Board of Directors Public

SUMMARY REPORT	Meeting Date:	28 July 2021
	Agenda Item:	13

Report Title:	**Strategic Direction 2021 - 2025**	
Author(s):	Pat Keeling, Director of Special Projects (Strategy)	
Accountable Director:	Pat Keeling, Director of Special Projects (Strategy)	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Trust Board
	Date:	26 May 2021
Key Points recommendations to or previously agreed at:	Further detail regarding Sheffield JSNA and population health impacts; environmental sustainability; co production of services. Format in line with SHSC corporate style.	

Summary of key points in report

The paper outlines:

The refresh of the SHSC strategic direction including the revised strategic aims and strategic priorities to 2025. The strategic direction identifies the importance of partnership working, staff engagement and co-production to enable SHSC to achieve our ambitions for:

- Delivering outstanding care
- Creating a great place to work

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	

Recommendation: The SHSC Board is asked to APPROVE the refreshed strategic direction following the amendments which have been made as a result of the discussion at the 26 May 2021 Board meeting and additional feedback regarding the impact on health of environmental sustainability.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Getting through safely	Yes	✓	No	
CQC Getting Back to Good	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes	✓	No	
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission	*Yes*	✓	*No*		*All CQC standards*
IG Governance Toolkit	*Yes*		*No*	✓	
Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	*Yes*	✓	*No*		Improving patient safety and experience are key considerations within our strategic priorities: Back to Good and Transformation.
Financial (revenue & capital)	*Yes*	✓	*No*		We have identified the need for a finance enabling strategy to ensure our strategic direction and Clinical and Social Care Strategy remain affordable.
OD/Workforce	*Yes*	✓	*No*		OD and workforce enabling strategies are named as core components of our identified strategy portfolio.
Equality, Diversity & Inclusion	*Yes*	✓	*No*		As we implement our strategic direction one of our four strategic aims will be to **'Ensure our services are inclusive'.**
Legal	*Yes*	✓	*No*		Legal considerations may apply to the new ICS partnership arrangements from April 2022.

Title	Strategic Direction 2021 – 2025

Section 1: Analysis and supporting detail

Background

1.1 The SHSC strategic sirection has been refreshed during 2020 and 2021 as a result of the new leadership team and the need to improve our approach to being a well led NHST.

Progress against milestones

1.2 The strategic direction was presented to the Trust Board on 26 May 2021 along with the draft Clinical and Social Care Strategy and remains on track.

1.3 The development of the portfolio of enabling strategies also remains on track.

Section 2: Risks

2.1 The key strategic direction risks are linked to addressing the existing Board Assurance Framework and our strategic aims and priorities.

- Failure to improve our care environments to deliver safe facilities which respect individual privacy and dignity.
- Failure to deliver year on year increases in the SHSC workforce to implement the Long Term Plan and respond to Covid surge capacity requirements.
- Failure to put in place a stable and effective personal and contemporaneous digital patient record.
- Failure to implement our portfolio of transformation projects.
- Failure to implement our CQC Back to Good programme and improve our fundamental standards of care.
- Failure to effectively recover from the Covid 19 Pandemic.
- Failure to work effectively with partners in Sheffield Place, ACP, the ICS Alliance of Providers and SYB ICS to improve the health of the population we serve.

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Section 3: Assurance

Benchmarking

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

Triangulation

3.2 Strategic drivers have been triangulated including the national Long Term Plan, ICS development and local (ACP, SYB ICS) strategic drivers.

Engagement

3.3 Engagement activities have been conducted with our staff, Leadership Forum, Joint Consultative Forum, Council of Governors, partners and in discussions with service users in Sheffield.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1 The strategic direction identifies the 4 SHSC strategic aims and 4 strategic priorities.

4.2 The strategic direction addresses the key BAF risks related to Covid 19 recovery, Back to Good, transformation programme, and partnerships.

Equalities, diversity and inclusion

4.3 As we implement our strategic direction one of our four strategic aims will be to **'Ensure our services are inclusive'.** The strategic direction specifically identifies disadvantaged Sheffield communities where we will need to give particular support and attention**.**

Culture and People

4.4 The strategic direction identifies the importance of cultural change, and embracing new ways of working.

Integration and system thinking

4.5 The strategic direction specifically mentions the importance of integration and system working in Place, ACP, Alliance and SYB ICS.

