Public Board of Directors
Item number: 19
Date: 28 May 2025

Confidential/public paper:	Public
Report Title:	**Draft Trust Strategy 2025 - 2030**
Author(s)	James Drury – director of strategy
Accountable Director:	James Drury – director of strategy
Presented by:	James Drury – director of strategy
Vision and values:	The Trust Strategy starts with our vision **to improve the mental, physical and social wellbeing of the people in our communities** and describes how we seek to realise that vision acing in accordance with all of our refreshed values.
Purpose:	The purpose of this paper is to share a draft of the proposed Trust strategy document with the Board. The intention is that this draft should reflect the conversations we have held in relation to the strategy refresh over the last year. The paper attached has not yet been through a communication design process as this will take place once the Board is satisfied that the content properly reflects their collective intentions. Therefore, the Board is invited to comment on the words rather than the visual appearance at this time.
Executive summary:	The Trust Strategy sets the direction for everyone working at Sheffield Health and Social Care Trust (SHSC) and signals our intentions to the people we serve and our partners. In line with national policy and in response to local needs the emphasis of our strategy is on: • Home First – not just as a critical change programme but as a guiding ethos shaping our approach to care. • Community and neighbourhood working, learning from our Neighbourhood Mental Health Centre programme with the intention of creating a joined-up team around the person and the community, in place of hand-offs between specialist siloes. • Tackling inequalities, pro-actively meeting the needs of all our communities. • Within our core role as a secondary healthcare provider we partner with other organisations that enable people to live well by addressing the determinants of health such as good jobs and homes. • Embracing innovation and improvement science and becoming an exemplar of digitally enabled care. While making these particular shifts we will continue to drive the core requirements to: • Deliver outstanding care • Make effective use of resources • Create a Great Place to Work, and

	• Reduce Inequalities This draft strategy document has undergone a process of development through which • the Board has actively shaped the refined the strategy • it has been tested with key stakeholders • it has been connected to the specific deliverables of the 25/26 operational plan and beyond, so that under each Strategic Aim we now have a series of deliverables and measures The next steps will include: • replace any data placeholders that remain • replace some tables and lists with infographics • confirm alignment with the national NHS Ten Year Plan when it is published • undertake communication design work to reflect corporate brand guidelines • publication and communication

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	***Yes***		***No***		
Deliver Outstanding Care	***Yes***		***No***		
Great Place to Work	***Yes***		***No***		
Reduce inequalities	***Yes***		***No***		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The Trust strategy is a key statement of intent that provides a unifying and guiding document for those that work in and with the organisation. It will support the decisions we will need to take to prioritise our collective efforts and our investment and dis-investment decisions. It is shaped by and influences the partnerships around us in Sheffield and across South Yorkshire.	
Board assurance framework (BAF) and corporate risk(s):	The Board Assurance Framework should reflect the key strategic risks to the realisation of our Trust Strategy. Therefore, there will be a review of the BAF following high level agreement of the content of the Strategy.
Any background papers/items previously considered:	The Trust strategy refresh has been discussed at several sessions of the Board and at development sessions of the executive management team. Most recently on: • Board strategy session 26th February 2025 • EMT development session 3rd April 2025 • Board strategy session 30th April 2025
Recommendation:	The Board is asked to: • **Review** the document and **confirm** that the draft strategy reflects the previous discussions undertaken by the Board, so that the visual design and communication process can begin. • **Approve** this version **noting** that a final revision will be undertaken in late Spring to reflect the national NHS Ten Year Plan and progress with our University Trust and re-branding project.

Sheffield Health and Social Care NHS FT Strategy 2025 – 2030

Version 0.3 – this version

18/05/25 – incorporates comments from Board strategy session in April. Updates values and behaviours, and big ambition for reducing inequalities

Version 0.2

14/04/25 – incorporates comments from Salma Yasmeen, EMT, and Jo Hardwick.

Version 0.1

11/03/25 – initial draft issued for comments

[document cover]

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Welcome

Chair and Chief Executive narrative

Who we are and who we serve

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is an NHS Trust that is primarily focused on mental health and wellbeing, learning disabilities, neuro-diversity and dementia. Our vision is ***to improve the mental, physical and social wellbeing of the people in our communities.***

Our services include some highly specialised regional services such as Gender Identity Services, and Forensic Secure Mental Health; and a wide variety of local and neighbourhood-based services such as primary care mental health and Talking Therapies. This is in addition to being the major provider of secondary care mental healthcare for the people of Sheffield.

We aim to take a holistic approach to everybody's care with a growing focus on physical health and wellbeing, and we have a long-standing emphasis on tackling inequalities and improving outcomes for the most marginalised, for example through the Health Inclusion Team and the Homeless Assessment and Support Team (HAST).

Over 2,000 colleagues work together at Sheffield Health and Social Care NHS FT guided by our Mission which is ***Improving Lives***. Our workforce reflects the diversity of the communities we serve. In addition to our permanent colleagues X number of bank workers and Y number of volunteers choose to be part of team SHSC. We are proud of the diversity of our workforce including increasing numbers of people with lived experience of mental health, learning disabilities and neuro-diversity.

Each year we help over 30,000 people, delivering Y episodes of care, and enabling Z% of people to report that their recovery has been supported by our care. We primarily serve the needs of adults, with X% of our service users aged between [add details]. We are increasingly supporting young people too, with a focus on smooth transitions of care for young people from age 16 upwards.

The people we work with are drawn from all parts of Sheffield, with some services serving communities across South Yorkshire and beyond. We intend to focus our care in ways that tackle inequalities and improve equity of outcomes. 41% of our service users live in neighbourhoods that are categorised as being amongst the most deprived (reference ONS IMD lower quintile). Our services try hard to reach all communities in Sheffield, with Y% of Talking Therapies service users identifying their ethnicity as non-White British, compared to 20% in the Sheffield population as a whole.

But there is more to do. Our data on quality of experience and outcomes tells us that people experience variation, so our initiatives such as PCREF are critical to make sure that the views of service users and carers are at the heart of our drive for continuous improvement.

Can we make an info graphic?

What has informed our Strategy

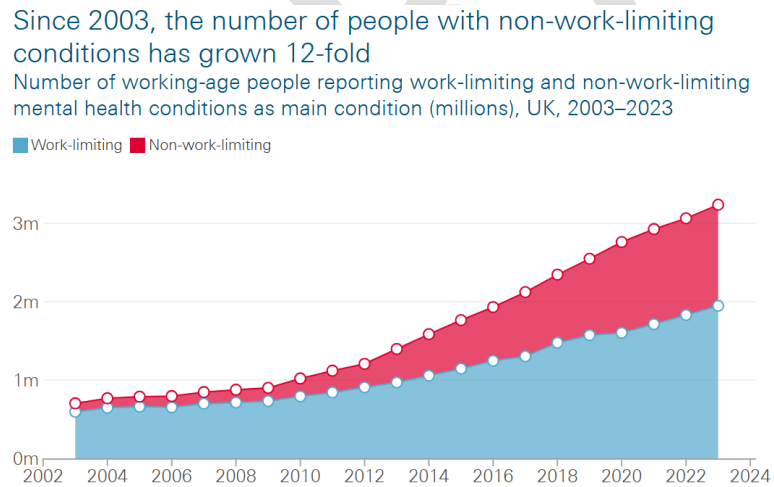
This strategy has been shaped by the people we serve, those we work with as colleagues and partners, and by our understanding of the changing world around us.

