Public Board of Directors
Item number: 25
Date: 28 May 2025

Confidential / public paper:	Public
Report Title:	**Population Health bi-annual progress report**
Author(s) :	Jo Hardwick, Head of population health and inequalities
Accountable Director:	Helen Crimlisk, Medical director (interim)
Presented by:	Helen Crimlisk, Medical director (interim)
Vision and values:	This work supports the vision and values of the Trust by ensuring we offer equitable access **(we are inclusive),** excellent experience and optimal outcomes to all those who use our services (**we work together**), supporting the vision to **improve the mental, physical and social wellbeing of the people in our communities.**
Purpose:	The aim of this report is to provide an update on the work underway to address population health and inequalities in a systematic and strategic way, to support Sheffield's commitment to improve healthy life expectancy and reduce health inequalities.
Executive summary:	The purpose of this report is to provide an **overview of the work underway** in the Trust in relation to **population health, healthcare inequalities and prevention.** This is a bi-annual report and covers the period 01 November 2024 – 31 March 2025. The report also addresses requests from the discussion at the Quality Assurance committee (QAC) on 13 November 2024, in relation to measurements of success. The report includes the following: • Review of commitments from last update report • Detail of progress made since last update • Measures of success There is a great deal of work underway and in train, within SHSC and partnership work in Place and region. Focus remains on **3 keys areas** all informing and shaping the Trust health inequalities action plan and strategy refresh: • Health Inequalities statement • Health inequalities self-assessment • Fair and healthy Sheffield plan **Additional activities** can be categorised into three areas which contribute to measurements of success, incorporating qualitative and quantitative measures.: • Planned – foundation building initiatives • Opportunistic - funding and partnership opportunities, service/individual driven ideas • Learning Opportunities - increasing knowledge and skills across workforce

	The report notes several suggestions of how the success of this work can be measured.

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

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.

- Support of Sheffield's commitment to improving healthy life expectancy and reducing health inequalities.
- Support delivery of national inequalities priorities and strategic aim for inclusive services.

BAF and corporate risk/s:	**BAF 0024** Risk of failing to meet fundamental standards of care caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience, staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action. **BAF 0025b** There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in unacceptable service user safety, more restrictive care and a poor staff and service user experience. **BAF 0029** There is a risk of a delay in people accessing core mental health services through the requirements of 'The Right Care Right Place' caused by issues with models of care, access to beds, flow, crisis care management and contractual issues resulting in poor experience of care and potential harm to service users. **BAF 0031** There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities-based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.
Any background papers/ items previously considered:	This is the third bi-annual report, previous reports have been received at the following meetings: 15 May 2025 – executive management team (EMT) 09 April 2025 – Quality Assurance Committee (QAC) 13 November 2024- QAC 25 November 2024 – Board of Directors
Recommendation:	The Board of Directors are asked to: - **Note** the content. - **Comment** on the suggested measures of success

Public Board of Directors

Population Health and Inequalities Bi-annual Report

May 2025

1. Purpose of the report

The purpose of this report is to provide an overview of the work underway in the Trust in relation to population health, healthcare inequalities and prevention. This is a bi-annual report and covers the period 01 November 2024 – 31 March 2025.

The report also addresses requests from the discussion at QAC on 13 November 2025, in relation to measurements of success.

The report includes the following:
- Review of commitments from last update report
- Detail of progress made since last update
- Measures of success

2. Background

There continues to be a positive engagement across the Trust in relation to health inequalities, population health and prevention.

The previous report focused on several Trust, Place and regional developments. Below is a summary and update of each area.

- Health Inequalities Statement 2023/24

The 2023/24 statement of health inequalities was approved at Trust Board on 27 November 2024 and published alongside the annual report.
The 2024/25 Health Inequalities statement is in production, this will be completed and published within the Trust Annual Report.

- Fair and Healthy Sheffield

Approved at the Health and Wellbeing Board in September 2024, where Board members were asked to detail their commitment to this work. Our commitments are to be made annually. Year one will focus on setting the foundations of the four radical shifts and prioritise targeted work within three of the building blocks. We will continue to review the remaining five building blocks and plan, and progress work were possible.