Financial

4.6 We have identified the need for a finance enabling strategy to ensure our strategic direction, Clinical and Social Care Strategy and enabling strategies remain affordable.

Compliance - Legal/Regulatory

4.7 The strategic direction addresses our continued aim to improve service quality and CQC compliance through year two of the Back to Good Programme. We also identify the importance of our duty to work in partnership within the new SYB ICS arrangements.

Section 5: List of Appendices

SHSC Strategic Direction 2021 - 2026

Appendices:

A. Principles to guide the development of place-based partnerships (kings fund 2021)

B. Our enabling strategy timeline 2021

C. Our strategy on a page 2021 – 2025

D. How we have developed our strategic direction

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Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Strategic Direction

2021 to 2025

Contents

APPENDICIES

1. Executive summary

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

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

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

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

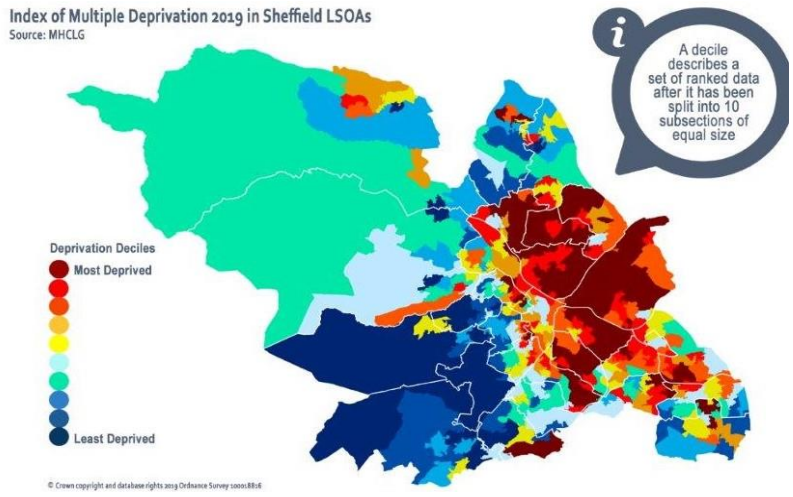
Jan Ditheridge, CEO

Mike Potts, Chair

Introduction to SHSC and Sheffield

2. Introduction to SHSC and Sheffield

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



Sheffield is ranked as the 57th most deprived local authority in England, out of 317. In 2015 it was ranked as the 60th most deprived, so this is a worsening position.

A quarter of Sheffield's areas are in the most deprived 10% nationally.

Five areas in Sheffield are within the 1% most deprived in England, which is an increase from three in 2015 (*Joint Strategic Needs Assessment 2019*)

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

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

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

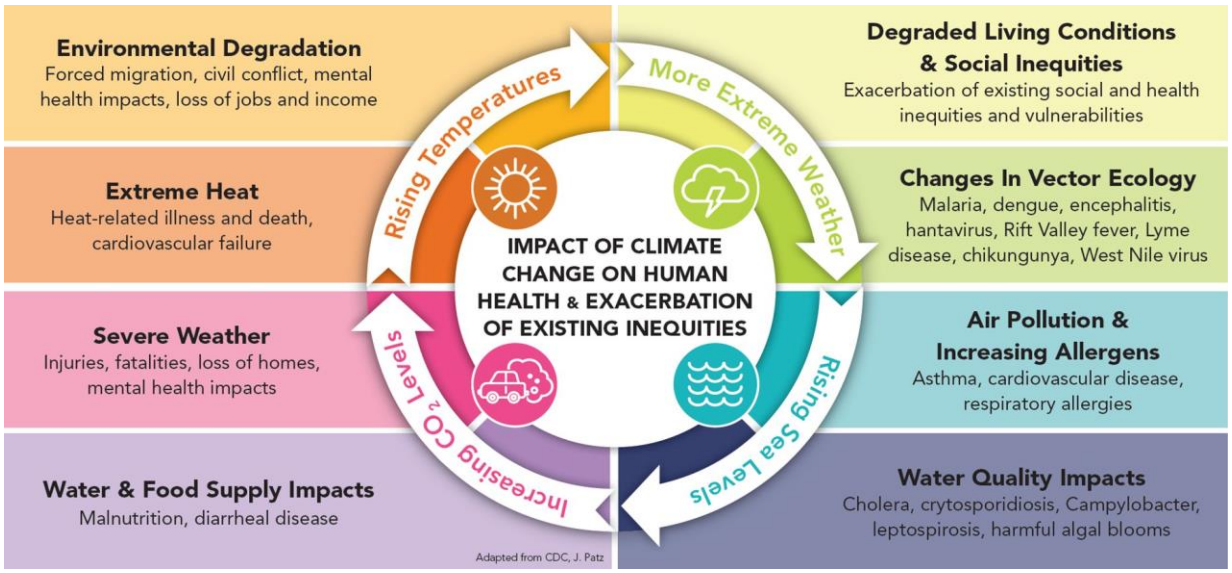
We know that people who live in the poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, people with serious mental illness or people with a learning disability. These differences and disparities are the health inequalities that exist in our city, which we see as unacceptable.

