

BLMK Infrastructure Strategy

September 2024

This is Chapter 1 of the BLMK Infrastructure Strategy and is focused on the healthcare estate across BLMK. We expect to regularly refresh this Strategy, and we plan to expand the remit of its scope in line with the evolution of our Service and Partnership priorities.

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BLMK Infrastructure Strategy on a Page

Our system challenges

- One of the fastest rates of population growth in the country
- Ageing population and increasing diversity
- Inequalities in health outcomes that demand focus

Our system strategy

- Supporting a shift from healthcare intervention to prevention (left shift)
- Care close to home
- End-to-end service integration
- Protecting access to planned care
- Narrowing health inequalities and reducing premature mortality
- Sustainable models of care

Our Infrastructure - where we are

- Worsening condition of our estate, with growing backlog maintenance
- Capacity constraints
- Insufficient availability of capital funding
- Complexity of funding arrangements
- Poor quality data
- Some under-utilisation and inefficiency
- Despite these challenges, we are delivering improvements

Where we want to be

- Enhance patient experience
- Advance health equity
- Lower the cost of care
- Improve population health
- Improve staff experience

How we will get there

1. Delivery of priority projects
2. Improve utilisation and efficiency
3. Reduce inequalities
4. Enable more integrated working
5. Improve the condition of our estate
6. Ensure a multi-faceted approach to managing population growth
7. Embed One Public Estate and anchor approach
8. Develop and deliver Net Zero and climate change policies
9. Improve our data
10. Develop an Investment Strategy

SECTION ONE: Executive Summary

Bedfordshire, Luton and Milton Keynes (BLMK) Health and Care Partnership is the Integrated Care System in our area. Our Partnership is working together to achieve a single aim: **We want everyone in our towns, villages and communities to live a longer, healthier life.**

Fit-for-purpose facilities, equipment and technology are fundamental to the delivery of high-quality healthcare services.

In BLMK, we face **major infrastructure challenges**, which, without new investment, will worsen. BLMK is **the fastest growing area in the fastest growing Region in England**, with a rate of population growth two and half times greater than the national average. **High health needs**, coupled with **significant health deprivation**, and funding allocations which have **not kept pace with rapid growth**, are combining to create an unsustainable estate in BLMK. As a result, we have **major backlog maintenance issues** which are growing at a steady pace. Our delivery of services is negatively impacted too regularly by our estates issues, for example regular lift and operating theatre outages at some of our hospital sites. This has a **direct impact on our performance and on the health outcomes of our residents.**

This Infrastructure Strategy for BLMK outlines how we aim to ensure that our infrastructure will continue to support us to **improve health outcomes** for local people and to protect **the sustainability of our services** and the facilities they are delivered from.

It is important to note however that there is a gap between the amount of funding available to the BLMK system, and the amount of funding that is set out as required in this Strategy.

Therefore, many of the proposed priorities in this Strategy are currently unfunded. **Significant levels of additional investment are required to future-proof local services.**

Based on current financing opportunities and capital challenges, we **have insufficient funding to maintain our current estate**, to **grow our estate** in line with population and service growth, and we have insufficient funding to **meet our environmental responsibilities.**

We will not succeed in delivering this Strategy or be in a position to drive all elements of this Strategy forward in a planned way, without a significant increase in our capital funding allocations.

SECTION ONE: Executive Summary

The plans set out in this Strategy focus on **phased investment** that aligns with the **greatest estates and clinical risks as well as our greatest areas of need**, whilst also focusing on how we can **improve the use of our estate to maximise value** and efficiency.

This Strategy has been developed as an **enabler to the delivery of our Health Service Strategy** and our **Joint Forward Plan**, with priorities including:

- a “left-shift” from healthcare intervention to prevention;
- care close to home;
- end-to-end service integration including the development of robust multi-disciplinary teams at Neighbourhood level (our Fuller Neighbourhoods); and
- a sustained and targeted focus on narrowing health inequalities and reducing premature mortality.

This Strategy **sits alongside the ICB’s Digital and Workforce Strategies, and our ICS Green Plan**, as one of the enablers for delivering high-quality services that are fit for the future. It **aligns well with national policy drivers and guidance**.








This is effectively **Chapter 1 of the BLMK Infrastructure Strategy**. The data underpinning this Strategy (in Appendices A and B) is **focused on the healthcare estate** across BLMK. We expect to regularly refresh this Strategy, and we **plan to expand the remit of its scope** in line with the evolution of our Service and Partnership priorities.

The BLMK system has a strong track record of securing funding for, and delivering, key infrastructure projects, and we have an **ambitious pipeline already in delivery**.

But our **system is under strain**, and we will need high levels of capital investment in order to maintain good quality services and to deliver our service and infrastructure ambitions for local people for the next ten years and beyond.



Executive Summary: where we are now

Our ICS delivers healthcare from over 330 properties (acute and out of hospital) 	3 acute sites	c. 300,000m² of occupied space	2,500m² of “void” and “sessional” (bookable) space charged to the ICB at a cost of £760k per annum
	5 community hospital and Health Village sites 		
124 GP Practice Premises, and 5 dedicated Primary Care Network spaces reimbursed	Mental health and learning disability services occupy 45 facilities 	Community services occupy 58 facilities 	Total cost of occupancy just under £50m per year 
Total backlog costs c. £360m (all healthcare estate)	Acute critical risk backlog £107m	Annual system capital budget £35m 	Annual primary care capital budget less than £2m per year 

65% of the BLMK healthcare estate is used for Acute healthcare, 17% used by primary care, and 18% for a combination of community and mental health.

108 of our 332 buildings are owned by Trusts, 70 are managed by NHS property companies (NHS Property Services and Community Health Partnerships), 45 are owned by GP practices and 86 are leased (from a mixture of private and public sector landlords).

Less than 1% of the local estate is NHS LIFT estate, managed by Community Health Partnerships.

NHS Property Services own a further 9 sites/buildings in BLMK which are not currently occupied by NHS services and are not charged to the local system.

Further detail about our estate is set out in our Place Profiles in Appendix B.

Executive Summary – where we want to be

As an enabler to delivery of our Health Service Strategy, our aims for the infrastructure in BLMK are to:

- Ensure that the facilities our services operate from are maintained to appropriate standards, and enable the delivery of safe, high quality and efficient services
- Ensure that we create the most appropriate environment to provide opportunities for local people to be as healthy as they can be

- Ensure that our facilities, equipment and digital tools help to provide a positive experience to our staff, and support our staff to work efficiently
- Ensure that our facilities support delivery of our ambitions around training, recruitment and retention of our local workforce.



- Ensure our facilities are in the right locations, with the right capacity, in buildings which are accessible to all
- To achieve this, we will need to proactively prioritise resources towards areas with higher need and inadequate estate

- Ensure that our infrastructure supports us to deliver the new models of care that are required to meet the challenges of a growing and ageing population. This includes working with a wide range of partners to deliver joined-up infrastructure solutions.
- Ensure that our estate is used as efficiently as possible, and that our digital advances support us to deliver services and use our estate as effectively as possible

- Ensure that our decisions around where we deliver services from, and how we manage our estate, help to maximise our contribution to local economic growth and positively impact on the wider health and wellbeing of the local community, i.e. seek to ensure our facilities provide opportunities for effective social impact
- Ensure that we maximise opportunities to improve the indirect impact of healthcare delivery on our local communities, including achieving a more sustainable estate in line with Net Zero targets

Executive Summary – our plan of action

We will achieve our aims for the BLMK Infrastructure through delivery of our 10 Point Plan.

We will...

1. Deliver our existing **pipeline of projects**, and prioritise further projects across the system for the next ten years, in the context of financial constraints.

2. Implement a targeted plan to improve **utilisation**, increase **efficiency** and improve **value-for-money** from our estate

3. Reduce inequalities by proactively targeting resources towards services where there is highest need

4. Enable more integrated working between services through a range of virtual and physical delivery solutions

5. Agree a set of **minimum condition and compliance standards** and how these will be enabled, to continue to support the delivery of high-quality care for patients

6. Ensure continued **alignment between estates, service strategy, digital and workforce programmes** to help plan for and manage the impact of rapid rates of **population growth**

7. Strengthen relationships and processes to better integrate **One Public Estate** into our planning, and use our role as **anchor institutions** to help build healthier communities

8. Implement clear system policies for our **Net Zero** ambitions and to help protect the delivery of our services from **Climate Change**

9. Improve the accuracy of the **data** we have, how it is accessed, and its usefulness

10. Work with partners to develop an **investment strategy** that is not entirely dependent on NHS capital funding, whilst continuing to **make a case to Central Government** for additional funding to protect essential patient services in BLMK.

Executive Summary – what we will need

Addressing all of the challenges across our healthcare estate in BLMK would require circa £3bn over the next ten years.

This Strategy both makes a case for additional capital investment, whilst also setting out a pragmatic plan of action based on what is likely to be within our gift to deliver. Implementing the Delivery Plan in this Strategy (Section 6) will require:

- Strengthened governance at Place level, to support delivery of priority healthcare projects, and to best facilitate a One Public Estate and agile approach to support joint infrastructure planning as our service strategies and partnerships evolve.
- Additional resources for a range of actions and projects, both in terms of funding and people.
- Delivery of these resource requirements will be subject to affordability and may require access to external funding opportunities.

Delivery of this Strategy will rely on support from the Estates teams across all partners, and input from a variety of teams across the ICB and other partner organisations, including Business Intelligence support, leadership from People teams in relation to implementation of new ways of working, Sustainability, Finance and Communications leads.

The existing ICS Estates governance structure, led by the ICB's Finance and Estates team, is fit for purpose for overseeing the delivery of this Strategy.

The BLMK Capital and Estates Oversight Group (CEOG) will be the key system forum for ensuring an appropriate programme plan and delivery metrics are put in place to support and monitor delivery. As well as our local partners, NHS Property Services are a key member of this group – given that they are responsible for over 20% of the BLMK healthcare estate.

Many of the proposed priorities in this Strategy are currently unfunded. Very significant levels of additional investment are required to future-proof local services. There are a variety of sources of funding potentially available to the system, though the most important source will be access to additional national NHS capital funding via central Government. Solutions will also be needed to the complex national arrangements which impact on capital investment into our community and mental health estate.

Risks to delivery of this Strategy will be actively managed by CEOG, and will be escalated to the system Directors of Finance Group and/or ICB Board as appropriate.

This Strategy sets a direction for the ICS for the next ten years. The next step will be developing the system Programme Plan to support delivery of our ambitions.

SECTION TWO: Introduction

Bedfordshire, Luton and Milton Keynes (BLMK) Health and Care Partnership is the integrated care system in our area. It is a partnership of our four local councils, local NHS organisations and voluntary and community organisations, working with and for residents to support and improve everyone's health and wellbeing in our area.

BLMK is a high performing, efficient system and a leading ICS. We are delivering increasingly integrated services, nationally-recognised and community-led work to reduce health inequalities, cutting-edge technological solutions, sound financial management, and strong performance.

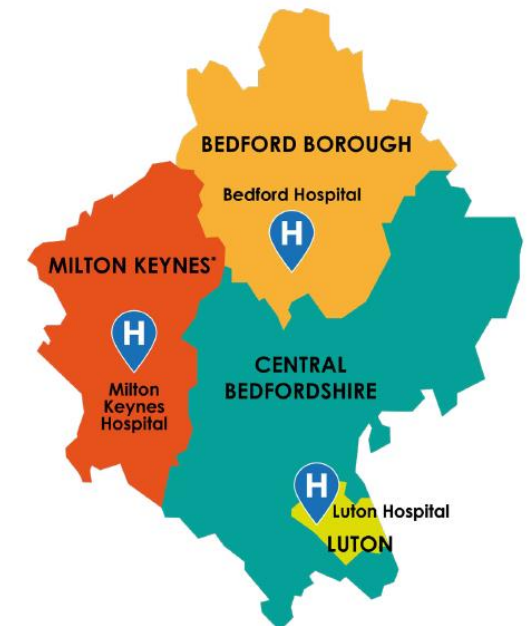
But BLMK has major challenges, including very significant financial pressures, and one of the fastest growing populations in England. Demand is rising rapidly, and our financial allocations have not kept pace. In the ten years from 2011 and 2021, BLMK's population grew 2.5 times as fast as the national average and we are expected to grow by 25% in the next 20 years.

Our Partnership is working together to achieve a single aim: **We want everyone in our towns, villages and communities to live a longer, healthier life.** This requires delivery of effective and high-performing healthcare services, and joined-up working across a wide range of

partners to positively influence the wider determinants of health for our population.

The facilities we use to deliver services can have a big impact on the quality, safety and efficiency of care provided, our ability to train, recruit and retain our workforce, and our ability to transform and improve how care is provided. The location of our services and how we manage our estate, and how we work with our partners, can also have a wider impact on our local communities.

This Infrastructure Strategy for BLMK is an **enabler to the delivery of our Health Service Strategy**. It outlines how we will ensure that our infrastructure will continue to support us to improve health outcomes for local people and to protect the sustainability of our services. It reflects our progress so far, and our priorities for the next ten years.



Introduction to this Strategy

Purpose of this Strategy

Every Integrated Care Board (ICB) in England is expected to develop an Infrastructure Strategy with its partners. It should set out how the system will maintain and develop its key healthcare estate and wider infrastructure to support delivery of local priorities and enable delivery of high-quality services.

