

# Clinical and Social Care Strategy

## Council of Governors

*Linda Wilkinson, Director of Psychological  
Services*

*Chin Maguire, Programme Manager*

# Why have the updates on the Clinical and Social Care Strategy and what do we want from Governors?

- As our Governors, we know that part of your responsibilities is to seek assurance that we are engaging and collaborating with people that use our services, our staff and Sheffield system partners appropriately.
- This update we will outline how we have been working together with all to deliver on the objectives we identified to improve the care for people work in and receive the service.
- Welcome & appreciate feedback and insights from Governors

## ▶ 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



# The Clinical and Social Care Strategy

We will give care that is

- ▶ Person-Centered /strengths base
- ▶ Evidence-Led
- ▶ Trauma-Informed
- ▶ Coproduced

We will work with

- ▶ Primary Care
- ▶ The City
- ▶ The Wider System

What are we going to do?

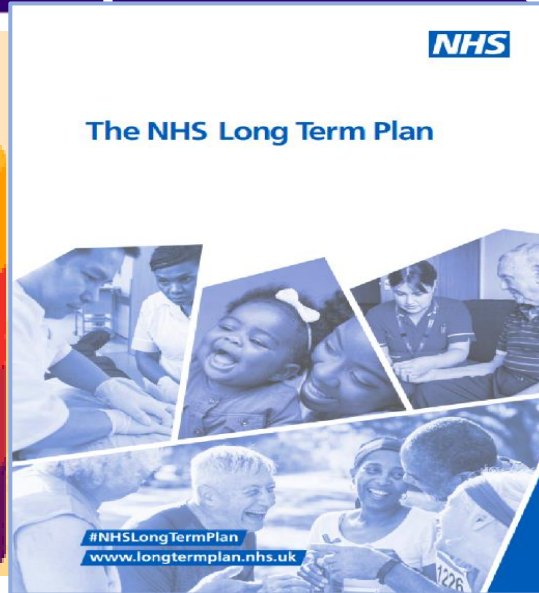
- ▶ Develop Care Models that promote recovery

How will we do it?

- ▶ Design Services to meet people's needs
- ▶ Develop TeamSHSC

# Re Cap What informed & shaped strategy?

Health  
inequalities



Department  
of Health &  
Social Care

**Integration and Innovation: working  
together to improve health and  
social care for all**

Published 11 February 2021

The Department of Health and Social Care's legislative  
proposals for a Health and Care Bill