Sheffield is an unequal city with an 8-10 year life expectancy gap between areas that fall within the 1% most deprived in the country (Burngreave, Firth Park, Southey, Manor Castle, and Park and Arbourthorne) and areas amongst the 1% most affluent in the UK (Fulwood, Ranmoor and Dore). We have a high concentration of people seeking asylum and refugee status living in the north of the city; a high population of people over the age of 65 years living in the south west of the city; and a high population of students living in the city centre. Therefore we recognise that our Sheffield population requires a range of different services.

We also recognise that learning disability and autism (LDA) and severe mental illness (SMI) such as psychosis, bipolar disorder, and complex trauma and "personality disorder" are closely associated with many forms of inequality, including reduced life expectancy of up to 20 years when compared to the general population. Evidence suggests that the mortality gap is continuing to widen nationally. These inequalities are largely driven by complex and interrelated factors, including:

- Social and environmental determinants of poor health, including poverty, unemployment and homelessness
- Stigma, discrimination, social isolation and exclusion
- Increased levels of addictions including smoking, alcohol and street drugs
- Lack of support to access health and preventative care
- Diagnostic overshadowing –physical health symptoms as part of an existing mental health diagnosis, rather than as another physical health problem requiring treatment

Environmental factors affect people with serious mental illness disproportionately. Poor air quality already affects our most disadvantaged communities in the central and eastern areas of Sheffield. These neighbourhoods also have a higher incidence of domestic violence, substance misuse and child poverty, so the impact on families and individuals is far greater. The wider impacts of climate change on physical and mental health are set out below.



Our Vision and Values

3. Our Vision and Values

Our Vision

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

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

Our Values

During 2020/21 we have revisited our values with our staff. We have also considered the NHS Constitution values during this process. Our values will be refreshed through engagement with our staff, people who use our services and wider stakeholders during 2021. These values will underpin our strategic direction and everything we do. Our current values are as follows:

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

Our values also set out the approach and importance we give to engaging with and working with our staff and the focus we have on co-production of services and plans with people who use our services: ‘Nothing About Me Without Me’.

Where are we in 2021?

4. Where are we in 2021?

What's working well

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

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

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

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

Our partnership with Sheffield Primary Care Network and local voluntary organisations has attracted national recognition in identifying and addressing unmet need in our most deprived communities (identified in section two). We will be continuing to roll out this programme over the next three years with an increasing focus on improving outcome measures and service user feedback.

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

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

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

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

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

Where do we need to improve?

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

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

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

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

What opportunities should we embrace?

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

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

The term 'place' refers to the geographical level below an ICS at which most of the work to join up budgets, planning and service delivery for routine health and care services (particularly community-based services) will happen. We will continue to work in partnership across Sheffield Place as well as the wider ICS to focus not only on the services which we provide but also to strengthen the linkages to the social support system of housing, employment and education for the vulnerable people we serve. This partnership approach to joined up working and delivering integrated care and support is vital to enabling sustainable recovery for people who use our services. We will promote with our Place partners a person centred and strengths-based approach, as articulated in our Clinical and Social Care Strategy, to enable independent living wherever possible. To make a reality of these ambitions to deliver more joined-up care and bring about meaningful improvements in population health there will need to be a major focus on strengthening partnerships at the level of Place (alongside the development of Accountable Care Partnerships and ICS structures and capabilities).

