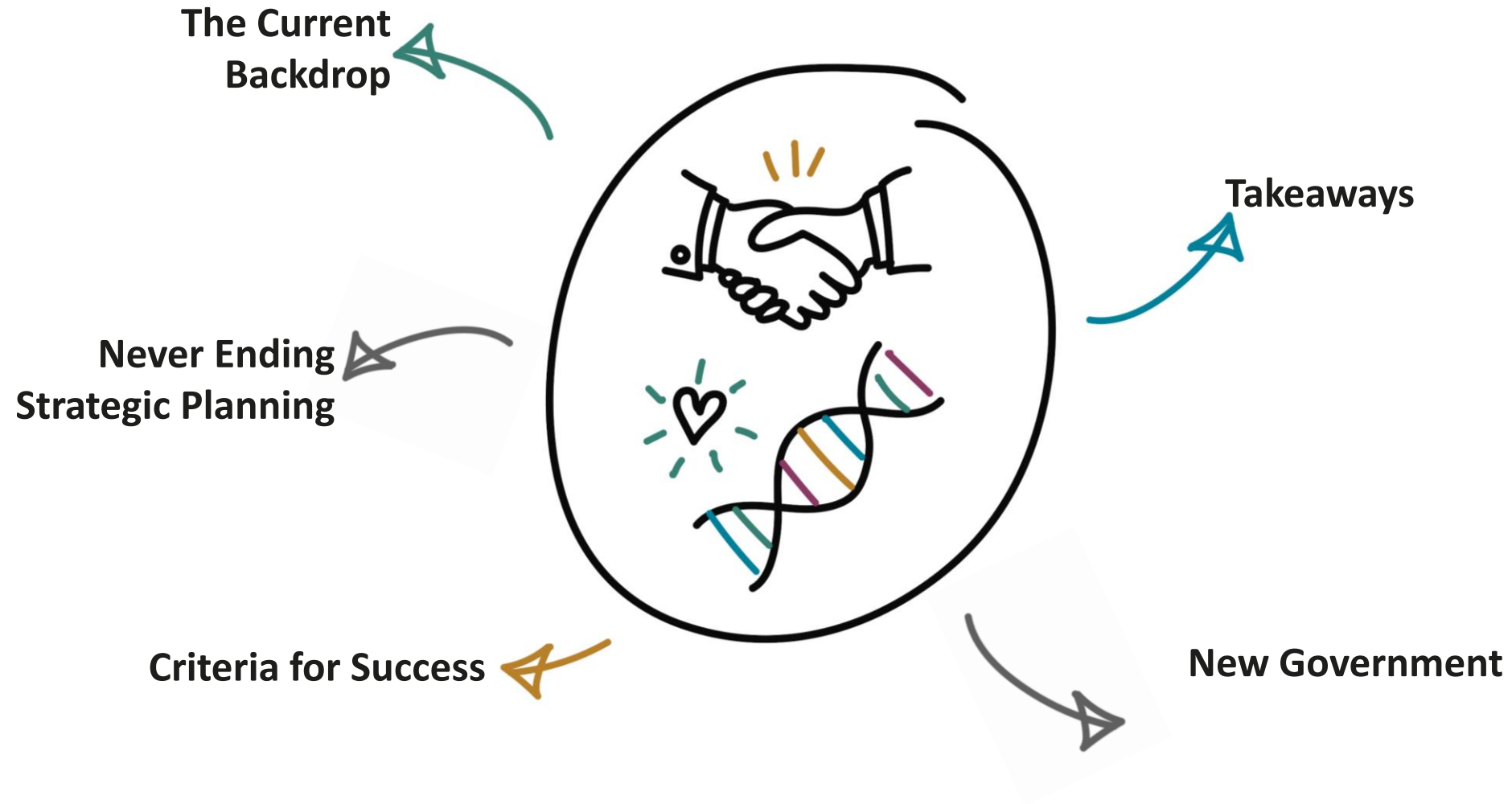




How do we bridge the gap between strategic planning and delivery?



