



**Conrane IHS**  
International Health Solutions

## 2. Putting the Required Resources in Place: Workforce, Finance, Estate Development and Implementation Planning

Sustainable workforce planning

Sustainable workforce development

Financial modelling and appraisal

Optimising the estate and facilities configuration

Detailed Implementation Planning

About Conrane-IHS

**MAKING  
INTEGRATED  
CARE SYSTEMS  
HAPPEN**



# Sustainable Workforce Planning

## Workforce is recognised as a key enabler in all ICSs

Aligning workforce plans to ICS objectives are one of the major challenges for the tertiary and secondary sectors. Our approach therefore extends across all services, staff groups - clinical and non-clinical - and develops quantified scenarios to inform decision making as options are considered. Key components include:

- Ensuring that staffing delivers a safe and high-quality service aligned to changing patient needs.
- The implications of 7-day working for the medical workforce
- Dovetailing workforce development with service and capacity transformation.
- The drive to improve productivity and release costs
- Securing workforce sustainability by addressing supply challenges, education and training issues.
- Developing local organisational capacity and bespoke what if modelling tools

### Stage 1: Understanding our current Workforce - Situation and opportunities

Our first stage presents a clear picture of the current work force in line with the capacity and the service. It currently delivers an overview of the need or opportunities for change in terms of:

- Situational and opportunity analysis (by staff group, grade and skill mix) for each aspect of the service covering
  - Productivity
  - Workforce supply issues including use of agency/locums
  - Scope for workforce design

### Stage 2: A Consensus Workforce Plan

Our comprehensive, costed workforce plans link the workforce to capacity and workload (both current and planned) for each service.

- We work collaboratively with local professionals and apply benchmarking based on best practice and national standards.
- Each aspect of the service is staffed to meet the activity and capacity as understood by staff and managers alike.
- Staffing numbers are attuned to the specialty and case-mix of the service and are adjusted to take account of any local issues such as ward layout configuration, split-site working, etc

### Consensus and bespoke

Aligning activity and workforce parameters

Workforce requirement/sustainable supply

Lean working and staff redesign

Service pathway, capacity and activity

Supply and implementation support

Quality, Efficiency, Sustainability



Our 30 years of successful workforce development all over the UK and internationally, in all types of provider and service are tailor-made for integrated care.

Our approach is locally bespoke and based on detailed engagement with local practitioners and international leading edge workforce redesign which opens up new labour markets. Not least we are justly proud of our track record in cost effectiveness

# Sustainable Workforce Development



We are addressing these challenges on a daily basis by drawing on our 25 years of practical innovation across the U.K. and internationally. We span acute, primary, community, mental health and social services. Our blend includes role re-design, specialist knowledge doctors, nurses, allied health staff, and extended support role redesign within multi-disciplinary and cross-boundary working approaches informed by evidence-based pathways. We also have an unsurpassed track-record in delivering improved productivity and cost release whilst enhancing the quality of care to patients.

## Outputs

- Fully-costed workforce scenarios and preferred option by service, and staff group.
- Gap analysis from starting point, showing opportunities and local implementation issues such as new role designs, training, recruitment, retention
- Detailed objectives in both operational and strategic planning timeframes
- Organisational consensus through stakeholder engagement to facilitate early wins
- More effective staffing deployment including rotas, process changes and lean working
- Improvements in quality where required by the organisation and externals such as CQC
- Modelling tools bespoke to organisations and training local staff in their application
- Cost-effective supply plans tailored to local labour markets

## Recent project deliverables

- **Hospital in the south-east** released large saving from the nursing budget and resolved CQC concerns on quality
- **A large teaching hospital in the NW:** 12 weeks work produced 18% saving on staff budgets and resolved NHS concerns on medical staff planning
- **A three-site acute provider** resolved medical locum and split-site working problems. This project found £14 m in savings in 10 weeks work, whilst identifying scope to transfer posts to meet local plans for expanding out of hospital care
- **Lean solutions for imaging and theatres** which addressed current process and surplus capacity issues which were driving inefficient staffing deployment and costs
- **Whole-system workforce plans for Vanguard projects**
- **Training and mentoring cost-effective clinical care coordinators**

