

Members Webinar: Strategy and Annual Planning

29 January 2021

Ralph Michell, Deputy Chief Strategy Officer

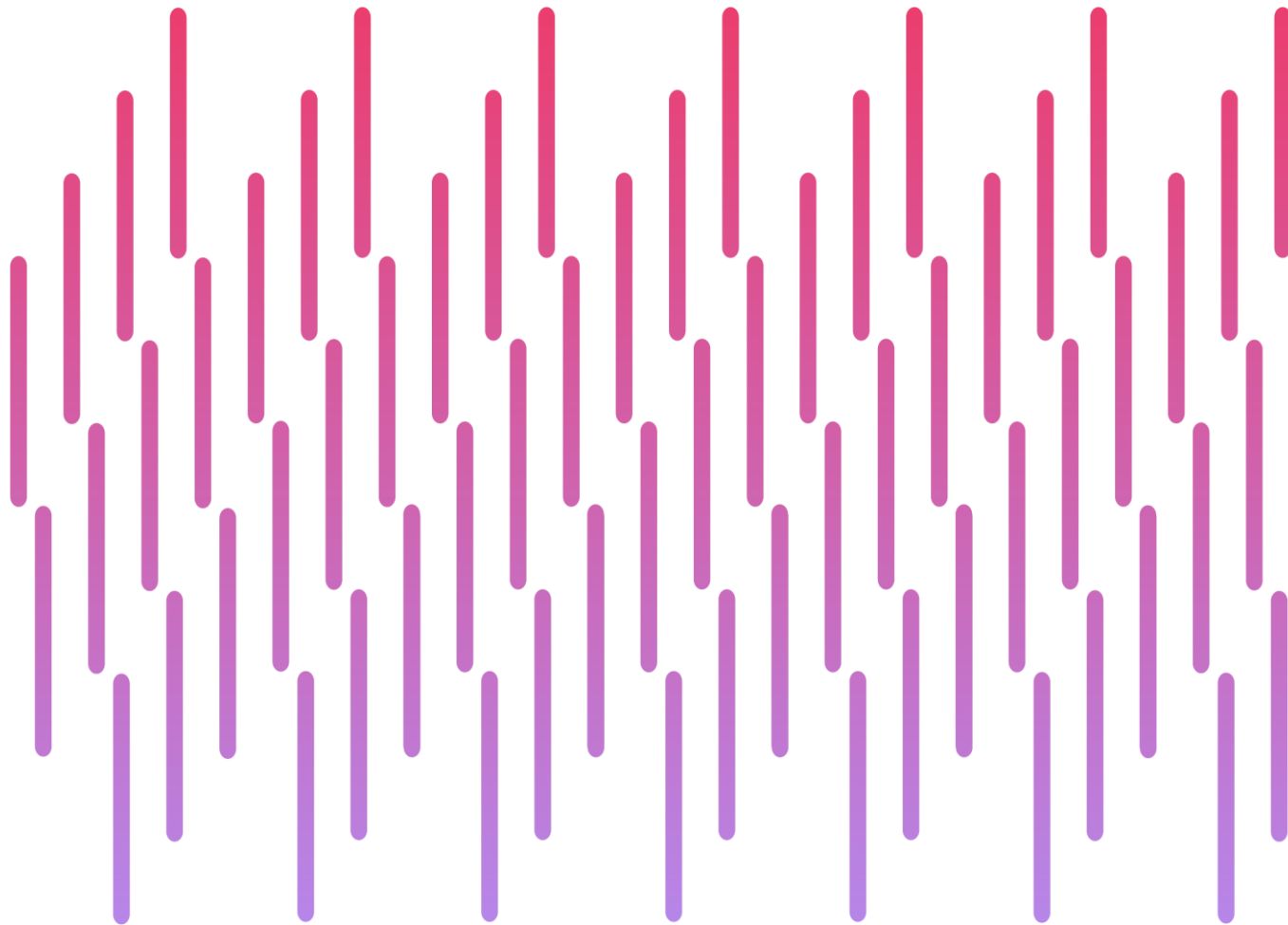
Kath Brook, Strategy and Planning Manager



