

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date:

22 November 2023

Agenda Item:

21

<b>Report Title:</b>	<b>Clinical and Social Care Strategy Update</b>	
<b>Author(s):</b>	Linda Wilkinson, Director of Psychological Services Chin Maguire, Programme Lead	
<b>Accountable Director:</b>	Dr. Mike Hunter, Executive Medical Director	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Quality Assurance Committee
	<b>Date:</b>	8 <sup>th</sup> November 2023
<b>Key points/ recommendations from those meetings</b>	Accepted updates and assurance regarding the progress with the implementation of the Clinical and Social Care Strategy. At the next update QAC requested further data evidence with examples of direct improvements in the delivery of care.	

### Summary of key points in report

The Clinical and Social Care Strategy is our core five-year plan to increase quality whilst reducing inequalities across Sheffield. The strategy was coproduced with extensive involvement from service users, carers, colleagues in SHSC and partners across Sheffield. Through this consultation we developed four pillars which formed workstreams each with work objectives that include a focus on being: person-centred, strengths-based, trauma-informed and evidence-led as principles for care, to inform our approach across services, with coproduction embedded within each pillar.

#### **Objectives 2023/2024: Knowing we make a difference / Initiating the systematic collection of outcome measures across SHSC.**

Our focus this year is around knowing we make a difference: Seeking to help people to live well and reducing the inequalities associated with mental health problems and learning disability through early intervention, prevention, and transformation of mental health care to be closer to communities and capturing impact and outcomes.

#### **Specific objectives for 2023/24 include the following pieces of work:**

**Measuring meaningful change:** Following on from the data gathered through coproduction of the strategy, further work continues to refine the outcomes and benefits profile for the programme. These include a combination of patient reported, as well as process and delivery measures which will demonstrate how effectively we have made a real difference to the population we serve.

This has meant a continuing focus on building the infrastructure to develop the required levels of digitisation to achieve data quality maturity. We are anticipating the new Electronic Patient Record Rio to be in place by November 2023. Key areas of development include:

**On target Patient Reported Outcome Measures (PROMS) delivery plan across Team SHSC. An initial focus**

is the Community Mental Health Teams where the use of PROMS will be mandated from March 2024. The three Mandated PROMS (Dialogue, Goal Based Outcomes and ReQoL) have been built into Rio. There are noted challenges with the delays with Rio in terms of generating meaningful data reports, however, there are back up plans for how data will be inputted and reviewed as an interim measure to keep this on track.

**Cultural and Practice Change:** Clinical teams are taking a lead on developing ways of using PROMS to guide treatment delivery and the collection of data which service users and carers report as meaningful to their care within the pathway of care for specific team. 20 (49%) of the 41 clinical teams are engaged in PROMS work which includes, coproduced (with staff and Service users) PROMS training. It is imperative that local teams take ownership to drive a bottom-up approach with the embedding of PROMS as each team/pathway will have its own set of unique challenges. Work is underway to socialise and embedded this cultural change through General and Service Manager's development sessions, Team away days, Professional forums and meetings with Enabling strategy leads.

**Coproduction:** A Lived Experience Research Ambassador has been appointed strengthening SHSCs capability to measure the impact of service practice from the lived experience view and more staff have come forward as research champions (196 champions) supporting the use of best evidence in delivering care.

### **Further Development of evidence led clinical practice**

The Knowledge and Libraries Services has been working on delivering several evidence led initiatives including supply of evidence to SHSC teams; training for 171 staff and new journal clubs have been established supporting staff to deliver care that is evidence led.

There are several research, service evaluations/ audit programmes underway to develop clinical practice some examples include:

*Developing Trauma informed care on the acute inpatient wards:* a Self-harm/suicide intervention booklet is being trialled. The Workbook is intended to guide staff and service users through three phases: [1] initial assessment and safety planning; [2] daily monitoring and planning; [3] relapse prevention / future planning.

*Supporting Service users in crisis to remain in the community:* Liaison Psychiatry staff are part of a multi-centre trial –staff have been trained to deliver psychologically informed interventions using compassionate focused therapy for people who self-harm – supporting harm reduction programmes and the need for hospital intervention.

*Reducing Restrictive practice:* A number of initiatives have been delivered including, all wards have a relaxation room and de-escalation room: two of the three wards have successfully removed seclusion rooms from the wards.

Improvements have been achieved to systematise post incident support for staff and service users following incidents to reduce the impact of trauma and the likelihood of repeated incidents. Clinical teams are using "Huddles" to discuss restrictive practice, daily handovers, Multiple Disciplinary Team (MDT) reviews, within reflective practice sessions, and at formulation planning sessions.

### **Person Centred Care: moving away from Care Programme Approach**

The Community Mental Health Framework 2019 <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/> proposed replacing the Care Programme Approach (CPA). The Person Centred Workstream have used this opportunity to co-produce a set of core principles to define a person-centred approach to care replacing CPA. The principles have been achieved through a combination of reviewing the evidence base and engagement workshops with staff and service users. A set of FAQs have been developed to support clinical teams with how they consider moving from CPA to a person-centred approach to care.

This sits alongside a Service Evaluation Questionnaire has been coproduced to evaluate how clinical teams measure against the person-centred principles. Data is being collected from Staff and Service Users across multiple teams to gather information around common themes, barriers, or areas of good practice.

