



A Clinical Strategy For a Healthier Future



2022 - 2027

Foreword

Our clinical strategy helps deliver the guiding purpose of Sheffield Children's and our Caring Together 2020 – 2025 strategy:

“Providing a healthier future for children and young people.”

This clinical strategy marks an evolution of our direction, as we head towards our 150th birthday in 2026. It helps us re-define and state who we are:

- We are Sheffield Children's, an organisation driven by our “We CARE” values: Compassion, Accountability, Respect and Excellence
- We are a specialised children's NHS Trust with a wider family focus, already renowned for being a centre of excellence
- We are an integrated provider of physical and mental healthcare, uniquely placed to develop integrated care for our families from birth through community, acute and tertiary services that meet the personalised, holistic needs of individual families
- We are a purposeful partner at city, system, regional and national level to deliver through networks and alliances, to support healthier lives & healthier communities, whilst also delivering for children and young people with the most specialist needs
- We are an anchor organisation, with wider responsibilities, including for environmental sustainability, alongside supporting the education and employment of our local communities and purchasing more locally and for social benefit

I want to say a personal thank you to around 1000 children, young people, families, colleagues, partners, and communities who have contributed to the development of this strategy.

I am hugely grateful to the clinical leaders from Sheffield Children's who have come together to distil our ambitions to meet the challenges and opportunities of the next five years.

Ultimately this strategy is about people: How we best serve the children and young people, families, and communities, who need our care, now or in the future.

And how we truly empower our 4000 brilliant colleagues, volunteers, and wider Sheffield Children's team to be inspired to deliver, in partnership with our children and young people, families, The Children's Hospital Charity and our partners.

I hope you are as excited as me about embarking on this journey together.

Let's launch Sheffield Children's into the next 150 years!

Ruth Brown, Chief Executive







Introduction

Sheffield Children's NHS Foundation Trust is facing a set of challenges like no other: growing health inequalities, an increasing and changing profile of demand for healthcare and significant backlogs following the COVID-19 pandemic. 328,000 children and young people live in South Yorkshire, and we have some of the highest deprivation rates and worst health outcomes in the country.

We can expect the challenges to grow. The cost-of-living crisis will further bite, a national recession looms and public sector funding will continue to be constrained. The national workforce challenges are stark: vacancies in the NHS and Social Care stand at over 10%. We know our colleagues are fatigued following the COVID-19 pandemic, we must support their health and wellbeing.

Moreover, climate change is projected to grow to a public emergency of a much greater magnitude than COVID-19, with a disproportionate impact for those people with the poorest health.

Whilst the challenges are great, we have also heard of great passion, commitment and hope from our children and young people, families, colleagues, and partners about our ability to make a difference. We have heard consistently about our unique opportunity to deliver integrated physical and mental health services from community to tertiary, working at city, system, regional and national level.

This clinical strategy sets our direction and re-imagines our care, working with children and young people, alongside partners at city, system, regional and national level. As this strategy launches, we will see the delivery of earlier strategic commitments, with the new major Trauma Centre Helipad opening in 2023, alongside the development of the National Centre for Child Health Technology. These are both major boosts for the delivery of outstanding care, alongside delivering wider social and economic benefits.

The strategy is set within the Trust's overall Caring Together strategy and the rapidly developing wider strategic landscape. We welcome the national policy focus on population health, health inequalities and integrated, local care, echoed in the South Yorkshire Integrated Care Board vision. We know improving outcomes for children and young people will make the biggest difference to life chances for individuals and long-term population health. We commit to using our local, regional, and national voice to lead, advocate and influence, for children and young people.

I believe our strategy can only be delivered in partnership, which is more important than ever, at city, system, regional and national level.

I am delighted to introduce our clinical strategy, setting out how we will collaborate with families, communities, colleagues, and partners, to make a difference for the thousands of children and young people we serve.

Ruth Brown, Chief Executive



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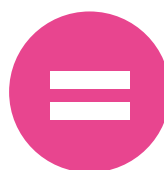
**Integrated
Care**



**Care where
needed**



**Centre of
excellence**



**Health inequalities
& inclusion**



**Healthy
Lives**



Sheffield Children's NHS
Elizabeth Unwille
MUA/Phlebotomist

1. Executive Summary

The clinical strategy supports the overall Caring Together strategy and our overall purpose of “providing a healthier future for children and young people”. The Caring Together strategy sets out our 3 aims:

- Outstanding Care
- Brilliant Place to Work
- Leader in Child’s Health

We are hugely grateful to the 1000 people who have helped develop this strategy. We are positive about our opportunity to support children and young people and transform for the future. Five themes frame our strategy, with a vision for each:



Integrated Care

“We will be a national exemplar for integrated care, to deliver outstanding outcomes & seamless pathways for children, young people & their families.”



Care Where Needed

“We will provide outstanding quality care and support for children, young people and their families in their communities, collaborating with them and partners to deliver positive experiences and reducing the impact of care needs on health inequalities, the wider family, education and employment.”



Centre of Excellence

“All of the care that we deliver will be outstanding, our culture will be one of high quality, safe and compassionate care, creating an organisation where every colleague is proud to work.”



Health Inequalities and Inclusion

“We will actively seek to minimise the impact of Health Inequalities on mental and physical health every time a family interacts with us to improve experience, access and outcomes. We will work with partners to address the root causes of inequalities and invest where the need is greatest.”



Healthy Lives

“Being a leader in children’s health starts before children and young people become unwell. We will improve health outcomes by supporting families and children to have a great start in life, focusing on early intervention and diagnosis to minimise the need for care and preventing future ill-health. We will use our voice and influence to promote healthy lives.”