Population Needs

Data indicates that over the last 20 years there has been a significant growth in need and demand for diagnosis, support and treatment for many aspects of mental health, learning disability, neurodiversity and dementia. Population level projections estimate that both prevalence and demand will continue to grow over the lifetime of this strategy. This means that organisations that support people with these needs must innovate and must partner with communities so that people can live well with life-long health conditions and disabilities.

The Health Foundation reports that mental health need amongst adults grew significantly between 2003 and 2023, with 'work limiting' illness increasing from 0.6m to 2.0m people, and 'non work limiting' increasing from 0.1m to 1.3m. The stark rise in the number of people experiencing 'non-work limiting' mental health needs means that in addition to providing specialist intervention for those who are most affected by mental ill health, SHSC must find ways to support a greater proportion of the population through partnerships that address the determinants of health and wellbeing.

The impact of this will not only show in the demand for our services, but the diversification required of our offer, thinking and acting differently in our approach to specialist care provision. We must use technology and meet demand without over reliance on hospital admissions. Holistic care will be critical as more than 70% of working-age people with a mental health condition also report at least one other health condition.



NHS England reports that between 2017 and 2023 rates of probably mental health disorders amongst 17 – 19 year olds increased from 10.1% to 23.3% [reference]. This is important not just because of the volume, but because of the changing expectations and preferences of younger generations, which will require SHSC to adapt.

Neurodiversity: the Nuffield Trust published an analysis in 2024 that highlighted significant growth in the number of people seeking diagnosis and support for Autism and for ADHD.

Between 2019 and 2023 there was a five-fold increase in the number of open suspected autism referrals. NHS prescribing data shows that between 2019/20 and 2022/23, there was a 51% increase in the number of patients prescribed medication for ADHD.

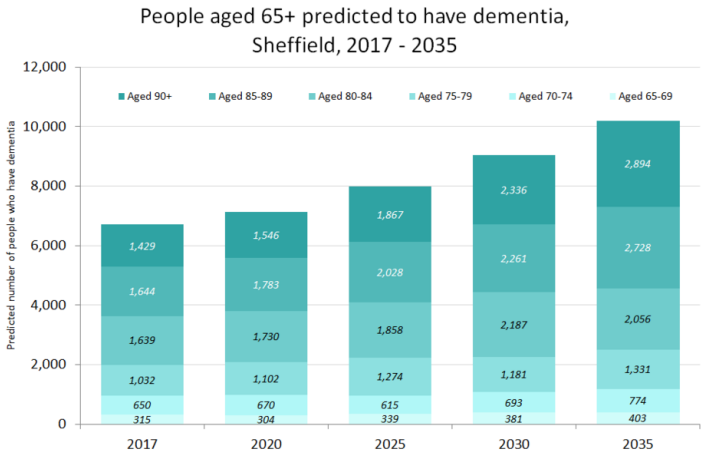
Official estimates of prevalence of Autism may underestimate the true position for a variety of reasons. However the JSNA suggests that applied to Sheffield this equates to 5,072 adults with Autism.

Gender	ONS Mid 2017 Population Estimate	Estimated Prevalence (Percentage)	Estimated Prevalence (Number)
All adults	461,086	1.10%	5,072
Women	233,688	0.30%	701
Men	227,398	2.00%	4,548

Not every person with Autism will require support with associated needs impacting on their health and wellbeing, but it is the case that local services note additional demand reflected in the Sheffield population. Services will need to become adept at meeting the needs of people who identify as neurodivergent, not just in relation to Autism or ADHD diagnosis, but also as a concurrent factor impacting other health needs.

Learning Disabilities: There are about 1.5 million people with a learning disability in the UK. This could mean about 12,000 people with a learning disability live in Sheffield. People with a learning disability often have worse physical and mental health than people without a learning disability and on average die 20 years younger than the general population. They face lots of barriers to accessing quality healthcare which contributes to these avoidable deaths. People with learning disabilities do not live as long as people who don't have a learning disability. Many of these early deaths could be prevented. 1 in 20 people with a learning disability is in paid employment compared to 3 in 4 adults who do not have a learning disability.

Dementia: The Sheffield Dementia Strategy [reference] highlights that in 2020 there were estimated to be over 7,000 people aged over 65 living with dementia in Sheffield. Equivalent to 7.7% of the 94,820 people aged 65 years and over in the city. Data in the JSNA [reference] suggests that the number of people with dementia in Sheffield could rise to over 10,000 by 2035.



Inequalities Persist: People with mental health needs experience inequalities. The Health Foundation reports that people with work-limiting mental health conditions are half as likely

to be in work compared with people with no health conditions [reference]. People with non-work-limiting mental health conditions have higher employment rates but they are more likely to have lower pay once in work. People with severe and enduring mental health needs live more of their lives in ill health and die younger than the general population [reference]. The 2022 LEDER reported that the median age at death for people with a Learning Disability in 2022 was 62.9 years old. Sheffield figures were similar at 63.5 years.

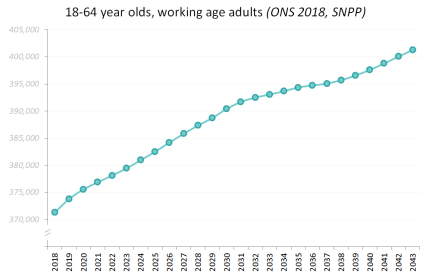
In 2024 the Royal College of Psychiatry reported that NHS data indicated that 130,400 adults with severe mental illness in England died prematurely (before the age of 75), between January 2020 and December 2022 [reference]. The College estimated that 66% (around 86,934) were due to preventable physical health conditions such as respiratory disease, heart disease and liver disease. NHS data [Q3 24/25] showed that only 58.5% of eligible people received their physical health check meaning that 41.5% people misssed out on the opportunity for early dagnosis and treatment.

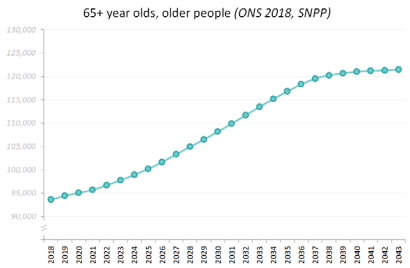
Evidence shows that people living in the most deprived areas generally have a shorter life expectancy and will spend more years in poor health. Health conditions, such as mental ill health, are four times more likely and may be acquired 10-15 years earlier for those in deprived areas than those living in affluent areas. People living in the most deprived areas may live in poor and unsuitable housing, have low income and have a higher likelihood of undertaking harmful health related behaviours such as poor diet, smoking, or alcohol consumption. People from marginalised groups, such as ethnic minorities or people experiencing homelessness, have a significantly increased risk of multiple conditions.

Service responses can often exacerbate health inequalities of disadvantaged groups, and their needs be neglected or not reflected in the care received. Population focussed approaches alongside service-led changes are necessary to tackle these social determinants of health and health inequalities.

This means that under this strategy SHSC must strengthen its work with service users and partner organisations to improve equitable access to physical healthcare and preventative activities for people with Learning Disabilities and Mental Illness, in order to reduce inequalities and improve population health outcomes.