The purpose of this Strategy is to bring together all the infrastructure plans (estates and digital) for the partners of the ICB to:

- Support delivery of our Health Service Strategy to improve health outcomes and tackle inequalities;
- Provide a medium-term view of how this will be delivered, alongside the ICB's *Joint Forward Plan*. This Strategy provides a delivery plan for the next ten years;
- Ensure a consistent vision across all system partners and a shared understanding of the biggest system challenges and priorities, to support coordinated action;
- Clearly identify the level of capital funding needed to continue to deliver high-quality healthcare and wellbeing services in BLMK.

How we've developed this Strategy

This Strategy has been developed with input from all of the partners across the BLMK system, with leadership from BLMK's Capital & Estates Oversight Group (the estates and finance leads across the system). It also reflects our discussions with our wider public sector and some of our VCSE (Voluntary & Community Sector) partners.

This document is effectively Chapter 1 of the BLMK Infrastructure Strategy, focused on the healthcare estate in BLMK.

Listening to our Residents

In everything that we do as a Health and Care Partnership, we are committed to making sure the voice of the resident is heard. This Strategy draws upon what we've heard from local people about what is important to them. Our Joint Forward Plan, and our Health Service Strategy in development, are centred on the resident, with focus on the needs of our communities in each of our four Places. These are Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. As an enabler to these wider system plans, this Strategy is equally focused on our residents and our local communities.

Funding Gap

It is important to note that there is a gap between the amount of funding available to the BLMK system, and the amount of funding that is set out as required in this Strategy. Therefore, many of the proposed priorities in this Strategy are currently unfunded. **Very significant levels of additional investment are required to future-proof local services; this Strategy estimates a total capital funding requirement at £3bn for the BLMK healthcare estate for the next ten years.**

Introduction to BLMK

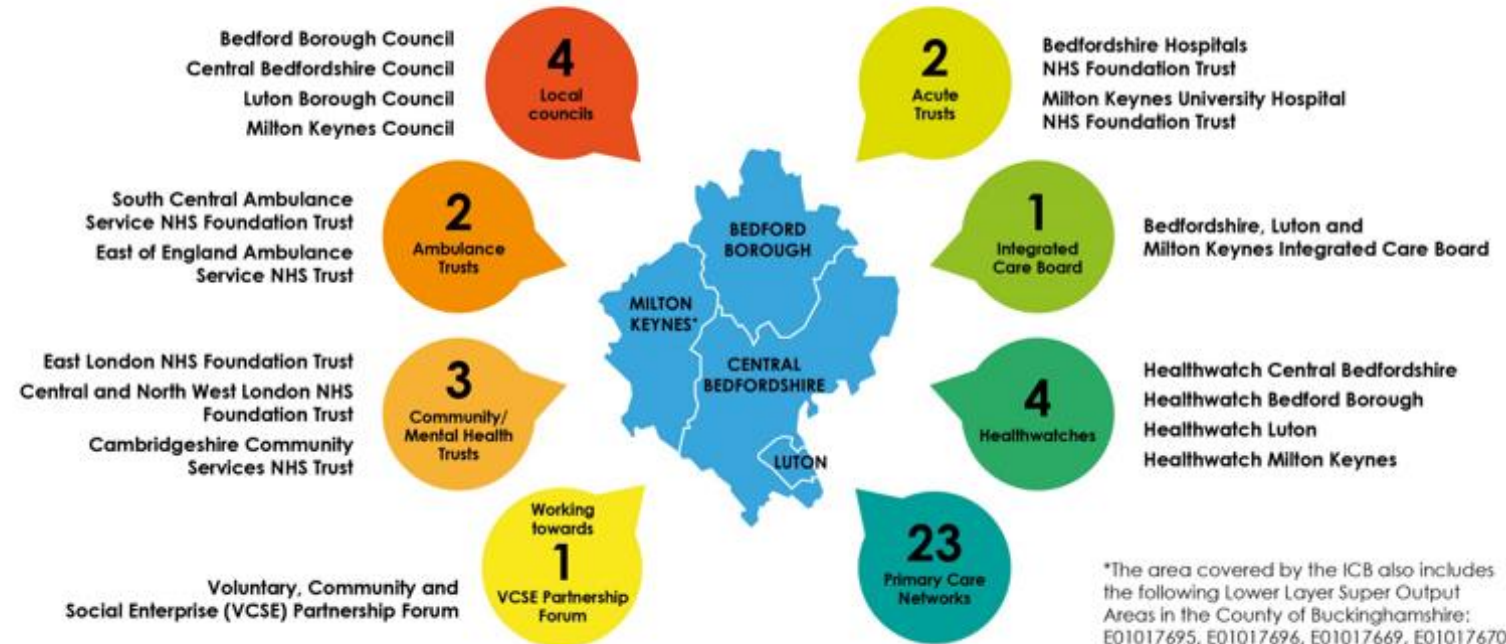
Our Integrated Care System is called the **Bedfordshire, Luton and Milton Keynes (BLMK) Health and Care Partnership**. We comprise of:

- 4 councils
- NHS organisations
- Voluntary and community organisations

We serve a population of just over one million people, and the NHS in BLMK employs over 35,000 people. We are one of the fastest growing areas in the country, and our population is expected to exceed 1.2m within the next decade and could increase by nearly 90% by 2050.

BLMK has a diverse population, with more than 100 languages spoken. 62% of our population identify as White British, 15% Asian, 10% 'Other White' and 7% 'Black'. We have both some of the most and least deprived communities in the country in our area. These population characteristics contribute to variations in needs and health outcomes across BLMK, and therefore different services and approaches are required across our area to ensure we help to reduce these inequalities.

Proud to be working together for better, more integrated services in Bedfordshire, Luton and Milton Keynes Integrated Care System



Scope of this Strategy

Healthcare Estate

The data underpinning this Strategy is focused primarily on the healthcare estate across BLMK. This includes the Acute Hospital sites, primary care premises, and facilities used to deliver community and mental health services (including some inpatient facilities). It builds upon individual organisational Infrastructure plans that our partners have in place, including our Primary Care Network Clinical and Estates Strategies.

One Public Estate approach

Whilst this Strategy does not yet include a detailed assessment of the local social care and wider public sector estate, many of the solutions to our estates challenges can best be achieved through partnership working. This Strategy therefore includes principles on achieving best value from all of the local public sector estate, and working in an increasingly integrated way to plan and develop our estate across a range of partners, in a One Public Estate approach.

Future Scope

This document is Chapter 1 of the BLMK Infrastructure Strategy and is focused on the healthcare estate across BLMK. We expect to regularly refresh this Strategy, and we plan to expand the remit of its scope in line with the evolution of our Service and Partnership priorities.

The priorities of the ICB do not just focus on the delivery of healthcare services, but also on how we positively influence the wider determinants of health to improve health outcomes for local people, and how we improve flows and service user experience across the health and care system. This involves joined-up efforts across partners on a range of issues, and the potential and necessity for joined-up infrastructure solutions as we move forward.

Potential additional areas of future focus might include our infrastructure to support social care, complex care packages, extra care housing, independent living accommodation, and affordable housing for keyworkers.

We also expect to continue to strengthen our One Public Estate approach with partners like our local Police and Fire Services, and closer working with other local anchor institutions (e.g. our local Universities).

How decisions are made about estates in BLMK

System Focus

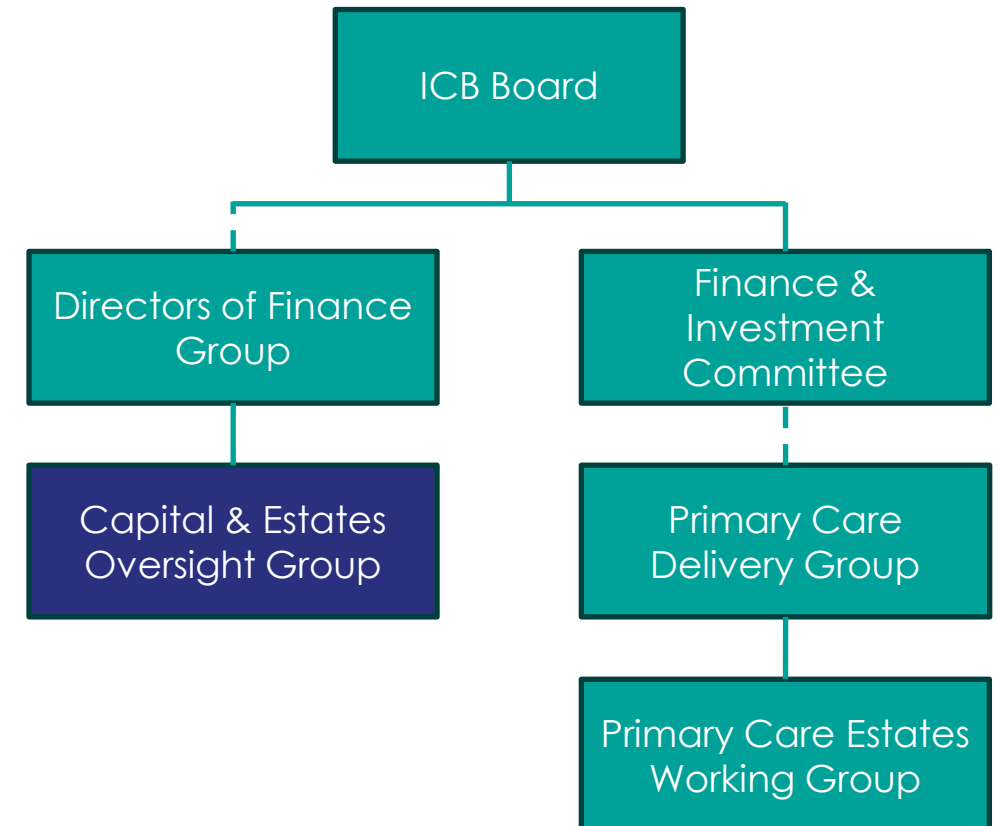
Estates is a BLMK-wide workstream. The System SRO (Senior Responsible Officer) for Estates is the Integrated Care Board's (ICB) Chief Finance Officer, and the governance structure to support system-wide strategic estates planning is shown in this diagram. This work is led by the ICB's Estates Team, which sits within the Finance Directorate of the organisation. This ensures synergy between estates and capital planning.

The Capital & Estates Oversight Group meets monthly, and includes Finance and Estates leads from our partner organisations, and includes Digital, Sustainability and Communication & Engagement Leads. The Group will be responsible for developing a set of metrics for measuring delivery against this Strategy, and for monitoring progress.

Place-Based Approach

We have agreed that decisions should be made as close to residents as possible. Therefore, most of our work as a partnership is driven and delivered by our four places: Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. Many of the actions set out in this Strategy's delivery plan will most successfully be achieved at a Place level, maximising local partnerships, knowledge and resources.

This Strategy has been developed through workshops and data analysis at system and Place level. It recommends strengthening the Estates structures and governance at Place level to support delivery.



National Context

The ICS exists within a national and regional context and we have drawn upon and ensured alignment with key national guidelines and drivers. These have included:

- [Delivering care: The NHS Long Term Plan \(2019\)](#)
- [NHS Five Year Forward View – New Models of Care,](#)
- [NHS Five Year Forward View for General Practice](#)
- [Next Steps for Integrating Primary Care: Fuller Stocktake Report \(May 2022\)](#)
- [Naylor Report](#)
- [Carter Report](#)
- [One Public Estate](#)
- [Sustainability: Delivering a Net Zero NHS](#)
- [Building for Health](#)
- [NHS Long Term Workforce Plan](#)

National programmes around delivery of Community Diagnostic Centres and the NHS New Hospital Programme are both being delivered locally.

National tightening of spending has restricted our infrastructure developments beyond identified programmes and committed capital. The impact of IFRS16 and limits on both capital and revenue spending through CDEL have been felt locally, and the uncertainty of the future of LIFT lease plus arrangements poses some financial risk to the ICS.

The new Government may wish to review and refresh current policy and priorities around NHS infrastructure, and wider community infrastructure. Therefore, we recognise that this strategy must be adaptable and responsive to any potential changes at a national level.

More broadly, we see continual shifts in our society and across wider industry that we must be cognisant of when we are planning our infrastructure. Across the commercial and industrial sectors, smart and intelligent buildings are more prevalent and artificial intelligence is increasingly being adopted and delivered in relation to both infrastructure planning and management.

Other areas we might start to consider are the shifting working expectations of 'Gen-Z' (who will form our future infrastructure and clinical workforce), the increased societal interest and imperative for sustainability, patient expectations around on-demand care, use of personal health technology, the changing way people are consuming information and accessing services, and so much more.

SECTION THREE: ICS Priorities

Our Partnership is working together to achieve a single overarching aim: **We want everyone in our towns, villages and communities to live a longer, healthier life.** This forms the main aim for all of our Strategies, and all of the work we deliver.