We have listened carefully to personal stories and feedback, to keep our families at the heart of our plans. Thank you to the children, young people, families, and teachers who provided their stories to guide the development of this strategy, which we will share through this document:



2. Our Approach to Developing the Strategy

Family stories frame our strategy. Our Youth Forum have helped design and approve it. We have involved children, young people, families and communities through informal interviews and local community focus groups, particularly from those communities who experience the greatest health inequalities. We have captured the learning of wider city and regional consultations.

Leadership development has been designed into our approach; each theme is led by a clinical triumvirate, comprising a Doctor, Nurse and Allied Healthcare Professional, or other Healthcare Professional. This has given rich professional diversity and brought together established and aspiring leaders in Sheffield Children’s.

Hundreds of colleagues and volunteers have got involved: through Trust wide events, team meetings and informal conversations. Our Governor Stakeholder Group has developed the strategy with us. The views of local, system level, regional and national partners have informed our strategy, alongside a review of the evidence base and future population demand.

Many families have described the compassion, kindness and brilliance of our people and the trust they place in us at moments of great challenge and vulnerability. We also heard feedback from families, colleagues, and partners, about the issues we need to address. This led to the creation of our five strategy themes and supporting plans:

| | |
|--|---|
| Integrated Care | <ul style="list-style-type: none"> • Capitalise on our unique opportunity as an integrated Trust to deliver integrated physical, mental health and learning disability services • Improve the coordination of care for our children and families with complex needs • Improve our efforts to provide developmentally appropriate care¹, and particularly strengthen transitions in care between providers |
| Care Where Needed | <ul style="list-style-type: none"> • Deliver care closer to people’s homes, including in settings such as schools, to improve accessibility and to free up space for services that must be delivered on our existing sites • Build on public trust in the Sheffield Children’s name, when working in the community |
| Centre of Excellence | <ul style="list-style-type: none"> • Improve access to Community and Adolescent Mental Health Services (CAMHS) following the pandemic, to meet the growing mental health needs of children and young people • Grow our world-class services and focus on those with significant sustainability challenges • Ensure excellent processes, systems, and corporate services to deliver outstanding care • Address the key estates challenges, including at Ryegate, and consider service location, service mix and right sizing of capacity at different facilities and sites |
| Health Inequalities and Inclusion | <ul style="list-style-type: none"> • Support families and colleagues that need it with the costs incurred when receiving care • Reduce the impact of child poverty and do all we can to minimise health inequalities and their impact on experience, quality, and outcomes of care • Reduce the impact of care on lost education and employment days • Better support people with different languages, including Makaton and Sign language |
| Healthy Lives | <ul style="list-style-type: none"> • Focus on prevention, “make every contact count”, fostering a “whilst you are here” culture • More signposting to services that support the wider determinants of health |
| Other | <ul style="list-style-type: none"> • Digital innovation as a critical enabler to transform our care for the future • Tailor services to need, embedding self-management and helping families navigate care • Celebrate what is already outstanding, share it and shout about it more • Develop our green credentials and our role as an anchor organisation • Foster excellent partnerships, at city, system, regional and national level |

¹ “Developmentally appropriate care” refers to the changing developmental needs of young people and therefore the need for a “a purposeful, planned process that addresses the medical psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child –centred to adult orientated health care systems” (Department of Health, 2006)

3. A Changing Strategic Landscape

Sheffield Children's is operating in a complex and evolving strategic landscape. On 1 July 2022, 42 Integrated Care Systems (ICS) became statutory and legal bodies, with an emphasis on outcomes, population health and inequalities. The South Yorkshire Integrated Care Board's (ICB) vision is

“For everyone in South Yorkshire to have the best possible start in life, with support to be healthy and live well for longer”.

Sheffield Children's is a committed partner to the South Yorkshire Healthcare compact, outlining the principles and values of this developing collaboration.

How we are funded is changing. Funds will be distributed through the ICB, and increasingly via the Acute Federation and Mental Health, Learning Disabilities and Autism Provider Collaborative. Over time responsibility for specialised commissioning will be delegated to ICBs from NHS England, affecting our large and wide-ranging specialised service portfolio including, neurosurgery, metabolic services and specialist morbid obesity services. For 2019/20 this totalled income to the value of £85 million. The commissioning environment will become more complex, with associated risks and opportunities. With a poor national economic outlook, the financial outlook for the NHS is very challenging. We can also expect the demand for care to further grow as the cost-of-living bites.

Alliances across South Yorkshire, including for Children and Young People, will shape regional models of care to address inequality and improve outcomes through partnership. Our voice at national level is growing: the Children's Hospital Alliance is now established, a stronger vehicle for lobbying nationally and sharing good practice. Service models are likely to change – with more networked and partnership models of delivery in services, with pathology and genetics early examples. Supporting our colleagues to deliver care as part of integrated networks will be a part of our organisational development journey. The ICS, Acute Federation and Mental Health, Learning Disabilities and Autism Provider Collaborative have signalled their intent to develop clinical strategies, with early priorities signalled. Clarity on our own direction is therefore critical and we have liaised with partners to ensure strategic alignment in this evolving context.

At city level in Sheffield, A Great Start in Life (2019 -2022), provides the key partnership strategy for children, as part of the wider Health and Well-Being Strategy (2019-2024). Sheffield Place arrangements are evolving, with the Healthcare Partnership, Better Care Fund and Joint Commissioning Committee coming together into one Board. Our partnership with the voluntary sector will be more important than ever, to support health creation, and to capitalise on the trusted relationships that the voluntary sector has with local communities.