Agenda

Item	Time
Welcome and Introductions	11:00
Trust Strategy	11:05
How the external environment is changing	11.15
Annual Planning	11.25
Question and Answer	11.30
Close	12:00

Trust Strategy



Introduction- Trust Strategy

- The Trust's strategy was approved by Board in April 2019
- It was the product of a 9 month process involving 12 Board seminars and a programme of stakeholder engagement reaching over 500 staff, patients and partners.
- To enable delivery the priorities within the Trust strategy a suite of support strategies were developed:
 - Digital
 - Research
 - Workforce
 - Quality and Safety
 - Education
 - Estates (currently under development)

Introduction- Trust Strategy

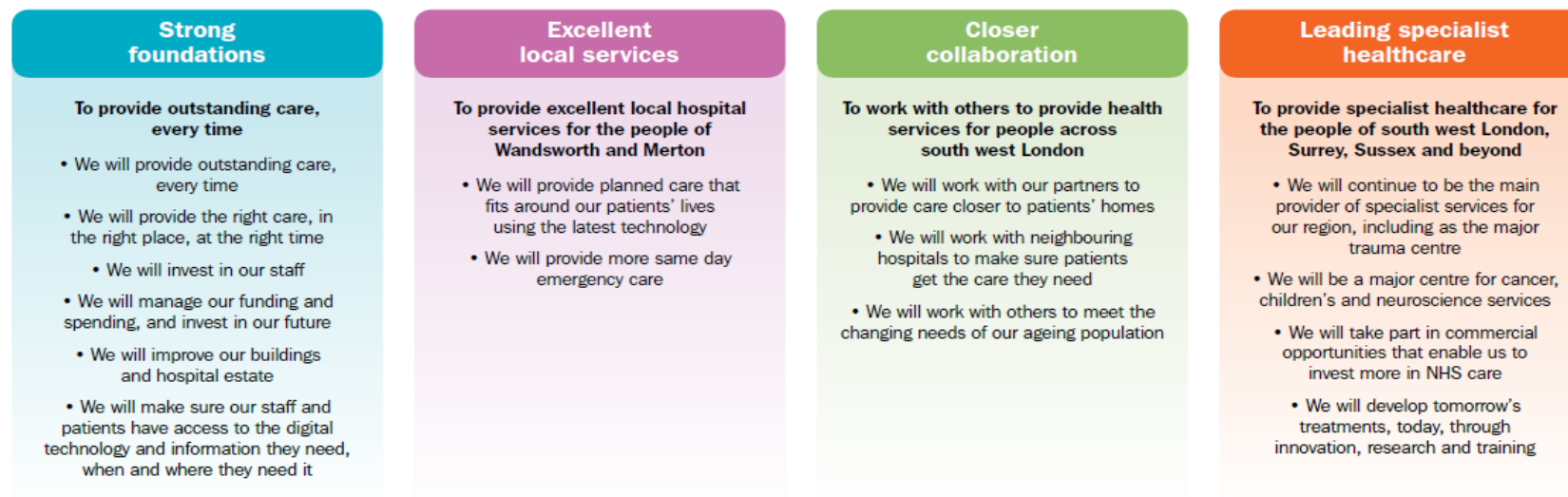
The Trust strategy is summarised in the graphic below

Delivering outstanding care, every time

Our strategy for 2019-2024

Our vision is to provide outstanding care, every time for our patients, staff and the communities we serve.

We have agreed four priorities that will drive what we do and influence the decisions we will take over the next five years.



More detail, including the full document, is available here: <http://stg1.wordpress01/quality/wordpress/ocet/>

The Trust's strategy

Strong foundations

- Range of corporate support strategies developed
- Buildings and estates
- Digital technology for staff and patients
- Invest in our staff