The short infographic with the slide set shows how the key principles of person-centred care, and PROMS fit into care planning and beyond into clinical pathways.

**Trauma Informed Care:** We have developed a framework for embedding Trauma Informed clinical practice in local teams through Trauma Informed Training and outcomes/evaluation through the ROOTS staff and

service user questionnaire.

Logic maps have been developed for Rehab and Specialist Pilot Teams (Forest Close, Forest Lodge, CERT and Sheffield Community Forensic Team to support embedding the change in clinical practice.

**Broader Trust Strategies and Transformation:** Early intervention, prevention, and transformation of mental health care to be closer to communities.

Progress has been made in mapping interdependencies and linkages across the transformation portfolio e.g. Learning disabilities and Primary / Community Mental Health Transformation programmes. Workstream leads (steering groups and subgroups), enabling strategy and transformation leads, project teams and all staff leading on local projects and quality improvements have a responsibility to ensure that the outcomes they measure link to the clinical and social care strategy priorities.

There are 139 clinical and social care strategy objectives currently identified through the business plans for 2023/24, these are in addition to those identified within the workstream PID's. Work is currently underway to align these objectives and enable quarterly business planning outcome reporting. Some examples include:

**Reducing the inequalities associated with mental health problems and learning disability**

Several teams are focused on Pathway/quality improvement or reducing the local teams waiting list.

Sheffield NHS Talking Treatments (IAPT) has developed an Ethnically diverse outreach team to improve engagement and access to talking therapies linking with faith leaders and local VCSE organisations to ensure pathways to access talking therapies interventions.

Decisions Unit embed Advanced Clinical Practitioner post, funded by NHSE, working towards evidence led, strengths based, person centred and trauma informed ways to provide care.

CERT team to be trauma aware and informed. Recognise and Respond to trauma by providing safe environments, building empowering and collaborative relationships supported by knowledge.

The Health Inclusion Team were looking at workforce skill mix to deliver outcomes.

The Older Adult Team are looking at Improving the flow between community and inpatient services.

**Measuring outcomes and benefits**

We have discussed the outcomes with both the Business and Performance and Digital leads. We are unable, at this stage, to report on any baseline measures for these outcomes due to lack of infrastructure and support required to access these (or proxy measures) from across the whole organisation. Once Rio is established, we will be looking to work at pace to report on these outcomes.

We have added this to the Programme Risk log, which is reviewed regularly and reported quarterly to the Clinical and Social Care Strategy Programme Board as well as to the Transformation Board.

Our long-term aspiration is to build these outcomes, as well as those locally identified in teams, into a system level data dashboard thereby depicting the impact on an organisational and system level as well as those which are more nuanced and meaningful at individual.

**Recommendation for the Board/Committee to consider:**

Consider for Action	Approval	Assurance	x	Information	x
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The board are asked to consider the Programme Summary and the review of progress to date to consider if this report provides sufficient information to describe progress against the key performance areas.

Risks: the ragged red ratings for the programme relate to BAF risks 0014, 0021a.

The Clinical and Social Care Strategy Programme has been rated with an overall status of Amber, due to delays in developments of Rio which has impacted on our capability to develop systems that support collecting some programme outcome data. We have noted the risk of being unable to accurately reflect the impact of our transformation work within the Benefit section of the rag rating for the programme.

The risks associated with the implementation of the strategy are managed by the Programme Board and escalated to the Transformation Board, Finance and Performance Committee and Board of Directors as necessary.

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

Recover services and improve efficiency	Yes	<b>x</b>	No	
Continuous quality improvement	Yes	<b>x</b>	No	
Transformation – Changing things that will make a difference	Yes	<b>x</b>	No	
Partnerships – working together to make a bigger impact	Yes	<b>x</b>	No	

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

<b>Care Quality Commission Fundamental Standards</b>	Yes	<b>x</b>	No		<i>All CQC standards relate to the quality of care</i>
<b>Data Security and Protection Toolkit</b>	Yes		No	<b>x</b>	
<b>Any other specific standard?</b>	Yes		No	<b>x</b>	

**Have these areas been considered? YES/NO**

If yes, what are the implications or the impact?  
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	<b>x</b>	No		<i>Patient Safety and Experience is a key consideration within the Clinical and Social Care Strategy including a focus on the principles of Person-Centred, Trauma-Informed, Evidence-Led and Strengths-Based care.</i>
Financial (revenue & capital)	Yes	<b>x</b>	No		<i>Finance is a core component of the Clinical and Social care Strategy, ensuring NHS Long Term Plan investment is used to enable evidence led care and demonstrable outcomes</i>
Organisational Development / Workforce	Yes	<b>x</b>	No		<i>OD and workforce considerations are explicitly part of the implementation plan – ensuring the change process is supported throughout the 5-year implementation plan.</i>
Equality, Diversity & Inclusion	Yes	<b>x</b>	No		<i>EDI is referred to in relation to accessibility and workforce development ensuring the workforce is reflective of the Sheffield population.</i>
Legal	Yes		No	<b>x</b>	
Environmental sustainability	Yes	<b>x</b>	No		<i>The strategic plan around Sustainability and Green plan have been considered in terms of overlapping aims</i>

## Clinical and Social Care Strategy

### Section 1: Analysis and supporting detail

Slide set provide the updates for this report.