For primary care, Sheffield has now established 15 Primary Care Networks, the vehicle for integrated community working, with Primary Care Sheffield the provider of “at scale” citywide primary care services. A vision for integrating primary care was outlined in the NHS England Fuller Stock Take Report (May 2022) with a focus on improving the access, experience, and outcomes for our communities.

The national recovery objectives to increase elective productivity and reduce waiting times whilst improving the responsiveness of urgent and emergency care are key priorities. The NHS England 22/23 Operating Guidance sets out the continued focus on expanding community mental health and learning disability provision. This is more important than ever in the context of growing demand post pandemic.

4. Where are we Now

Our Organisational Context

Our 2022 organisational position, and the wider evidence base forms our strategic starting point:

The context for our Clinical Strategy

- Sheffield Children's rated 'Good' by CQC at 2019 inspection
- Colleague engagement better than average (NHS Staff Survey 2021)
- Patient and family feedback good
- Sheffield Children's recognised in Newsweek's '2023 World's Best Specialised Hospitals' list for paediatrics
- In 2021/22 we cared for 23,000 inpatients, 323,000 outpatients in the community and on our acute sites and 61,000 Emergency Department attendances.

However, Sheffield Children's faces significant challenges



Clinical

Growing waiting lists following the pandemic:

- 590 patients waiting over 52 weeks (June 2022). Up from 2 in March 2020.
 - 15,702 patients waiting on incomplete pathways. Up from 8,979 in March 2020.
- Growing waiting lists for consultant led and therapy and nurse led services.

Growing mental health demand:

- 7,642 mental health inpatients (bed days) in 2021/22 - up 30% on 2020/21- and 26,255 mental health community contacts.
- Referrals to Child and Adolescent Mental Health Service (CAMHS) grew by 30% between 2019/20 and 2020/21.

Growing urgent and emergency care demand:

- In 2021/22 60,720 patients were treated in our Emergency Department (ED) - up 77% on 2020/21.
- 94.55% of patients were treated within 4 hours, a top performing Trust nationally.

A wide geographical reach: in 2021/22 Sheffield Children's were referred patients from 33 Integrated Care Systems in England, along with some international referrals too.



Financial

- The Trust has achieved financial improvements over the last two years and an improved regulatory position.
- 70% of our services are NHS England Specialised Services. The commissioning landscape is changing, bringing risk and opportunities.
- Access to capital resources for infrastructure, such as buildings and equipment, is limited.
- The financial outlook for the NHS is very challenging, with limited new funding.
- The short-term national economic outlook is poor and the cost-of-living crisis is biting.



Demographic

- 328,000 children and young people across South Yorkshire.
- South Yorkshire is the fourth highest ICS in England in terms of deprivation.
- Children and young people from deprived backgrounds, or other inclusion groups, are at particular risk of poor outcomes and health inequalities.
- People with learning disabilities have a shorter life expectancy by 26 years.

The Evidence Base

The headline drivers for our five themes are outlined below:

A. Integrated Care

As summarised by the King's Fund (2022), evidence demonstrates that people often receive fragmented, poorly coordinated care, which, leads to poorer experience and outcomes. This particularly affects:

- Children and young people with complex conditions and disabilities
- Children and young people undergoing transition between paediatric and adult health care
- Vulnerable young people from specific inclusion groups who may have complex needs. There is a particular risk of these people falling between gaps.

As an integrated provider of physical and mental healthcare, we are uniquely placed to develop integrated care from community to tertiary provision.

B. Care Where Needed

The NHS Long Term Plan (2019) set out a drive to more community-based services to address areas of longstanding unmet health need and provide personalised care at the right time in the right place. The evidence demonstrates:

- Children and young people from the most deprived 20% of the population have higher rates of intensive urgent and emergency care usage across the region. We know those in the greatest need are not always able to access the care they need at an early point (for example the ability of children and young people to access mental health services in our region)
- Our current approach disadvantages certain communities, with the number of children not attending appointments (referred to as "Was Not Brought" rates) correlating directly with communities with the greatest need. Our trailblazing work here demonstrates what can be achieved by changing how and where we deliver care.
- Delivering care closer to communities can deliver results. Our school locality pilot reduced exclusion levels and improved attendance rates through joined up working.

C. Centre of Excellence

Many of our families and colleagues tell us that the care at Sheffield Children's is already outstanding. Colleagues described the world class renown their services have now or could have in the future. We also heard a desire to:

- Strengthen our 'foundations', the basic processes within the Trust; strengthen our world class services and support those which are most challenged
- Grow our nationally and internationally renowned services for patients with very specialist needs, and strategically determine our priorities, with investment and support.
- Proactively develop a research and innovation portfolio to match, that builds on our trailblazing status as an integrated provider of mental and physical healthcare.
- Work with District General Partners to spread learning from the national Children's Hospital Alliance, and develop collaborative models of care.



D. Health Inequality and Inclusion

The Child of the North Report (Northern Health Science Alliance, 2022) outlines:

“Children in the North are more likely to live in poverty than those in the rest of England – and increasingly so.... leading to worse physical and mental health outcomes, educational attainment, and lower lifelong economic productivity....”

South Yorkshire is the 4th most deprived ICS in the country. Within Sheffield there are 5 wards where over 50% of children live in poverty. Moreover:

- People with protected characteristics or from deprived backgrounds, are at particular risk of poor mental and physical health outcomes and health inequalities. When people have several of these characteristics, the impact on health inequalities is compounded.
- NHS England’s Learning From Lives and Deaths report (2021) demonstrates people with learning disabilities have a reduction in life expectancy of up to 26 years.
- Families with the greatest care need have the lowest health literacy levels meaning they find it hardest to access care.