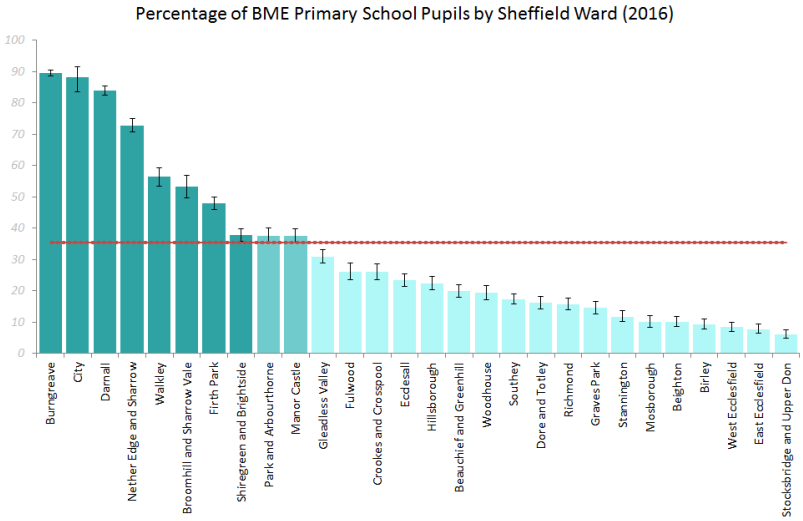
Sheffield: Between the 2011 and 2019 census the population of Sheffield increased by 33,097 (6%) to 584,853. The number of over 65s grew faster (9.6%) meaning that by 2019 16.1% of Sheffielders were aged over 65. Working age adults remained the biggest age category accounting for 63.7% of the population in 2019. The numbers of working age adults and older people are projected to continue growing through the duration of this strategy:



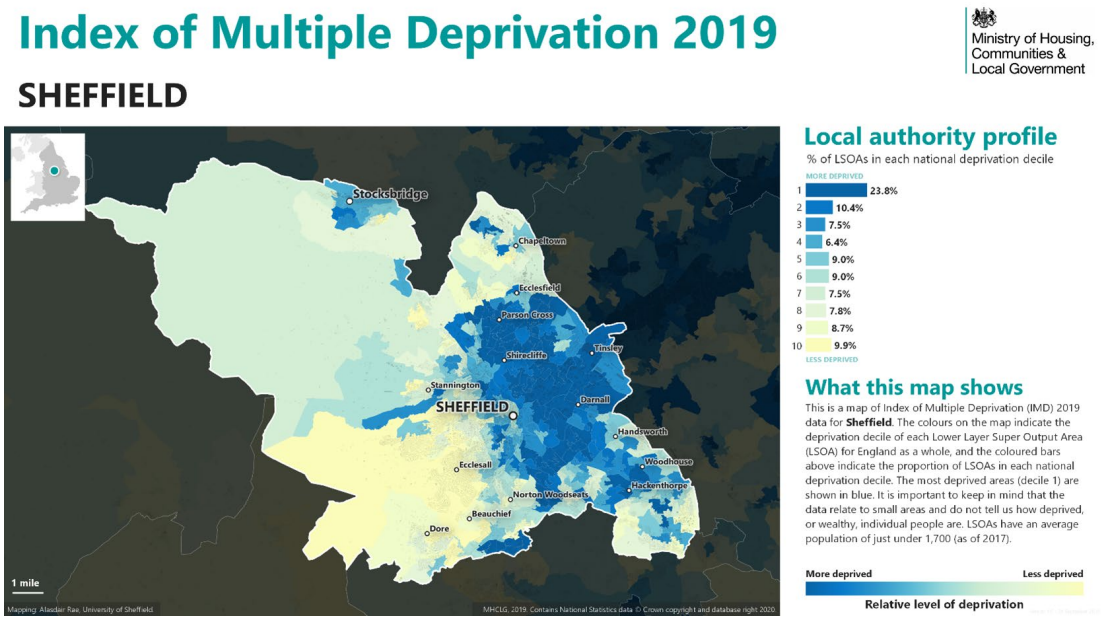


The population of Sheffield is becoming more ethncially and culturally diverse. In the 2011 Census 1 in 5 people in Sheffield identified their ethnicity as anything other than White

British. By 2016 the Schools Census recorded that 1 in 3 pupils at primary schools in Sheffield were of Black or Minority Ethnic heritage. Throughout the lifetime of this strategy SHSC must continue to develop cultural competence and inclusion in all that we do and must continue the journey to recruit, retain and include a diverse workforce at all levels. The chart below highlights that population diversity is not uniform across Sheffield's neighbourhoods, indicating a need for neighbourhood models of care to be responsive to their communities.



Need for support with mental health tends to be corelated with the social and economic determinants of health [reference]. The Sheffield Director of Public Health Report 2024 confirmed that 1 in 4 people in Sheffield live in poverty. The Index of Multiple Deprivation is a proxy for the prevalence of these factors. The image below indicates that we can expect to see significant demand arising from communities in the North and East of Sheffield, and that our neighbourhood service delivery model should reflect a proportional universalism approach.



What people told us

The Trust strategy has been developed to ensure that everyone has a voice that counts. The Trust had already gained feedback from key stakeholders and hosted conversations on the 10-year plan in preparation for strategy development. This feedback helped to inform a baseline for Trust objectives aligned to national priorities.

In addition, existing insight from the past two years was reviewed and collated into a report to determine key themes. This insight used over 3,000 views which included:

- All exiting engagement reports.
- Complaints and compliments including patient opinion and NHS Choices.
- Patient experience information including friends and family test.
- Surveys – such as staff and patient surveys.
- Healthwatch reports and insight.
- Sheffield partners involvement and insight.
- Integrated Care System intelligence and insight.

Using what we already know has provided an opportunity to reflect on key areas that may require focus, improvement or add value. The approach to developing the strategy using involvement and equality information will model our future approach of data and insight driven improvement that will drive our strategic ambition and model future ways of working for programme delivery going forward.

The aim of the engagement was to ensure that the strategy adequately reflects the voice, views and experiences of our staff, service users, governors, members, carers, and families. The views of which are critical if we are to create collective ownership of our strategic approach. The involvement approach was to generate energy around a big conversation so that people feel their voice and influence could help to shape an organisation that works for all of us and creates a lasting impact of ownership.

Using a communication approach, we promoted and developed readily accessible resources and tools on the extranet, with links to surveys and information, delivered through digital, face to face and peer led conversation, including a direct mail out to over 5,000 members of the Trust, workshops supported by Flourish to reach our voluntary and community sector organisations and a dedicated session with Governors. The strategy refresh was also promoted through our existing communications approach, including the cascade, between February and April 2025.

The aim was to gain a reflective voice in the gathering of insight so we can reflect the diversity of our population and workforce. Once again modelling the approach for inclusive participation approaches and data driven equality insight. The Trust received **400 individual responses** and an estimated **200 views from meetings and workshops**. The key themes are set out below:

General themes:

- **Compassionate, personalised approach to care** – To increase confidence in services. This means people feel listened to and heard, understanding the whole person, and not having to ‘start from scratch’ with each service encounter.

- **Services that are accessible** – timely responsive support when needed. Want to see funding for community-based organisations, link workers and support workers in the community
- **Co-production**- in service design and delivery, more involvement of people with lived experience across pathways to care and in local communities. Ensuring lived experience stories to inform service change.
- **Education** – focus on wellness and preventative treatment, awareness sessions would be of great benefit including to communities and educational institutions and introduction of recovery colleges
- **Carers**- More regular inclusion and communication with carers and need for improvement in information sharing, more involvement of carers in service design and delivery
- **Use of digital** – More digital technology would be useful and viewed very positively; the main concerns were around digital exclusion and less 'human' face to face communication.