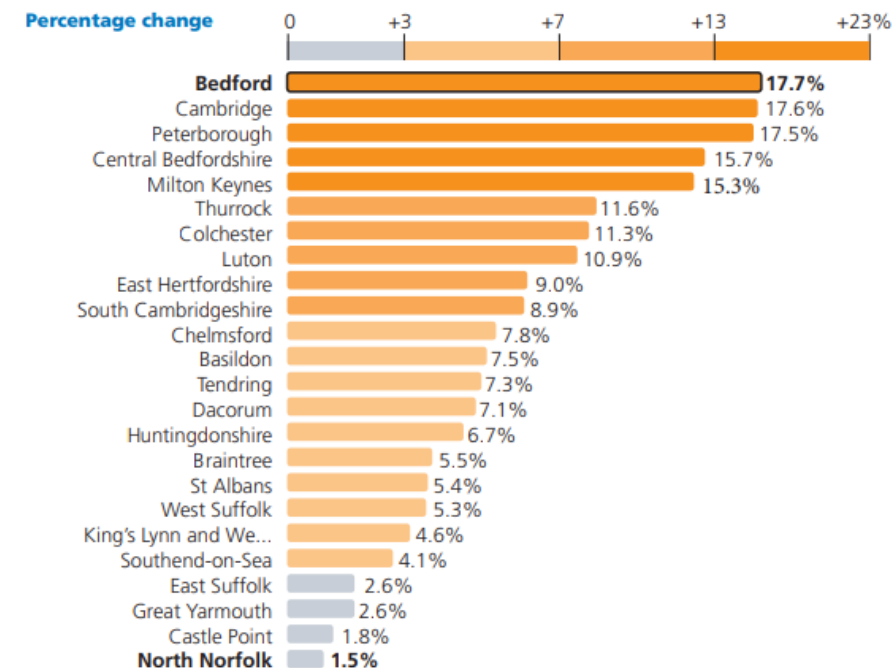
In addition, the ICS has five priorities which guide everything that we do, underpinned by seven cross-cutting enablers:



We have one of the fastest growing populations in the UK, and this trend is expected to continue. Not only will there be more residents in the area over the next 15-20 years, but the demography, health needs and demand of our population will change significantly.

This means we must work across boundaries to meet demand and use our resources wisely, whilst planning for where additional capacity will be essential for continuing to deliver high-quality services.

Population change of selected local authority areas in the East of England between 2011 and 2021



Our Future Health Needs

BLMK is one of the fastest growing areas in the country.

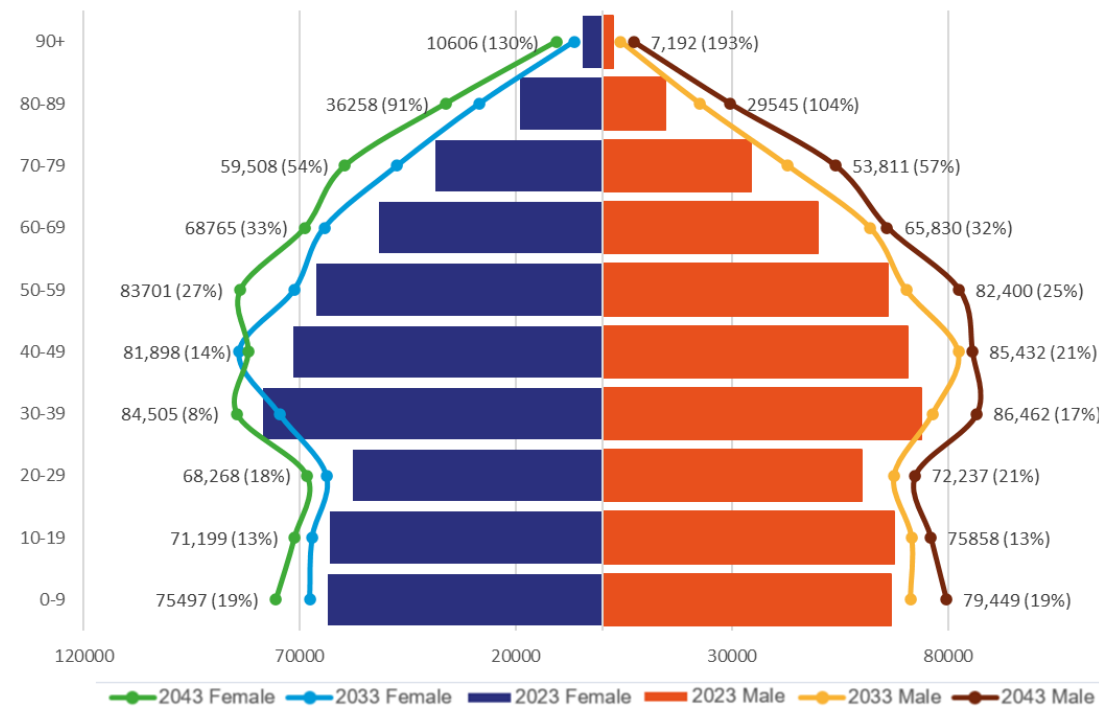
In the ten years from 2011 and 2021, BLMK's population grew faster than England and Wales and is expected to grow by 25% in the next 20 years, ranging from 14% growth in Luton to 31% growth in Central Bedfordshire. This equates to over a quarter of a million more people, bringing the total population of BLMK to 1.25m by 2043.

Based on historic trends and local housing strategies, growth is expected to be primarily driven by new housing development in Bedford Borough, Central Bedfordshire and Milton Keynes, and by natural demographic growth in Luton. Overall, migration is expected to account for two thirds of the change (40% international migration and 27% migration from the rest of the UK).

The detail of where and when housing growth is expected to occur is set out in our four Place Profiles in Appendix B.

The numbers of people in all age groups are expected to increase, intensifying the pressure on all healthcare services. However, the proportion of people in older age groups is expected to increase, with the 85+ age group more than doubling from 20,080 in 2023 to 42,845 in 2043. Forecasting the current age and ethnic structure of the population suggests that the older age groups in particular will become more ethnically diverse – with the proportion of over-65s who are White British falling from 84% in 2021 to 72% in 2041.

Population Pyramid for BLMK in 2023, 2033 and 2043



Population Data analysis from BLMK Public Health teams

Our Health Service Strategy

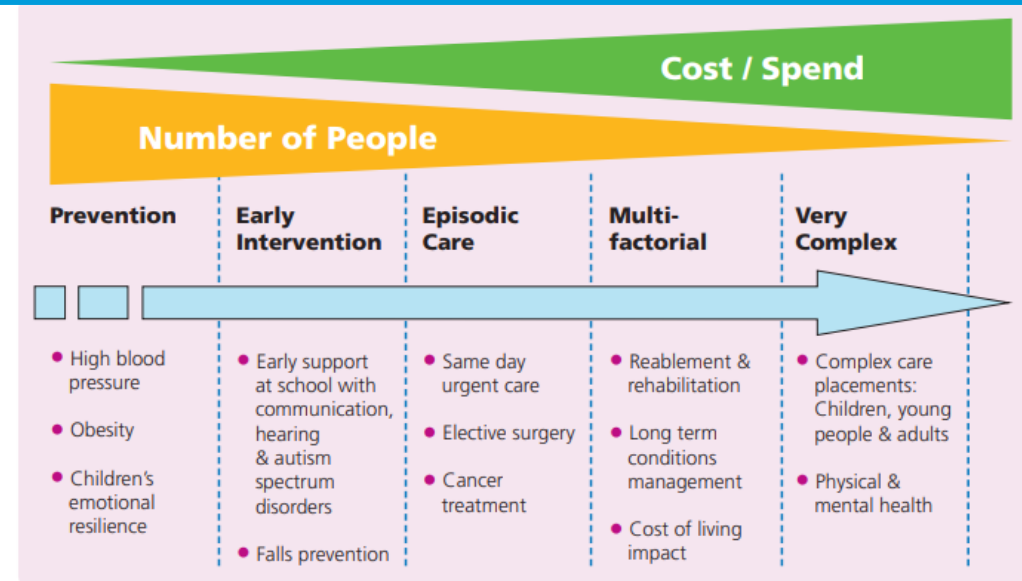
Central to our Joint Forward Plan, and our Health Service Strategy in development, is a **core mission to achieve the best health outcomes possible for the BLMK population and to ensure sustainable publicly funded health services that can meet future predicted healthcare needs**, within our available resources.

Our Health Service Strategy will describe how local health services will adapt and reform to deliver safe, sustainable provision for the future population in BLMK, working in close collaboration with other partners such as social care and public health services.

Key principles underpinning the development of the Strategy include:

- Supporting a shift from healthcare intervention to prevention (left shift);
- Care close to home;
- End-to-end service integration;
- Protecting access to planned care;
- Narrowing health inequalities and reducing premature mortality; and
- Sustainable models of care.

Addressing our shared, major challenges will require a systemic approach, split into different levels, as exemplified in the diagram opposite.



Two "golden threads" which are expected to run through everything the system does are:

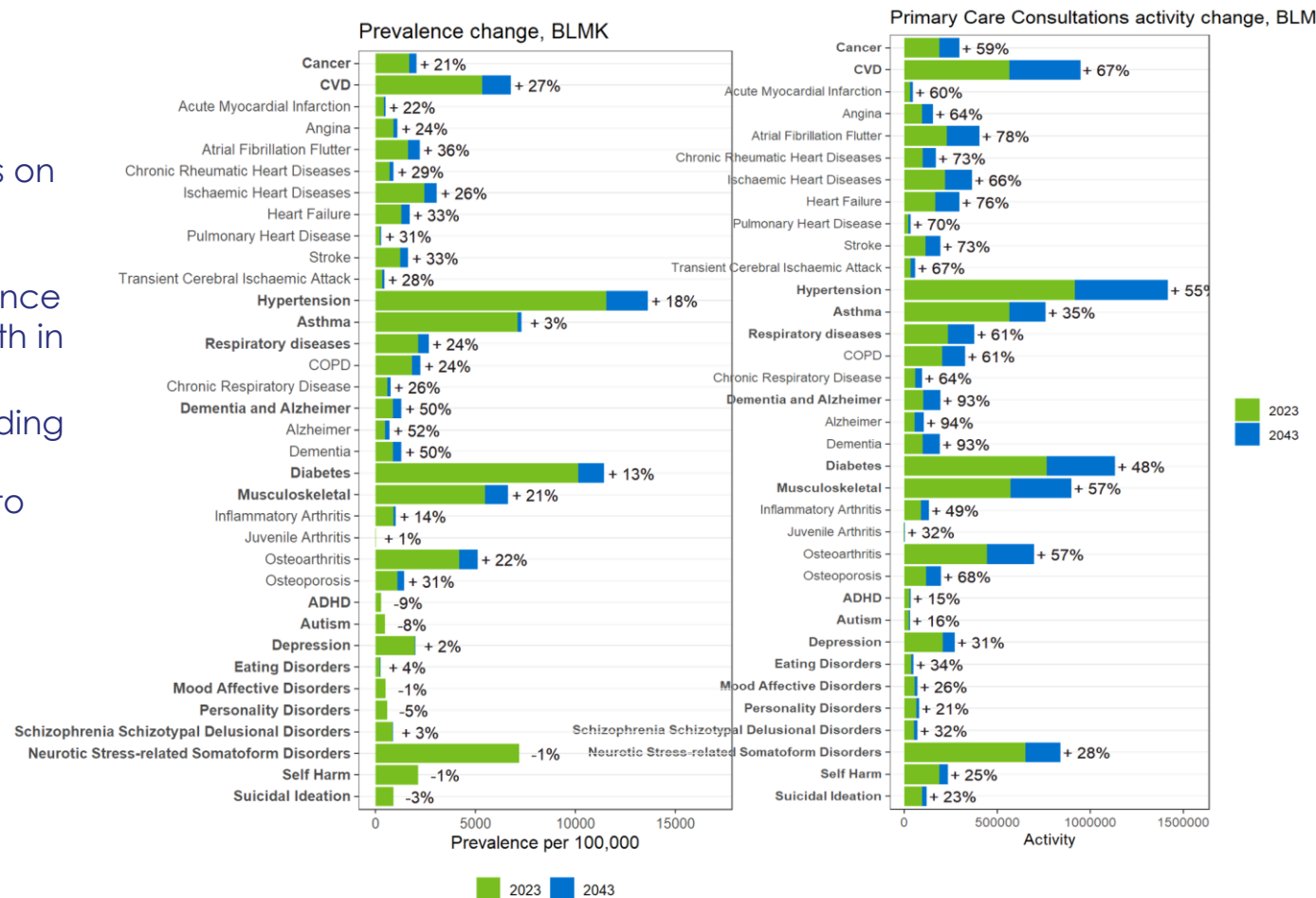
– **Tackling Inequalities** – our ambition to improve health outcomes for the most disadvantaged. The Denny Review recommendations are the guiding light for this work in our system.

– **Building Neighbourhood Working (Fuller Programme)** – developing working across organisations at neighbourhood level, including with Voluntary, Community and Social Enterprise partners, to provide specific and localised support to residents within their communities.

How our Services will Change

Three of the most significant strategic changes to how we are adapting service delivery for the future in the BLMK system are:

1. A significant expansion of preventative activities and focus on the wider determinants of health (e.g. poverty, housing, education);
2. The “left-shift” of care, which along with increased prevalence of long-term conditions, will result in greatest levels of growth in our primary/community services; and
3. The reorganisation of our community-based services (including our primary care services) into multi-disciplinary neighbourhood teams, as per the BLMK Fuller Programme to help address this growth in demand and to enable a more holistic approach to improving health outcomes at a local level.



What this will require from our infrastructure

Increasing capacity and improving efficiency

All of our services can expect demand to increase, and the greatest levels of growth are expected to occur in primary/community care settings. We need to support the capacity of all our services to grow. In part, this needs to be achieved by improving the efficiency of how we use our existing estate. This includes ensuring all our estate is fit for purpose and functionally suitable, now and in the future.

Joined-up planning

Planning the right capacity across all of our services will require joined-up whole-service transformation. Both our New Hospital Programme in Milton Keynes and the Bedfordshire Hospitals Trust Master Plan, are underpinned by capacity modelling dependent on delivery of our system's ambitions of a "left-shift" of services.