### Section 2: Risks

- 2.1 The risks associated with the implementation of the strategy are managed by the Programme Board and escalated to the Transformation Board, Finance and Performance Committee and Board of Directors as necessary.
- 2.2 The high priority risk currently being managed by the Programme Board pertains to delays in developments of Rio which has impacted on our capability to develop systems that support collecting some programme outcome data. We have noted the risk of being unable to accurately reflect the impact of our transformation work within the Benefit section of the rag rating for the programme.
- 2.3 Mitigation: Delays in progress are monitored by the Implementation Group and escalated as necessary to the Programme Board. The implementation plan has been developed to support phasing of delivery.

### Section 3: Assurance

Take assurance from the summary and detailed assurance reporting via QAC.

### Section 4: Implications

Strategic Priorities and Board Assurance Framework

**The key issues and BAF Risks to be considered are:**

**BAF 0021a - Digital /IT:** *Risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes.*

Reliance on legacy systems and technology compromising patient safety and clinical effectiveness

**BAF 0014 - STAFFING:** *Risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.*

Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership impacting on quality of care

## Section 5: List of Appendices

1. Slide set





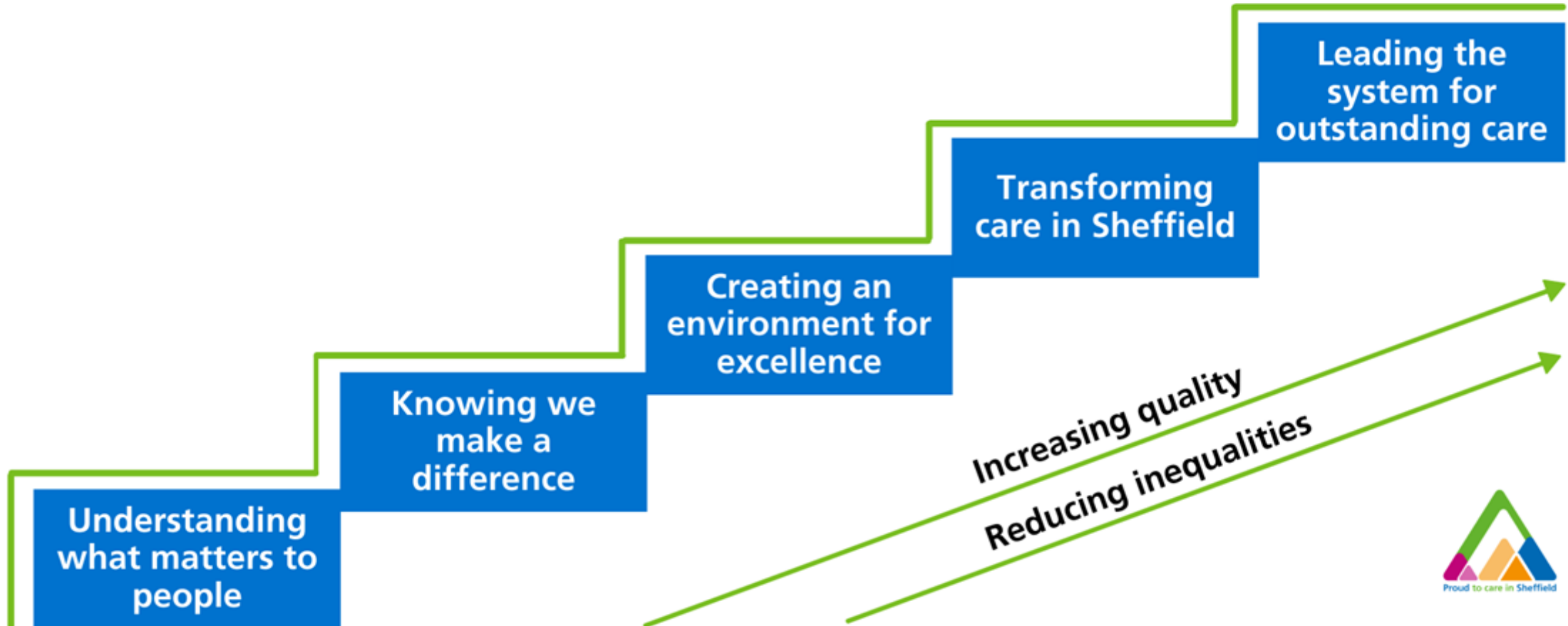
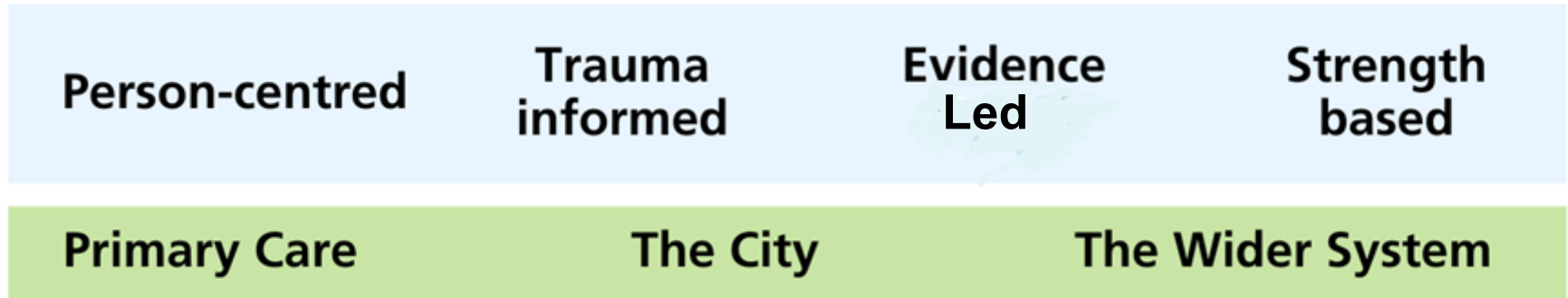
# The Clinical and Social Care Strategy