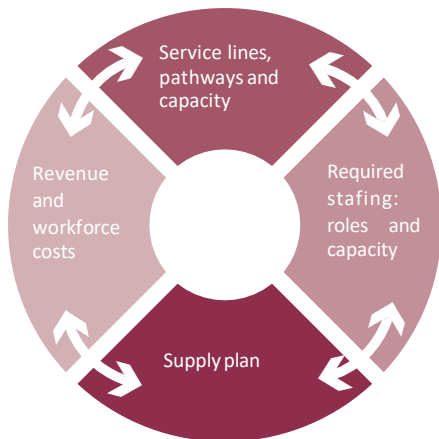
## International practice on 4 continents

Our partners include U.S integrated care experts, the World Bank, WHO, UK DfID, the United Nations Development Programme and the health authorities of Australia, New Zealand, Hong Kong, Saudi Arabia and Qatar.

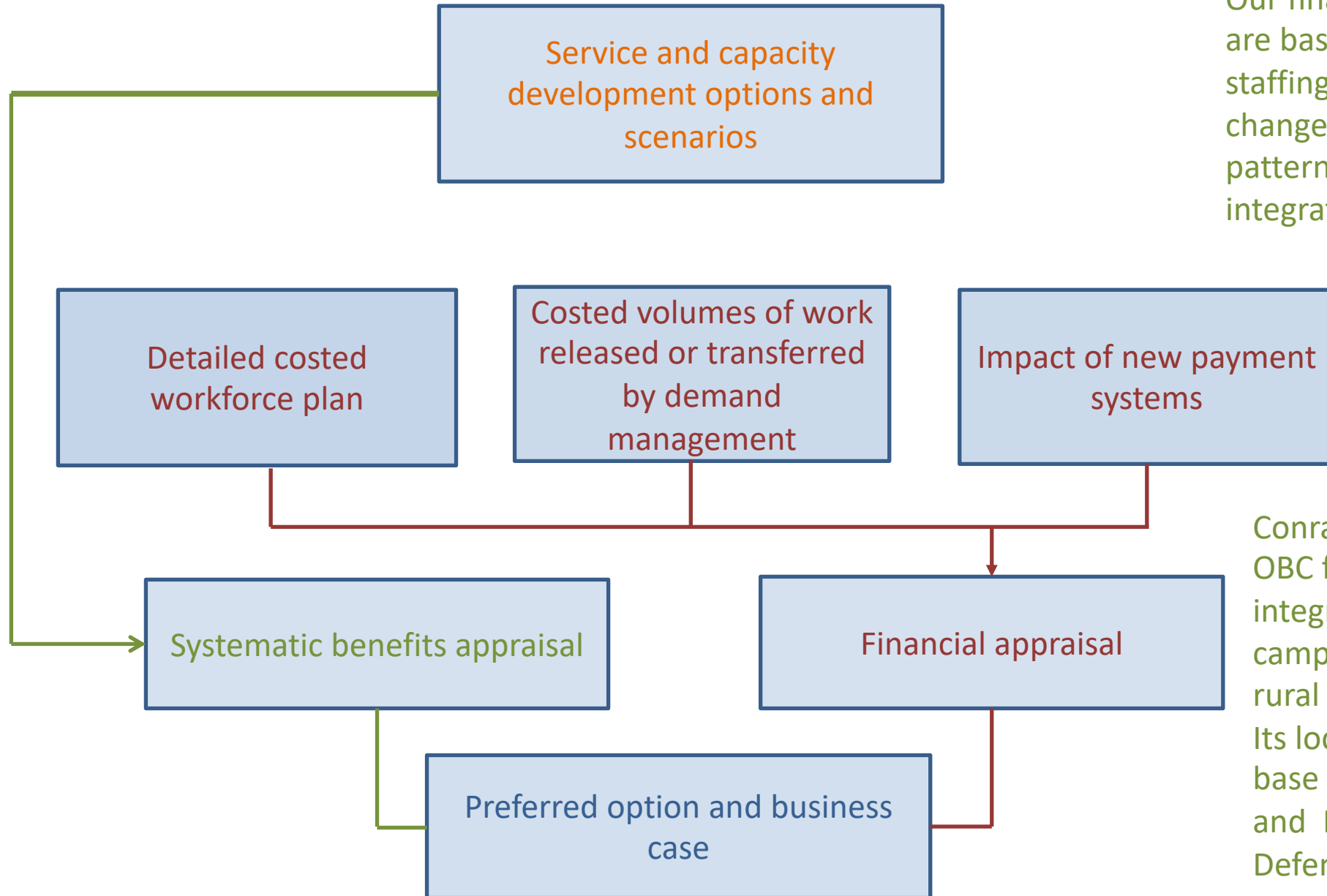
“Conrane have provided me with the tools and support to effectively plan the workforce in two different large organisations, both for overarching business planning and to underpin a business case for new hospitals. Their knowledge of role redesign and access to significant benchmarking data allows them to deliver a real value-added service”,