Equitable access to primary care services

We need to ensure equitable access to all of our primary care services, in terms of geographical spread, capacity and accessibility (GP practice and PCN services, community pharmacy, Community Dental Services and optometry).

Enabling neighbourhood working

Our neighbourhood teams require infrastructure to support effective multi-disciplinary working. This includes seamless digital interoperability, neutral agile-working spaces, meeting rooms, and flexible clinical spaces. As we continue to expand our preventative and personalised care focus

within our Neighbourhoods, more of these services can and should be delivered in community settings, and be co-located with other signposting and support services (and many already are).

Strengthening our Diagnostic Services

Our programme to establish Community Diagnostic Centres (CDCs) is essential for increasing capacity for, and to protect planned complex diagnostic services. BLMK has secured funding for CDCs in Bedford and Milton Keynes, and we will continue to press for funding for a centre in Luton. Facilities need to be available at a more local level for non-complex diagnostics, e.g. phlebotomy, spirometry, non-obstetric ultrasound.

Social Care / Step-down Care

Increased capacity to support streamlined discharges from hospital.

Digital infrastructure

Delivery of our Digital Strategy is fundamental to enabling efficient interoperability between professionals and services, along with digital enablement to support self-care, prevention and access.

Supporting workforce development

We need to continue to grow our workforce at an ambitious pace, and we need appropriate training facility capacity to support this. Particular pinch-points for capacity in our estate are primary care and mental health, where there has been significant workforce investment in recent years, but a lack of national investment towards the infrastructure to support these new and expanding roles.

ICS Priorities – Specialist Commissioning

BLMK ICB took on responsibility for specialist commissioning for the East of England Region in April 2024. There are a number of potential requirements for capital projects, for which the costs are still being quantified.

For commissioned services (Business As Usual), the expectation is that providers will prioritise any capital requirements associated with specialist commissioning service delivery. If the service specification for a service stipulates equipment replacement, then the ICB would expect the provider to be aware of the replacement schedules and prioritise as appropriate as part of the provider/ system capital planning process.

Large scale service developments requiring capital

The important Milton Keynes radiotherapy satellite centre was completed last year, and the CAMHS medium term capital project before that is also now complete.

Other large programmes include the proposed Cambridge Cancer Hospital, and the Cambridge Children's Hospital, both of which are expected to receive national NHS funding along with significant philanthropic and research funding.

There are further schemes that are currently in discussion, but no decision yet confirmed. These include a potential radiotherapy satellite site from Mount Vernon Cancer Centre in Luton, the replacement of LINACs machines, additional trauma centre capacity, and renal dialysis,

Specialist Mental Health Commissioning

CYPMH services

There is a national redesign of Children's and Young People's Mental Health (CYPMH) services, and each region's systems and providers have commenced development of a 'gap analysis' and assessment of the finances might be required to enable the change. Further national guidance is awaited to support these considerations.

Medium secure services

National changes to Women's Enhanced Medium Secure Services may require more local provision in the East of England region, and the potential service model and associated costs are currently being assessed.

ICS Priorities – Our Green Plan

Net Zero Ambitions

The BLMK Green Plan 2022-25 includes key areas of focus for our Estates and Digital infrastructure. The NHS in BLMK has Net Zero ambitions laid out in the plan, relating to both the emissions we can directly control, and those we can influence (supply chain).

Theme	BLMK ICS Overarching Commitments
Digital transformation	<ul style="list-style-type: none">• Increase the use of online services for patients• Digitise paper-based operations• Integrate sustainability into digital plans
Estates and facilities	<ul style="list-style-type: none">• Improve energy efficiency and decarbonise energy inputs across all estates• Improve biodiversity and green estates where possible• Reduce resource waste across all waste streams
Travel and transport	<ul style="list-style-type: none">• Reduce the requirement to travel• Take measures to facilitate increased uptake of EVs• Encourage active travel through facilities for cycles

Our infrastructure-related emissions in the 2019/20 BLMK baseline were:

- Construction and associated freight: 24,510 ktCO₂e (7.5% of BLMK's total annual emissions)
- Gas, Electricity and other energy sources: 27,520 ktCO₂e (8.5%)
- Water and Waste: 2,860 ktCO₂e (0.9%)
- Staff commuting, business and patient travel: 37,520 ktCO₂e (11.6%)
- Many other emissions are also dependent on the infrastructure in place (such as food and catering emissions, equipment and volatile anaesthetic gases), though not as directly attributable.








Some gains have been made in emissions, with around an 8% reduction against those measured in the 19/20 "NHS Carbon Footprint" (those we can directly control) as a result of improved energy efficiency.

Work has commenced on refreshing the BLMK ICS Green Plan, with a key focus on how our actions to deliver carbon and environmental benefits can help us to achieve health benefits for our local population.

The costs for achieving Net Zero in BLMK have not yet been fully established, but we know they will be significant (both in terms of capital, and in some cases revenue funding). Many of our buildings are inefficient, and it will not be possible to achieve Net Zero targets within many of our current facilities due to their age and core infrastructure.

Achieving an energy efficiency rating of B or above is likely to cost in excess of £70k per GP practice.

SECTION FOUR: Where we are now

Our ICS delivers healthcare from over 330 properties (acute and out of hospital) 	3 acute sites 5 community hospital and Health Village sites 	c. 300,000m² of occupied space	2,500m² of “void” and “sessional” (bookable) space charged to the ICB at a cost of £760k per annum
124 GP Practice Premises, and 5 dedicated Primary Care Network spaces reimbursed	Mental health and learning disability services occupy 45 facilities 	Community services occupy 58 facilities 	Total cost of occupancy just under £50m per year 
Total backlog costs c. £360m (all healthcare estate)	Acute critical risk backlog £107m	Annual system capital budget £35m 	Annual primary care capital budget less than £2m per year 

65% of the BLMK healthcare estate is used for Acute healthcare, 17% used by primary care, and 18% for a combination of community and mental health.

108 of our 332 buildings are owned by Trusts, 70 are managed by NHS property companies (NHS Property Services and Community Health Partnerships), 45 are owned by GP practices and 86 are leased (from a mixture of private and public sector landlords).

Less than 1% of the local estate is NHS LIFT estate, managed by Community Health Partnerships.

NHS Property Services own a further 9 sites/buildings in BLMK which are not currently occupied by NHS services and are not charged to the local system.

Further detail about our estate is set out in our Place Profiles in Appendix B.

Where we are now

The Condition of our Buildings

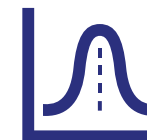
Operational capital funding allocations have not kept pace with the growth experienced in BLMK, resulting in less real-terms funding available to support the maintenance of healthcare facilities in recent years.



- There are major backlog liabilities within the BLMK Acute estate with significant potential to impact patients. The combined backlog maintenance liability for the two local Acute Trusts has increased from £63m in 2018 to over £310m in 2024, and the current combined high/significant infrastructure risk is £185m.
- Operation of parts of the estate is regularly impacted by maintenance issues which impact on the delivery of care, e.g. plumbing and mechanical problems.
- The condition and extent of backlog maintenance costs for the local primary, community and mental health estate is less well understood. Backlog maintenance costs are in excess of £47m.
- As well as the risk of impact to patient care, poor condition buildings can impact on staff experience, and ultimately impact on recruitment and retention levels.
- The Lloyd Denny Review into inequalities across BLMK noted that some of the buildings we deliver healthcare from are not fully accessible for our patients with disabilities, and highlighted the negative impact this can have on patient experience and access.

Capacity Constraints

All of our services have felt the pressure of population growth and increases in service demand in recent years.

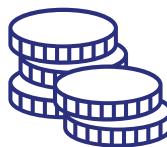


- Half of the 124 GP practice premises in BLMK are very constrained, and this can impact on patient access, and capacity for training and recruiting staff.
- 58% of our most severely constrained primary care premises are in areas with higher levels of deprivation.
- To bring all of our GP practices up to average levels of capacity would require capital investment of £186m. Within the Estates Strategies developed by 16 of our 24 Primary Care Networks in 2023, multiple potential premises improvement and relocation projects have been identified to address these challenges.
- The impact of population growth on the capacity of our community and mental health estate is less well understood.
- The capacity of our Acute inpatient facilities are impacted by patients who are fit to discharge but are awaiting care packages / care home accommodation. This regularly impacts on planned care.

Where we are now

Funding - Availability

Funding allocations have not kept pace with the rapid rate of population growth in BLMK, and the system receives insufficient funding to cover the costs of maintaining and improving our estate as well as we would like.



- BLMK ICS is expected to receive a system capital allocation of £35m in 2024/25, which is primarily allocated to our two hospital Trusts.
- ICB capital funds for use in primary care are severely limited, and there are no alternative national sources of funding. The ICB receives a capital allocation of just £1.6m per year for primary care, and this must cover General Practice IT, ICB offices and equipment, as well as primary care premises improvements.
- The ICB is investing £1.95m per annum revenue funding in primary care estates, but far greater investment is needed.
- The combined acute estate across BLMK has backlog maintenance of over £311m. This has increased from £63m in 2018. Backlog maintenance costs across the primary, community and mental health estate in BLMK are in excess of £47m.
- High dilapidations liabilities for some privately leased properties can prevent relocation to more suitable and efficient buildings.
- Lack of capital funding can prevent delivery of invest-to-save opportunities.
- There are very limited disposal opportunities within BLMK to help generate capital funding.
- The costs for achieving Net Zero targets across our estate have not been fully quantified, but will be very significant. There are very limited sources of capital for funding these changes currently, even where there are likely to be invest-to-save opportunities.

Funding – System Complexities

In addition to the limitations around availability of capital funding, there are complexities in how funding can be used which further impacts on our ability to deliver our infrastructure ambitions.



- NHS Trusts are prevented from significantly investing their own cash reserves in their estate due to CDEL (Capital Departmental Expenditure Limits).
- Implementation of accounting standard IFRS16 has made it harder for NHS bodies to access third party investment, even from other public sector partners (leases are now also affected by CDEL).
- There are significant constraints to Community and Mental health Trust partners investing capital in their BLMK estate due to the nature of commissioning arrangements.
- Revenue constraints make a 'whole life cost' approach to estate appear expensive and discourage use of suitable buildings.
- National policy is for only 50% of disposal receipts for NHS PS sites/properties to be available for reinvestment into the local system – and only in buildings in which NHS PS has a legal interest in. This can limit the benefit and flexibility of this source of capital funding.
- There is lack of clarity around the end of Lease Plus agreements for LIFT buildings. This affects one significant building in BLMK, and poses financial risk.

Where we are now

Quality of Data

The development of this Strategy has highlighted the complexity of bringing together data sources from multiple different organisations to gain a comprehensive understanding of the portfolio in terms of assets and occupancy.



- There are some existing well established NHS systems, notably Strategic Health Asset Planning and Evaluation (SHAPE) and Estates Returns Information Collection (ERIC), but these are independent of each other with different requirements and purposes and do not cover the entire estate.
- For our community Trusts who operate in more than one ICS, it can be difficult to extrapolate the local information for BLMK.
- There are some known gaps in data (e.g. we do not have a full picture of the condition of our “out of hospital” estate), and some information we do not have full confidence in.
- It is challenging to assess the capacity levels of some of our services, particularly community and mental health, due to poor links between estates and activity information.
- Our estate stocktake summarised in this Strategy is therefore work in progress and provides a directional overview of our estate.
- Improving the quality of our data is likely to help us to make better informed decisions going forward.

Under-utilisation and Inefficiency

Partners across our system agree that there are likely to be further efficiencies to be gained from our estate.



- Whilst we have taken action to reduce our void estate in the last 18 months, we still have unused parts of our estate amounting to 2,500m² and costing the system £760k each year.
- Many of our community buildings rely on out-dated room booking systems (often paper and pen), and we have no robust systems in place for monitoring how well these properties are used.
- Over half of our GP practices are considered to be very constrained, but there is significant variation in appointment levels between providers, suggesting some are using their buildings more efficiently than others.
- Many of our GP practices still have paper records held on-site. Digitisation of records and/or off-site storage could free up space in our primary care premises.
- With the significant investment in our ARRS workforce (Additional Role Reimbursement scheme for Primary Care Networks), we now have a wide range of professionals working in primary care. In many cases, PCNs have forged links within their local communities and are seeing patients in non-clinical settings, but there may be further opportunity to use wider community assets.
- Not all of our partners have fully implemented hybrid / remote working arrangements for their back-office teams.

Where we are now

External Risks

The system faces further significant infrastructure risks relating to wider potential developments in the area.



Some of the route options proposed for the East-West rail link would have a major impact on the Bedford Hospital site, particularly car parking infrastructure. It is unclear what support would be available to address this major risk should it come to pass.

Whilst the proposed Universal Studios development in Bedford Borough would deliver welcome benefits to the local and national economy, there is a risk that the centre would attract members of the local NHS workforce into new roles, including estates and facilities professionals – which could exacerbate existing recruitment and retention challenges for some of our partners.

Our Successes

Despite the challenges we've described, the BLMK system has made good progress in delivering a range of infrastructure improvements. The system has a strong record for securing funding, and for robust project delivery. Since the last BLMK Estates Strategy was produced in 2021, a range of key infrastructure projects have been delivered, including:

Milton Keynes University Hospital Trust

- Maple Unit at Milton Keynes Hospital, providing a 28-bed dedicated assessment area (SDEC - Same Day Emergency Care) to help prevent avoidable admissions to hospital
- A new Radiotherapy Centre is completed and due to open in Winter 2024, bringing treatment closer to home for many cancer patients
- Salix / Decarbonisation scheme at Milton Keynes Hospital enabling a transition to a net carbon-zero heating system
- On track to deliver a new Women's and Children's Hospital with surgical capacity as part of the national New Hospital Programme (NHP)
- Two new Community Diagnostics Centres (CDCs) will allow for more care to take place within the community. Whitehouse Healthcare CDC is now open, and Lloyds Court CDC is completed and will be operational by the end of 2024.