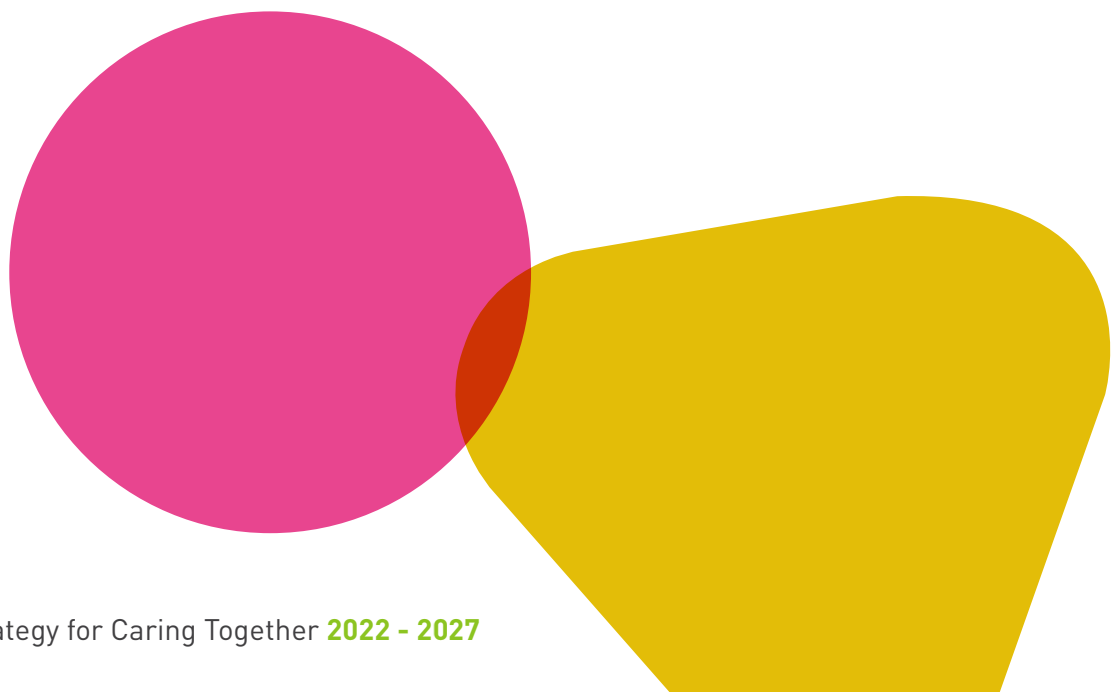
Though our partnership arrangements, we have an opportunity to make a difference for Sheffield, South Yorkshire and at national level, both in how care is delivered, and by influencing national policy.

E. Healthy Lives

Health promotion, early intervention and diagnosis make a difference to life chances. Adverse Childhood Experiences (ACEs), have consequences for long term health and wellbeing. We know:

- The first 1001 days are a period of rapid growth for children and this is the period we have the greatest opportunity to make a difference (Sheffield Health and Well-Being Strategy, 2019)
- 2019/20 data shows at reception age 23% of children were overweight or obese and by year six 35% were overweight or obese.
- Sheffield City Council’s COVID Inequalities Impact Review (2022) reports significant impacts of the pandemic on deteriorating mental health, loneliness, and levels of physical activity. Alongside the direct impact on referrals to community CAMHS, Sheffield Children’s are also experiencing growing referrals to related services such as sleep and neurodisability.

As an integrated provider of services from birth, we can intervene early and “make every contact count” to improve health and prospects.





5. Core Principles

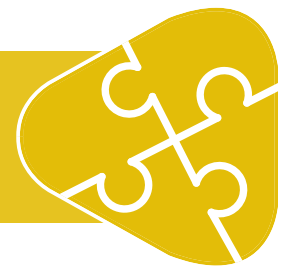
Throughout our engagement, colleagues, children, and families highlighted core principles which must run through our approach as a golden thread. These echo our **Caring Together** strategy and **We CARE** values:

1. We will continuously improve **quality and safety**, systematically addressing the quality and safety issues which are identified through governance processes and fostering a culture of continuous quality improvement and learning both within Sheffield Children's, with patients and families, and with partners across the South Yorkshire system and nationally.
2. We will shape service change and individual care delivery, working with our patients, families, and communities, through meaningful and empowering partnership and **co-production**.
3. We will always deliver **personalised care**, engaging to understand what matters to individual patients and their families and tailoring our approach.
4. We can only deliver our clinical strategy by becoming **"a brilliant place to work"**, as set out in our In This Together framework, fostering an inclusive, compassionate leadership culture, with a strong emphasis on health and well-being for all our people.
5. We will focus on **efficiency and innovation**, always striving for value improvement.
6. We will foster **outstanding multi-disciplinary and multi-agency team** working across departmental and organisational boundaries for children, young people, and families.
7. Outstanding clinical services require outstanding **corporate services**. We have listened carefully to corporate and frontline colleagues and are developing a series of enabling strategies to align fully with our clinical strategy.
8. At Sheffield Children's we want to be a leader in **environmentally sustainable healthcare** and this will guide how we approach delivery of this strategy.
9. Our clinical strategy can only be delivered through working with others. We will further foster **purposeful strategic relationships** with NHS partners, local government, the voluntary sector, education, and housing, alongside shaping system wide and national alliances and system and national level alliances for children and young people.
10. As an **anchor organisation**, employing almost 4000 people, we recognise our wider responsibilities to become a more diverse and representative organisation, committed to environmentally sustainable principles, investing in our community, working with education, health care and voluntary partners and proactively developing and employing local people.