Sam McCumiskey
Managing Director
gbpartnerships consult

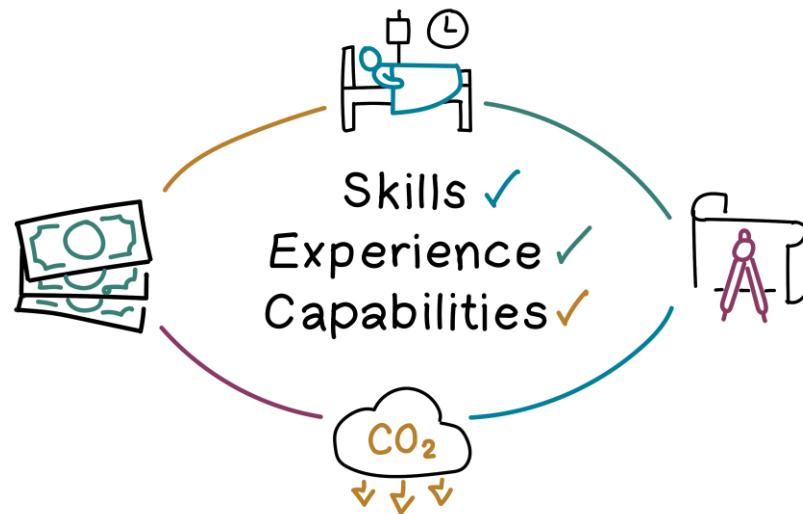


Consultancy through to Delivery

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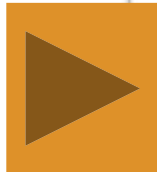
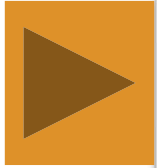
Samantha McCumiskey - gbp consult, Managing Director



Strategic Planning & Business Cases	Productivity & Performance Management
<ul style="list-style-type: none">• Strategic advice, support & planning• Production of strategies / plans, feasibility & options appraisal• Demand, activity & capacity modelling• Place / locality planning• Infrastructure strategy & planning• Capital pipeline development & prioritisation• Access / travel assessment / mapping• Business cases (PID, SOC, OBC, FBC)• Financial modelling (including CIA and VFM template)	<ul style="list-style-type: none">• Governance reviews• Service reviews• Cost improvement programme design & delivery• Process redesign & optimisation• Estate optimisation, consolidation & planning• Utilisation studies• Operational & clinical planning, policies & processes• Facilitating workshops• Redesigning work flows• Developing patient pathways
Estates & Sustainability	Change & Programme Management
<ul style="list-style-type: none">• Design briefs, client requirements, planning & management• Building condition appraisal / survey• Healthcare planning (space planning, schedules of accommodation)• Estates evaluation & use optimisation• Carbon baseline & reduction planning• Social value assessments & proposals• Green plans• Master planning• Building layouts & design	<ul style="list-style-type: none">• Operating model re-design• Programme & project management• Stakeholder engagement & management• Benefits realisation evaluation• Visioning• Commissioning & move management



The Current Backdrop – Short Term

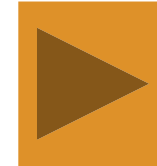


A Coventry and Warwickshire ICB board paper said practice upgrades and rebuilds in its area were at “high risk” because of “significant inflation in construction and lending markets” and no prospect of them being recouped through practices’ rent.



Norfolk and Waveney ICB said it was “facing challenges with rental valuations for new build premises not matching developer expectations (due largely to the increased cost of construction materials and labour), meaning some developments are stalling”.

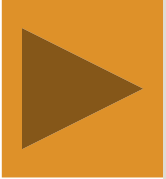
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An Integrated Care Board Chair has resigned saying she “did not feel able to sign off on a further cut” and warning its budget plans required “unacceptable consequences”.

Devon Integrated Care Board Chair Sarah Wollaston announced her resignation this morning on “X”, formerly Twitter. She said it was made “with regret” but was also critical of recent changes to the NHS England financial regime.



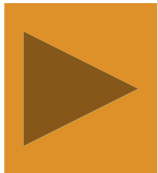


Amanda Pritchard, NHS CEO, NHSE Confed Expo:

Talked about increased funding and more for prevention agenda

The next 15 years would see a 55 per cent growth in the number of people aged over 85. This was “great”, but meant the service had “to be ready” for the demands it would place on it. She continued: “For the NHS, more illness means more demand, requiring more capacity. More people... more places...more equipment... more drugs. All those things add up to more costs.

Remember – 40% of the NHS budget is spent on treatable disease.