Maple Centre opened in October 2022

Same Day Emergency Care



Radiotherapy Centre completed in May 2024

Due to open to patients in winter 2024



Community Diagnostic Centres

Whitehouse is now open. Lloyds Court to be operational by end of 2024



Our Successes

Bedfordshire Hospitals Trust

- Upgrades to the Bedford Hospital Emergency Department (ED), providing a secure Paediatric ED area with additional cubicles, additional contingency beds, a modular extension to significantly increase waiting room capacity, additional adult cubicles, an additional isolation room and cubicle segregation, and upgraded staff facilities
- An expanded and refurbished ED at the Luton & Dunstable Hospital, with increased capacity, a new and fully segregated Paediatric Department, additional waiting room capacity, mental health assessment rooms, and CT scanner situated within the department.
- The Trust secured £112m central NHS capital funding (Public Dividend Capital) to (significantly) part-fund a new clinical building that will house part of maternity services, neonatology, critical care and 8 new operating theatres. The project will complete in 2025.
- The project was enabled by the creation of a number of temporary facilities which longer term estate planning must address as a priority. The enabling projects included temporary car parking, temporary office accommodation and temporary leased clinic space. The project reduced backlog maintenance liabilities for the Trust by £12m (current backlog £270m).



New Energy Centre for Luton & Dunstable Hospital

Bedford Hospital ED extension and upgrade



Our Successes

Primary Care, Community Health and Mental Health

In 2023, BLMK ICB made a commitment to invest £1.95m additional revenue funding for primary care estates, which has enabled delivery of 10 schemes so far, and is expected to enable delivery of a further 13 schemes by 2026. The schemes delivered have included:

- Delivery of Grove View Integrated Health & Care Hub – a £24m project led by Central Bedfordshire Council providing a focal point for care and health services for South Bedfordshire, including primary care, community, mental health, social care and sexual health services
- Relocation of two GP surgeries into void NHS space in properties in Luton and Bedford, achieving improved space and accommodation for primary care services and improved value for money.
- A range of projects to re-purpose and improve utilisation of void and sessional space in our NHS-owned buildings to increase capacity for primary care services. This was aligned to an efficiency programme which will have achieved a reduction in void costs in NHS PS buildings to the system by c.£400k per annum by autumn 2024. Unfortunately, these savings have been largely offset by new void pressures elsewhere in the patch, which are now being addressed.



**The new Grove View Hub,
Dunstable**



**ELFT's Evergreen Unit for
Adolescent Mental Health**

Improvements to our community estate have included:

- Delivery of the Evergreen Unit, a new CAMHS inpatient facility supporting adolescents across Bedfordshire, Luton and Milton Keynes
- Over £0.5m investment into improvements at the Campbell Centre Mental Health inpatient unit in Milton Keynes
- Refurbishments of a variety of buildings to improve patient and staff facilities
- Establishment of 4 Community Gardens, led by NHS PS in their properties in partnership with local Primary Care Networks and the voluntary sector.

Our Successes

Social Care

At a wider system level, there have been a range of infrastructure developments within BLMK which are helping to support local people to stay healthy and independent for longer, and are helping to ease pressure on local community and acute health services.

Examples include Central Bedfordshire Council's £100m investment in independent living facilities, and a range of initiatives across all of our Places to provide affordable housing for older people.

Our joint service strategies will continue to develop, and future chapters of this ICS Infrastructure Strategy will also focus on the interdependency on joined-up opportunities between health and social care services and infrastructure.



Priory View, in Dunstable – an award-winning vibrant community building close to the centre of Dunstable

All Saints View, in Houghton Regis – Phase One is now complete. New scheme providing 168 smart-living apartments and on-site amenities in the heart of Houghton Regis



Our Existing Delivery Pipeline

Significant programmes of work are already underway to improve our estate across BLMK.

Bedfordshire Hospitals Foundation Trust

There is a major redevelopment programme underway at the Luton & Dunstable University Hospital site, as part of a wider plan to transform many parts of the Trusts' hospital sites. This programme will deliver an Acute Services Block and New Ward Block consisting of:

- Maternity services – delivery suite, 3 operating theatres, midwifery led birthing unit, triage, bereavement
- NICU – intensive care, high dependency care, special care, transitional care, parental accommodation
- Critical Care – a 22-bed critical care floor
- Surgical arrivals and recovery
- Operating theatres – 8 new operating theatres, including two hybrid theatres, first stage recovery 2. Maternity Ward Block
- A maternity ward block with maternity wards (antenatal and postnatal) and pre-operative lounge

This major programme will provide new accommodation for 4 of the 34 services delivered from the hospital site. Further work is needed to transform other parts of this site and the Bedford Hospital site to ensure they are fit for future purpose.

The Trust has also started work on transforming part of their Gilbert Hitchcock House building in Bedford into a Community Diagnostic Centre, due to complete in 2025. This will deliver therapy services, phlebotomy, and a number of diagnostic services including MRI, CT, ultrasound, x-ray and cardiology, amongst others. The project is part of a broader programme to transform the Bedford North Wing site (also known as Bedford Health Village) into a one-stop shop for primary and secondary care that will improve access to healthcare and diagnostics for our patients in modern facilities, while reducing the pressure on our main hospital sites.



Our Existing Delivery Pipeline

Milton Keynes University Hospital Trust (MKUH)

MKUH is part of the national New Hospital Programme. A Strategic Outline Case (SOC) has been submitted to NHSE/DHSC, and work has commenced on the Outline Business Case (OBC). The aim of the programme is to deliver a new Women's and Children's and Elective Surgery facility. The facility is being designed to include:

- Elective surgery inpatient beds
- Surgical outpatients
- Maternity inpatient beds & delivery suite
- Obstetric theatres
- Maternity outpatients & ante-natal assessment
- Neonatal unit
- Paediatric inpatient beds
- Paediatric outpatients
- Refurbished Day Surgery Unit

Achieving this will require a number of enabling schemes to be delivered, including i) relocation and expansion of car parking capacity, including an additional multi-storey car park; ii) a new imaging centre; and iii) additional HV supply.

Other schemes in delivery include:

- The opening of a new Radiotherapy Centre at MKUH in partnership with Oxford University Hospitals
- Delivery of a new Community Diagnostic Centre at Lloyd Court in Central Milton Keynes. To be operational by the end of 2024.
- Feasibility work for increasing the capacity in Oak House Ward (potential for new two 24 bed ward block).



Our Existing Delivery Pipeline

Our Primary Care Estate

BLMK ICB is investing an additional £1.95m per annum in primary care estates which has enabled 10 schemes to be delivered since January 2023, and a further 23 projects are at various stages of planning and delivery. These include small tactical schemes, efficiency improvements / repurposing void spaces, and larger new build projects. A full breakdown of schemes are included in the Place Profiles in Appendix B, and include:

- New surgery in Cranfield (new build, developer-funded), due for completion 2024
- New healthcare facility in Biddenham (3PD scheme) to accommodate two GP practices, due to start construction in 2024
- Community and health hub in the East MK development area (Council-led new build funded through Housing Infrastructure Fund and Council investment), due for site completion autumn 2025
- Reconfiguration of Enhanced Services Centre in Bedford (LIFTco. building) into a new Primary Care Centre for De Parys Group who provide primary care services to 40,000 patients, due to complete November 2024
- Relocation of Cater Street Surgery in Kempston to an under-utilised area of a nearby NHS PS-owned Health Centre, due to complete summer 2024, and scoping work to consider rationalisation of health estate in the town.

- Various extension and improvement projects funded via S106 contributions from housing developers.
- Feasibility work to explore options for increasing capacity in growth areas such as Wixams, Leighton Buzzard and Biggleswade.



*Cranfield New Surgery,
due to be in operation by
end of 2024*

*The Enhanced Services
Centre in Bedford,
currently being
transformed into a new
Primary Care Centre*



Our Existing Delivery Pipeline

Our Community and Mental Health Estate

The majority of community and mental health services in BLMK are delivered by East London Foundation Trust (ELFT), Cambridgeshire Community Services Trust (CCS) and Central North West London NHS Trust (CNWL). Their existing capital projects in BLMK are set out in the table below.

Lead Organisation	Project Name	Project Description	Project Status
ELFT	HBPoS Improvements (Coral Ward)	Improved visibility of 136 room and provision of stepdown room with en-suite facilities.	ACTIVE
Cambridgeshire Community Services NHST	Reconfiguration of Redgrave Gardens, Luton	Change of ownership will generate revenue cost pressure. Reconfiguration will reduce footprint required and thereby mitigate cost increases as far as possible.	Potential reconfiguration proposal being developed. Will then require costing. Awaiting LL valuation to understand the cost pressure and so determine the VfM of the scheme.
ELFT	Accessibility Improvements (Fountains Court)	Internal improvements to make the ward accessible	ACTIVE
Cambridgeshire Community Services NHST	Reconfiguration of Child Development Centre, Kempston	Conversion of former admin space to clinical to increase utilisation for clinical delivery following creation of admin base at Woburn Court	ACTIVE
ELFT	Bedford Mental Health Inpatient Unit	Planning to deliver a circa 60-bed mental health inpatient unit on the Bedford Health Village site	Case for Change developed. Complexity around potential funding arrangements.

SECTION FIVE: Where we want to be

As an enabler to delivery of our Health Service Strategy, our aims for the infrastructure in BLMK are to:

- Ensure that the facilities our services operate from are maintained to appropriate standards, and enable the delivery of safe, high quality and efficient services
- Ensure that we create the most appropriate environment to provide opportunities for local people to be as healthy as they can be

- Ensure that our facilities, equipment and digital tools help to provide a positive experience to our staff, and support our staff to work efficiently
- Ensure that our facilities support delivery of our ambitions around training, recruitment and retention of our local workforce.



- Ensure our facilities are in the right locations, with the right capacity, in buildings which are accessible to all
- To achieve this, we will need to proactively prioritise resources towards areas with higher need and inadequate estate

- Ensure that our infrastructure supports us to deliver the new models of care that are required to meet the challenges of a growing and ageing population. This includes working with a wide range of partners to deliver joined-up infrastructure solutions
- Ensure that our estate is used as efficiently as possible, and that our digital advances support us to deliver services and use our estate as effectively as possible.

- Ensure that our decisions around where we deliver services from, and how we manage our estate, help to maximise our contribution to local economic growth and positively impact on the wider health and wellbeing of the local community, i.e. seek to ensure our facilities provide opportunities for effective social impact
- Ensure that we maximise opportunities to improve the indirect impact of healthcare delivery on our local communities, including achieving a more sustainable estate in line with Net Zero targets

Where we want to be

Enhance Patient Experience

Condition of our buildings

The facilities that patients access to receive healthcare services from can have a big impact on their overall experience of the service they receive. At a basic level, our facilities need to be safe, compliant with infection control requirements, and operate effectively. We also want our facilities to be of a standard of condition such that they are welcoming and help to ensure a positive experience for visitors, including those with specific needs, e.g. our patients who have physical or learning disabilities, or with dementia.

The buildings used to deliver healthcare services across BLMK are owned and managed by very many different landlords. Whilst there are measures in place to ensure all of these buildings are maintained to safe standards, e.g. the CQC registration and inspection process, we would like to further strengthen these measures by defining core standards for all healthcare buildings in BLMK, and bolstering our local monitoring processes – to help improve both patient and staff experience.

A continuing theme that has emerged in developing this Strategy has been the need to substantially increase investment in the core estate, whether it be Primary Care, Acute, Mental Health or Community.

Whilst there are positive examples of effective investment providing long term gains, there are still extensive parts of the current healthcare estate that require substantial improvement and reconfiguration.

Civic Spaces

In support of our strategic focus on prevention, we will also strive to maximise opportunities for delivery of preventative and wider wellbeing services in community settings (e.g. leisure, community and faith centres, and co-location with VCSE partners), which we hope will make these services easier to access, and help our residents to build long-term networks of support and better enable long-lasting healthy lifestyle changes.

Advance Health Equity

We know that some of our services are not as equally distributed across BLMK as we would like them to be, or there is inequitable capacity which can impact on access levels.

Prioritisation of resources

In the context that it is unlikely to be affordable to achieve target capacity levels for all of our estate, resources need to be prioritised towards the services and areas with greatest need – in terms of the services working within the greatest constraints and building challenges, and particularly those serving population areas with the highest health needs and worst health outcomes.

Where we want to be

Equitable service provision

We also need to further formalise our expectation of all of our partners to work with us in supporting equitable service provision and narrowing inequalities, including through our procurement and contractual arrangements with service providers.

Lower the Cost of Care

Maximising our collective assets

Supporting the development of robust multi-disciplinary teams across all of our neighbourhoods will require infrastructure solutions. The key focus of this work will be on maximising our existing community assets and digital interoperability, and significant work has already taken place around mapping our collective assets at Neighbourhood level and using them more flexibly, e.g. social prescribing activities based in faith and community settings.

Targeted Co-location

Our experience of co-locating services at scale (i.e. bringing multiple services together into the same location) has been that the clinical and financial benefits of this approach do not always justify the cost involved, and that similar results can often be achieved through less-costly virtual and tactical approaches.