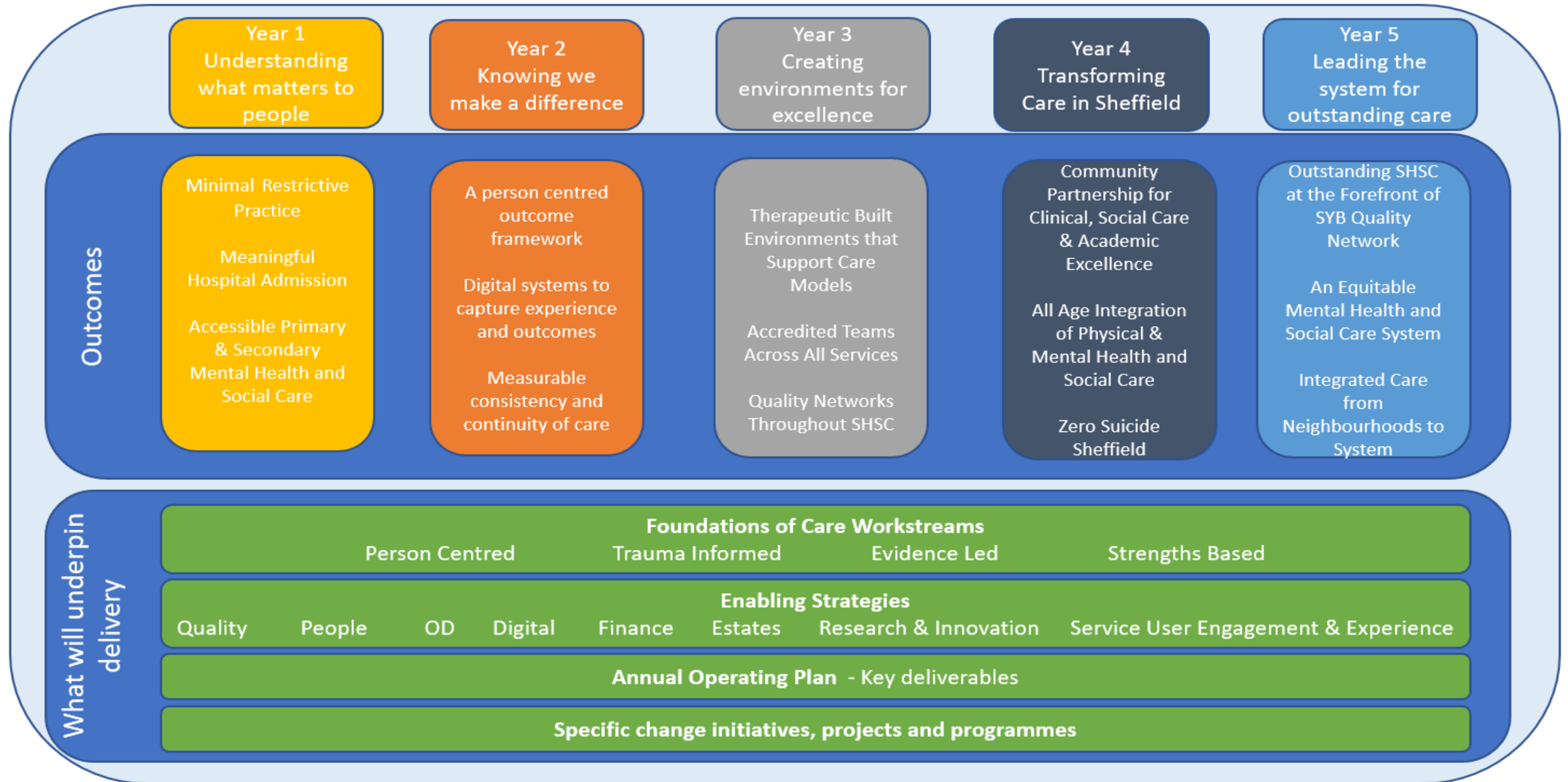


What heard from service users and Healthwatch:  
in 2020/21 – From Staff and our Partners

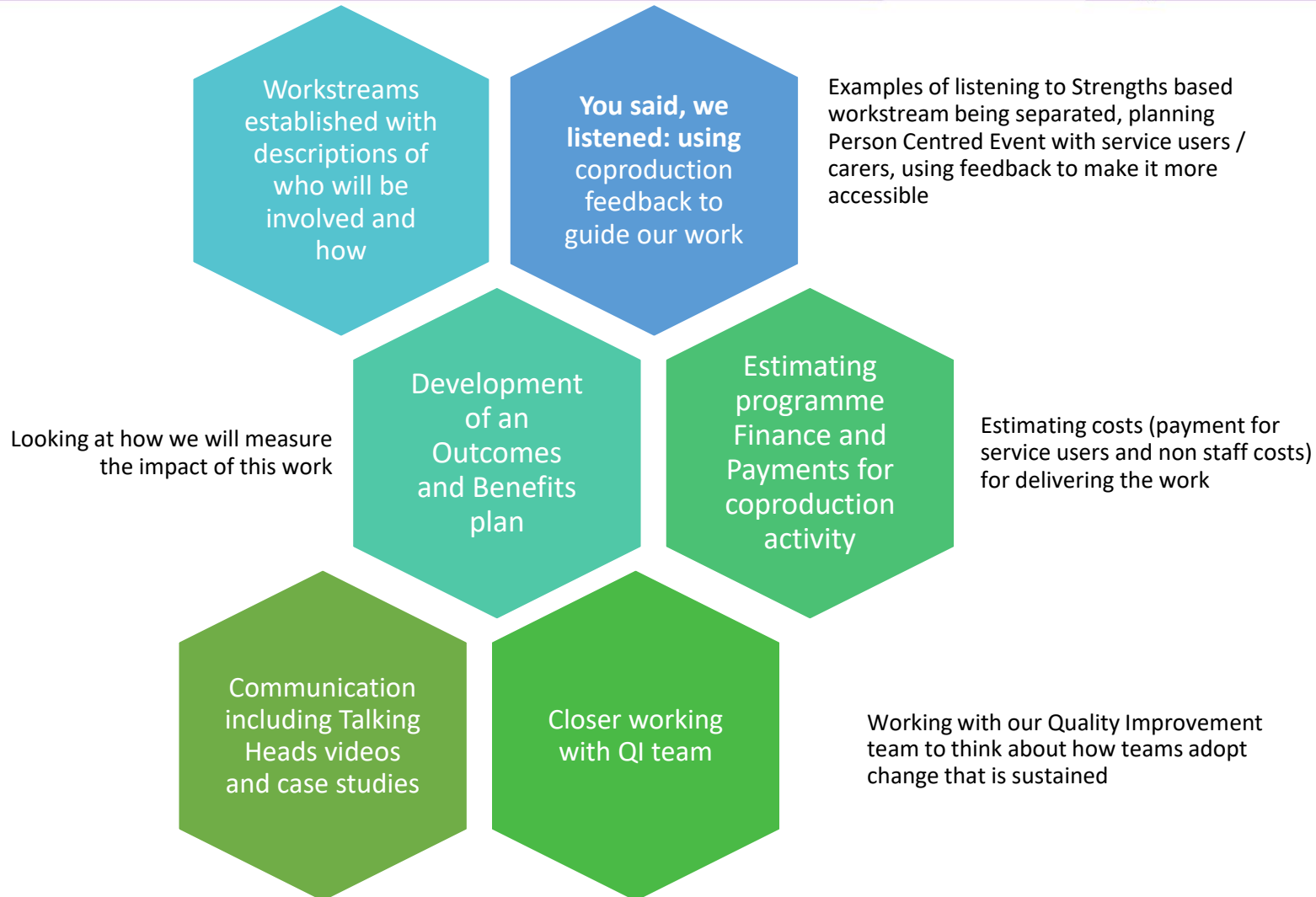
*“Difficulties being dropped in gaps”*  
*“you feel you are being let down”*  
*“no one listeners”*