Mathew Taylor CEO NHS Confederation:

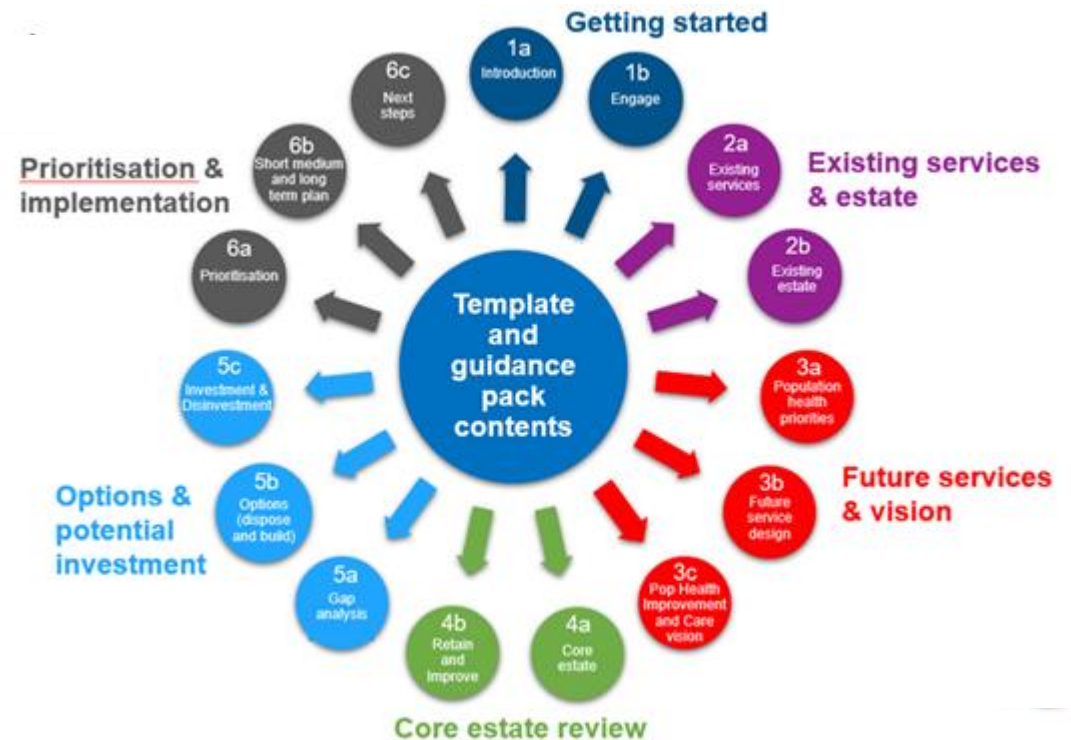
This is a shift in priorities and investment in the NHS so that a higher proportion of money is spent upstream in prevention, in primary and in community-based care.

The political parties seem now to be listening to this message, even repeating it.

But as we have seen over the last two decades, too often, even now, policies and priorities drive in the opposite direction. Even though the Confed’s own economic analysis shows that for every £1 spent on primary or community health care, the economy is boosted by up to £14.

- Causes?
- ICS are 2 years old, and not all the same
- Still going through restructure
- Different levels of working
- National PCN Programme
- ICB Infrastructure Plans
- Business Cases