Excellent local services

- Planned care
- Same day emergency care

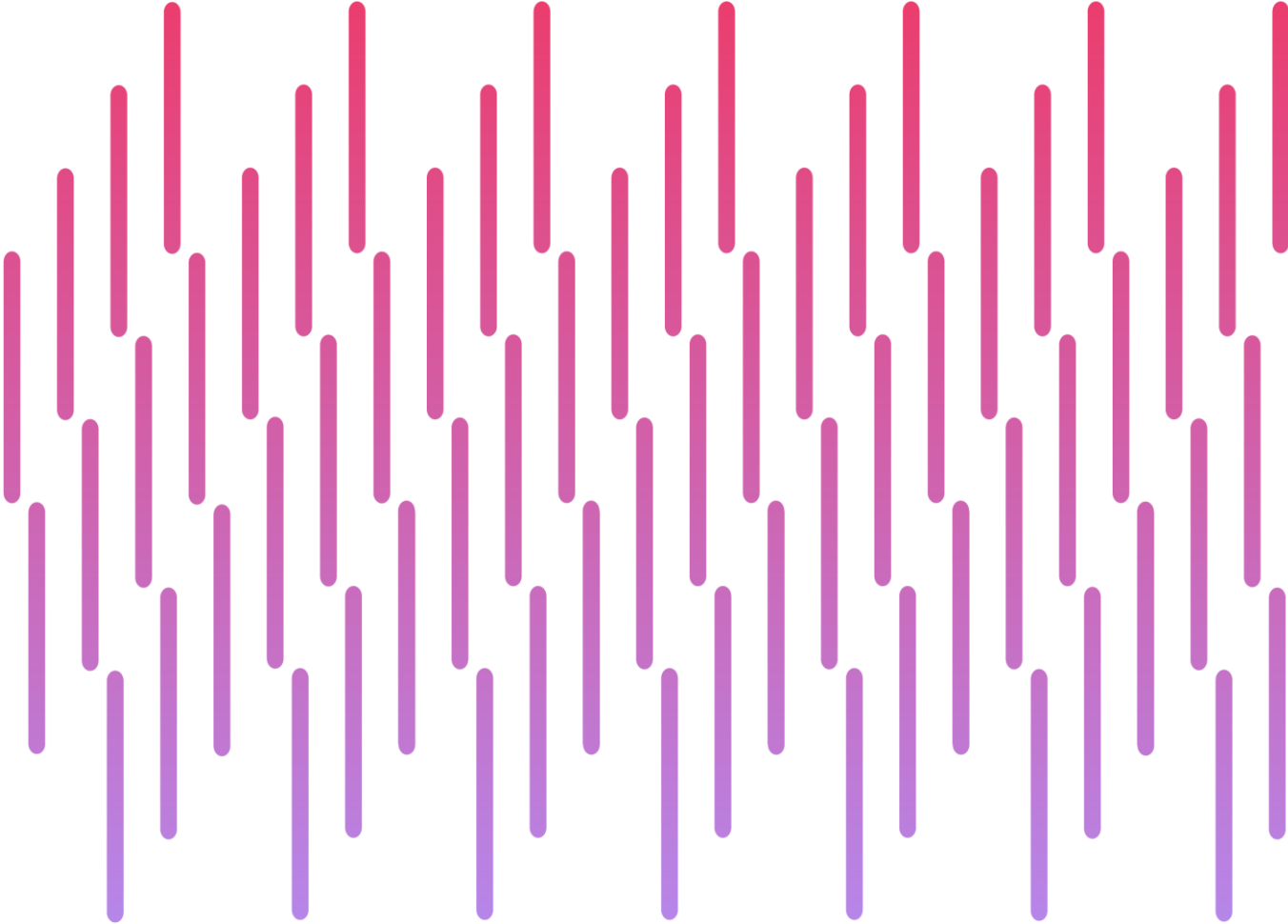
Closer collaboration

- Trust's ambitions for collaboration with other acute providers in South West London
- Joint Chair with Epsom St Helier
- The Trust's local CCGs have now merged and become one, SWL CCG

Leading specialist healthcare

- Trust service priorities:
 - ❖ Cancer
 - ❖ Neurosciences
 - ❖ Major Trauma
 - ❖ Children's Services
- Innovation, research

How the external environment is changing



Integrated care systems (ICSs)

Integrated Care Systems enable NHS organisations, local councils, frontline staff and others to focus on local population needs

From 2017, SGUH has been part of the South West London Health and Care Partnership (SWL ICS). In April 2020 South West London Health and Care Partnership was formally awarded 'Integrated Care System' status by NHS England.