Equality themes:

- **Cultural competency**- including staff representative of communities. Consideration of faith and ethnicity in care.
- **Accessibility of services** – More services in the wider local area, consideration of if people can afford to get to their appointment, transport links to services from wider parts of city. Making sure buildings are accessible for people with disabilities. Access to interpreters at all points of care.
- **Neurodiversity**- Ensuring our services and staff are understanding of neurodiversity and the impact that can have on accessing care. Impact of long waits in this service, more involvement of autism specific voluntary sector services.
- **SHSC as an inclusive employer** – supporting people into roles with lived experience and disabilities including neurodiversity into roles across the organisation. More staff needed with protected characteristics and who are representative of communities.
- **Equality and diversity training**- Improvement in training for staff within SHSC on equality and diversity in collaboration with voluntary and community partners.

A full report and equality impact assessment support our approach, and both these reports can be found here: add link

Additionally, we have been able to draw upon a rich range of sources of insight from engagement exercises undertaken by partner organisations in Sheffield over recent years. Sheffield City Council analysed views from over 1,800 Sheffielders and used these to inform the Joint Health and Wellbeing Strategy. Within these views the following were highlighted as being people's priorities for health and care services:

- Availability of services
- Awareness of services
- Accessibility of services
- Services that support me to manage my own care
- Quality, safety and being treated with kindness and compassion
- Focussing on both prevention and treatment of disease and ill health

Our Partnerships in Sheffield and South Yorkshire

Working in partnership for the benefit of our population is a core operating principle that informs our approach to everything we do. We are proud to be active participants in partnerships at the Sheffield place and South Yorkshire system levels and beyond. In all of these partnerships our shared goals are to improve population level outcomes and reduce inequalities, to drive value, and improve the experience of everyone who uses health and care services and of those who work within them. Some of our partnerships emphasise our role as health service provider and others reflect our role as an 'anchor' organisation contributing to the social and economic success of Sheffield and the region.

Specific headlines that have informed this strategy include:

The South Yorkshire Integrated Care Board's (5year) Joint Forward Plan was published in 2024 and includes a focus on:

- Improving access and transforming mental health services, and
- Improving access and redesigning specialist services for those with learning disabilities and autism.

Early in 2025 the ICB published its commissioning intentions which refine the Plan aligned to national expectations. Notably it requires us to:

- Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds.
- Reduce demand through developing Neighbourhood Health Service models
- Make full use of digital tools to drive the shift from analogue to digital
- Address inequalities and shift towards secondary prevention
- Live within the budget allocated, reducing waste and improving productivity.

One of the main ways that the Integrated Care System delivers improvement is through its Provider Collaboratives. The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative iterates its priorities annually. For the year ahead our focus is on:

- Improving productivity, starting by implementing the opportunities highlighted by the Akeso review. These relate to in-patient length of stay and community team effectiveness, and developing digital, data and analytical capability.
- Expanding Eating Disorder services, with a strengthened community offer, full MEED provision, an offer for ARFID, and exploration of alternatives to in-patient care
- Reducing waits for ADHD and Autism diagnosis and support.
- STOMP (stopping over medication) – improving care for people who have learning disabilities.
- Reducing the use of out of area placements

The Sheffield Health and Care Partnership vision is for our health and care services to be integrated, joined up, and seamless; to reduce and remove inequalities in health outcomes and access to support. In this partnership SHSC particularly contributes to priorities around;

- Discharge and the 'Home First' model
- Mental Health Crisis Care
- Neurodiversity Support
- Making the most of our collective estates

Within the Sheffield Health and Care Partnership there is a Mental Health Delivery Group. Its focus for 2025/26 is:

- Mental Health Crisis Care
- Implement the Neighbourhood Mental Health Centre pilot in Heeley+ PCN
- Support the Home First Programme to eliminate out of area placements and reduce delayed discharges
- Design and commission new mental health accommodation services in the community
- Improve the experience of neurodivergent adults, including the wait for assessment and diagnosis
- Improve the performance of waiting times for dementia diagnosis
- Deliver the Growth Accelerator Employment Programme

The Sheffield Health and Wellbeing Board has agreed the Fair and Healthy Sheffield Plan which requires all local partner organisations to contribute to closing the unfair gaps in length and quality of life by improving the health and wellbeing of those worst off the fastest. We do this through eight 'building blocks'. The SHSC Board has agreed to focus on three of the eight:

- Tackle racism and discrimination
- Ensure fair access to quality NHS services
- Address the climate and environment crisis

Through Sheffield Stronger Together we work with leaders across all sectors in pursuit of The Sheffield City Goals which inform our role as a significant local organisation rooted in the City with a contribution to make to the long term success of our communities. This particularly informs our strategic intent to

- Support creativity as a route to inclusion and recovery.
- Focus on environmental sustainability and the role of nature in wellbeing.
- Nurture thriving neighbourhoods and bridge divides across generations and communities.

Across South Yorkshire similar themes related to the determinants of health have informed our organisation's strategy. The South Yorkshire Integrated Care Partnership Strategy sets out bold ambitions to:

- Strengthen our focus on prevention and early intervention, and
- Increase economic participation in a fair, inclusive and sustainable economy.

The South Yorkshire Mayoral Combined Authority in conjunction with the Integrated Care Board has secured government investment in Pathways To Work which is a response to the needs of the growing number of people who are unable to participate in work due to ill health. Pathways to work will align the NHSE Growth Accelerator and DwP Trailblazer to help 40,000 people by 2029. It will;

- Bring the economically inactive back into work through an individual-centric, strengths based, trauma informed Personalised Support service
- Deliver new preventative measures to stop people becoming economically inactive due to health issues.
- Pro-actively manage pathways across health, work and employment support, including through supporting employers.

National Policy Context

This strategy is being developed at a time of geo-political uncertainty and a challenging economic and policy context for national government. Key factors include:

- Health care system costs continue to grow at a faster rate than the economies of most countries, posing affordability challenges.
- In Britain dis-satisfaction with the NHS is at an all-time high, yet the majority of people retain their faith in the founding principles of the NHS.
- The NHS achieves variable quality and outcomes at a time of growing inequalities.

In this context the Government has chosen to invest in the NHS while generally curbing public sector expenditure. This drives an expectation that the NHS delivers results with its relative investment. This in turn creates a twin focus on productivity and reform, leading to the forthcoming Ten Year Plan for the NHS.

One of the reasons that Government has made this choice is because it considers the NHS critical to its over-arching Missions, most notably:

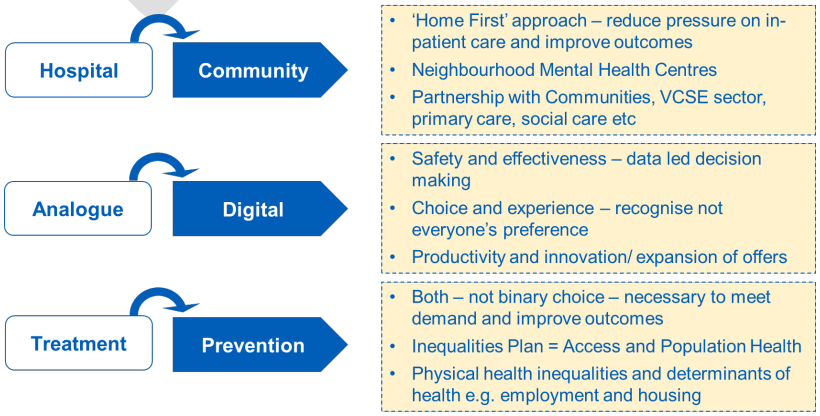
- Kickstart economic growth.
- Build an NHS fit for the future.