6. Our five themes



1. Integrated Care



Vision

“We will be a national exemplar for integrated care, to deliver outstanding outcomes and seamless pathways for children, young people and families.”

Ambitions

1. We will work to ensure our families only need to tell their story once. We will achieve outstanding holistic care with our partners, embedding multidisciplinary working and education and training across physical, mental health, learning disability services, education, social care, and the voluntary and community sector. First priorities are:

- Integrated care across our physical health wards and mental health lodges
- Integrated pathways for Neuro-development and Eating Disorders, working with city wide and system level partners across South Yorkshire.
- A specialist parent-infant relationship service, working with parents, carers and infants from conception to promote strong attachment in the first 1001 days

By September 2023 we will have assessed and agreed our next three priorities.

2. We will meet the Learning Disability Improvement Standards and MENCAP 10 reasonable adjustments. Working with partners, we will deliver integrated care for children and young people with learning disabilities or those who are autistic to ensure both physical and mental health needs are met. Our 2020 Learning Disability Summit identified three priorities for all services: reasonable adjustments, accessible information, and training.

3. Adolescence is a time of physical, psychological, educational, and social change. We will deliver developmentally appropriate joined up healthcare services with our partners, providing a consistent, safe, individualised high quality transition service across physical and mental health pathways that enables young people and carers to move and engage with adult services with minimal disruption to their care, resulting in a positive carer experience.

4. We will expand, improve, and better integrate our care for children and young people with complex needs across inpatient, outpatient and community settings in both physical and mental health to:

- Better coordinate appointments to improve access, experience and outcomes and reduce the impact of care on school, work and health inequalities
- Optimise early intervention in the community and avoid unnecessary escalation
- Help families navigate the wider care system to meet the full range of needs (for example social care and housing)
- Develop training, education, and toolkits to foster a culture throughout our services of considering and responding to the complex needs of individuals

5. Integrated care requires an integrated mindset. We will foster a culture where all colleagues feel empowered to look at the patient and family holistically, considering their wider physical and mental health, beyond the immediate need, and signposting as required. We will play our part in fostering a culture of integrated care across the city, system and with wider regional and national partners when required, at operational and strategic level.



Beatrix and James

Beatrix was diagnosed with spina bifida at her mum's 20-week scan. She was operated on in the womb at two days old. Her condition has left her with talipes in both feet, bladder problems, a dislocated hip and hydrocephalus.

Dad James said that understanding what they're being told by the multiple specialisms that are caring for her – neurology, urology, orthotics and hydrocephalus nurses – has made Beatrix's complex care a challenge for the family.

"But," he said, "the combined clinic every three months with all the specialisms is quite good because it pulls it all together and they bring it down to our level to explain it.

"The thing we really struggle with in Beatrix's complex care is the various appointments – two or three a week of 30 minutes to an hour, plus the combined clinic that's a seven-hour day.

"Managing the appointments and the care hasn't been great because we're getting either a letter or a text, then you've got to open the text to put a number in, or the letters are out-of-date and the text is the most recent so it gets confusing."

He suggests an alternative: "Probably an online portal where you can log on and see all the appointments, then that could give you more detail."

2. Care Where Needed



Vision

“We will provide outstanding quality care and support for children, young people and their families in their communities, collaborating with them and partners to deliver positive experiences and reducing the impact of care needs on health inequalities, the wider family, education and employment.”

Ambitions

1. We will move 1 in 5 appointments into the community by 2027 – reducing travel for around 32,000 visits. This will be informed by a review by ALL services to identify appropriate outpatient care that can be delivered in the community, closer to where families need it. To deliver this we will strengthen the Sheffield Children’s community offer with support into 100% of Sheffield Primary Care Networks and localities.
2. We will improve family experience and patient safety with children staying on physical health wards, including intensive care, and mental health lodges, only as long as is necessary, with supported discharges, a long-term ventilation plan and strengthened community working, we will work to deliver **0 “red days”**².
3. Working with our partners across the region and beyond, we will offer families greater choice through digital and other innovative models of care of how, when and where their outpatient, diagnostic or monitoring needs are delivered. We will widen our offer within a model of 7-day services to reduce lost work and school days and improve attendance rates.
4. We will collaborate with partners to redesign our urgent and emergency care model for children and young people, to improve our environment, pathways, and work with partners to meet the needs of our children and young people most appropriately.

² “Red days” are extra days as an inpatient, where there have been delays and the days include no “value adding” treatment



Ava and Angela

In October 2021 Ava had difficulties with constipation which made her anxious and focused her attention on her digestive system. She started to restrict her eating and lost weight rapidly. She didn't receive the right support from local services so mum Angela brought her to Sheffield Children's where she was admitted on Ward 4 for four weeks.

Angela said: "Within half an hour of seeing the the Sheffield Eating Disorders and Assessment Team (SEDATT) team there was a plan and engagement. The compassion that was shown was quite unreal, the approach was non-judgemental and there was no rush to diagnose.

"The support workers worked beyond their pay grade in the sense of their counselling skills, their empathy and their tirelessness in working with Ava to increase her confidence."

Ava was diagnosed with primary anxiety and avoidant restrictive food intake disorder. She was discharged from hospital but received continuing support from the SEDATT team to manage her anxiety, work towards returning to school and to continue to challenge her eating habits.