Dr. Mike Hunter, Executive Medical Director

Linda Wilkinson, Director of Psychological Services

Chin Maguire, Programme Manager

# Care that is:





# Programme Rag Rated Status – Oct 2023

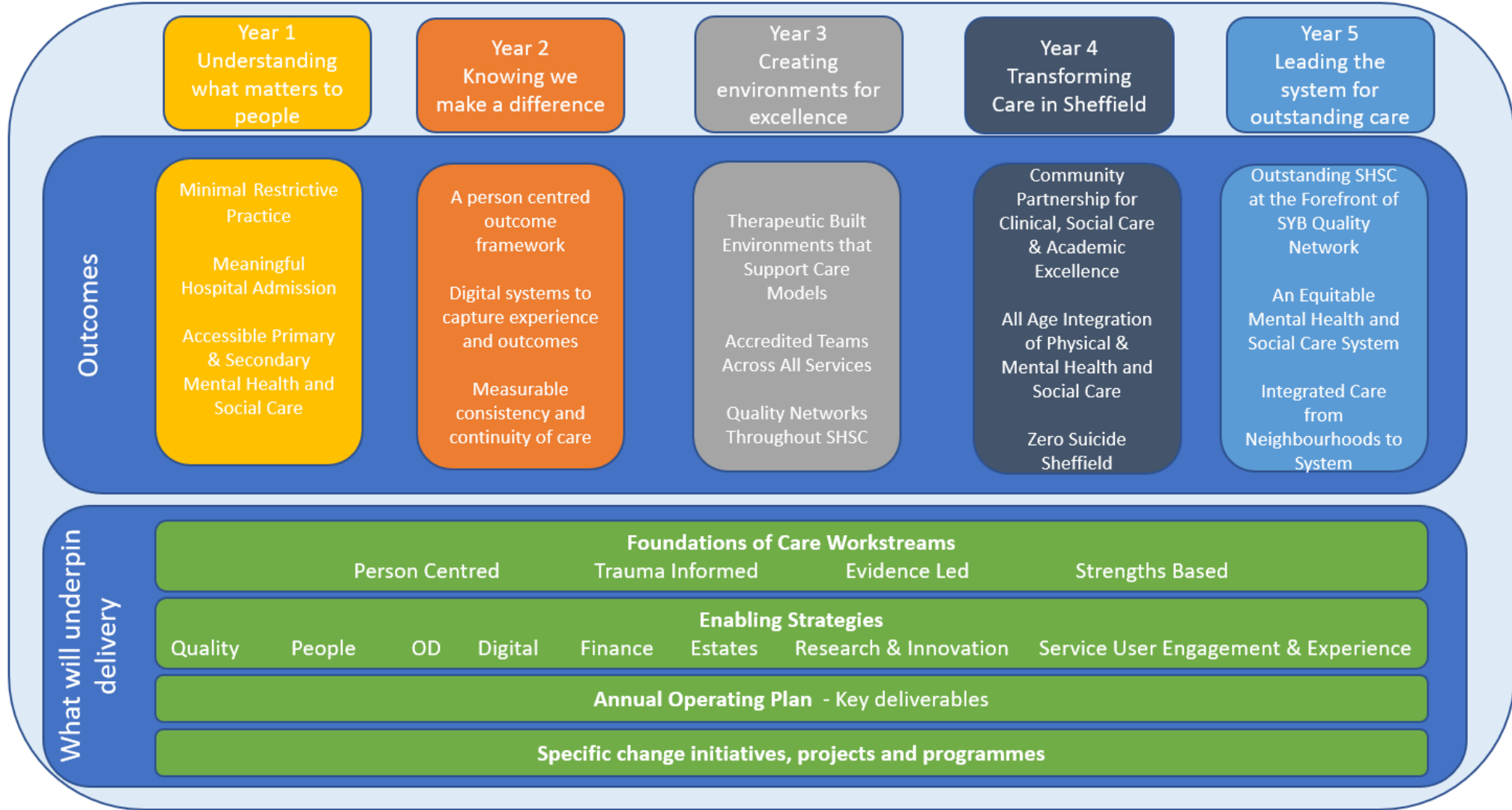


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	Programme	Workstreams - RAG Rating (October 2023)				
		Trauma	Evidence	Person Centred	Coproduction	Strengths Based
Progress	<p><b>AMBER</b></p> <p>End date of 2026 achievable once scope of Strengths based WS clarified.</p>	3 items in exception. Amendment to plan (a times and new items) Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date.	3 items in exception only. Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date.	4 items in exception - request new end dates. Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date.	2 items in exception on implementation plan.	0 items in exception. Tasks/deliverables developed and timelines clear.
Scope	Amber: Scope clear for 4/5 workstreams	Scope is clear, Requirements clear	Scope is clear, Requirements clear	Scope is clear, work around the CPA work to be further clarified. Requirements clear	Scope is clear: new plans developed linked to activity in each workstream.	Requirements are clear. Key deliverables are identified - PID developed
Budget	Non staff costs identified, and cost centre approved. No Overspend	Non staff costs identified, and cost centre approved. No Overspend	Non staff costs identified, and cost centre approved. No Overspend	Non staff costs identified, and cost centre approved. No Overspend	Non staff costs identified, and cost centre approved. No Overspend	Non staff costs identified, and cost centre approved. No Overspend
Resources	Some gaps in resourcing i.e., project /programme staff roles partially backfilled or partial amendments made to their job plans causing pressure on BAU vs project/programme work. Resources to deliver work continue to require review	Workstream group is meeting to lead workstream - steering group performing to deliver work within scope	Workstream outputs mapped to current resources. New staff in post including Knowledge and libraries manager, EbE and other within team	Workstream progressing with current resources. New co-lead identified to support Workstream leads	Current resources managing workload. Core Steering Group to be formally appointed if required	Workstream leads recruited. Workstream leads have recruited a Steering Group