Deputy Director of Finance, Large teaching hospital

In a 2021 evidence review for the World Bank spanning all the OECD countries including the UK we synthesised the learning on best practice and identified the key areas in need of further development. Principal amongst these is quantified demand planning essential to address current staffing pressures, support service and capacity plans and ensure value for money.



# Financial modelling and forecasting and option appraisal



Our financial models are based on realistic staffing plans and changes in activity patterns due to integrated care

Conrane designed an OBC for a new integrated care campus to serve a rural locality AND Its local large military base in a new NHS and Ministry of Defence partnership on service needs and capital investment.

Our bespoke tools allow the range of parameters to be modelled



# Optimising the estate and facilities configuration

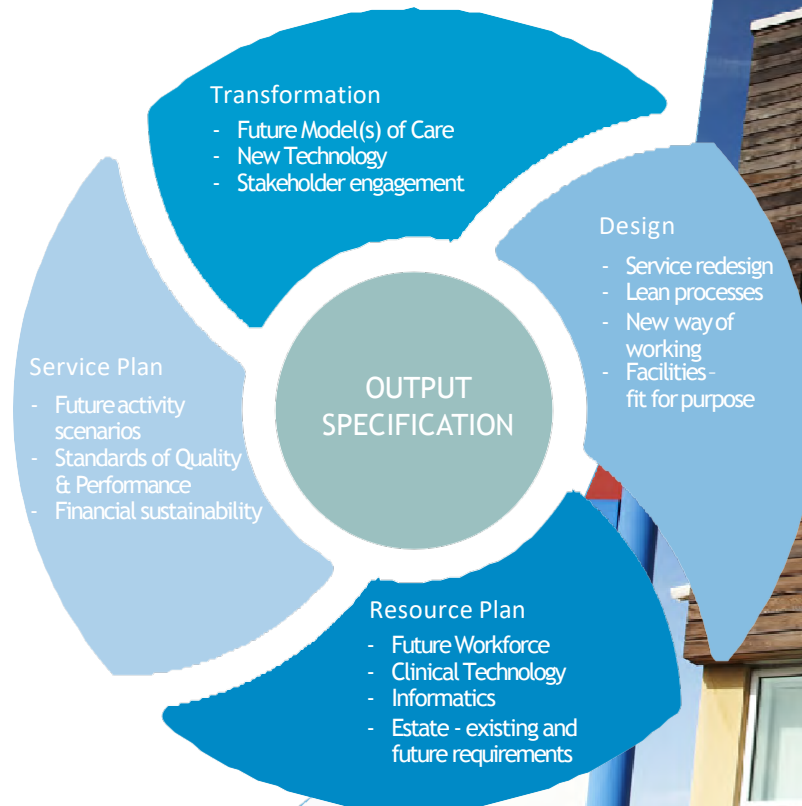
## Most ICSs recognise the estate to be a key enabler.

Understanding the requirements of the people to be served and the model(s) of care to be delivered is essential in determining the optimum estates and facilities configuration

## Identifying the optimum healthcare estate & associated facilities.

This varies from improving GP practice premises to deliver advanced primary care, developing integrated care hubs or re-configuring hospital sites to deliver integrated delivery systems. Inefficient estate utilization is also an opportunity to identify potential sources of capital investment for these improvements. Not least the overarching estate configuration and its component facilities should be aligned with the ICS service and clinical objectives.