"Ava is reaching for the stars massively now," said Angela. "Having gone through this incredibly tough journey what really hits home – and why we feel it went so wrong in previous services, but was such a good experience in Sheffield – was the joined-up working and the holistic approach.

"The SEDATT team's ability to work alongside the wards so closely had such a positive impact on her continuity of care and also the joined-up working between CAMHS and the SEDATT team because Ava's situation wasn't just her physical health, it was her mental health as well. They enabled a holistic approach."

3. Centre of Excellence



Vision

“All of the care that we deliver will be outstanding, our culture will be one of high quality, safe and compassionate care, creating an organisation where every colleague is proud to work.”

Ambitions

1. **We will be recognised as outstanding by patients and families, our colleagues and our regulators (i.e., CQC).** We will develop our culture to make this an organisation where every colleague is proud to work and feels safe and included. We will do this through the development of our workforce and our culture expressed in our People and Organisational Development Strategy.
2. **We will increase the number of our services which are outstanding,** at the cutting edge of healthcare. We will have a rolling programme of service priorities which we will develop, support, and grow into world-class services. First priorities will include sleep services and the sports injury service. We will also work with partners to play our part in developing outstanding services across South Yorkshire with palliative and end of life care a first focus.
By 2027 we will expand our capacity to deliver innovation through the Centre for Child Health Technology, becoming a national leader in the field.
3. **We will strengthen, support, or streamline those services facing the greatest sustainability challenges.** We will have a rolling programme of service priorities to review and support it to develop the sustainability of the services. Our first priorities will include Neurology and Epilepsy, community CAMHS, Neurodisability, radiology and urology. We will work with partners to support and develop regional paediatric services that face the greatest sustainability challenges.

To achieve ambitions 2 and 3 we will develop an approach using benchmarking, activity, quality, financial and workforce data, supported by qualitative information from the team.

4. **We will improve access for our children and young people.** We will deliver the national 18-week standard for all planned patients, including Nurse and Allied Healthcare Professional-led pathways, working in partnership across the region on collaborative models of care.
5. **Our systems, services, facilities, and corporate services will support excellent care.** We will ensure that our underpinning processes, such as booking systems for patients, work effectively and smoothly. We will work to ensure our core capacity, including our theatre suite, bed base and outpatient facilities, are right sized and provide a high-quality environment for receiving and delivering care.



Jonny and Emily

Jonny needed an operation for Perthes disease under the care of Sheffield Children's limb reconstruction team, who he described as "really joyful". Jonny added: "All of the staff were really kind and had great personalities. It felt like they belonged and it was really nice to be with them."

"But what was exceptional," said mum Emily, "was the way they really cared about Jonny. A while after the operation the anaesthetist came up to the ward to check he was ok. He wanted to make sure Jonny was in no pain or discomfort. It was reassuring."

"I didn't think what we were getting was exceptional care, I thought it was what everybody got everywhere." But Emily and Jonny said that listening to stories from people using other hospitals, in a Facebook group about limb problems, they realised how amazing the care they'd received at Sheffield Children's actually was."

4. Health Inequalities and Inclusion



Vision

“We will actively seek to minimise the impact of Health Inequalities on mental and physical health every time a family interacts with us to improve experience, access, and outcomes. We will work with partners to address the root causes of inequalities and invest where the need is greatest.”

Ambitions

1. To address the impact of poverty on health outcomes, we will, with support from our commissioners, target investment to those communities and services in greatest need. This will be informed by population health data analysis, with our enhanced service tailored to the needs of that community.

We will use our voice and influence to work as part of the South Yorkshire Health Inequalities programme and advocate for health inequalities, population health and disproportionate investment at city, system, regional and national level.

2. Working with partners, we will proactively focus on inclusion groups that experience the greatest inequality, commencing with Children who Experience Care, asylum seekers and new migrants, and those with learning disabilities and those who are Neurodiverse, and ethnic communities with the greatest need.
3. We will work with partners at city and regional level to work on the wider determinants of health. Within Sheffield Children’s we will remove the barriers to access and decrease the costs of visits to all our services for those most in need. This will include:
 - a. Reducing our Was Not Brought rates by 50%, through targeted approaches for communities with the greatest need
 - b. Delivering 2000 You Matter Care packs and our food pledge that “No family should go hungry whilst they stay with us.”
 - c. Working with the voluntary and community sector to connect over 500 families with a range of community wellbeing support to address individual needs, including income maximisation and health creation activities.
4. We will be a health literate organisation with ALL our letters, patient information and processes meeting Accessible Information Standards and we will offer an outstanding translation service that meets people’s needs. We will improve access to all services including addressing digital poverty and providing tailored and compassionate choice and support
5. ALL colleagues in the trust will have an awareness of health inequalities and will have the training, resources and toolkits to recognise the impacts on access, experience and outcomes and be able to sensitively offer help and improve services to address this. We will use data and feedback to proactively seek out groups that experience health inequalities and consider all services and decisions from a health inequalities perspective, from frontline to board level.



Evelina and Blazena and Ladislav and Dorina

Due to language differences and other barriers to access, some individuals can struggle to access vital healthcare for themselves and their children. Partnership working between local schools and the healthcare system has helped mums Blazena and Dorina from local Roma communities get much-needed help for Evelina and Ladislav in Sheffield.

Evelina is one of 10 children in her family, three of whom have hearing and speech problems. Her school signposted Blazena to the right health professionals who helped her fill in forms, explained to Evelina how to use her hearing aids, and visited their home to help with the other children's disabilities. When government funding was removed it was one of the doctors who helped to get it reinstated.

