

BLMK ICB Infrastructure Strategy

2025 - 2028

1.0 Introduction

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

This Infrastructure Strategy for BLMK Integrated Care Board outlines how we will work to ensure that our healthcare infrastructure continues 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 builds on a system infrastructure assessment carried out in 2024 (Appendix A).

From our engagement with residents, our partners and elected representatives (MPs and local Councillors) and the assessment we completed last year, we know there are issues with the capacity, condition and accessibility of some parts of our estate, which can impact on patient access and care, including the health and safety of our patients and workforce. We need to plan for substantial levels of population growth across our area and strategic challenges and opportunities, such as the arrival of Universal Studios to Bedford, and we also know that there are ambitions for more care to be delivered closer to home.

Whilst we are ambitious about the improvements we want to achieve, the financial constraints facing the BLMK system and wider public sector are very significant. This Strategy is realistic and focused to ensure high impact, especially in the context of limited resources. It provides clarity on our challenges and our future requirements to support our national conversations regarding risk and opportunity, and our wider stakeholder engagement.

Significant levels of additional investment are required to future-proof local services – in excess of £3bn over the next ten years – which aren't guaranteed to become available. This Strategy sets out our vision for continuing to improve our infrastructure and how we will do our best to secure and identify additional funding to help us to maintain, improve and grow our estate, and to work towards meeting our environmental responsibilities.

In summary, our strategy will be to...

- Support coordinated lobbying of Central Government to position BLMK as a priority for additional capital and revenue funding.
- Maximise opportunities for BLMK to benefit from NHS capital funding opportunities.
- Consider the potential for additional revenue investment into priority Estates and Digital projects, to enable partnership schemes with third party delivery partners (including our Local Authority partners).

- Maximise opportunities for external capital funding, particularly through working with our Local Authority partners and housing developers.
- Maximise the efficiency of our existing estate, with a particular focus on estate adaptations that drive efficiency and increase capacity for seeing patients.

...to enable delivery of our strategic intentions and our priority workstreams:

1) Fit for purpose hospital estate	5) Care closer to home
2) Protecting planned care	6) Roadmap to Net Zero and Climate Adaptation
3) Primary care and neighbourhood services	7) Digital Strategy delivery
4) Supporting growth	

It is important to note that this Strategy, and particularly our priority workstreams, will evolve over time. There are significant system transformation programmes underway across BLMK and within each Place where further infrastructure requirements may be identified and may need to be incorporated into this Strategy going forward. The three priority transformation programmes for 2025/26 which will improve resident outcomes and help to deliver our balanced plan, are:

- Transforming Complex Care
- Transforming End of Life Care
- Transforming Admission and Discharge Pathways

In addition to these three priorities, the ICB Board has also agreed the following 'enabler priorities' which will help to realise the System Transformation opportunities set out above. The Priority Enablers are:

- Integrated Neighbourhoods
- Improving Health Equity
- Digital Utilisation
- Community and Mental Health Transformation

2.0 Why we need an Infrastructure Strategy

Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) plays a coordinating role in managing the local healthcare system. Our core vision, established in the 2023 BLMK Integrated Health and Care Strategy, is for everyone in our towns, villages and communities to live a longer, healthier life. This is underpinned by our two system missions, to: i) Increase the number of years people spend in good health; and ii) Reduce the gap between the healthiest and least healthy in our community.

This BLMK ICB Infrastructure Strategy is a key enabling strategy to support delivery of our overarching missions and strategies, including the [BLMK Health Service Strategy](#) and our Joint Forward Plan. This Strategy will also support us in delivering national priorities

(including supporting the key themes from the [Darzi Review](#) and the emerging NHS 10 Year Plan), planning guidance and operational priorities, and our Net Zero ambitions.

2.1 Our Challenges

In BLMK, we face major infrastructure challenges, which, without new investment, will worsen and threaten service viability. BLMK is the fastest growing area 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 rapid pace, and we have capacity constraints. Our delivery of services is negatively impacted too regularly by our estates risks coming to fruition, for example regular lift and operating theatre outages, loss of power, heating and hot water at some of our hospital sites. This can have a direct impact on the health and safety of our people, patient care, our performance and productivity, and on the health outcomes of our residents.

The BLMK system is at the heart of the Government's growth agenda. Situated in the middle of the Oxford – Cambridge Growth Corridor, BLMK is already growing at a rapid pace. Further major growth projects are planned in and around this area, including major housing developments and possible New Towns, the delivery of East-West Rail and major road upgrades, Luton Airport expansion, the "Silicon Valley" ambition, and the recently confirmed Universal Studios theme park.

These projects bring enormous opportunities to the area and local people which we welcome, in terms of more housing, better transport links, more jobs – all supporting local and national economic growth, and ultimately supporting our Integrated Care System ambitions to help local people live healthier lives and for longer.

But growth on this scale and pace brings unavoidable challenges. It is imperative that local communities are assured that growth is adequately supported by sufficient expansion of public sector services, and one of the priority concerns is around access to healthcare services.