Risks	Amber -mitigations may need to change or risks may require escalation.	No additional Trauma specific risks other than those across the programme	New risk identified re technology (Rio EPR) availability to collect, analyse and interpret data ready for PROMS delivery	No additional Person-centred specific risks	No additional coproduction specific risks other than those across the programme	No additional Strengths Based Risks identified
Issues	Issue: Issues being actively managed	No workstream issues	No workstream issues	No Workstream issues	No workstream issues	No workstream issues
Stakeholder Engagement	Stakeholder engagement plan in place overall so green	Stakeholder engagement plan in place and progress being made	Detailed comms and stakeholder engagement plan in production	Stakeholder engagement plan in place and progress being made	Stakeholder engagement plan in place and progress being made	Stakeholder work identified particularly engagement with EbEs and community groups
Benefits	Benefits plans final draft agreed by Programme Board (May 2023): There is a plan in place for benefits realisation. Benefits are understood.	Outcomes plan developed. Benefits measures have been identified but baselines have not been taken.	Outcomes plan developed. Benefits measures have been identified but baselines have not been taken.	Outcomes plan developed. Benefits measures have been identified but baselines have not been taken.	Outcomes plan developed. Benefits measures have been identified but baselines have not been taken.	To follow implementation plan - Due 30/10/23. Benefits to be defined
Overall	<b>Amber: 4 or more amber dimensions</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>



## Clinical and Social Care Strategy



# Knowing we make a difference - Evidence Led



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*Building the infrastructure/ cultural and organisational change*

- Committed to achieve data quality maturity across clinical services - support clinical teams to deliver care that is based on real time and up to date information.

Outcomes Lead delivering on the implementation of Patient Reported Outcome Measures across Team SHSC.

20 (49%) of the 41 clinical teams are engaged in PROMS work

3 Mandated PROMS (Dialogue, Goal Based Outcomes and ReQoL) built into Rio - challenge of having these live and generating meaningful data reports, for CMHTs, ahead of mandated time scale. Associated Risks raised on the Programme Risk log & monitored. Back up plans for how data will be inputted /reviewed

Lived Experience Research Ambassador -strengthen SHSCs capability to measure the impact of service practice being outcomes and evidence led.

**Outcomes for mental health services: what really matters?**

[kingsfund.org.uk/publications](https://kingsfund.org.uk/publications)



