dormitory accommodation and the removal of Ligature Anchor Points. The programme responds to the CQC inspection of 2019 and is focussed improving patient safety and quality of experience.

As a result of this SHSC will have a reduced hospital bed base until April 2024 due to the refurbishment/improvement programme.

SHSC plan to reduce out of area hospital care throughout 23/24 but will not eradicate out of area hospital use until the end of this refurbishment programme.

Projected out of area activity for spot purchased beds for 23/24 is 2,500 bed nights, with a projection of 364 for Quarter 4 23/24. This is a 45% reduction on spot purchased bed night activity for 23/24 compared to 22/23. By Quarter 4 23/24 spot purchased activity is projected to be down by 73% on the Q4 22/23 position.

Appendix 4: Glossary

Integrated Care System (ICS): Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Board (ICB): A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

Provider collaboratives: Provider collaboratives bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Sheffield Health and Care Partnership: an alliance of health and social care organisations that work together to deliver care in Sheffield.

Mental Health, Learning Disability and Autism Board (MHLDA): Board of partner organisations focussed on the delivery of the improvement agenda for mental health, learning disability and autism services. There is one for South Yorkshire ICB and Sheffield.

The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.

Primary Care Network (PCN): Primary care networks are groups of GP practices. Each primary care network covers a population of between 30,000 and 50,000 patients. On average there are around 3-7 GP practices in each primary care network. Sheffield has 15 primary care networks across Sheffield.

Care Quality Commission (CQC): the independent regulator of health and social care in England

Capital departmental expenditure limit (CDEL): The amount of capital expenditure an NHS organisation can not exceed. This is set by the NHS.

Out of Area Placement: An 'out of area placement' occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual local network of services.

Access standard: Access standards are a means of measuring NHS performance. Each standard will define the type of treatment to be provided and the time within which the treatment should be provided.

S136 of the Mental Health Act: allows the police to take someone to (or keep someone at) a place of safety.

Ligature Anchor Point: a ligature anchor point is anything that could be used to attach a cord or other material for the purpose of hanging or strangulation.

IAPT: NHS Talking Therapy services for anxiety and depression.

QEIA: Quality and equality impact assessment – a formal assessment of a proposed decision to consider its impact on the quality of care provided and equality of access and outcomes.