We have signed the Memorandum of Understanding in support of the South Yorkshire and Bassetlaw ICS Provider Alliance and we intend to play our part in

developing new models of care to improve the accessibility and effectiveness of services.

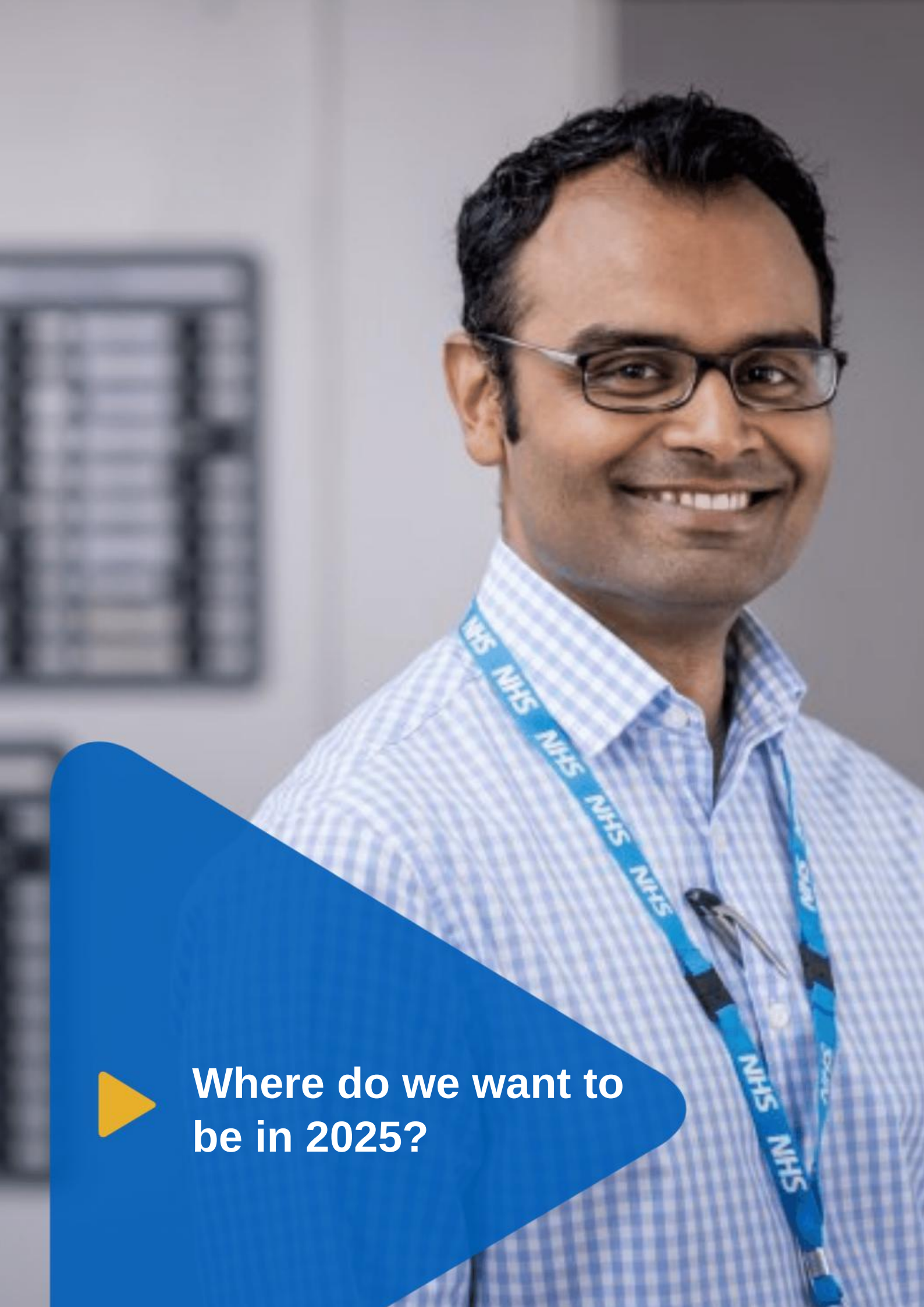
Allied to the opportunities for increased partnership working we will also make the most of the additional Mental Health Investment Standard and COVID 19 funding to deliver our workforce plan supporting delivery of the Long-Term Plan mental health priorities, by 2024. We will also seek capital funding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

What risks should we be mindful of?