The implications of these Missions for the SHSC strategy include:

- Helping people so that ill-health or disability doesn't limit their opportunities to enjoy fulfilling careers, or to contribute to their community through volunteering. For example through Pathways to Work.
- Nurturing innovation and research so that people benefit from the best possible evidence led care, and local academic health partnerships attract investment.
- Reform how we work and what we do to deliver the three shifts described in the Ten Year Plan.

The Department of Health and Social Care is leading the development of a Ten Year Plan for the NHS, which will be published later this year.

The Ten Year Plan is built around three shifts in the way we think and act, which have been fundamental in the development of this strategy. The Shifts and their implications for SHSC are:



Also of significance for the Trust are the underpinning principles of the NHS England Mental Health Quality Transformation Programme. These describe the ethos of neighbourhood mental health care which is informing our local programme. Shifting to a personalised trauma informed strengths-based approach is at the heart of our strategy and primary and community services will be at the forefront of change to how we deliver care and services with a Home First approach.

Citizenship & Belonging …….. Support for a bold, reimagined future and models of care that promote and strengthen social inclusion and participation in society.

Do no harm
Trauma informed

Continuity of Care
The same people support you whether you are at home, in crisis or need to stay in a bed.

Co-produced with community and people with lived experience
People and families who use the services are part of designing and delivering them.

Trusting Relationships
with staff who work hard to get to know you, what matters to you and earn your trust.

Neighbourhood Based
People can get the help and support they need close to where they live.

Close to primary care and system partners, collaborating with VCSE

Promote belonging and citizenship for all
People who use services are seen as a whole person and are valued for who they are.

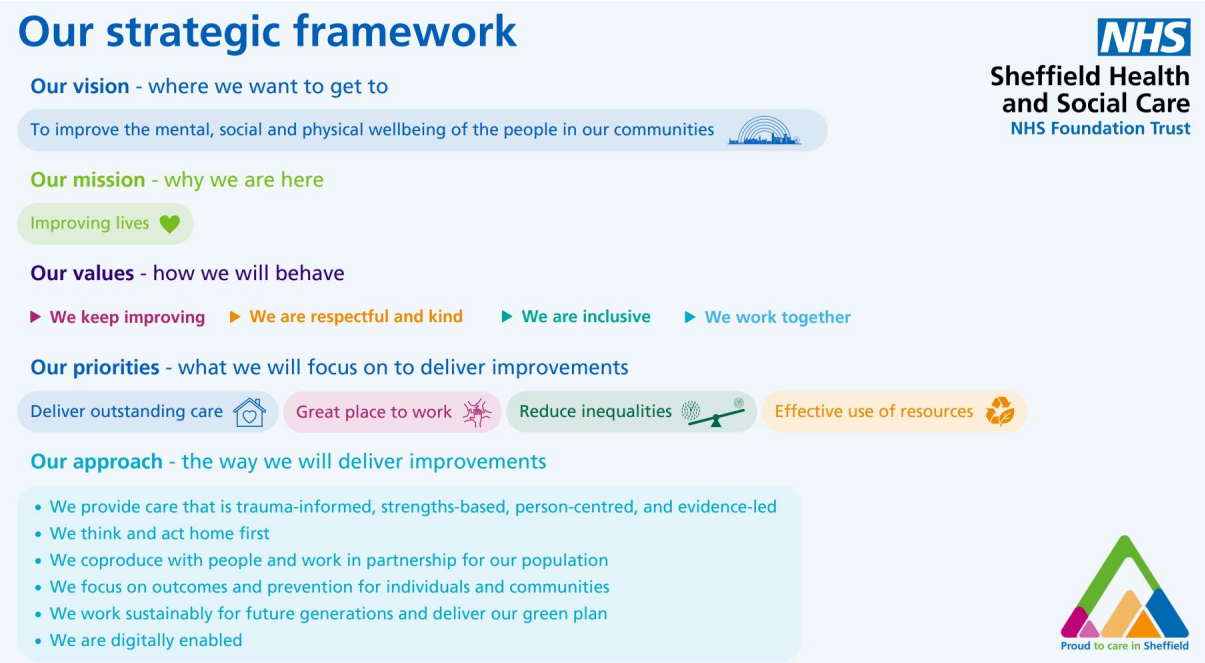
Open Access
People can get help when they need it, where they need it

Promote freedom autonomy and choice
People are in control of their own care and make choices about what they do and do not want.

All means all
These services are for everyone. Nobody is excluded. We will work hard to respect and respond to the reasonable adjustments people need.

These principles underpin the model of care and support that we will work towards through this strategy, which reflect our Home First ethos. We recognise the importance of playing our part in creating a thriving city with vibrant communities in which people support each other to live well. We do this by supporting community organisations, enabling volunteering, and by contributing to local place-shaping activities as one of the local organisations whose roots and purpose are all about Sheffield and its people.

Our Strategic Framework



Our Values

During 2024 over 1,000 colleagues at SHSC contributed over 3,000 insights to shape our shared Values and to describe the Behaviours that we expect of each other to demonstrate that we are putting our Values in action. In 2025 we established 'We Are Our Values' – a delivery group drawn from colleagues across the organisation who will support us all to make these values a daily lived reality at SHSC.

The behaviours that demonstrate our values in action are set out in our Behaviours Framework.

OUR VALUES	OUR BEHAVIOURS	WE SAY...
WE WORK TOGETHER	• Patient centred - being aware that everything we do affects the quality of care we provide • Collaborating with others in our team, other teams and partner organisations • Ensuring others are involved at the right time • Giving people opportunity to speak and be heard • Participating in team discussions and MDTs • Sharing ideas and information • Asking the advice of others and involving them in decisions	• What will this make this better for service users? • I'd like to hear your thoughts • It's great to work with you • Who else might we need to consult with at this stage? • I have an idea • I have information that will help here • What do you think is the best way forward?
WE ARE RESPECTFUL AND KIND	• Being polite and considerate • Listening to understand others • Supporting and helping others • Greeting people warmly, with a smile and saying "hello" • Saying please and thank you • Checking in with colleagues and asking how they are • Following through on commitments • Being self-aware of how our own words and actions impact others	• Hello • What do you think? • Please • Thank you • I appreciate what you did • How can I help? • How are you? • I'm sorry... • I'm aware of how my words and actions impact others
WE ARE INCLUSIVE	• Creating friendly environments where people feel safe • Providing support so that everyone can be their true self and realise their potential • Championing equity • Challenging unconscious bias and being an ally for others • Speaking up when things aren't right • Collecting data to measure if we are being inclusive • Developing tools and approaches to embed inclusion on all levels of trust activity	• I value and support you • How can we make this better for you? • Share with us what you need so we can support you • How can we be sure we are equitable and inclusive? • I speak up when things aren't right • How can we create more awareness? • Who else's voice do we need to hear on this?
WE KEEP IMPROVING	• Participating in training and development • Looking for opportunities for improvement • Giving and receiving feedback • Being creative in our problem-solving • Measuring and evaluating our impact • Offering positive challenge and holding people to account • Ensuring change is data-driven • Delivering evidence-based practice • Building our future through innovation and research	• What is the standard we need to follow? • How do you think that went? • How can we do this better? • Can I make a suggestion? • What could I have done better? • What approach haven't we thought of yet? • How can we record this so we know if it works? • What does the data tell us?

Our Approach

Our approach describes the golden threads that run through our ways of working. It informs how we deliver our strategy and is applicable to every strategic aim.