The estate that accommodates healthcare services are core to its objectives. Good design can make clinical team working more effective, improve communication and morale whilst contributing to high quality care. The working environment is a key to both patient and staff experience.



## Estate planning and the business case process

Working with consultant architects, the current estate is appraised for condition, capacity and fitness for future services and new models of care. Space requirements are derived from detailed service activity and capacity plans and indeed may influence how services are to be optimally configured. The results are costed estate investment options which include any anticipated receipts from disposal of property that is surplus to service requirements.

# Optimising the estate and facilities configuration



## Our approach

Design sits at the heart of our approach – system, service, process, workforce, organisation, resources, and facilities. Good design involves dialogue - engaging all stakeholders. This has to be evidence based drawing upon analysis, research and best practice.

This process frames the scope for initial appraisal, estate and facilities strategic aims, effective reconfiguration and redesigned space that could release resources for re-use.

## The output specification underpins this process

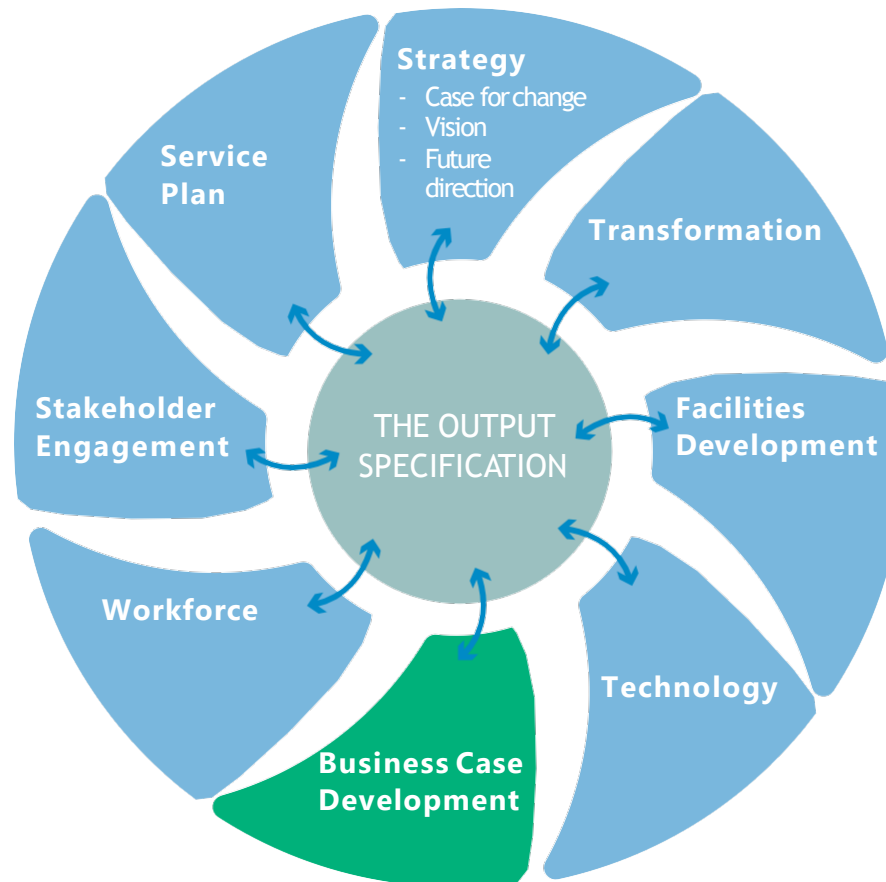
The output specification informs the sizing, design and organization of physical space, its fit within the estate, and how best practice clinical care and excellent service user experience are to be accommodated organized and resourced.

By bringing all of these various strands together our goal is to deliver high quality environments that secure better health, care and value for all. This underpins the business case which when approved guides the subsequent development through to implementation.