This is especially the case in the context that inflation levels in the construction industry have far exceeded growth to NHS budgets in recent years, so the cost involved in moving services can often be prohibitively expensive.

As a system we will continue to seek out targeted co-location opportunities on a case-by-case basis, where the expected benefits are clear and quantifiable, and where there is a strong and affordable economic case. Some of our recent projects have highlighted that our future focus is likely to be on smaller scale, tactical opportunities, with a strong focus on maximising existing assets.

Co-location with signposting services

In support of our prevention approach, opportunities to co-locate healthcare services with wider signposting services (e.g. benefits/housing advice, leisure services, VCSE support) will be maximised, in line with the growing evidence base around the value this can offer. There will be a key focus on bringing more services and advice into community spaces. This is already the case for many of our 180+ wte personalised care staff supporting primary care (e.g. Social Prescribing Link Workers, Care Co-ordinators, Health & Wellbeing Coaches).

Where we want to be

Lower the Cost of Care, contd.

Increasing efficiency

As a system, we have taken measures to increase the efficiency of how our estate is used, including a focus on reducing void space in our NHS PS and CHP properties in the last 18 months. However, we recognise there could be further opportunities to optimise how we use our existing buildings. Many of our local community-based properties are still managed using out-dated booking systems, and our monitoring systems for understanding how well our spaces are used are poor. Some teams have not yet fully embraced opportunities around hybrid/remote working also.

Improving utilisation

Given the context of our financial constraints, one of our key areas of focus for the next few years must be on space optimisation – supported by more robust tools and processes than we have at present. This will need to include improving our understanding of how well buildings are used, focusing on bringing services out into non-clinical settings where appropriate, and reviewing our ways of working and how it impacts on the amount of administrative space we occupy.

Using digital approaches to improve efficiency

The ICS Digital Strategy includes key ambitions for helping our people to work more efficiently and to help optimise the use of our built assets. Our single shared health and care record (to include social care information by 2025) is enabling professionals to work virtually in a more integrated way. Our Digital First initiatives helping to increase remote access to services for patients, and our implementation of patient-connected devices, are helping to ease pressure across our estate, and will continue to be an important aspect of mitigating the pressures associated with our rapid rates of population growth. As we expand our ability to automate some functions, and enable more back-office functions to be delivered remotely, this will also help us to rethink the amount of administrative space we need across the system.

Invest to save opportunities

Some of our services and buildings could operate more cost effectively if they were able to relocate to other locations, or had access to sufficient capital funding to alter their existing facilities (e.g. moving to more sustainable lighting and heating/cooling systems). We will continue to explore alternative approaches to funding robust invest to save initiatives.

Where we want to be

Improve Population Health

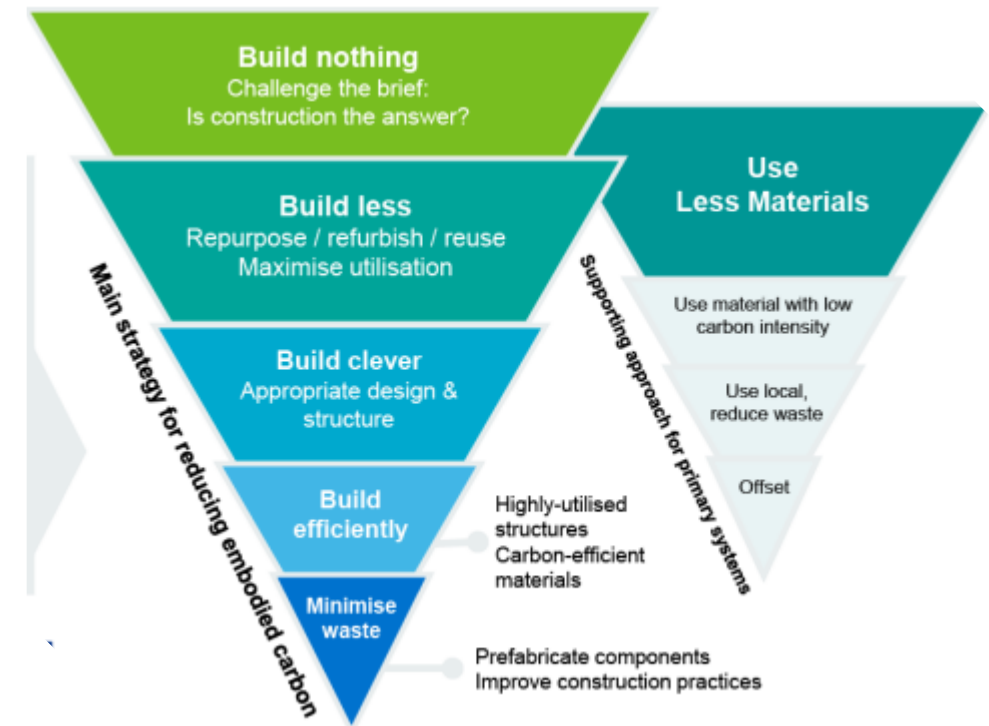
Net Zero

The BLMK Green Plan Health Impact Assessment highlighted the direct impact between our measures to achieve Net Zero Carbon and potential health improvements for our local population. Within the resources the system has to draw on, we aim to minimise the emissions associated with creating, maintaining and operating our shared infrastructure, in line with NHS England ambitions as per Delivering a Net Zero NHS (July 2022 update).

This will include a range of actions as guided by the national evidence base to reduce our operational carbon emissions, such as making every kWh count (LED lighting, more efficient ventilation, cooling and heating systems, etc), preparing buildings for, and switching to electricity-led heating, and maximising opportunities for low carbon energy, including increasing on-site renewables (e.g. installation of solar panels). These actions will require investment and we will therefore need to secure funding to be able to support these important changes, despite the potential for invest-to-save opportunities.

These actions to reduce our operational carbon need to be coupled with policies and approaches to reducing the embodied carbon in our buildings:

[NHS Net Zero Building Standard \(england.nhs.uk\)](https://www.england.nhs.uk/net-zero/building-standard/)



Where we want to be

Improve Population Health, contd.

Climate Adaptation

Our aim is for our joint infrastructure to enable Sustainable Healthcare, supporting preventative, lean and low-carbon care models, and that is resilient and adapted to future climate conditions.

We also aim to support transitions in travel and transport, in line with the NHS Net Zero Travel and Transport strategy, so that:

- All owned or leased business vehicles are zero emission by 2035, with all new vehicles being net zero from 2027.
- Staff travel emissions are halved by 2033.
- All business-related travel is net zero by 2040.

Anchor Institutions

In our role as a network of anchor organisations, we have the opportunity to improve the value of our infrastructure for the populations we serve in terms of individual and population health outcomes, and environmental, social and financial impacts. This involves ensuring that our decisions around where we deliver services from, and how we manage our estate, help to maximise our contribution to local economic growth and positively impact on the wider health and wellbeing of the local community, in line with NHS England's [Building for Health](#) principles.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

BUILDING FOR HEALTH

There are many ways NHS estates can intentionally and strategically add social value, enhance the wider determinants of health, and help to reduce health inequalities. They can be grouped into 10 key building blocks for health:

NHS
England



Where we want to be

Redevelopment and regeneration

This will involve taking a One Public Estate approach to join up opportunities around redevelopment and regeneration programmes at a local level (e.g. health on the high street approaches, maximising opportunities to improve the health offer linked to large affordable housing and independent living schemes).

Adding value back to local communities

Our aim is also to explore how our buildings can add value back into local communities, particularly to pilot approaches to opening up some of our buildings for VCSE partners to be able to use them when spaces are not required for healthcare delivery (e.g. during evenings and weekends), and initiatives like our Community Gardens.

Improve staff experience

Our health and care workforce are at the heart of our efforts to improve population health. We need to have enough trained, engaged, and valued staff. We want our workforce to represent our population, drawing people from all backgrounds.

Helping our staff to work more efficiently

Our aim is to ensure that our facilities, equipment and digital tools help to provide a positive experience to our staff, and support them to work efficiently, which ultimately supports recruitment and retention.

Welcoming working environments

As part of our work on defining condition standards for our healthcare buildings across BLMK, we will reflect on how we ensure that our facilities can best meet staff needs, e.g. ensuring access to fit-for-purpose staff welfare areas, considering transport needs for staff (including facilitating healthy and sustainable travel options), and ensuring access to quiet contemplation/spiritual rooms as far as possible.

New ways of working

Across many areas of our work in BLMK, we have adapted how we work

Where we want to be

Improve staff experience, contd.

and how we interact with our offices. Some of our partners, including the ICB and the Local Authorities, have formally adopted new ways of working which include more remote working options for staff. This has enabled a rationalisation of our administrative estate, and enabled greater investment where it's needed more. As a system, we recognise there could be more opportunities to review how we work which may unlock further efficiency opportunities, especially for our community and mental health services.

Supporting training and development

Growing our workforce to enable us to support the future needs of our local communities requires significant capacity across our estate. Parts of our system are restricted in how many clinical trainees they can support due to space restrictions – this is especially the case for primary care, where we have stretching training targets. We need to factor capacity for training into our priority projects as far as possible.

Some of our partners, particularly our community and mental health providers, are spending large budgets on external training and conference facilities. More flexible access to the collective estate across our system may help to ease this cost pressure.

Keyworker Accommodation

The BLMK area has experienced significant housing growth, with significant further development planned. All of our Local Authorities have robust measures in place around S106 requirements in relation to affordable housing. Therefore, there has and continues to be significant addition in affordable housing locally. As a system we will continue to review the impact of affordable housing supply on our workforce levels, and this may become an area of further joint focus across partners at a later stage.

Estates & Facilities Workforce

Recruiting and retaining a suitably competent workforce to manage our estates is a growing challenge. The system sits just outside of the London weighting belt and therefore we lose skilled staff a few miles down the road to where salaries are greater. Some of our partners have under-resourced Estates and Facilities teams, who are increasingly less skilled to manage and maintain NHS assets. An increasing amount of Trust estate management is out-sourced and this presents a risk.

We will ensure that we take a proactive approach to developing and retaining our estates and facilities workforce, particularly technical roles where gaps are sometimes experienced. These will include consideration of new routes to employment, working with other anchor institutions including Higher Education institutions, Further Education Colleges and our VCSE partners.

SECTION SIX: Our Plan of Action

We will achieve our aims for the BLMK Infrastructure through delivery of our 10 Point Plan.

We will...

1. Deliver our existing **pipeline of projects**, and prioritise further projects across the system for the next ten years, in the context of financial constraints.

2. Implement a targeted plan to improve **utilisation**, increase **efficiency** and improve **value-for-money** from our estate

3. **Reduce inequalities** by proactively targeting resources towards services where there is highest need

4. **Enable more integrated working** between services through a range of virtual and physical delivery solutions

5. Agree a set of **minimum condition and compliance standards** and how these will be enabled, to continue to support the delivery of high-quality care for patients

6. Ensure continued **alignment between estates, service strategy, digital and workforce programmes** to help plan for and manage the impact of rapid rates of **population growth**

7. Strengthen relationships and processes to better integrate **One Public Estate** into our planning, and use our role as **anchor institutions** to help build healthier communities

8. Implement clear system policies for our **Net Zero** ambitions and to help protect the delivery of our services from **Climate Change**

9. Improve the accuracy of the **data** we have, how it is accessed, and its usefulness

10. Work with partners to develop an **investment strategy** that is not entirely dependent on NHS capital funding, whilst continuing to **make a case to Central Government** for additional funding to protect essential patient services in BLMK.

Our Delivery Plan

1. Deliver our existing pipeline of projects, and prioritise further projects across the system for the next five years.

- Complete the delivery of the schemes in our existing prioritised pipeline, including the £178m L&D site redevelopment, completion of the new Radiotherapy Centre and decarbonisation schemes at MKUH, finalise the OBC for MKUH's New Hospital Programme, delivery of our first three Community Diagnostic Centres, completion of the transformation of the Enhanced Services Centre in Bedford into a Primary Care Centre, completion of two new-build primary care facilities currently in construction/due to commence construction and the community and health hub in East MK, delivery of the 19 further primary care schemes in our current programme (ranging from small schemes to re-purpose rooms through to larger new build proposals), 4 live reconfiguration/improvement projects for community and mental health services. Continued progression of the planning for the proposed mental health inpatient unit in Bedford.
- Further development and prioritisation of the system capital pipeline for 2025-2035 by Autumn 2024
- Use the capital template for our proposed future pipeline of projects to inform the development of the BLMK Infrastructure Investment Strategy
- Continue to work agilely to maximise affordable opportunities with partners that support delivery of service priorities as they arise.

Our Delivery Plan

2. Implement a targeted plan to improve utilisation, increase efficiency and improve value-for-money from our estate

- Consider single asset management pilot/s, i.e. local building managers at Neighbourhood/Place level, drawing on the expertise of partners within the system
- Establish pilot projects to improve space utilisation, including implementation of room booking and room sensor technology, assessing the efficiency opportunities associated with expanding hybrid working arrangements and reviewing the utilisation of shared spaces in multi-purpose buildings
- Identify 'best practice' within the existing estate and highlight key initiatives
- Set up arrangements to enable the collective public estate to be used more flexibly to benefit the health and wellbeing of local communities, e.g. a COMPACT and Confidentiality Agreements between partners to potentially enable VCSE organisations to access healthcare buildings during evenings and weekends.