We provide care that is trauma informed, strengths based, person centred and evidence-led	Our Clinical and Social Care Strategy 2021 – 2026 defined the type of care we aspire to provide. So far we have focused on growing our capabilities to work this way, and now we want to embed these critical qualities in our approach to care through coproduction. Being strengths based and person centred requires us to take a pro-equity approach. That means to achieve good outcomes for everyone we need to do more for people who experience the most significant challenges in their lives, so that every individual receives fair and just access to the resources, opportunities, and support they need. The delivery of care will be grounded in the available evidence base and where we seek to innovate and break new ground we will work in partnership with academic institutions.
We think and act Home First	We focus on helping people in their own homes and as part of their communities to maintain their citizenship and agency. Where inpatient care is needed we support people to retain connections close to home and return home safely and quickly. We work in and with communities wherever possible, and we deliver care in hospital only where necessary.
We coproduce with people and work in partnership for our population	We value lived experience. The people who use services and those who work in them are key to improving them. We always involve people, and we aspire to truly co-produce wherever possible. Working in partnership with other organisations, especially voluntary and community groups that serve the same communities. Our pro-equity approach means this will look different in each neighbourhood in response to peoples needs.
We focus on outcomes and prevention for individuals and communities	We help each person achieve the best outcomes for them, placing emphasis on what is important to them. We strive for fairness and improved outcomes across the whole population. To achieve equity we will pay particular attention to meeting the needs of the most disadvantaged communities.
We work sustainably for future generations and deliver our Green Plan	We consider the environmental impact of our actions, and the long-term implications of the choices we make today and the potential impacts in the future.

We are digitally enabled	We use digital to enhance human interaction. We improve choice, access and efficiency, while taking care not to exclude anyone. We use digital to enhance communications, interventions and choice, supporting digital literacy where this is an issue. We improve access and efficiency of our services and ensure that no one is disadvantaged because of digital exclusion.

[there may be a better way of showing this content than a table?]

Our Model of Care

To deliver this strategy our Model of Care needs to reflect Our 'Home First' Approach.

We recognise that most people are able to live well in their own homes and are able to access the things that help them maintain their wellbeing. If people need some support to live well we will ensure they have access to community activities and can access help through local Voluntary and Community sector organisations. If they need more they will have access to an integrated primary mental health care team that is readily available in their neighbourhood. And if they need more specialist help we'll provide that through joined up community mental health services, delivered locally wherever possible, and at scale for the whole city where necessary. All of this will be backed up by high quality locally delivered in-patient care and regional specialist services when they are needed.

Our Trust plays a larger role in directly supporting people at each layer of this model of care, but it has a role to play in creating a Fair and Healthy Sheffield for the whole population, and it supports prevention and recovery at every level.

[add graphic to show person at centre, at home, with each of the layers described above around them concentrically]

The table below indicates the types of service that would typically be delivered at each level within our Model of Care. Note this is indicative and will continue to be refined.

People at home	Telephone and digital offer, assistive technology. Services visit for appointments
Every PCN (c 50k pop). In General Practice and community anchor organisations	Part of wider 'neighbourhood NHS'. Some embedded e.g. PCMH. Some services E.g. Talking Therapies deliver seasonally
Neighbourhood Mental Health Centre (e.g. Heeley). Maybe 5 or 6 in Sheffield (c 100k pop)	Integrated secondary care community MH offer (multiple teams). May be collocated with PCN based offer. In Partnership – social care, VCS etc
1 City-wide Community Hub – Centrally located.	Lower volume/ more specialist teams - e.g. CERT, HAST, LD, Perinatal. Mix of team base and service delivery. Some delivery seasonally at neighbourhood level
Inpatient care – 1 or 2 campuses for Sheffield	Only in-patient care. Could have older peoples campus, or all together. Note low secure, rehab, possible developments such as Eating Disorders etc

Our Bold Ambitions

For each of our strategic aims we have set a small number of measurable objectives which we will use to demonstrate the delivery of our strategy. In addition, we have set ourselves one bold ambition for each strategic aim. These are major stretching goals that will signify a step-change in progress towards the achievement of our strategic aims.

Strategic Aims	Bold Ambitions
Deliver outstanding care	We will implement integrated neighbourhood models of care to achieve equitable outcomes and improve experience of care through a Home First approach
Effective use of resources	We will become a sustainable and digitally enabled organisation, achieving recurrent financial balance within the lifetime of this strategy
Reduce inequalities	We will become an exemplar in addressing health inequalities and working in partnership on the wider determinants of health
Great place to work	We will become a University Partnership Trust to help us bring innovative care, leading research and learning opportunities to everyone in Sheffield

Strategic Aim 1: Deliver Outstanding Care

What this means	This means delivering safe, effective treatment and interventions in a way that provides a good experience for all users of our services. We have established quality criteria through our Clinical and Social Care Strategy which we are now embedding in practice. This means we provide care that is trauma informed, strengths based, person centred, and evidence led. To deliver equity in access, experience and outcomes for all our diverse communities we must build trusted relationships and partnerships with communities and the voluntary and community sector. We must also invest in meaningful therapeutic activities on ward environments, and increase access to employment, volunteering and meaningful activities as part of recovery plans.
Why it's important	It is important that we do this because it is what our service users tell us is important to them. People have consistently told us that what matters to them is that care is accessible when and where it's needed, and that we work with them as partners in their care. The quality of the care we provide is also one of the main ways that system partners and regulators judge our Trust. We aim to move our CQC rating from Requires Improvement to Outstanding during the lifetime of this strategy.

Bold Ambition 1	***We will implement integrated neighbourhood models of care to achieve equitable outcomes and improve experience of care through a Home First approach***

Objectives	Deliverables	Measures
Deliver our quality & safety objectives	• Implement Culture of Care and Inpatient Quality Improvement Programme • Improve community risk management through Intensive and Assertive Review • Continue to embed human rights into day-to-day practice and introduce an ethics panel • Embed a person-centred approach to Care planning / restrictive practice • Continue to embed least restrictive practice and ensure	• Culture of Care Patient experience Dashboard • Audit of the quality of personalised risk assessments • 85% of clinical staff trained in human rights • Every patient will have an up to date, personalised and strengths based care plan that they have had the opportunity to co-produce • Zero seclusion use by

	patients from racialised communities are not overrepresented in the use of restrictive practices such as restraint and seclusion. • Ensure the Patient and Carer Race Equality Framework is embedded in practice by the end of 2025/26	2028 • Clearly defined, evidence based pathways of care across all services by end of 2026/27 • All patients have their ethnicity recorded in the electronic patient record • Evidence of reduced inequalities in PCREF data • Achieve 3 star Triangle of care accreditation by the end of 2026/27
Home First – reduce out of area placements, improve productivity, flow and sustainable pathways	• Implement workstream 1 grip and control in acute and community services • Implement workstream 2 sustainable pathways across community and in-patient care • Implement work stream 3 longer term external pathway changes	• To achieve less than 5 out of area placements by the end of 2025/26 • To eliminate the use of inappropriate out of area placements by the end of 2026/27
Neighbourhood MH Centre Pilot and partnerships for prevention and inclusion	• Open Heeley+ site in 25/26 and confirm roll out subject to evaluation by 26/27 • Define and implement our neighbourhood delivery model • Increase the use of creative health approaches to support recovery • Implement a community connector model through Trust voluntary and community sector partners including joint posts and roles including advocacy workers, peer support workers and community development workers focused on mental health and learning disability all age support	• Reduce admissions from Heeley + registered population in 25/26 • Reduced Length of Stay for Heeley + registered population in 25/26 • Increase in number of teams connecting service users to creative health approaches to recovery
Be an exemplar in QI and applied research and innovation	• Innovation and Research Hub • University Partnership Trust- with joint MHLDA strategy	• Increase commercial research income • Increase research active