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## Turning plans into reality



# Optimising the estate and facilities configuration



## Understanding your needs

We recognize that our clients require solutions that are:

- Developed in collaboration with clinical experts and service users
- Based upon best practice evidence statutory and other requirements
- Sized to accommodate the needs of the communities they serve over time
- Affordable and sustainable

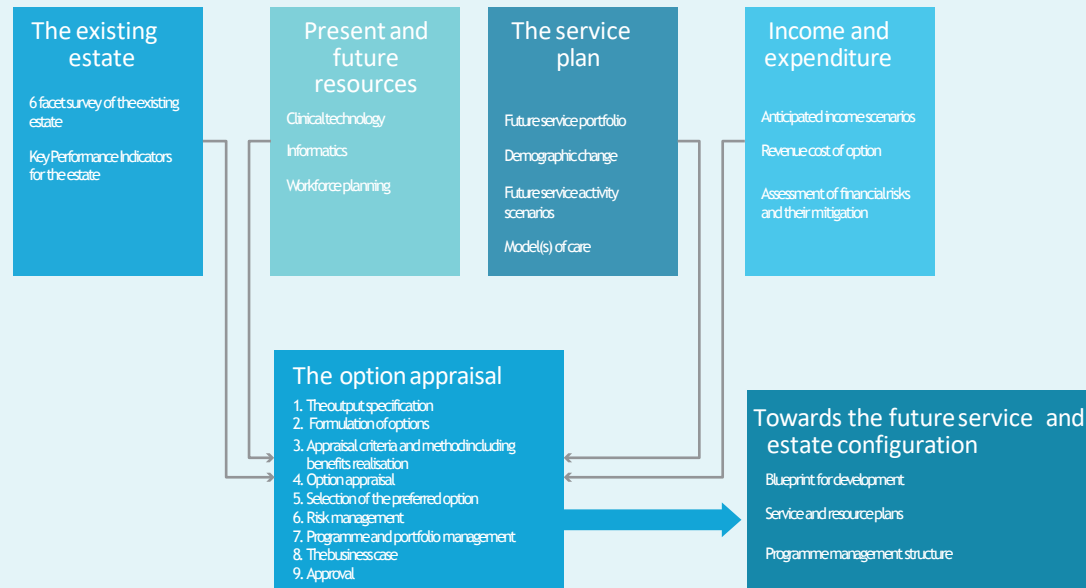
## Our Services

- We provide the following services;  
Translating new models of care to service and facilities redesign requirements
- Connecting activity scenarios to optimum sizing of facilities for architectural feasibility
- Authoring Output Specifications
- Preparing Business Cases  
preparation for the full variety of health and social care projects

## Our Expertise

We have a thorough understanding of how each stage of the design development process can deliver high quality healthcare environments. Our knowledge and experience is drawn from working on projects across all sectors of care - primary, secondary, tertiary, mental health and social care - both within the UK and internationally.

## Identifying the optimum estate and facilities configuration – the process



## Examples of our work include

- Preparation of estate strategies to deliver major service change in tertiary hospitals in London and the South West
- Specification and design development of two recent Vanguard Multi-specialty Community Providers
- Output specifications for award winning innovative healthcare developments
- Business Cases for all types of development
- Major projects to improve and develop primary care premises in NW England



# Detailed implementation planning (1):



## Granular quantification, options and implementation programme

iCSs to-date have set out detailed objectives across the entire local health and social care provider network. The next stage of work needs to turn these into implementation programmes which realise the strategic aims over each of the years of the plan. Each footprint collaboration needs to focus on four stages of work.

### Opportunity analysis which is locally evidenced

How does the local service configuration, capacity, activity, staffing and facilities in each service sector align with population need and the aims of the iCS? Beginning with a data-baseline-mapping in acute, primary care, community and social care, we also need parallel intelligence on current income flows and costs for these services. We develop a scope for change analysis to quantify at the granular level, the local opportunities for change and locate any major pressures in the system which provide challenges. This also identifies local good practice to be extended across the footprint going forward.