# Clinical and Social Care Strategy

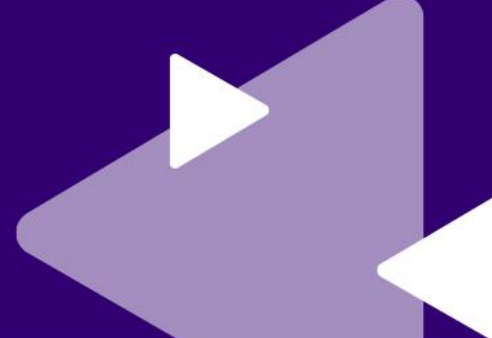


# Overview of progress (whole programme) (1/11/22 – 28/3/23)





# Comms and Engagement: progress from 1/11/22 to 1/3/23



Sheffield Health  
and Social Care  
NHS Foundation Trust

## Workshops and Stakeholder Events

Enabling Strategies workshop 2

Coproduction Stakeholder Events (x2)

Developing principles of Person Centredness (x2)

Research and Effectiveness Showcase (Feb 23)

Move from Care Programme Approach Kick off meeting (Nov 22)

Annual Members Meeting/ Medical Directorate Away Day

## Leadership teams and Heads of Service

North and South Recovery – Leadership teams and managers

Rehab and Specialist Leadership Meeting

Modern Matrons Meeting, Nursing Council

General Managers Meetings and 1-1s

## Individual Team Leads and others

Community and Rehab Teams: Eating Disorders, Early Intervention and Psychosis

In patient teams: Longley Centre, Dovedale and G1

Older Adults and Birch Grove

Health Registrar and Physician Associates call

## Talking heads Videos and targeted plan...

- Videos initiated with programme team to explain strategy and workstreams
- Developing individual case studies to demonstrate work and Pillars of strategy underway – **includes a method for assessing trauma informed practice (ROOTS) and the SAANS service**
- A targeted plan for comms and engagement linked to specific work developed alongside the implementation plan

# Coproduction



- Clearer “ask” - **Co-creating** how we deliver workshops - slower, more time for thinking, conversation, less formal, language more carefully considered (Person-centred workstream). Strengthening alignment and connection with Experience and Engagement team, Peers, Rethink, Flourish.

• **‘If you want to go fast go alone, if you want to go far go together’**

- Trauma informed – co leadership within the workstream

- Representation of lived experience voice from the whole community – e.g. social cafe at SACHMA, connection with communities lead





# Evidence Led: SHSC Patient Reported Outcome Measures (Proms) Implementation Road MAP (12 Months)



Task 1

## Assess current use of PROMS

Meet with teams, build relationships with key individuals, gather information how they use PROMS



Task 2

## Develop action plan to implement PROM's

Address barriers and think about timepoints of when measures may be used



Task 3

## Provide Training and Deliver Plan

Who, how and when will this be delivered. Embed a culture of peer support.