	• Grow QI capabilities and embed Integrated change and improvement approach	staff • Increase QI, PM, change management and OD trained staff
Therapeutic Environments	• Reduce out of area care through completion of Maple ward project in 25/26 • Confirm plans for Older Adults and Forensic in-patient environments during 25/26 • Agree Home First estates strategy (neighbourhoods, central community, inpatient) during 25/26 • Deliver fire safety improvements • Create opportunities to enhance staff wellbeing spaces at our service delivery sites	• PLACE, PAM, ERIC – results in upper quartile for Mental Health comparators. • Improved fire safety audit results. • More environments assessed as being neuro-diverse friendly

Strategic Aim 2: Effective Use of Resources

What this means	This means maximising the value achieved for service users by making best use of all our resources to deliver outstanding care and make the Trust is a great place to work. That includes people's time, buildings and materials, and money. It requires us to think and act sustainably, to stop doing things that don't add value. It also requires us to be creative and innovative, applying new ways of working such as the use of digital and AI solutions to improve the way we work.
Why it's important	By making it easier for our teams to do their jobs we free up time for them to increase their impact for service users. To invest in Improving Lives and to meet the growing needs of our communities, we must reach a state of recurrent financial balance, so that efficiencies we make can be directed towards delivering outstanding care.

Bold Ambition 2	***We will become a sustainable and digitally enabled organisation, achieving recurrent financial balance within the lifetime of this strategy.***

Objectives	Deliverables	Measures

Realise the benefits of implementing Rio and become a digitally enabled trust	• RiO Electronic Patient Record (EPR) fully implemented in 2025
	• The Trusts ambition is to deploy a modern, robust, reliable and user friendly EPR that will enable us to transform services by:
	  • Reducing community waiting times
	  • Enable the trust to deliver safe and high-quality care to all service users.
	  • Provide staff with the tools needed to carry out their roles efficiently and effectively.
	  • Allow SHSC to integrate with systems used by local partners and national
		• Digital Maturity Assessment; Data Quality Maturity Index & Data Security Protection Toolkit
		• Digital Maturity Assessment – ambition to reach '4'
		• Data Quality Maturity Index – score 95%+
		• Data Security and Protection Toolkit - standards met or exceeded

	systems. • Improve SHSC's ability to co-ordinate care across all care settings. • Digital Target Operating Model implemented in 2025	
Sustainability: Deliver net zero carbon care and impact on the social and environmental determinants of health	• Enhance sustainable development visibility • Demonstrate leadership in sustainable development • Empower and equip staff & our service users to make sustainable choices • Develop low carbon care pathways adapted and resilient to impacts of climate change • Develop heat decarbonisation plan • Develop an SHSC green travel plan • Implement the NHS Net Zero Supplier roadmap and work with our suppliers to reduce emissions	• Net Zero carbon by 2045 • Reduce direct control emissions to net zero by 2030 • >10 applicants for Sustainability Award at SHSC Shine Awards • Minimum 75% of our estate has a costed plan for decarbonising heating systems • Minimum 60% of our sites have a 'good' accredited travel plan • 100% tenders and procurement frameworks include minimum 10% net zero weighting
Deliver our financial plan every year, to achieve recurrent balance.	• Achieve planned levels of VIP in 25/26 and 26/27 • Deliver service-line financial recovery plans to eliminate over-spends	• 25/26 £8m VIP, -£5.5m year-end position • 26/27 £8m VIP, balanced year end position
Become more productive in all parts of our Trust	• Corporate services productivity review and Target Operating Model in 25/26 • Implement Akeso and Model Hospital clinical productivity opportunities. • Improve estate utilisation	• Work towards corporate/ clinical cost ratio to be defined through TOM • Achieve productivity gains identified for Length of Stay, Out of Area placements, and community teams. • Reduce estate footprint and increase % space utilisation.

Strategic Aim 3: Reduce Inequalities

What this means	In order to reduce inequalities in the health outcomes of the population we serve we need to do three things. 1) We need to improve access to / experience of care so that its fair for everyone. This means doing things differently for people who find it harder to access support or have a poorer experience. 2) We need to expand the range of things we do so we increasingly focus on prevention and the wider determinants of health. 3) We need to use population data to focus our efforts where they are most needed, and work in partnership with communities and their trusted organisations.
Why it's important	It is critical that we reduce inequalities both in terms of access and experience of the care we provide, and in terms of the health outcomes people achieve. Being Inclusive is one of our core values and our staff and service users told us clearly that reducing inequalities matters to them. Prevention is also an essential part of how we can meet the growing needs of our population and make the best use of the resources available to us. The Home First aim will help us to support people closer to home, with their communities, which will help us better understand any health inequalities and how best to address them

Bold Ambition 3	***We will become an exemplar in addressing health inequalities and working in partnership on the wider determinants of health***

Objectives	Deliverables	Measures
Implement our Inequalities & Population Health Plan.	• Increase personal data recorded on RiO, by taking a behavioural science led approach with teams • Annual Health Inequalities Statement publication (within Annual Report) • NHS Board Self Assessment (repeat annually) • Implement our commitments under the Fair and Healthy Sheffield Plan (tackle racism, fair access to care, climate action) • Increase active participation in learning and applying population health and prevention, through Health Inequalities Action Group,	• 80% of service users will have complete personal data on RiO by March 2026 • Annual Health inequalities Statement shows year on year improvement in all data categories. • NHS Board Self-Assessment achieve 'maturing' in all four categories by 2027 • % engaged and active staff increases year in year

	and external learning opportunities and networks. • Establish a Population Health and Inequalities Fellowship • Establish an awards category at Shine 2026 • Explore expansion of the role of the QUIT team to support health promoting behaviours beyond smoking cessation • Use population health management data to be more proactive and preventative when defining our Model of Care, particularly the neighbourhood model.	• > 15 Health Inequalities Fellows completing projects and qualifications each year • Decision on QUIT team within 2025/26 • Neighbourhood Model of Care and basis for differential resource allocation clarified within 2025/26.
Improve pathways to work, and access to housing, through local partnerships.	• Supported housing project with re-Think and NPC, linked to Home First work stream 3. • Active participation in See It Be It in Sheffield, to engage local young people from key neighbourhoods in careers. • Community recruitment initiatives through Heeley+ programme and roll-out of neighbourhood model of care. • Maximise Talking Therapies Employment Advice • Build on partnerships with community organisations such as SACMHA, ACT, MAAN, Flourish, to develop volunteering and expert by experience opportunities	• Evidence of clearly defined accommodation pathways and reduced delayed discharges • Evidence of recruitment initiatives that positively target relevant communities • Increased diversity of volunteers and Experts by Experience
Convene place partnership/ alliance to align VCS, LA and NHS resources focused on MH, LD, ND, and D	• Develop strong working relationships with VCS partners to provide innovative support packages for people accessing care or at risk of requiring care • Align place partnership and Trust improvement programme structures to remove duplication. • Refine and strengthen the Trust's	• Evidence of funding provided to VCS organisations • Clarify the resources used to support 'prevention' and 'reducing inequalities', seeking to increase this as a % of overall investment.

	supporting offer as convenor and enabler of neighbourhood and place-based partnership. Co-produce this with partners.	
Implement our Patient and Carer Race Equality Framework.	• Implement robust governance structures for PCREF • Develop outcome measures • Recruit a minimum of 3 community development workers • Develop and implement a PCREF toolkit for frontline services to utilise • Align the Triangle of Care with PCREF • Ensure all staff can access cultural competence training • Establish real time feedback loops for patients and carers with ability to see the feedback from those from racialised communities	• Patient feedback dashboard with clear data from racialised communities • Evidence of alignment between PCREF and Triangle of care • 85% of staff having received cultural competence training.
Deliver our equality objectives.	• Do we need to think about leadership opportunities for leaders from diverse communities. Cognisant of the underrepresentation of diverse communities in senior posts. • Ensure people from racialised communities are not over represented in restrictive interventions • Ensure that people from lower socio-economic and racialised communities have the opportunity to access employment within the Trust and have access to equitable promotion opportunities.	• Our workforce profile reflects the community demographic profile.