3. Reduce inequalities by proactively targeting resources towards services where there is highest need

- Ensure that prioritisation criteria for capital and revenue investment takes into account differences in population health need across BLMK, and variation in operational pressures
- Increase the percentage of healthcare buildings in BLMK which are fully accessible
- Ensure that all service procurements are underpinned by Estates Principles expecting equitable service provision within BLMK to ensure that providers fully understand their obligations

Our Delivery Plan

4. Enable more integrated working between services through a range of virtual and physical delivery solutions

- As a system, improve access to the infrastructure needed to support multi-disciplinary working, including digital infrastructure, access to meeting rooms and agile working capacity
- Purposeful co-location of care delivery and team bases where there are clear and quantifiable benefits for patients and services
- Work with partners at system, Place and Neighbourhood level to continue to embed preventative and wider well-being services in the community and to co-locate health, advice and support services, including through greater access to civic and leisure spaces
- Support greater co-location between back-office functions, including maximising our Local Authority estate

5. Agree a set of minimum condition and compliance standards and how these will be enabled, to continue to support the delivery of high-quality care for patients

- In consultation with partners, create an agreed set of Condition, Compliance and Energy Efficiency Metrics for all properties
- Establish a monitoring process to ensure adopted standards are delivered and support where required
- Continue to strengthen strategic estates planning across partners, including inputting to the prioritisation of NHS Property Services investment into their local estate

Our Delivery Plan

6. Ensure continued alignment between estates, service strategy, digital and workforce programmes to help plan for and manage the impact of rapid rates of population growth

- Strengthen existing governance arrangements to improve synergy between these enabling programmes
- Maximise the utilisation and efficiency of our existing estate, set ambitious targets for digital access to services, and consider further opportunities for hybrid working arrangements
- Review opportunities for improving the commissioning and capital funding arrangements for community and mental health services, to ensure essential investment into facilities and growth in capacity for these services in line with growth in demand
- Continued close liaison with our Local Authorities around strategies to mitigate the impact of housing growth and major infrastructure projects, including maximising opportunities to secure appropriate contributions from developers and access to other forms of external funding, to help enable both small-scale and larger strategic schemes

Our Delivery Plan

7. Strengthen relationships and processes to better integrate One Public Estate into our planning, and use our role as anchor institutions to help build healthier communities

- Further strengthen the governance to facilitate collective strategic estates planning and delivery at Place level
- Pilot arrangements to enable public estate to be used by community and VCSE organisations, to benefit the health and wellbeing of local communities
- Improve connectivity to wider public services in areas of greatest need through targeted co-location of advice and support with healthcare services, and delivery of social prescribing and wider wellbeing services in community spaces
- increase the use of healthcare estates and land for social prescribing and community projects, e.g. expansion of the Community Garden scheme
- Support regeneration of communities through partnership working with Local Authority and other partners, e.g. helping to increase footfall of high streets , joint initiatives in regeneration areas

8. Implement clear system policies for our Net Zero ambitions and to help protect the delivery of our services from Climate Change

- Set series of operational targets for system-wide initiatives by Spring 2025 (aligned to refresh of system Green Plan), using the principles in this document to frame this work. Priority focus on initiatives which can achieve positive impact on carbon emissions and achieve running cost savings to the system.
- Create a system wide sustainable development policy that encompasses ambitions, and sets clear expectations of all system partners
- System wide assessment of the greatest climate adaption risks for the healthcare estate in BLMK

Our Delivery Plan

9. Improve the accuracy of the data we have, how it is accessed, and its usefulness

- Develop a short- and medium-term plan for each healthcare property within the system by 2025, including condition, maintenance, occupation and utilisation
- Undertake condition surveys for remaining Primary Care estate
- Improved collation and management of system-wide estates information, including consideration of the future role of the SHAPE Atlas database

10. Work with partners to develop an investment strategy that is not entirely dependent on NHS capital funding, whilst continuing to make a case to Central Government for additional funding to protect essential patient services in BLMK

- Explore alternative partnership options for accessing and deploying capital funding to support investment in essential services, including development opportunities which are cost-effective for health and Local Authority partners
- Conduct a review of the S106/CIL processes across the four Local Authority areas, including an approach to improving recognition of healthcare where s106 funding is currently minimal and opportunities to secure alternative external funding
- Aligned to the future pipeline of capital projects for the system, consider an investment strategy utilising system revenue funding
- Review opportunities for improving the commissioning and capital funding arrangements for community and mental health services, to ensure essential investment into facilities for these services

Areas of Focus at Place level

Milton Keynes



Specific additional areas of focus across partners in Milton Keynes over the next ten years will need to include:

- Continuing to support the planning for MKUH's New Hospital Programme, and ensuring alignment with wider service and estates strategies
- Efficiency opportunities, and rationalisation opportunities, particularly for community and mental health services – including feasibility planning around consolidation of mental health inpatient services
- Working together to secure investment to help address the capacity challenges for our five severely constrained GP practices and nine very constrained practices – with a priority focus on those serving patients living in higher levels of deprivation.
- Maximising joint opportunities associated with wider regeneration and redevelopment programs across the City, including in the Bletchley community
- The future of the Bletchley Community Hospital site
- Multi-agency forward planning around the future infrastructure needs for growth allocation sites within the existing Local Plan, and the New City Plan in development
- Opportunities for co-location of back-office functions / administrative bases
- Maximising available S106 funding to deliver improvements to the condition and capacity of our healthcare estate.

Areas of Focus at Place level

Specific additional areas of focus across partners in Bedford over the next ten years will need to include:

- Supporting the prioritisation of the Bedford Hospital master plan and development of an investment strategy to enable improvements to the site
- Continuing to deliver the existing pipeline which will support nine of our sixteen very/severely constrained GP practices. Developing a forward plan for the remaining very constrained practices – with a priority focus on those serving patients living in higher levels of deprivation, and properties with significant condition challenges. This includes considering relocation options for Cauldwell Medical Centre with the potential to free up capacity on the main hospital site.
- Working with partners to secure funding to enable a permanent health facility in Wixams, including Central Bedfordshire Council.
- Maximising joint opportunities associated with wider regeneration and redevelopment programmes across the Borough, including the Mays Yard and Greyfriars developments in the town centre, the potential establishment of a Universal Studios park in the Borough and potential joint opportunities in relation to the proposed development of a further SEND school in the Borough.
- Continuing to work with partners to find an alternative funding mechanism to enable the delivery of the proposed mental health inpatient unit.
- Car parking infrastructure on the multi-purpose Bedford Health Village site – both medium term solutions and to address the long-term requirement associated with the proposed delivery of the mental health inpatient unit on this site.
- Multi-agency forward planning around the future infrastructure needs for growth allocation sites within the existing Local Plan, and the new proposed Local Plan.
- Opportunities for co-location of back-office functions / administrative bases.
- Potential new accommodation for the Path2Recovery service and ELFT's Specialist Services team.
- Expansion of the main Community Dental Service facility in Bedford
- Long term aspiration to establish a new Ambulance Station Hub in Kempston.

Bedford



Areas of Focus at Place level

Central Bedfordshire



Specific additional areas of focus across partners in Central Bedfordshire over the next ten years will need to include:

- Efficiency opportunities, and rationalisation opportunities, particularly for community health services
- Working together to secure investment to help address the capacity challenges for our nine severely constrained GP practices and six very constrained practices – with a priority focus on those serving patients living in higher levels of deprivation, particularly Houghton Regis, or facing other challenges with access (e.g. our rural communities across Central Bedfordshire).
- Working with partners to secure funding to enable a permanent health facility in Wixams.
- Agreeing a way forward following reviews of the estate in Leighton Buzzard and Biggleswade
- The future of the Steppingley Community Hospital site, including securing investment to enable relocation of the wheelchair service
- Multi-agency forward planning around the future infrastructure needs for growth allocation sites within the Local Plan, and supporting the development of the new Local Plan – including focus on Marston Vale, Arlesey, North of Luton, Mid-Bedfordshire (Amphill/Flitwick/Shefford) and Biggleswade.
- Opportunities for co-location of back-office functions / administrative bases, including a proposed Pharmacy supply hub for community health services
- Maximising available S106 funding to deliver improvements to the condition and capacity of our healthcare estate.
- Reconfiguration of Community Dental Service provision to increase efficiency and support skill-mix development.

Areas of Focus at Place level

Specific additional areas of focus across partners in Luton over the next ten years will need to include:

- Securing funding to deliver a Community Diagnostic Centre in Luton
- Supporting the prioritisation of the next program of strategic improvements to the Luton & Dunstable Hospital site and development of an investment strategy to enable these improvements
- Efficiency and rationalisation opportunities, including Charter House, office accommodation in Arndale House and re-purposing void space at Liverpool Road Health Centre
- Securing funding to support the relocation of the Urgent Treatment Centre / Walk in Centre, into an alternative town centre location
- Working together to secure capital and enabling investment to help address the capacity challenges for our twelve severely constrained GP practices and four very constrained practices – with a priority focus on those serving patients living in higher levels of deprivation.
- Maximising joint opportunities associated with wider regeneration and redevelopment programs across the Borough.
- Multi-agency forward planning around the future infrastructure needs for growth allocation sites within Luton Borough Council's Local Plan, and for neighbouring Local Authorities, including the North of Luton development in Central Bedfordshire and the East of Luton development in North Hertfordshire.
- Opportunities for co-location of back-office functions / administrative bases.
- Expansion of mental health facilities, including an increase in bed numbers at the CAMHS Evergreen Unit, and potential establishment of a Crisis House.
- Expansion of the main Community Dental Service facility in Luton by repurposing vacant space in the building
- Long term aspiration to establish a new Ambulance Station Hub in Luton.

Luton



Future Capital Needs

These are new proposed schemes/costs, in addition to the existing delivery pipeline

The strategic capital programmes that are necessary for maintaining the sustainability of our services are shown below. These are in addition to a range of smaller schemes and Maintenance programmes across all sectors.

Master Plans for the Bedford Hospital and Luton & Dunstable Hospital sites Phased investment plan to replace poor quality infrastructure with new, fit-for-purpose facilities, which will enable efficient and high-quality care delivery	New Hospital Programme for Milton Keynes Hospital Phase 1 to include new Women's & Children's Hospital. Phase 2 to support wider site sustainability issues	Reducing inequalities in Primary Care Phased programme to increase capacity for the 61 GP practices considered to be very/severely constrained, with a targeted focus on areas with higher deprivation levels or facing other inequalities (e.g. in our rural areas)	Infrastructure for Strategic Growth Sites Multi-agency programme to ensure appropriate health and wider community infrastructure for our growing communities across BLMK, drawing on a range of potential funding sources
Luton Community Diagnostic Centre (CDC) BLMK's strategy for diagnostic services is dependent on delivery of a CDC in Luton, where there is high need, and the potential to drive improvements in health outcomes through improved access and earlier diagnosis	Bedford Mental Health Inpatient Unit Proposal to establish a new large adult inpatient mental health unit on the under-utilised Bedford Health Village site, enabling local care delivery and repatriation of care closer to home	Roadmap to Net Zero and Climate Adaptation A range of decarbonisation and energy efficiency schemes across all sectors to make major progress towards national and local environmental targets, along with a phased programme to protect our facilities from climate change	Digital Strategy Delivery Multi-year programme to upgrade digital infrastructure across the system, to make further progress towards integrated electronic health and care records, and interoperability

Future Capital Needs

These are new proposed schemes/costs, in addition to the existing delivery pipeline

		Bedfordshire Hospitals NHS Foundation Trust	Milton Keynes University Hospital Trust	Primary Care / ICB	NHS Property Services	Comments
Master Plans for the Bedford Hospital and Luton & Dunstable Hospital sites	Luton Site - Phase 1	£55.6m	-			Existing Scheme - final two years of programme already in delivery
	Luton Site - Phase 2	£280.0m	-			
	Luton Site - Phase 3	£140.0m				
	Bedford Site - Phase 1	£180.0m	-			
	Bedford Site - Phase 2	£180.0m	-			
New Hospital Programme for Milton Keynes Hospital	Phase 1	-	£301.0m			
	Phase 2	-	£445.0m			
Reducing inequalities in Primary Care	Phase 1	-	-	£74.5m		Existing pipeline equivalent to £21m – 3PD, S106, NHS capital
	Phase 2	-	-	£93.9m		Total new primary care £165m
	Phase 3	-	-	£17.7m		
Infrastructure for Strategic Growth Sites		-	-	£134.0m		
Community Diagnostic Centres	Bedford	£19.0m	-			Existing Scheme
	Luton	£50.0m	-			
Roadmap to Net Zero and Climate Adaptation		£70.0m	£17.0m	£8.7m		Costs not fully quantified across all partners
Digital Strategy Delivery (including IT Hardware replacement)		£48.3m	£22.0m	£41.5m		Costs not fully quantified across all partners
Maintenance & Clinical Equipment Replacement (including Backlog)		£188.1m	£196.4m	£3.0m	£14.5m	ELFT Backlog Maintenance of £22.5m to be included on host ICS capital template. Majority of CCS and CNWL estate is leasehold.
Leases			£11.9m			
Other Schemes		£11.7m	£179.0m	£25.0m		
Specialist Commissioning						Costs not yet quantified. BLMK ICB became responsible in 2024.
Contingency		£100.2m	£89.6	£28.7m		
TOTAL		£1,320.9m	£1,261.9m	£427.0m	£14.5m	£3,023.4m

Future Capital Needs

These are new proposed schemes/costs, in addition to the existing delivery pipeline

Some of the partners in the BLMK ICS receive their capital allocations from other systems and will need to reflect their capital requirements to support their service delivery / assets within the BLMK system in separate Capital Templates. This applies to our Community and Mental Health Trusts.