The Clinical and Social Care Strategy



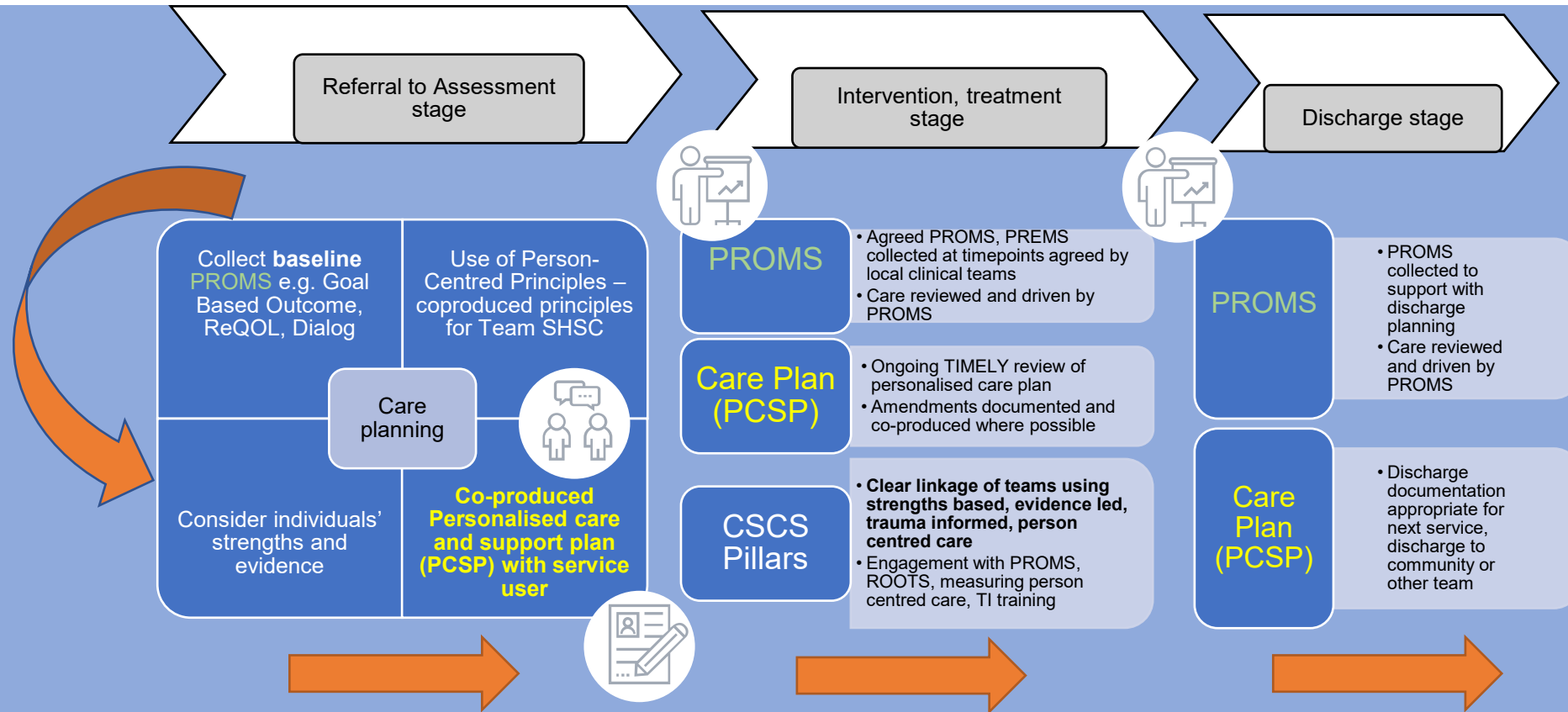
Proud to care in Sheffield

# An SHSC clinical pathway delivering CSCS Pillars:

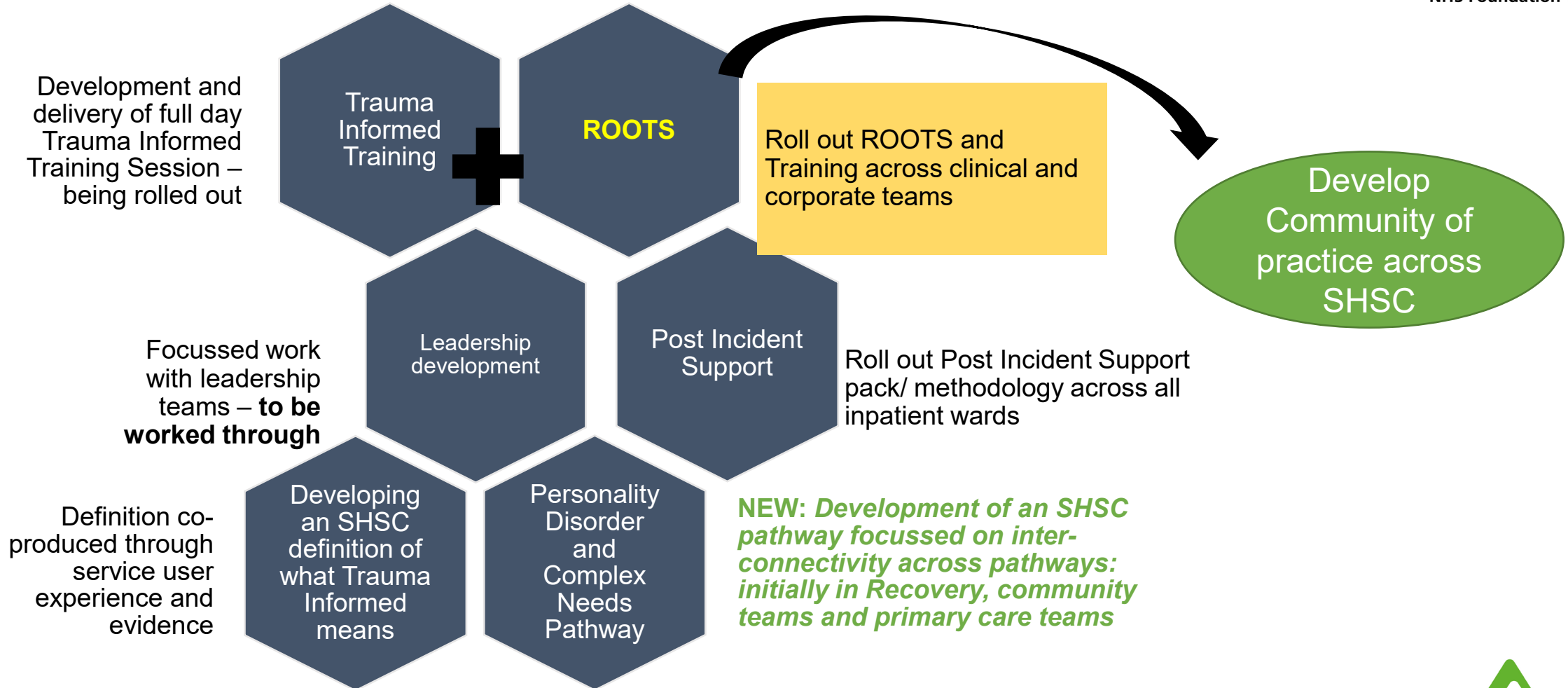
Care Planning; use of PROMS and practice supporting evidence led, person-centred, trauma informed and strengths-based practice