We estimate that £186m capital investment is needed across BLMK to address existing inequities in primary healthcare capacity, and a further £134m capital is needed to respond to planned growth. Furthermore, the anticipated NHS Ten Year Plan is set to recommend a further "left shift" of services with even more activity taking place outside of hospital settings – which may require even further investment in primary, community and mental healthcare infrastructure. As the plan for the left shift develops, we will identify the amount of capital investment required to support putting this into place. The out of hospital estate across BLMK sits under the responsibility of many separate organisations, which creates a complex landscape for funding and delivering improvements.

Major investment is also required for our hospital infrastructure. NHS capital funding allocations are not keeping pace with the cost of maintaining essential buildings and equipment, for example Backlog Maintenance for the Bedfordshire Hospitals Trust estate increased from £48m in 2018 to £291m in 2024. This has a direct impact on patient care and service performance, and there is limited ability to invest in growing the capacity of hospital infrastructure to keep up with growing demand.

Even with the most innovative and collaborative partnership approaches, these financial challenges are of a scale beyond which can be resolved within local funding allocations

alone. Central Government has made a commitment to ensuring that the Oxford – Cambridge Growth Corridor area has the right infrastructure and public services in place to support the area as it expands. It is essential that national and local organisations consider how we can work together to secure the necessary levels of investment to ensure success in delivering the growth agenda and the NHS Ten Year Plan in this area.

The strategic challenges facing the BLMK healthcare system in relation to our infrastructure can be summarised as:

- Very fast rates of population growth and demographic changes (including an ageing population and increasing diversity) which means that demand for services is growing rapidly, but funding allocations for our system are not keeping pace.
- Variation in need across BLMK from rural dispersed communities to densely populated urban communities with high levels of deprivation means that growth in demand has different causes and impacts in different communities, needing a variety of solutions.
- An ageing estate which is in poor condition in many places and is expensive to maintain, with particular vulnerabilities in some of our acute hospital estate.
- An estate which is not large enough for some services, which is impacting on patient access, our ability to fully accommodate the workforce levels we need for some services, and insufficient space to train our future workforce.
- Capital funding allocations which are insufficient to even fully maintain our existing estate, let alone reshape our estate to meet current and future needs.
- Increasing financial challenges for our providers with managing their estate, meaning that it is sometimes unaffordable for them to take on more space. Similarly, limited headroom within revenue budgets to support the recurrent funding consequences associated with capital projects.
- Limited availability of funding within the system for developing business cases at-risk, to help prepare for capital funding opportunities.
- High number of stakeholders involved in managing the estate across BLMK, with complex funding arrangements. Delivery of infrastructure improvements is often dependent on cooperation from multiple stakeholders.
- Local strategy and an emerging NHS Ten Year Plan which aims to achieve a shift towards more preventative and community-based healthcare services to improve accessibility and patient outcomes, but against the backdrop of an already constrained out of hospital estate in BLMK, which can limit our ability to support service improvements and transformation.
- Ambitions and responsibilities relating to reducing the carbon footprint of our estate, but with limited funding opportunities to enable us to achieve these.
- Looming budget cuts for the ICB which could impact on capacity for strategic Estates planning and project management.

2.2 Our Opportunities

There are also strategic opportunities/advantages:

- A national Government which has pledged to increase capital funding for the NHS, albeit this sometimes becomes available at short notice and with prescriptive criteria (i.e. it is often pledged against delivering specific service/performance improvements).
- BLMK is at the geographical centre of many of the Government's growth initiatives. There is a key case for investment in our system with the levels of growth we are experiencing, as the fastest growing system in the country, and our ability to support the success of the Government's wider growth agenda.
- The BLMK system has a strong track record of securing funding for, and delivering, key infrastructure projects, and we have an ambitious programme already in delivery.
- Opportunities to secure contributions towards health infrastructure from housing developers, and potential other forms of external funding relating to large housing developments (especially in relation to strategic growth sites) although there can be a long time-lag for receiving funding.
- Further remaining opportunities around partnership working across the public sector in line with the principles of One Public Estate – e.g. creative multi-agency solutions and opportunities for accessing broader external funding opportunities.
- There remain opportunities which have not been fully tapped around maximising the utilisation of our existing estate across the system.
- Periodic external funding opportunities to support decarbonisation of Estates.

2.3 What Our Residents Say

Access to healthcare is critically important for our residents, and this is intrinsically linked to the capacity and efficiency of the estate and digital systems available to support service delivery.

The BLMK population is already growing at a rate two and a half times faster than the national average and with our area at the centre of Government plans for further growth (housing growth, development of Luton Airport and Universal Studios in Bedford), we expect to see demand for health infrastructure in our area to increase further.

These projects bring enormous opportunities to the area and local people which are welcomed, in terms of more housing, better transport links, more jobs – all supporting local and national economic growth, and ultimately supporting our Integrated Care System ambitions to help local people live healthier lives and for longer. But growth on this scale and pace brings unavoidable challenges.

Over the last two years, we have worked closely with residents to understand their concerns about access to health and care services, and while this focus has primarily been on primary care estates, residents have expressed concern about the impact development has on acute hospitals and capacity in community care – both now and in the future.