Scheme / Project / Programme	Organisation	Site location Name	Site Type	Capital (£m's)
Bedford Mental Health Inpatient Unit	ELFT	Bedford Health Village	Mental Health	80.0
EVERGREEN CAMHS: +6 bed expansion	ELFT	Evergreen CAMHS unit	Mental Health	5.0
CRISIS HOUSE: Luton (short term crisis accommodation)	ELFT	New facility	Mental Health	2.0
Maintenance, backlog, safety and improvement programmes and Medical Equipment	ELFT	Various	Other - community & mental health	59.7
Net Zero Carbon Reduction Plan	ELFT	Various	Other - community & mental health	2.5
Other New Build / Transformation Projects	ELFT	Various	Other - community & mental health	17.3
New business, community and primary care development	ELFT	Various	Other - community & mental health	6.7
Bedford Children & Family Hub	CCS	New facility	Community	
Reconfiguration of Child Development Centre	CCS	Redgrave Gardens	Community	
Medium-term car parking infrastructure at the Bedford Health Village site	NHS PS	Bedford Health Village	Other – acute, community, primary care and mental health	0.2
NHS PS Estate Backlog Maintenance	NHS PS	Various	Other - community, primary care and mental health	14.1

Delivery Governance

The existing governance structure (slide 14), led by the ICB's Finance and Estates team, is fit for purpose for overseeing the delivery of this Strategy. The BLMK Capital and Estates Oversight Group (CEOG) will be the key system forum for ensuring an appropriate programme plan and delivery metrics are put in place to support and monitor delivery. As well as our local partners, NHS Property Services are a key member of this group – given that they are responsible for over 20% of the BLMK healthcare estate.

Delivery of this Strategy will also be dependent on continuing to bolster structures at Place level. Continuing to strengthen our One Public Estate approach is dependent on robust partnerships, data exchange and joint objectives at a local level. Place structures will be key to bringing Local Authority and health partners together to understand all the possible opportunities, and to enable agility and flexibility to help maximise these opportunities.

We expect our Single Asset Management pilots to be led at Place level, and will help us as a system to consider if and how we can evolve and potentially integrate some of our Estates management functions in the future.

Bedford Borough Case Study

A Strategic Primary Care Estates Board has been in place in Bedford for just under a year. The Board is chaired by the Chief Executive of Bedford Borough Council, and includes senior members of the Council's Planning, Finance and Assets teams and the ICB's Estates and Primary Care Teams and the joint Place lead. A quarterly meeting also takes place with the elected Mayor and key Council Member portfolio holders to share progress.

The Board oversees delivery of a joint programme of priority primary care capital schemes, some of which include redevelopment of Council-owned sites. The Council has agreed a £9m capital budget to enable delivery of the programme.

In addition to ensuring a sustained focus and momentum on priority projects, the Board has provided other benefits, in terms of closer liaison and joint planning for key housing growth areas, sharing of expertise and experience between partner organisations, and commencing development of a joint investment strategy which enables value for money for both organisations.

The remit of the Board will be able to expand to support delivery of this Strategy's delivery plan, and will provide an appropriate footprint for continuing to expand the scope of joint infrastructure planning as service and partnership priorities evolve.

Resourcing the delivery of this Strategy

The workstreams in our delivery plan which will require additional resources, include:

- Single Asset Management pilot – will require a dedicated Neighbourhood/Place Building Manager role in any pilot areas, either from existing teams within partner organisations or additional temporary resource
- Equipment and technology, and project management capacity, to improve the utilisation of buildings resource, e.g. implementation of room sensors and room booking system
- Instatement of a premises inspection regime – may require external resource
- Rolling programme of facet surveys in primary care – external technical support required
- Climate Adaptation Risk Assessment and Delivery Plan – may require external expert resource
- Access to specialist advisors in relation to development of ICS Sustainable Estate policies (may be available via NHSE Regional team)
- Specialist Town Planning advice to support review of S106 processes (may be available via NHS Property Services)

- Support from PCNs, VCSE partners and potentially local Housing Associations with expansion of social prescribing and Community Garden activities using NHS estate
- Each of the priority capital projects and programmes will require dedicated project managers/teams, which will be the responsibility of the relevant lead organisation to ensure appropriate capacity and skills are in place.

Delivery of these resource requirements will be subject to affordability, and may require access to external funding opportunities and/or contributions from partners in terms of people or funding.

Delivery of this Strategy will rely on support from the Estates teams across all partners, and input from a variety of teams across the ICB and other partner organisations, including Business Intelligence support, leadership from People teams in relation to implementation of new ways of working, Sustainability, Finance and Communications leads.

Funding

As stated in the introduction to this Strategy, there is a gap between the amount of funding available to the BLMK system, and the amount of funding that is set out as required in this Strategy. Therefore, many of the proposed priorities in this Strategy are currently unfunded. Very significant levels of additional investment are required to future-proof local services; this Strategy estimates a total capital funding requirement at £3bn. There are a variety of sources of funding potentially available to the system, though the most important source will be access to additional national NHS capital funding via central Government.

NHS capital funding

The capital template included as Appendix C to this Strategy outlines the levels of investment needed across the system in order to maintain, improve and sustain our infrastructure. The expectation is that NHS England and DHSC will use the information from these templates across the country to inform negotiations about future capital settlements for the NHS. This could potentially come in the form of additional operational capital allocations for systems, or bidding opportunities against specific priorities.

Local Authority collaboration

Place level partnerships are key to exploring access to alternative forms of capital funding to support healthcare infrastructure, both in terms of:

- The potential for investment by Local Authorities into local schemes where value for money can be achieved for all parties; and
- As a route to accessing wider external funding sources, e.g. Housing Infrastructure Fund, New Town Deal funding, Devolution opportunities, etc.

Three of our Local Authorities have created capital budgets for investing in priority health and care projects and/or are leading on the delivery of healthcare projects (often as part of wider developments).

Disposals

Only a small number of disposal opportunities have been identified by the system, for NHS PS sites in Wolverton, Cranfield and Queens Park (Bedford). Along with the recently achieved disposal in Dunstable, this could equate to c. £1m capital available for re-investment into the BLMK system into sites which NHS PS has a legal interest in.

ELFT are also in the process of exploring the potential disposal of one small domestic site in Luton. Further detail in Appendix D – Disposals Template.

Funding

S106 Funding

Much of the growth in BLMK is housing-led. All four of the Local Authorities in BLMK have ambitious adopted Local Plans, in line with central government targets, and all four are in the process of developing/finalising their updated Local Plans. (The Place Profiles in Appendix B provide further detail around the proposed growth sites and maps across BLMK).

Delivering essential health infrastructure in line with growth, particularly for larger strategic growth allocation sites, will be heavily dependent on a joint approach with our Local Authority partners, including securing appropriate contributions from housing developers, and towards the right projects.

A total of £1.8 million of S106 funding was spent on primary care estates projects in 2023/24, and a further £289k was spent on Acute infrastructure. As at June 2024, a further £12.9m S106 is available to the system (albeit with constraints about where and how funding can be deployed).

Income Generation

No opportunities have been identified for generating income from any of the healthcare sites in BLMK.

Investment Strategy

One of the actions in this Strategy's Delivery Plan (Section 6) is the development of a system Investment Strategy. The aim is to explore a range of alternative funding routes for enabling delivery of the system's priority capital projects. This will include:

- Revenue-funded options utilising third party investment, including Local Authority borrowing
- Joint Venture mechanisms
- Options for maximising and forward-funding S106 contributions.

Risks

The key risks to delivery of this Strategy are:

- Lack of or inadequate capital funding
- Lack of or inadequate revenue funding
- Technological advancements / unknown pressures which may require further capital funding not yet quantified
- Poor quality data leading to poor decisions
- Lack of leadership or ownership of strategy
- Inadequate governance or control
- Adverse events diverting resources
- Conflict or disagreement between partner organisations
- Delivery plans not adequately resourced
- Key assumptions incorrect
- Strategy and plans not subject to regular review and testing
- Ability to recruit and retain the appropriate estates skill set, especially in maintenance roles

These risks will be actively managed via the Capital & Estates Oversight Group. Risks will be escalated to the ICS Directors of Finance Group and/or the ICB Board where necessary.

It is important to note that the greatest risks are largely outside the ICB's control, particularly our funding challenges.

The impact of non-delivery of this Strategy would include:

- Direct impact on patient care and access
- Inability to future-proof our services
- Reduced efficiency and productivity of our services
- Potential for further recruitment and retention challenges, and insufficient physical capacity to grow our future workforce
- Loss of trust from stakeholders, including local residents.

SECTION SEVEN: Conclusions

1. This Strategy doesn't fix everything

- Whilst we have set out a range of practical measures within the Strategy which will help us to make improvements, which are broadly within our gift to deliver given the financial context, these will not solve all of our Estates challenges.
- We need significant additional investment over the next 10 years (£3bn) to ensure our infrastructure remains fit for purpose, and to grow our estate in line with rising demand.

2. State of Bedfordshire Hospitals Trust estate

- This is a major cause for concern for the Trust, and one of the biggest estates risks in our system.
- This is already impacting on patient care and performance, and this will be a growing problem in the coming years. The Trust (and our system) do not receive anywhere near enough capital funding to resolve this.

3. Inequalities in Primary Care which deserve focus

- We have thirty-four GP practice premises which are severely constrained, and over half of these are in areas with higher levels of deprivation and others are in rural areas with higher proportions of older people.

- The communities served by these practices will typically have higher levels of need and worse health outcomes.
- This Strategy makes a commitment to prioritise our limited resources towards these services to help reduce inequalities.

4. Lack of capital investment into our community and mental health estate

- The national capital funding arrangements for community and mental health services do not allow for capital allocations to adequately follow the service, and we are feeling the impact of this in BLMK.
- All of our community and mental health trusts are hosted by other ICSs. Their host systems receive their capital allocation for all of the services they deliver, including those delivered in our system. These Trusts also have to work to their host system's CDEL, which can prevent them being able to invest capital into BLMK.
- There is an inherent conflict in these arrangements which is resulting in very low levels of capital investment into the BLMK out of hospital estate.
- Our population is expected to grow by 25% in the next twenty years. Demand for some of our community and mental health services is likely to grow at an even higher rate than this.

SECTION SEVEN: Conclusions

5. Net Zero and Climate Adaptation

- In the context of current levels of capital funding and financing opportunities, it will be impossible for us to achieve our Net Zero targets.
- This Strategy recommends determined focus on big-ticket items which we will decide upon as part of the refresh of our system Green Plan by March, but we will be almost entirely dependent on securing external funding to deliver against these – which is in short supply.
- Even where we are successful in securing capital funding, the revenue impact will require careful consideration and management.

6. Prioritisation of Capital Funding

- Further prioritisation of our proposed capital schemes for the system for the next ten years may be required. This would require difficult decisions.
- The reality is that reactive Backlog issues are making up a high proportion of our current system spend against our capital allocation.

7. Pragmatic and Integrated Approach

- We need to plan and deliver our infrastructure in true collaboration **working together, across our system**. We must continue to build becoming ever-more mature and strategic in our collective planning.
- We **must make best use of what we have** by transforming the way we use capacity across our built infrastructure and our workforce, taking a One Public Estate approach in the way we use space and sharing our skills and expertise.
- We need **significant infrastructure investment** across all parts of our system. At the same time, we need to develop **alternative funding approaches and solutions** to support our wider infrastructure needs.
- Partnerships will be core to our future success so we need to do more work in developing and realising scalable **partnerships with local stakeholders to maximise opportunities** in infrastructure development across One Public Estate.
- This Strategy sets a direction for the ICS for the next ten years. The next step will be developing the **system Programme Plan** to support delivery of our ambitions.

Appendix A – Our Acute Estate

Our Acute Estate

Our system has two major Acute Trusts, Milton Keynes University Hospital (MKUH), which is on a single site, and Bedfordshire Hospitals with two core sites in Luton and Bedford.

	MKUH	Luton & Dunstable	Bedford	Totals
GIA (sq m)	64,984	64,567	71,535	201,086
Number of Buildings	33	52	25	110
Annual Estates Running Cost (£m)	9.2	16.4		

Activity levels for both Acute Trusts with the system (based on 2022/23 Annual Reports)

Activity	MKUH	Bedfordshire Hospitals
In-Patient	54,000	175,000
Out-Patient	414,000	720,000
ED Attendances	101,000	250,000
Births	3,500	7,800

The table below illustrates the backlog condition liabilities and age profile of the buildings for both Trusts

	MKUH	Luton & Dunstable	Bedford	Totals
Current Backlog (£m)	41	270		311
- of which High/ Significant Risk (£m)	31	154		185
Age Profile % (years)				
< 20	40	8	10	
20 -50	60	27	51	
50-80	-	33	22	
> 80	-	32	17	

For MKUH, the most recent six facet appraisal (2020) showed majority of buildings in Condition B although several key buildings such as A&E and Childrens Development Centre in Condition C. Both the age profile and backlog liability are better than national average, but **the majority of outstanding risk falls in the High/Significant category.**

Appendix A – Our Acute Estate

Bedfordshire Hospitals Trust has a very high level of backlog condition liability totaling over £270m with nearly 70% being in the High or Significant risk category. The average Trust backlog liability in England is c£50m. The Trust has experienced a number of critical infrastructure failures over the recent past, and **the condition of the Estate is of major concern to the Trust.**