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

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

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



Where do we want to be in 2025?

5. Where do we want to be in 2025?

By 2025 we want to be 'The Best We Can Be', leading person-centred health and social care across Sheffield Place and supporting delivery of the ICS mental health and learning disability priorities. We will have played our part in supporting delivery of the Accountable Care Partnership shared Vision.

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

- Modern therapeutic facilities – new inpatient facilities and improved community facilities
- Environments which make the best use of the healing qualities of outdoor and green spaces – realising our Green Plan
- A greater focus and understanding of environmental sustainability and the impact it has on mental health, physical health and life expectancy – using evidence-based approaches
- Effective digital systems – a new EPR and modern digital platform to support virtual clinical services
- A workforce capable of responding to demand – fully utilising the MHIS and a range of new roles
- A culture where everyone feels valued – with a significant improvement in our staff survey responses
- Effective outcome measures and service user feedback – working in partnership with Universities
- New and improved models of care – for Crisis, Recovery and Forensic services
- A significant reduction in the use of restrictive practices – linked to the design of our new therapeutic inpatient facilities
- A range of effective leaders throughout the Trust who will form the basis for our succession plan – as a result of our organisational development programme and inclusive behaviours

How do we get there?

6. How do we get there?

Working in partnership

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

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

We will work in our Place-based partnerships to communicate this work and decision-making arrangements with our local Sheffield population. We will focus on incremental change, progressively strengthening our partnerships and delivering tangible improvements in health and wellbeing. We will achieve this by looking beyond secondary mental health services provision to improve the social circumstances of vulnerable people, for example by improving access to housing, education and employment opportunities.

Working together on environmental sustainability and the disproportionate impact environmental factors have on the health of the people we serve, will increasingly be part of our shared partnership agenda.

Effective use of resources

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

Clinical and Social Care Strategy implementation

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

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

Alignment of strategy and planning

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

Developing a strong culture

We will continue to focus on our organisational development and leadership programme to develop our culture of openness, inclusiveness, and dispersed leadership. We will further develop our curiosity as a learning organisation and seek opportunities to look outside SHSC for different ways of tackling challenges, delivering services and managing change, to align ourselves with the very best.

Addressing inequalities and embracing diversity

We will focus on addressing inequalities and embracing diversity both within SHSC and externally within the communities we serve, to ensure that everyone is provided with the very best opportunity to realise their potential. Our partnerships with housing, education and employment will be critical to success in this regard.

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

Implementing the Strategic Direction

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

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

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

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

Our strategic aims and priorities

7. Our strategic aims and priorities

Our Strategic Aims

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

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

Our Strategic Priorities to 2025

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

Covid-19 – Recovering effectively

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

CQC - Getting Back to Good (continuous improvement program)

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

Transformation - Changing things that will make a difference

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

Partnerships – working together to have a bigger impact

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

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

We remain 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.

Our approach to delivering our strategic aims and priorities will be through working together with our staff, with people who use our services, carers and health and social care partners within Sheffield, the ACP and the wider ICS in south Yorkshire.

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PRINCIPLES TO GUIDE THE DEVELOPMENT OF PLACE-BASED PARTNERSHIPS

(reference: Kings Fund Report April 2021)

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

Start from purpose, with a shared local vision

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

Build a new relationship with communities

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

Invest in building multi-agency partnerships

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

Build up from what already exists locally

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

Focus on relationships between systems, places and neighbourhoods

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

Nurture joined-up resource management

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

Strengthen the role of providers at place

- Much of the work to deliver more integrated services needs to happen at place level through collaboration between providers of all kinds.
- Larger providers such as hospital trusts need to be able to engage in place-based collaboration at the same time as pursuing closer integration with neighbouring trusts through collaboratives covering larger geographies.
  It is likely that a range of overlapping collaborative arrangements will be needed involving different providers working together in different ways.