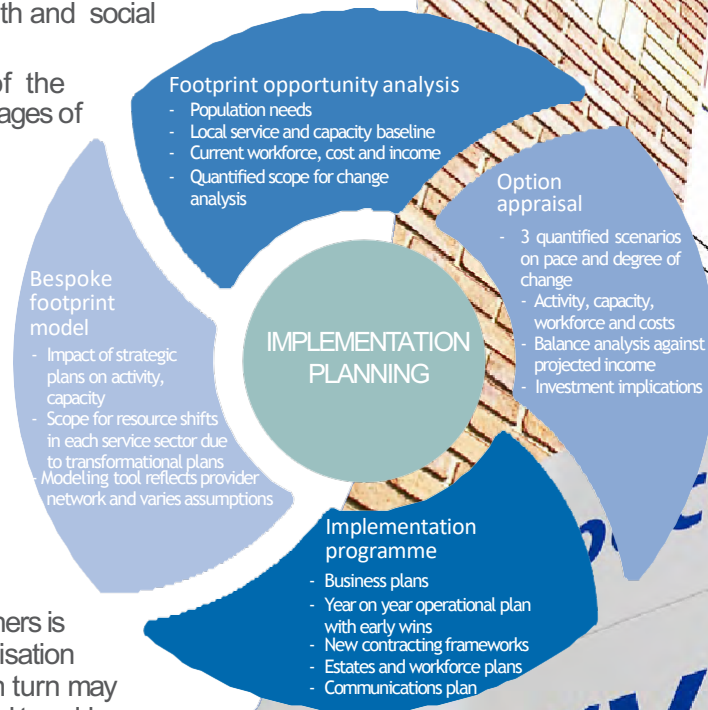
### Bespoke modelling

The next stage is to develop a modelling tool with each service sector as a component but integrated so that how changes to one sector impact on others is explicit. For example reducing emergency admissions through concurrent utilisation review is likely to require some expansion in out of hospital services, which in turn may have a knock-on effect on primary care workload. So simultaneously we need to address the demand management capacity requirements and any staffing issues in primary care. Given the range of parameters the model needs to support 'what if' scenarios with varied assumptions such as volume of admissions which can be avoided or prevented, revenue released, workforce and process implications for the community and potential for virtual working and deployment of pharmacists, paramedics and medical assistants to support GPs. The model is designed with your finance staff to integrate into local financial systems so they can continue to serve your organization should circumstances evolve and develop over time and therefore imply refinements.

### Opportunity analysis which is locally evidenced

Given the range of parameters and variables, many options could be generated. To inform decision, however, our approach should be to limit this to 3 which may be:

- A comprehensive approach that delivers all our Footprint iCS objectives within the iCS timeline
- A model with lower assumptions on degree and pace of change
- An interim model which is comprehensive for priority areas such as sustaining primary care and managing acute admissions, but has lower assumptions for other services such as estates investments



We are skilled and experience in both strategy and implementation. We are proud of our record over many years now of engaging with stakeholders to produce plans which command wide support and can smoothly and rapidly proceed.

Our approach is systematic, multidisciplinary and collaborative.

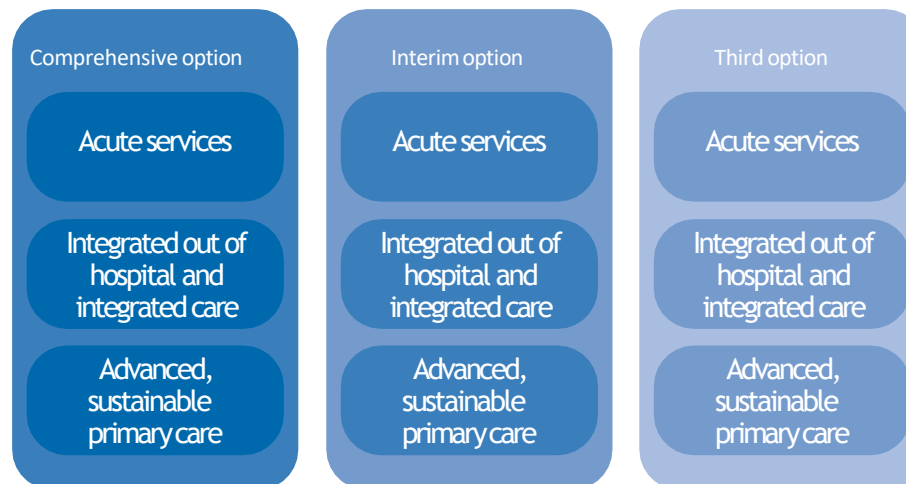


# Detailed implementation planning (2):



These options contain detailed, quantified proposals including the workforce requirements, costs and anticipated revenue flows including system-wide efficiency targets. They also show the changes in cost, capacity and revenue by service sector.