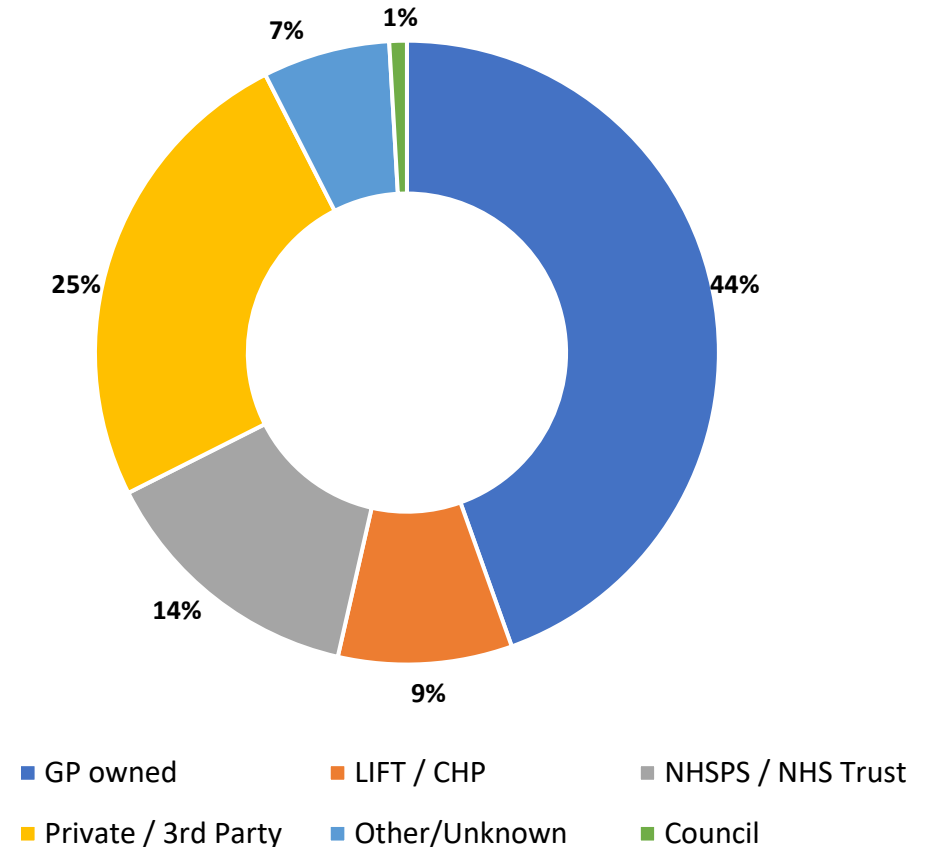
PCN Estates Toolkit Programme 22/23



PCN Estates Toolkit Programme – shows demand

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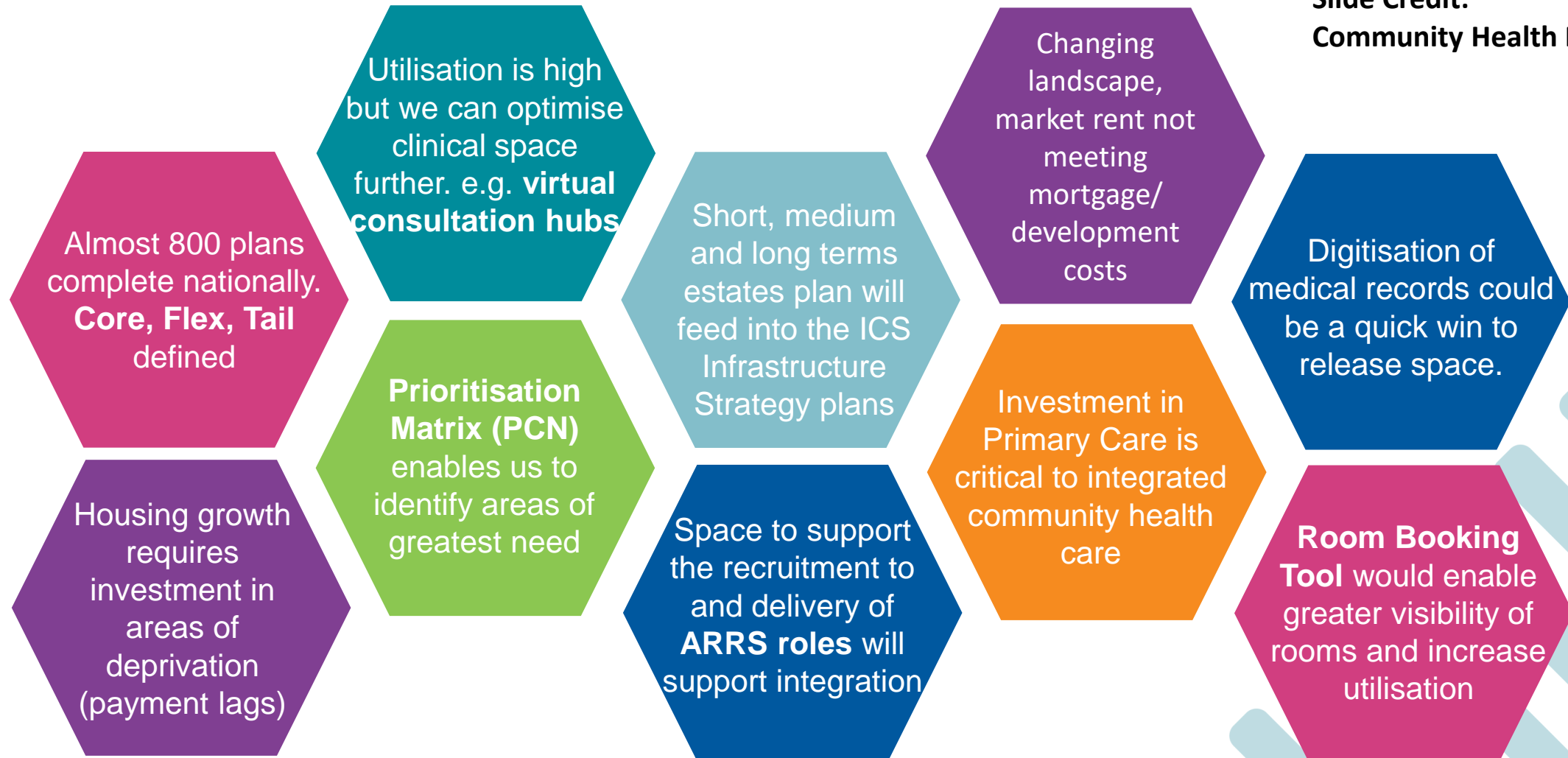
- Pie chart is across 8 ICS areas
- Across 4 ICS areas approx.:
 - 1,500 sites
 - 11% TAIL
 - Contact rates increasing
 - Estimated value of required projects: £40 to £130 million per ICS