Task 4

## Create legacy documents & implementation guidance

Lessons learnt, what has worked well in practice, create a guide to be shared with other teams.



Phase 1

## Build measures into RIO (new Electronic patient system)

Create list of outcome measures and check they work in Rio



Phase 2

## Build automated prompts into system

Using agreed time points and pathway linkages across services.



Phase 3

## Presenting and interpreting results

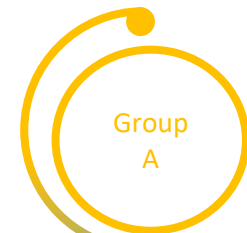
Ensure that PROM's data can be viewed in graphical formats and in ways staff and service users would find helpful



Phase 4

## Create guidance documents

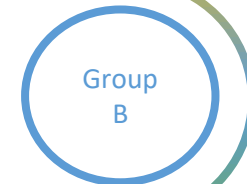
How to use RIO to present the data and how to interpret and use the results.



Group A

## CMHT's (Recovery Team North and South)

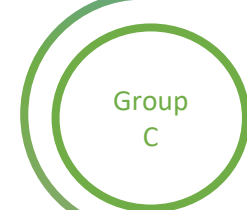
Including North and South Recovery.



Group B

## Forensic & Rehab, City Wide Services

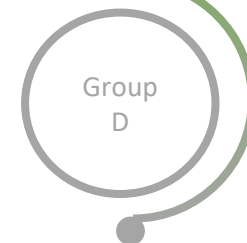
CERT, Assertive Outreach, Forest Lodge, Forest Close, HAST, SCFT.



Group C

## Specialist, Crisis and Assessment Services

SPS, MAPPS, LP, DU, SEDS, CFS/ME, Home Treatment, LTNC, Gender Identity Clinic, Perinatal, SPA/EWS, SAANS, OA CMHT, Memory Service.



Group D

## Acute and Inpatient wards

Burgage, Stannage, Endcliffe, Maple, Dovedale 1&2

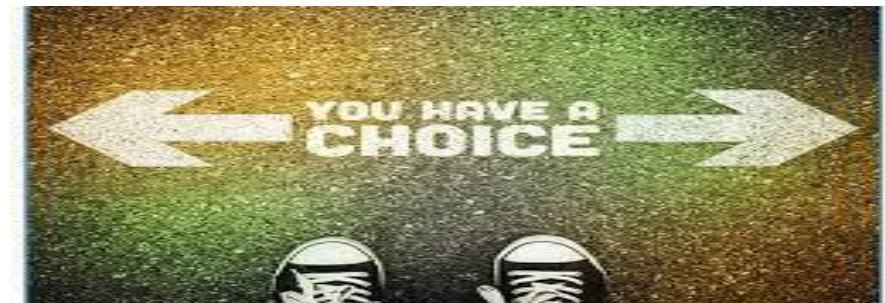
# Person Centred and Strengths Based Workstream

- Care Programme Approach (CPA) replaced by Community mental health framework -for community mental health services
- Workshops with Service users/Carers/Partners and staff– agree the principles of person centred and strengths-based care- the barriers to delivery.
- Supported by a steering group of experts by experience and clinicians of different professional disciplines- listening to feedback- making changes
- Workshops have identified themes around the choice and control how care is organised around the needs and preferences of service users and the way in which our services promote social inclusion, equality and anti-oppression.

NATIONAL  
COLLABORATING  
CENTRE FOR  
MENTAL HEALTH

**NHS**

**The Community Mental Health  
Framework for Adults and  
Older Adults**



# Trauma Informed Workstream

## 10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE



**LEAD AND  
COMMUNICATE**



**ENGAGE PATIENTS  
IN PLANNING**



**TRAIN  
ALL STAFF**



**CREATE A SAFE  
ENVIRONMENT**



**PREVENT SECONDARY  
TRAUMA**



**BUILD AN INFORMED  
WORKFORCE**



**INVOLVE PATIENT  
IN TREATMENT**



**SCREEN FOR  
TRAUMA**



**USE TRAUMA-  
SPECIFIC TREATMENT**



**ENGAGE  
PARTNERS**



**Get** involved  
make a difference!

- Please Contact

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