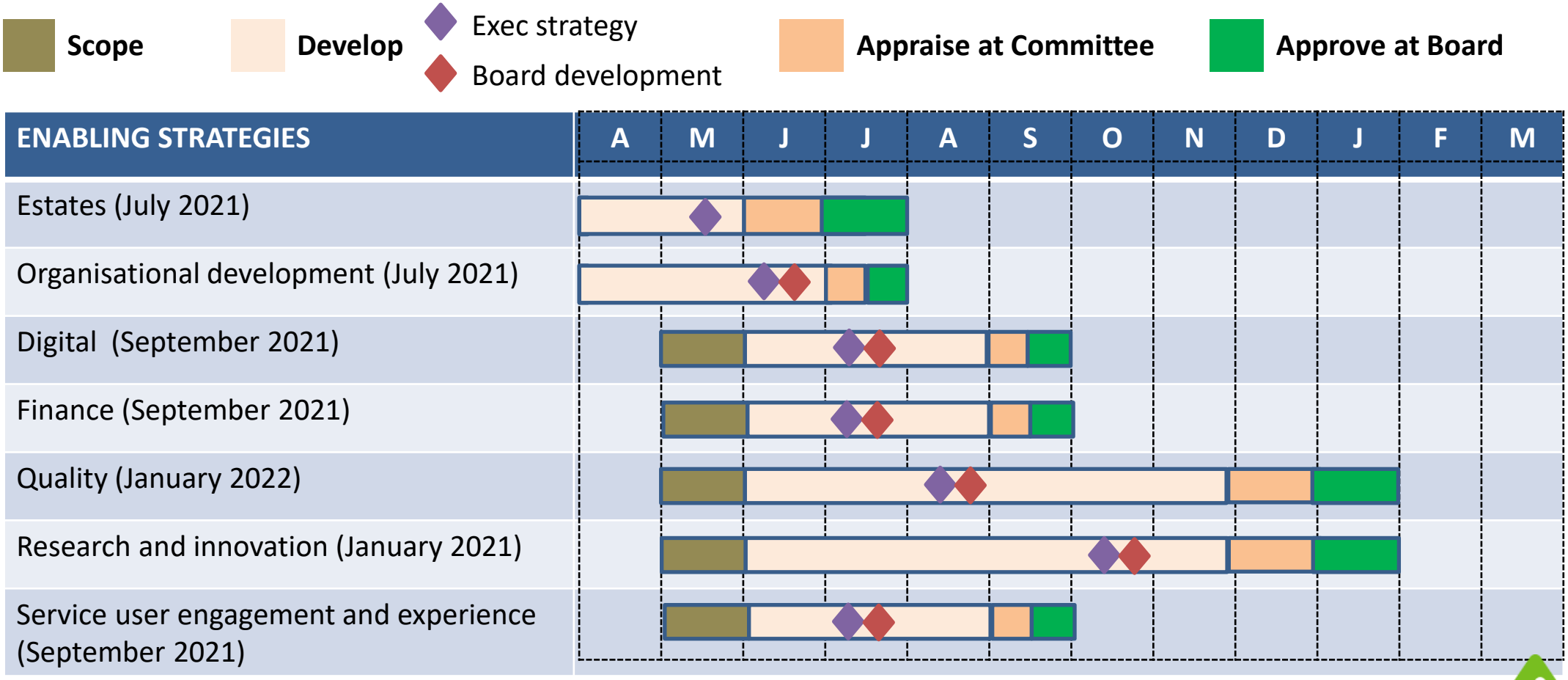
Embed effective place-based leadership

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

Kings Fund April 20th 2021

APPENDIX B

ENABLING STRATEGIES TIMELINE 2021



Proud to care in Sheffield

APPENDIX C

Our Strategic Direction 2021/22 - 2024/25

Sheffield Health and Social Care NHS Foundation Trust

Our Vision

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

Strategic aims

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

Strategic priorities 2021-2023

Covid-19: Recovering effectively

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

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CQC: Getting back to good

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

Transformation: Changing things that will make a difference

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

Partnerships: Working together to have a bigger impact

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

Respect **Compassion** **Partnership** **Fairness** **Accountability** **Ambition**

APPENDIX D

DEVELOPING OUR STRATEGY