The awarding of ICS status recognises the strength of our partnership, the shared ambitions for our six boroughs, and the significant progress we made over the last three years to deliver better outcomes for local people.

On 26 November 2020, NHS England/Improvement (NHSEI) published ***Integrating care: Next steps to building strong and effective integrated care systems across England*** to open up a discussion with the NHS and its partners about how ICSs could be embedded in legislation or guidance. This builds upon the ambitions outlined in the NHS Long Term Plan (2018). It proposes a national plan to accelerate ICS development in 2021/22. NHSE/I will increasingly devolve more functions and resources from the national and regional teams to ICSs ahead of potential legislative change to be implemented from April 2022.

Expectations of ICSs all broadly in line with St George's strategy and direction of travel

ICS guidance from NHS England and NHS Improvement

ICSs will cover all parts of England from April 2021 involving:

Provider collaborative	<ul style="list-style-type: none"> • deliver relevant programmes on behalf of all system partners • challenge and hold each other to account through agreed systems, processes and ways of working • enact mutual aid arrangements to enhance resilience (e.g. system waiting lists)
Place-based partnerships	<ul style="list-style-type: none"> • each ICS is expected to define 'place' leadership arrangements • the 'place' leader on behalf of the NHS will work with partners such as the local authority and voluntary sector
Clinical & professional leadership	<ul style="list-style-type: none"> • system-wide clinical leadership at an ICS and provider collaborative footprint through multi-disciplinary clinical networks
Governance and accountability	<ul style="list-style-type: none"> • 'place' leadership arrangements (at minimum involving primary care, local authorities, community and mental health services and Healthwatch, but can include acute providers as decided by the ICS) • provider collaborative leadership arrangements for providers of more specialist services in acute and mental health care • individual organisation accountability within the system governance framework
Financial framework	<ul style="list-style-type: none"> • ICS finances in a 'single pot,' which brings together current CCG commissioning budgets, primary care budgets, the majority of specialised commissioning spend, central support or sustainability funding and nationally-held transformation funding.
Data and digital	<ul style="list-style-type: none"> • have a system-wide three-year digital transformation plan, and invest in the required infrastructure and digital literacy and skills of the workforce
Regulation and oversight	<ul style="list-style-type: none"> • to effect the changes set out in the consultation document, NHSE&I are seeking changes to the legislation governing the NHS. Neither the NHS Act 2006 or the Health and Social Care Act 2012 provide the statutory basis for realising the vision for Integrated Care Systems.
Commissioning	<ul style="list-style-type: none"> • developing strategic commissioning with a focus on population health

Specialist Commissioning

What are specialised services?

- Specialised services support people with a range of rare and complex conditions
- Specialised services are not available in every local hospital because they have to be delivered by specialist teams who have the necessary skills and experience
- Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally and regionally by NHS England.