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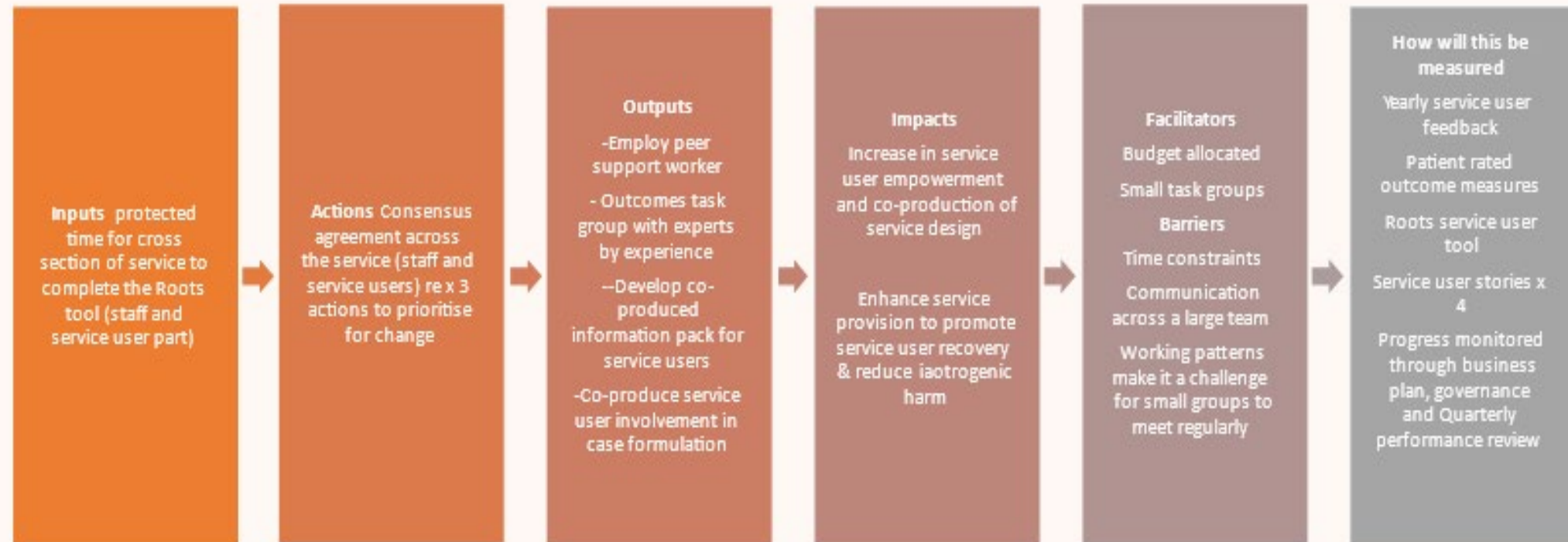
# Trauma Informed workstream: what's happening?