Examples here include opportunities for advanced primary care to offer current, funded outpatient and diagnostics closer to patients homes. The options also quantify the efficiency gains from utilization review alongside the costs, workforce and organization implications of delivering these gains. They are subject to robust principles of economic investment appraisal including net present value for any capital investment.



Options are developed with key local stakeholders with our support on the technical side. We employ our international best-practice benchmarks whilst your team receives modelling outputs and selects the way forward. The output allows the Footprint Leadership to select a preferred option to inform specific service business cases and new contractual frameworks.

## Implementation programme

The preferred option is then worked up into a year by year implementation programme. This contains early wins common to each option. Early wins are transformational changes implemented in the first two years to show early benefits. They demonstrate the value of the overall programme and cement local stakeholder support. Examples may be (i) strengthening primary care: (ii) care coordination and acute patient transitional planning: (iii) acute workforce planning: (iv) the first phases bed capacity reconfiguration for integrated delivery systems and estates optimization.

## How we can help

We offer bespoke, best practice solutions by working with our clients in the short-term to build their capacity to manage the changes.

Our approach is to:

- Deliver high-value impact within today's tight budgetary constraints for external support
- Work in partnership with client staff to achieve consensus-based solutions which tailor innovation to local need and drive forward change
- Build client capacity to embed learning into organisations by transferring skills and knowledge to client staff and deliver bespoke tools to model changing assumptions in capacity, activity, costs and investment over time

## Our recent project experiences spans:

- Developing quantified business cases for Vanguard projects - subsequently approved by NHS England
- Clinical utilization review across local hospital networks and implementation programmes which deliver the opportunities to manage demand for unscheduled care
- Workforce productivity and development planning including staff role redesign in acute and community to meet CQC quality requirements, release costs and meet supply challenges
- Integrated models of advanced primary care and locality service hubs which bespoke integrated care to local needs

With our extensive experience in acute service utilisation review and business planning for Vanguard projects, we have established costing models.

These generate scenarios based on realistic assumptions for activity redesign and innovative staffing models.

Not only does this work test out financial viability and benefits it can also be informed by international innovation in blended budgets and moving to risk-adjusted capitation.

# About Conrane

Conrane IHS is a group of senior health and social care consultants. Our multi-disciplinary team of over 20 experts has been at the forefront of innovation in health system development for over 15 years. We offer bespoke, best practice solutions by working with our clients in the short-term to build their capacity to manage the changes. Our approach is to:

- Deploy only specialists with extensive experience of working with the NHS and delivering demonstrable benefits
- Deliver high-value impact within today's tight budgetary constraints for external support
- Work in partnership with client staff to achieve consensus-based solutions which tailor innovation to local need and drive forward change
- Build client capacity to embed learning into organisations by transferring skills and knowledge to client staff and deliver bespoke tools to model changing assumptions in capacity, activity, costs and investment over time

## Our recent project experiences spans:

Developing business cases for Vanguard projects subsequently approved by NHS England

A whole systems approach to managing growing demand for unscheduled hospital services

Workforce productivity and development planning including staff role redesign in acute and community to meet CQC quality requirements, release costs and meet supply challenges in the UK and internationally

Integrated models of advanced primary care and locality service hubs which bespoke integrated care to local needs

Business plans for Vanguard and other integrated projects such as the new Integrated Care Centre in North Yorkshire in collaboration with the Department of Defence - due to open in 2024

Primary care staffing redesign to address emerging challenges in GP supply

Clinical utilization review across local hospital networks to better align acute and community hospitals services to measured levels of care need in the population

Recent international work includes

Acute hospital master plan for Albania for the World Bank 2020

A national healthcare workforce review for the Kingdom of Saudi Arabia 2019

Evidence Review of best practice in Workforce Planning for The World Bank 2021