PCN Outputs and Learning

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Slide Credit:
Community Health Partnerships



- Embed infrastructure & estates leadership within their governance and risk assurance from an early stage
- Prioritise effective partnership building across & within systems
- Establish a clear capital pipeline as a baseline
- Demonstrate increasing estate productivity & efficiency, including by having a plan for reducing long-term running costs
- Establish baseline data for both demand (population need & service model) & supply (estates usage, condition, asset management & pipeline of investment)
- Identify and map system-wide core, flex & tail estate
- Embed estates & specialist skills or expertise &/or the ability to draw on these in the system design
- Share learning with other systems, across partners & with national bodies



Criteria for Success (Business Case)

1. Strategic case - SOC, funding route (why, what, how, when, where)

2. Robust client leadership - GP and senior ICB commitment, leadership, drive and a team

3. Viable site - right place, right size, accessible, available, affordable, is it in the Local Plan?

4. Affordability - could be capital/revenue or mixture of both, do a quick appraisal – is the DV going to sign off the rent?

5. Tenant commitment - and a willing head tenant

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Project: Edenbridge Memorial Health Centre, Kent

Client: Kent Community Health NHS Foundation Trust

Size (m2): 2,180m2

Capex: £12.7m

Timescales: Completed November 2023



Project: Stourport Medical Centre, Worcestershire

Client: Wyre Forest Health Partnership

Size (m2): 1950m2 GIA **Capex:** £7m

Timescales: Completed Summer 2022



New Government

Labour Party's health pledges in their manifesto


“the NHS needs to move to a Neighbourhood Health Service”, with more care delivered in local communities.

As part of this, the Labour Party has pledged to train “thousands more GPs” and guarantee a face-to-face appointment for people that want one.

Create a Community Pharmacist Prescribing Service to give more independent prescribing rights to pharmacists to reduce pressure on GPs.






Plans to trial Neighbourhood Health Centres to bring together a range of healthcare professionals across physical and mental health under one roof. ”


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 NHS Confederation

Building the health of the nation:
priorities for a new government

The NHS remains one of the UK's most valued institutions and its staff are among the most trusted. But a decade of underinvestment – compounded by the impact of the pandemic, rising demand and an ageing population – has left NHS and social care services under extreme pressure. To ensure the health and care system is placed on a sustainable footing, the next government should prioritise five key areas:

- **01**
Avoid top-down structural reform
in England for the next parliament. Commit to a **short-term stabilisation plan during the first 12 months of parliament** to help get performance in the English NHS back on track.
- **02**
Increase NHS capital spending
across the UK and **reform how the capital regime operates.**
- **03**
Commit to fund and deliver the NHS Long Term Workforce Plan
for England, alongside an **equivalent plan for social care.**
- **04**
Provide more care closer to home
by enabling local health systems to **proportionately increase investment** into primary care and community-based services, mental health and social care.
- **05**
Deliver a strategy for national health
given that most policy that impacts people's health is made outside the NHS. The Prime Minister should **lead a cross-government national mission for health improvement.**

www.nhsconfed.org/election  @NHSConfed  NHS Confederation

Takeaways

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Current backdrop –
no money, will need
new rules for private
investment.

Never ending
planning – ICS
started 2 years ago,
they are not all the
same, some don't
have a senior estates
lead.

Criteria for success –
5 key criteria:
strategic case,
leadership, site,
affordability and
tenant commitment.

Current backdrop –
the shift to primary,
community might
actually start to
happen at scale.

Never ending
planning – each ICS
will publish
infrastructure plan
this year which
should include
primary and
community pipeline.

New government?
Scale of challenge –
massive
Need to think
radically – has to
involve investment!

Any questions?



Thank You, any questions?

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Partnerships are in our DNA. Partnerships with NHS Trusts, ICS's and Local Authorities to unlock complex estate challenges.

Whether you're working to improve patient experience, access funding, drive productivity, accelerate your carbon reduction journey or realise your estate's vision through master planning, we have the skills, experience and capabilities to go the extra mile and deliver impactful results.

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