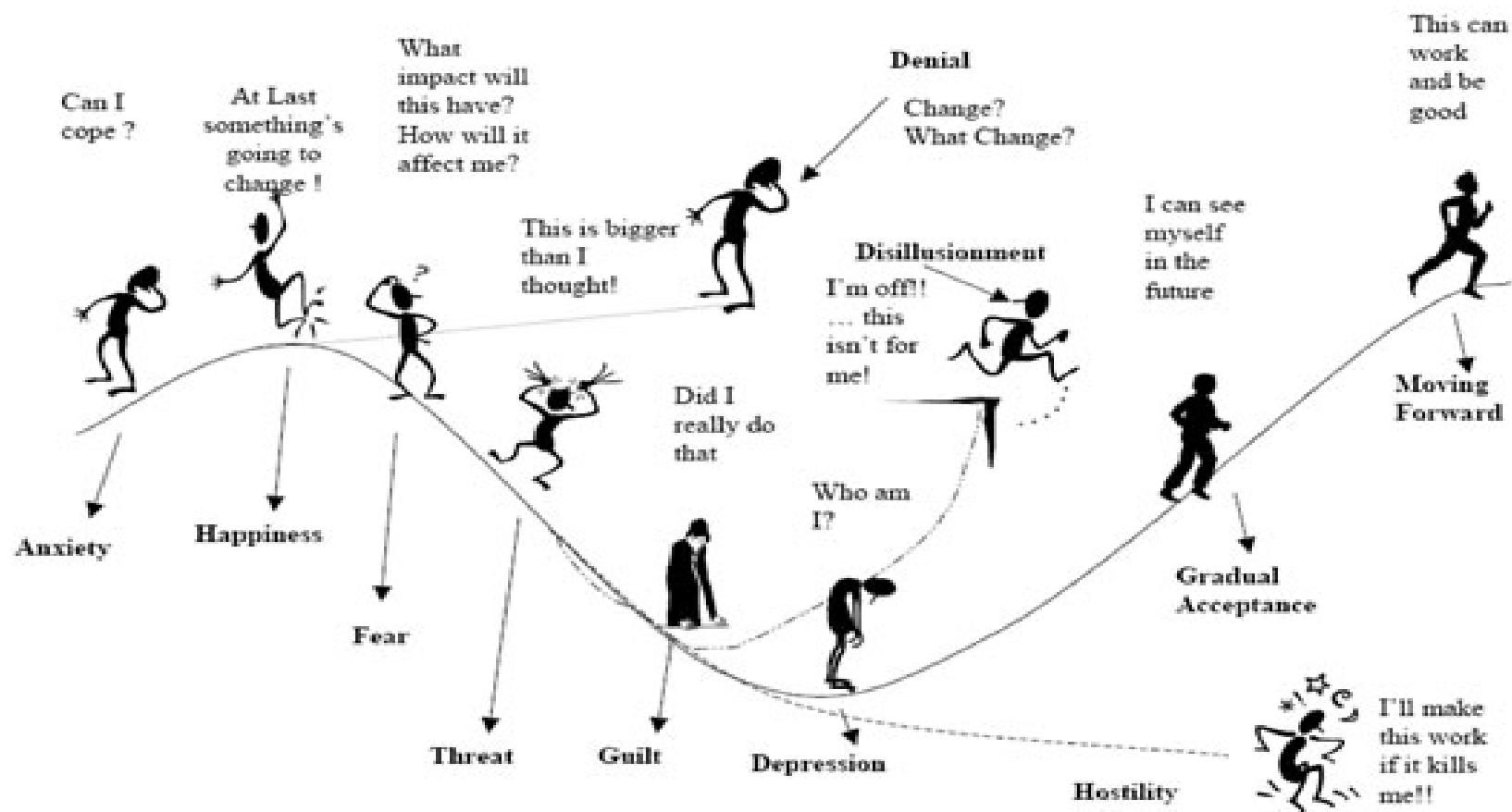
# Logic map for roots tool 2022/3 rehab pathway

## Community Enhancing Recovery Team





# Where are we now in Embedding ?



# Broader Trust Strategies and Transformation

- Progress has been made mapping interdependencies

139 clinical and social care strategy objectives currently identified through the business plans for 2023/24

- Core themes include: Pathway/ quality improvement or reducing the local teams wait list
- PROMS: embedding the use of PROMS, increasing the number of PROMS collected & how shared
- Pathway improvements across services- to deliver needs led care

## Specific examples of work which feed into these objectives include:

1. Decisions Unit embed Advanced Clinical Practitioner post, funded by NHSE, working towards evidence led, strengths based, person centred and trauma informed ways to provide care.
2. CERT team to be trauma aware and informed. Recognise and Respond to trauma by providing safe environments, building empowering and collaborative relationships supported by knowledge
3. The Health Inclusion Team were looking at workforce skill mix to deliver outcomes
4. The Older Adult Team are looking at Improving the flow between community and inpatient services

# COMMUNICATIONS

Clinical and Social Care  
Strategy

- Interactive – staff can leave comments, share stories, ask questions

The Clinical and Social Care Strategy aims to improve the quality of care that our service users receive, at the same time as reducing health inequalities that adversely impact on many.

In this overview Dr Mike Hunter, executive medical director, explains these core principles of our Clinical and Social Care Strategy:



## Clinical and Social Care linking to the Enabling Strategies



# Business Planning – 2024 - 25,

*What does it mean for teams to be delivering against this strategy (Oct 2023-Oct 2024)?*

- **How do we link it together, collectively to deliver the strategy objectives - reduce duplication/ improve efficiency**

- **What SHOULD team objectives for CSCS look like for 2024?**



## Clinical and Social Care Strategy (2021 - 2026)

Below is a list of possible things to choose from when thinking about what Clinical and Social Care Strategy Objective you want to work on over the coming year (2024-2025)

Pillar	Person Centred - examples of types of activity include	Evidence Led - examples of types of activity include	Trauma Informed - examples of types of activity include
What might we want the teams want to choose to do between 2024 and 2027?	Moving away from CPA; using PROMS, SHSC Person Centred Principles and NHSE guidance to move away from CPA locally	Understanding when and how you will locally use PROMS (e.g. ReQOL, Goal Based Outcomes and/or Dialogue).	Staff attending Trauma Informed Training
	Understanding what data you will collect (at care planning stage)	Mapping your pathway linked to PROMS (e.g. what PROM, when and how often)	Thinking about using ROOTS to evaluate how trauma informed your team is
		Collecting and using PROM data - training staff, understanding benefits	



# Thank you for listening

## Any Questions