The four radical shifts are
1. Leadership and workforce
2. Partnerships and collaboration
3. Resources
4. Monitoring and accountability

The priority building blocks for SHCS are
1. Tackle racism and discrimination
2. Ensure fair access to quality NHS and social care services
3. Address the climate and environmental crisis

- Health Inequalities Board Self-assessment

Following the June Board development session the health inequalities self-assessment was completed. The maturity level we achieved is below

Building public health capacity and capability	Developing
Data, insight, evidence and evaluation	Developing
Strategic leadership and accountability	Developing
Systems partnerships	Maturing

The bespoke objectives have been incorporated into the health inequalities action plan.

The Action plan continues to develop alongside the strategy refresh. The self-assessment objectives, Fair and Healthy Sheffield plan priorities and health inequalities statement commitments are all incorporated into the plan.

3. **Progress since last report**

This is not a programme of delivery; it is building a movement. It is recognised that the journey is long, and the enthusiasm and involvement is increasing and gathering momentum.

While progress is not linear and teams will engage at differing paces, we are making progress, and green shoots of positive change are visible across the Trust. Much of the focus is connecting work already underway and initiatives as well as embracing energy from individuals and teams.

We continue to build networks and relationships and are scoping partnership working opportunities with statutory and VCSE partners.
Networks include:
- Poverty Truth Commission. 'Nothing about us, without us, is for us'
  SHSC colleague's member of the Commission. Building relationships and trust to have difficult conversations and working together to have positive impact. We are taking these perspectives back to SHSC to inform our work and practice. Strongly represented at the Shefield Poverty Summit, convened by Sheffield Public Health
- Sheffield Children's Hospital and Sheffield Teaching Hospital – Health Inequalities Leads
- North-East Neighbourhood – VCSE partners
- South Yorkshire Public Health Network – to be chaired by SHSC in April
- Sheffield Hospital Charity and Sheffield Teaching Hospital – Women's health inequalities
- Sheffield City Council, SCH and STH – Housing and Health pathways
- Rethink Mental Illness and New Philanthropy Capital – Supported accommodation

There are several pieces of work underway, this is a mix of high level and strategic approaches and projects, alongside opportunistic projects at team and service level. Below is a summary of the work in progress in relation to population health, health inequalities and prevention, as well as expected impact of this work.

Planned (Foundation building initiatives)		
Action	**Summary**	**Expected Impact**
Health Inequalities Action Group	Established in March 2025. To meet monthly initially. A group of interested people who wish to drive change in relation to health inequalities. Invited and self-appointed members from across the Trust including CMHTs, Engagement team, SAANs, LD, Sustainability, Psychological Services, Finance, Business and Performance Management, Healthy Hospitals Team, Physical Health Team, Pharmacy, Perinatal, Community Forensic Team, Decisions Unit.	Improved and equitable access to SHSC services Excellent experience of SHSC services and delivery of person-centred care Ensure optimal outcomes for service users Targeted work to address access disparities Income generation
Protected Characteristics	Behavioural Science led approach to improving the collection and recording of protected characteristics across the Trust. 5 teams engaged and underway, 3 further teams about to begin, with many others interested. Opportunities becoming apparent to use this information to support service improvements in relation to access.	Improved and equitable access to SHSC services Excellent experience of SHSC services and delivery of person-centred care Ensure optimal outcomes for service users Ensuring services are inclusive Targeted work to address access disparities
QEIA	Health Inequalities represented on the QEIA panel and embedded into reports	Ensuring services are inclusive Excellent experience of SHSC services and delivery of person-centred care Ensure optimal outcomes for service users

		Effective use of resources
Smoke Free	Dedicated QUIT team supporting behaviour change in workforce to support services users to quit smoking. Exploring opportunities to expand the remit of the team to address wider health inequalities and modifiable risk factors. Considering trialling Making Every Contact Count (MECC) approach	Reduction of smoking rates amongst staff and service users Improvement in physical and mental health associated with effects of smoking Excellent experience of SHSC services and delivery of person-centred care
PCREF	Patient and Carer Equity Framework under development within the Trust. 5 priorities identified to drive related change Creation of educational videos supporting the collection of protected characteristics Health inequalities dashboard created Joint working to align priorities, better use of resources and share learning from this work.	Improved and equitable access to SHSC services Excellent experience of SHSC services and delivery of person-centred care Ensure optimal outcomes for service users Targeted work to address access disparities
Physical Health Strategy	Supporting the physical health needs of our services user, via physical health strategy including a living well workstream.	Excellent experience of SHSC services Ensure optimal outcomes for service users Improvement of physical and mental health and wellbeing
Sustainability and Green Plan	Strategy has recently been refreshed which identifies the connection with and impact on health inequalities, particularly sustainable models of care	Excellent experience of SHSC services Ensure optimal outcomes for service users Improvement of physical and mental health and wellbeing Deliver evidence led care