Dorina couldn't get any support with Ladislav's learning disability in their home country but also found help in Sheffield. Ladislav's school helped fill in the right forms and Dorina found that his doctor and an interpreter worked together to make sure he got the support he needed.

She's happy and Ladislav is happy. "I like to dance," he says. "I'm happy when I dance."

5. Healthy Lives



Vision

“Being a leader in children’s health starts before children and young people become unwell. We will improve health outcomes by supporting families and children to have a great start in life, focusing on early intervention and diagnosis to minimise the need for care and preventing future ill-health. We will use our voice and influence to promote healthy lives.”

Ambitions

1. We will collaborate with partners across health and care, education and the voluntary sector to deliver the Sheffield Family Hub and Start for Life Programme. We will continue to ensure all children and families receive universal and timely support as outlined in the Healthy Child Programme, with a focus on the nationally identified high impact areas.
2. We will work with partners to deliver the city-wide and system wide obesity strategy, halting the rise in obesity prevalence, particularly in those communities with greatest need and working as part of the National Child Measurement Programme in Sheffield and with wider partners across the South Yorkshire system. We recognise the important interplay between sleep, activity, and diet. We will work to spread good practice from our nationally recognised sleep service, our trailblazing work as an Active Hospital and through our collaborative work in our city level Move More programme.
3. We will work with partners across South Yorkshire to tackle dental disease (particularly tooth decay) for children in the community via the Healthy Child Programme and outreach events and for inpatients via the Mini Mouthcare Matters programme. We will support the implementation of the Oral Health Improvement Strategy for Sheffield. We will provide toothpaste and toothbrushes to families of all dental daycase patients, at pre-operative assessment and on the day of their procedure.
4. We will make “every contact count” in ALL services with a focus on early help and increasing immunisation take-up, emotional wellbeing, physical activity, healthy nutrition and weight management, oral health, smoking cessation, food poverty and financial wellbeing. We will tailor how we deliver services, particularly with communities that experience the greatest health inequalities. We will collaborate across South Yorkshire to help deliver the Children and Young People’s Healthy Lives programme.
5. We will focus on early diagnosis and crisis prevention in mental health. First priorities will be:
 - An Integrated Review process at age 2 in partnership with education and early years settings for children with Special Education Needs or other additional needs
 - Reducing our waiting times in CAMHS and in Neurodisability to deliver the 18 week standard
 - Strengthen our relationship with schools to build on our emotional health and wellbeing offer, to address the barriers to learning



Rachel and Karen

COVID-19 and other aspects of modern life have contributed to a significant increase in mental health referrals. Children and young people from deprived backgrounds, or other inclusion groups, are at even higher risk of depression and anxiety.

Rachel, a mental health practitioner from Sheffield Children's, and Karen, assistant head of inclusion at a Healthy Minds primary school, are working together to prevent children's emotional wellbeing issues from turning into more serious mental health problems.

Karen said: "What we want is children that are ready to learn and if their anxiety or their emotional and mental wellbeing is not where it should be then that's where we need to work with Rachel and the Healthy Minds training to support children before they get to a point where it's gone too far and early intervention won't work."

Rachel uses a whole-school approach – working one-to-one, in small groups, class teaching and with parents – so the children understand that everyone feels anxious sometimes, that it's totally normal.

She said: "I help them learn strategies to manage their anxiety – like five-finger and belly breathing and other distraction techniques – and help them to understand anxiety so it becomes less scary, less overwhelming, getting them to understand their thoughts, feelings and behaviours."

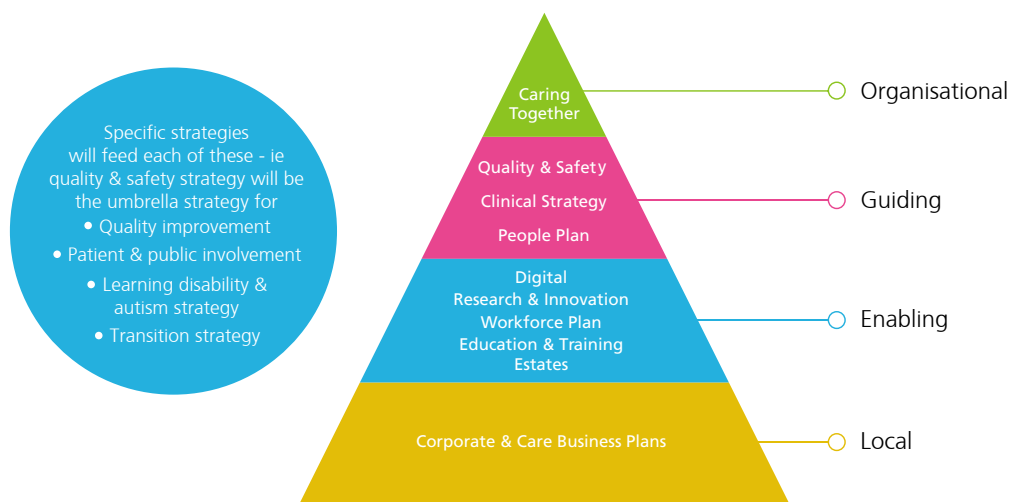
"It's been really beneficial," added Karen. "I spoke to a mum who said her child is now ready to learn. He wasn't before, because his anxiety levels were too high, but Rachel has taught him strategies he can use and he is using them. I've had that information from many parents over the years in terms of the effectiveness."

7. Approach to Delivery

We will need to reshape our strategic and business approaches, whilst also further developing our leaders, culture, capacity, and capability to deliver this strategy. Our first steps will be developing this implementation readiness whilst identifying those early priorities for the implementation plan.