Strategic Aim 4: Great Place to Work

What this means	This means creating the conditions at SHSC which create an inclusive, values based culture, in which everyone can thrive and embrace new ways of working. It requires us to support staff to stay well at work; to demonstrate compassionate and inclusive leadership; and to attract and retain diverse talent that understands our population.
Why it's important	Our service users experience our Trust through our People. It is critical that our People are supported so they can deliver outstanding care and Improve Lives. That means ensuring we have sufficient staff, that they are effectively developed and led, in an environment and culture that demonstrates our values. Without our people we do not have the capability to deliver this strategy.

Bold Ambition 4	***We will become a University Partnership Trust to help us bring innovative care, leading research and learning opportunities to everyone in Sheffield***

Objectives	Deliverables	Measures
Develop our culture through the We Are Our Values programme	• We are our Values Delivery Group to drive a series of initiatives informed by staff feedback.	• Staff survey engagement scores upper quartile
University Partnership Trust to improve care through research, innovation and education excellence	• Achieve University Partnership Trust status in 2025 • Strengthen research and teaching links with UoS and SHU • Increase number of honorary contracts with University of Sheffield • Develop joint innovation and research strategies with HEIs	• Increase research portfolio in numbers and reach • Increase number of Honorary Contact holders • Increase in take up of proven innovations, leading to gains in safety, efficiency and productivity, and reductions in incidents, and wait times • Improved People metrics – retention, staff survey engagement scores etc
Improve the safety of our staff by reducing violence	• Communications campaign to engage staff	• Reduction in incidents

and aggression and sexual safety incidents	in taking action together • QI programme of intervention to test, learn and spread effective practice	• Improved staff survey feedback
Continue our journey to become an inclusive and anti-racist organisation	• Achieve Bronze accreditation on NW Assembly Framework in 2025 • Thriving staff networks that support the Trust becoming an anti-racist organisation	• Staff Survey – experience gaps closed • Pay gaps closed • Staff networks well attended with evidence of impact

Delivering our Strategy

This section describes the way we will deliver our strategic aims, how we will govern and monitor achievement, and the key capabilities that we will need to strengthen in order to succeed. It also sets out the hierarchy of supporting strategies and plans that will provide detail to the organisation where that is required to bring this overarching organisational strategy to life.

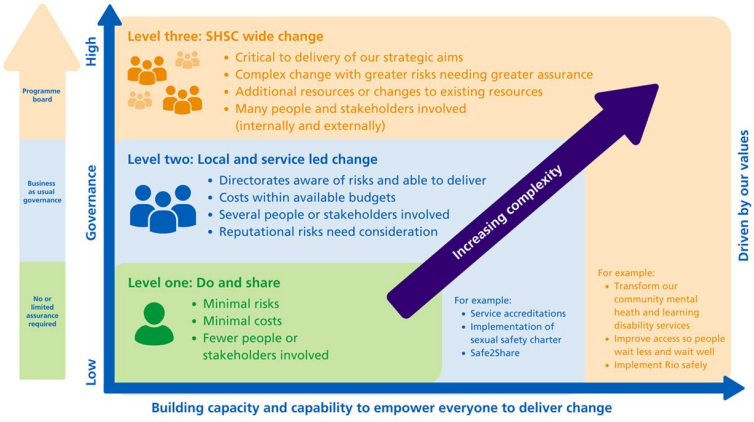
The way we deliver

This strategy will be delivered by each of us owning it and using it to guide our actions. We will use it in our Performance and Development Reviews and the conversations we have as teams so that everyone can understand the important part that they play.

Each year we will agree an annual Operational Plan that will provide clarity on the specific actions we need to take that year to deliver our strategy and to meet national and system requirements.

We have developed an Integrated Change Framework which we will use to deliver our strategy. The Integrated approach builds on the guidance provided through NHS IMPACT.

- It starts with the development of Quality Improvement capabilities across all teams, and organisational support for a culture that encourages everybody to improve the work they do through small scale PDCA cycles.
- In the middle tier services and directorates manage the delivery of changes within their leadership remit. These draw upon a standardised method and tool kit that blends PRINCE and MSP style project and programme management with emergent QI practices based on the IHI Model for Improvement. Changes at this level may benefit from coaching and brief supporting interventions from the Integrated Change Team, which is made up of experts such as QI, PMO, OD, Research and Evidence.
- The most complex and organisation-wide changes are governed through a change portfolio board and overseen by the Board. Each of these programmes has an executive sponsor, programme board, and dedicated support from the Integrated Change Team. The composition of the change portfolio will evolve each year linked to the annual operational planning process through which we phase the delivery of our strategy.



Many of the changes we will need to implement in order to deliver this strategy will require us to work in partnership outside the organisation. This is the case at neighbourhood, place and at system level. Our skills in building and maintaining trust and our ability to share responsibility, share information, and to maintain an open learning style will be key.

Changes are forthcoming to the national infrastructure of the health and care system. This will have consequences for the roles of local partners including ICBs. Some parts of the country have begun establishing place-based provider collaboratives. We consider that our ability to act as a trusted convenor and enabler of inclusive local partnerships focused on the needs of the population will be important in the delivery of this strategy.

How we will govern and monitor achievement

We will collectively own this strategy. Programmes to deliver the strategy will have executive ownership and will be delivered with colleagues across the organisation using our integrated change approach.

Every Strategic Aim will be overseen by an assurance committee on behalf of the Board. We will report annually on progress through our Annual Report and Accounts, and the Board will receive regular updates on all strategic aims, the deliverables under them and the measures we have set in this document. Our Integrated Performance Report will provide more detailed regular insight into the impact on our organisational key performance indicators.

Key capabilities

Delivery of this strategy will require us to maintain the strong capabilities that are well established in the organisation. In addition, to be successful in the coming years we will need to build our organisational strengths in the following capabilities.

- Digital and the use of data
- Population Health Management, prevention and reducing inequalities.
- Cultural competence
- Partnership and stakeholder management
- Quality Improvement
- Research and Innovation
- Voice and influence

Supporting Strategies and Plans

In order to achieve collective focus and shared ownership of this strategy it is essential that we do not have too many additional supporting strategies, and that those we do have are clearly focused on enabling the delivery of our trust strategy. Where necessary there may be delivery plans that contribute to a supporting strategy. The hierarchy of strategies is as follows.


SHSC Trust Strategy 2025 - 2030
People & OD
Quality & Safety
Sustainability
Communication Involvement & Equality
Improvement, Innovation & Research
Digital
Estates