Opportunistic (funding and partnership opportunities, service/individual driven ideas)		
Action	**Summary**	**Expected Impact**
Women's health Inequalities	Sheffield Hospital Charity has identified women's health inequalities as a key element of their health inequalities priority. The 3 main areas are: perinatal and maternity, gender-based violence within NHS workforce, cervical cancer screening. Opportunities are being explored in partnership with STH to achieve greater impact as a city.	Improved experience for the workforce Improve recruitment and retention rates Reduction in rates of sickness absence Income generation
Housing and Health	Momentum building across Sheffield in relation to the impact of housing on health. Partnership working opportunities being explored, including SHSC, STH and SCH – pathways/local housing support within healthcare SHSC, Rethink Mental Illness and New Philanthropy Capital – opportunities for MH supported housing	Excellent experience of SHSC services and delivery of person-centred care Delivery of optimal outcomes for service users Contribute to demand management and support flow through inpatient services Potential to reduce referrals/repeat admissions
Digital Literacy	Building on foundation work underway in the Trust to support Housekeepers to improve skills, additional funding secured to improve digital literacy within areas of deprivation within Sheffield	Improved experience for the workforce Improve recruitment and retention rates Income generation
Liaison Psychiatry Re-accreditation	Population health report is being created to support their re-accreditation process. The report will support creation of a service health inequalities action plan	Delivery of clinical effective and safe services Excellent experience of SHSC services and delivery of person-centred care Optimal outcomes for service users Targeted work to address access disparities

Learning Opportunities (increasing knowledge and skills across workforce)		
Action	**Summary**	**Expected Impact**
Developing as Leaders	Delivery of two sessions per cohort 1. Health inequalities introduction and overview 2. Population health and sustainability – adaptive leadership	Increase knowledge and skills to drive change Empowered and informed workforce
Population Health Forum	Bi-monthly forum, open to all. Space to listen and learn about population health and inequalities related topics relevant to the Trust	Increase knowledge and skills to drive change Empowered and informed workforce
Jarvis page including Learning Library	Page to access information related to population health and inequalities. informational videos and a learning log for relevant reading, blogs, podcasts and reports	Increase knowledge and skills to drive change Empowered and informed workforce Evidence led care
Team/Service Meetings	Attend and present at team meetings to inspire and promote curiosity and support focused work in this area.	Increase knowledge and skills to drive change Empowered and informed workforce

4. **Measurements of success**

Following the last QAC discussion, we have been considering how to measure the success of this work. This can be achieved in several ways, with a key factor of balancing data and insights. The options are being explored alongside the strategy refresh. Initial thinking is as follows:

Health Inequalities Statement
This will provide an annual benchmark for improvements in these 4 areas. Within each report we will make commitments for the following year and review performance against the previous year.
- Rates of total mental health detentions
- Rates of restrictive interventions
- NHS Talking Therapies recovery
- Proportion of adult acute inpatient settings offering smoking cessation services

Health Inequalities Self- Assessment
Annual completion of the self-assessment. Each year creating a plan for action and progress in relation to the recommended objectives

IPQR
Used to monitor and track data in relation to health inequalities. Creation of bespoke reporting targets including
- % of protected characteristics collected and recorded on the system

What do people say, think and feel
This can be captured through a variety of means including:
- Staff Survey
- PROMs
- Friends and Family Test
- Experts by experience / service user engagement and feedback

Engagement/Education
- Quantity of people engaged in Population Health Forum and Health Inequalities Action Group
- Breadth of services/teams across SHSC engaging with above groups
- Quantity of teams/individuals engaging with the health inequalities agenda – through service level initiatives and actions
- Quantity of people engaged with health inequalities training/learning module

Partnerships
- Volume and breadth of partnership opportunities explored and developed within Sheffield and South Yorkshire – this includes statutory partners and VCSE partners.

5. Recommendations

The Board of Directors are asked to:
- Note the content
- Comment on the suggested measures of success

Appendices: There are no appendices to this report