Strategic Approach and Alignment

- The Trust will continue to invest in its strategic leadership capability and capacity, leading collectively to develop a culture where people feel safe, team up and keep learning and where increased partnership working is enabled so that our strategy is implemented effectively.
- In quarter 3 and 4 of 2022/23 we will develop our final “guiding” strategy of Quality and Safety. We will also refresh our “enabling” strategies: Workforce, Training and Education, Digital, Estates and Research. We will deliver an aligned, coherent strategic approach:



Partnership

Our ambitions can only be delivered in collaboration with patients, families, colleagues, and partners. At different times we will be a leader, influencer, advocator, or partner. We will build on our work and leadership contributions through the following partnership vehicles and alliances:

- Sheffield Healthcare Partnership
- Sheffield Health and Wellbeing Board
- Voluntary Community and Social Enterprise Sector – via senior leadership groups
- South Yorkshire Integrated Care System
- South Yorkshire Children and Young People’s Alliance
- Acute Federation – South Yorkshire
- Mental Health, Learning Disability and Autism Provider Collaborative – South Yorkshire
- Clinical networks at regional level
- National Children Hospital Alliance
- The Children’s Hospital Charity

We believe that “partnerships with purpose”, is defined by helping shape, lead and influence the



developing collaborative arrangements, but also by holding ourselves and partners to account on behalf of children and young people.

Clinical Leadership

The delivery of this strategy will be clinically led and managerially supported. We will:

- Build on our “triumvirate approach”, with professional and collective leadership roles for Allied Health Professionals, Doctors, Nurses, and other Healthcare Professionals
- Further embed our culture and behaviour framework – In this Together
- Foster a culture of Equality, Diversity and Inclusion in our leadership arrangements
- Identify clinical champions for individual ambitions alongside strategic clinical leaders
- Develop care group champions who can act as ambassadors deep into the organisation

Co-production

As part of the development of our quality and safety strategy, we will develop our involvement approach. This will focus on:

- Good practice within the Trust including the internal improvement toolkit and our drive to develop leadership capability for involvement
- Involvement of those who experience the greatest health inequalities
- Partnership with the Sheffield Children’s Youth Forum to ensure involvement in decision making
- Partnership, with Healthwatch and the voluntary sector to capitalise on their expertise, existing intelligence, and trusted relationships with community groups
- Partnership at system, regional and national level to influence and capture the learning of wider city, system, and regional consultations.

Leadership and Organisational Development

Within the context of the “In this Together” framework we will:

- Develop our leadership community so they in turn can create the culture that enables people to thrive, considering how they lead and team up both across internal departmental boundaries, and across systems to deliver the strategy
- Plan developmental interventions, using Senior Leadership Forums, Grand Round, Schwartz Rounds, Equality Networks and others
- Participate in Place-wide and System-wide leadership development initiatives

Structure and Implementation

- Executive Team to oversee implementation reporting to the Trust Board, bringing together internally delivered ambitions and those delivered with partners
- Management Board to determine priorities to inform implementation plan
- A clear implementation plan, with a set of baseline metrics will be developed in Quarter 3 of 22/23. This will focus on priorities and early wins as well as the longer-term work
- Care Group and Corporate Improvement Plans to incorporate relevant ambitions from the Clinical Strategy
- Reshaped Value Improvement Programme, building on existing programmes and reshaping priorities where required
- The Children’s Hospital Charity have signalled their commitment to helping us deliver the priorities of the clinical strategy, working in close partnership

Governance

- Clinical strategy ambitions to be incorporated into our annual business planning process so we align 5-year ambitions with the yearly business planning process
- Governance will run through our programme office approach with frontline to Board reporting

Communication

- Dedicated webpages will be established, with regular updates and ways to get involved
- A full communications plan sets out our overall plan
- A joint marketing plan will be developed with The Children’s Hospital Charity

8. Acknowledgements

We are hugely grateful to those families and partners in education who shared their personal stories to help guide this strategy: Beatrix and James, Ava and Angela, Jenny and Emily, Evelina and Blazena, Ladislav and Dorina, Rachel and Karen.

A big thank you to around 1,000 people who have contributed to the development of this strategy, listed below.

And finally, we are hugely appreciative to the clinical leaders and the strategy steering group who have provided their leadership to this process.

Children, Young People, Families and Communities

Community groups – engagement in specific consultations

Engagement by Healthwatch as part of their community engagement activities

Feedback from wider city and system-wide consultations

Governor Stakeholder Group

Individual stories provided by our families

Informal 121 conversations with patients and families on wards, in departments and on site at Becton

Centenary House and Ryegate

Youth Forum

Colleagues at Sheffield Children's

Approx 25 team meetings across the Trust

Informal 121 conversations with colleagues on wards, departments and at Becton, Centenary House and Ryegate

Management Board workshops

121 conversations from departmental leaders with their team members (for example porters)

Our Diversity Networks

Out and about conversations in community with the 0-19 team

The Children's Hospital Charity

Sheffield Children's Volunteers

Trustwide Clinical Stakeholder Groups

Trustwide Workshops

Trust Board workshops

Partners

Acute Federation

Children's Hospital Alliance

Primary Care Directors, Sheffield

Healthwatch Sheffield

Learn Direct

Mental Health, Learning Disability and Autism Provider Collaborative

Primary Care Sheffield

Sheffield City Council

Sheffield Health and Social Care NHSFT

Sheffield Healthcare Partnership

Sheffield Teaching Hospitals NHSFT

Voluntary and Community Sector

South Yorkshire Children and Young People's Alliance

South Yorkshire Integrated Care Board



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