NHS England is planning to devolve specialised commissioning

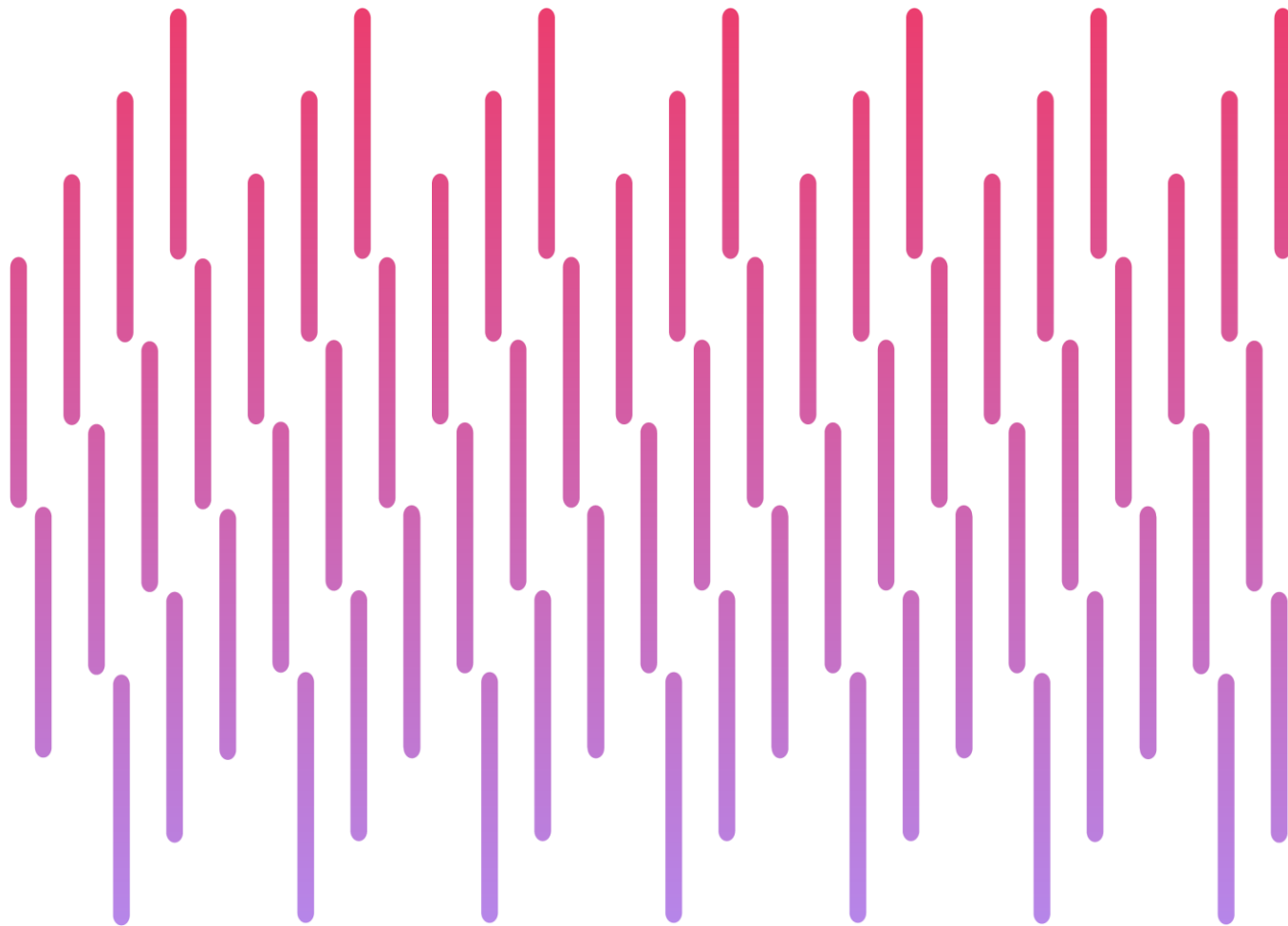
The planned devolution of specialised commissioning is underpinned by four principles:

1. All specialised services, as prescribed in regulations, will continue to be subject to consistent national service specifications and evidence-based policies determining treatment eligibility
2. Strategic commissioning, decision-making and accountability for specialised services will be led and integrated at the appropriate population level: ICS, multi-ICS or national
3. Clinical networks and provider collaborations will drive quality improvement, service change and transformation across specialised services and non-specialised services
4. Funding of specialised services will shift from provider-based allocations to population-based budgets, supporting the connection of services back to 'place'

Devolution should enable providers and clinicians to drive quality and financial improvement

How this will be done and the structure it will take is currently being worked through

Annual Planning



Annual Planning

Annual planning is how the Trust translates its strategy into reality each year

- Annual process which takes place across the NHS
- It sets out actions the Trust will take over the coming year – including how we hope to address national and local clinical priorities
- The NHS Operating Planning Guidance is normally issued each year around December, providing specific guidance to trusts
- Due to the Covid-19 pandemic, annual planning across the NHS has been suspended until the first quarter of the financial year at the earliest
- In the meantime, the Trust is doing some limited work to start developing its priorities for the coming year in a way that minimises any burden on front line teams.

Questions and Answers Session

Thank you

Please contact the strategy team if you have any further questions or queries:

strategy@stgeorges.nhs.uk