Through [the Big Conversation](#), our [System Insight Network](#), which focused on Government's Change NHS consultation and [engagement undertaken to shape the future of primary care](#), we have heard that local people are concerned that expansion of public sector services is not keeping pace with growth, specifically in primary care.

This is particularly keenly felt in some of the smaller and more rural communities across our region for example in some of our smaller market towns where the impact of major housing developments is highly visible and impactful, and where residents believe they experience a direct correlation with public service constraints.

More than 6,000 residents in Leighton Buzzard completed a survey outlining the needs of people in the town, and residents in Wixams and Biggleswade have petitioned the ICB for additional funding to create new estates which will provide access to primary medical care and wider services.

Access to health care continues to be the main priority for residents. In the landmark independent [Denny Review](#), which was published in September 2023, Reverend Lloyd Denny reflected on the estate across the region, which some residents identified as a barrier to access for people with disabilities. Residents also expressed concerns that lack of access to diagnostic testing in communities and specialist treatment close to home was a significant challenge for residents especially in Luton, where 25% of deaths were cancer related, and access to cancer services required people to travel out of area, into London.

Over the last two years, we have worked with residents and elected representatives including MPs and local Councillors, Healthwatch, VCSE and local people to listen to their views and work with partners to identify solutions.

We are ambitious for the people and communities we serve and have responded to feedback. We have implemented a significant programme of work across primary medical care to improve efficiency and productivity and ultimately to improve access to services. More than £2m recurrent funding has been invested to upgrade infrastructure and increase capacity –and this has contributed to a 5.9% increase in the number of appointments in the last year.

This Strategy describes the work we are doing to continue to improve capacity in these and other areas.

3.0 Our intent

The statements which follow provide an over-arching set of principles and ambitions for continuing to maintain and improve the healthcare infrastructure in BLMK. They set out our intended direction of travel, and we believe that each statement should persist through the duration of this Strategy, regardless of societal, clinical and political changes. These statements will guide the choices we make in relation to our healthcare infrastructure in BLMK and with our partners in our system.

We will work to deliver healthcare in an estate which is fit for purpose¹:

¹ This is one of the statements from the core vision of the [BLMK Health Services Strategy](#).

- 1) **We will** grow the capacity of our estate to address existing challenges and inequities, and to accommodate population growth.
- 2) **We will** replace and improve estate in poor condition to improve the quality of care and staff working conditions, and to protect the sustainability of our services.
- 3) **We will** use and develop our estate and technology to facilitate effective neighbourhood health and care provision, including enabling a shift from healthcare intervention to the prevention of ill health.
- 4) **We will** make investment decisions in relation to our infrastructure which promote a narrowing in health inequalities and service inequities.
- 5) **We will** work with partners to plan infrastructure solutions which take into account the changing needs of our population, and which enable delivery of our missions and strategies.
- 6) **We will** work to enhance social value and support local economic growth in the way we manage our estate.
- 7) **We will** reduce the carbon footprint of our estate and will take action to adapt our estate to reduce the impacts of climate change.
- 8) **We will** ensure that our estate is used efficiently and productively and delivers value for money, including maximising digital and other technology developments as appropriate.
- 9) **We will** use and develop our estate to support the provision of care as close to the resident's home as possible, in line with agreed care pathways.

STATEMENT 1: We will grow the capacity of our estate to address existing challenges and inequities, and to accommodate population growth.

BLMK is one of the fastest growing areas in the country. In the ten years between 2011 and 2021, BLMK's population grew faster than England and Wales and is expected to grow by 25% in the next 20 years. This equates to over a quarter of a million more people, bringing the total population of BLMK to 1.25m by 2043.

Many of the healthcare services delivered across BLMK are already operating from facilities with restricted capacity, for example half of the 124 GP practice premises in BLMK are classed as very or severely constrained. This can impact on patient access, and regularly impacts on capacity for training and recruiting staff. Many of the community and mental health services across BLMK experience challenges with space, and there is increasing pressure on our acute hospital sites.

To support our services to grow and flex to accommodate rising demands, we will:

- Maximise our existing assets, including enabling more a more productive estate, re-purposing space to increase capacity for seeing patients and eradicating void space in our NHS buildings
- Work collaboratively with partners to plan for growth, and to maximise funding opportunities associated with new housing and ensure that this is put to best use

- Do all we can to attract capital investment into BLMK and ensure our use of available funds supports the delivery of services across each of our Places.

There are multiple major housing developments (strategic growth sites) under development and planned in and around the BLMK area, with further large developments being considered including applications to the Government's New Towns programme. We will continue to work closely with Local Authority partners and housing developers to plan and deliver the right infrastructure for each community, within available resources.

There is no one-size-fits-all estates solution for responding to the needs resulting from housing growth. Individual assessment is required for each community, taking into account projected future demand versus the capacity already locally available.

This assessment starts in partnership with Local Authorities as they develop their Local Plans (long-term housing growth plans) and accompanying Infrastructure Delivery Plans (IDPs). It continues as developers come forward with their detailed planning applications – at which stage the ICB confirms the solutions needed to mitigate the impact of growth and seeks appropriate contributions from developers in the form of Section 106 funding. These solutions can include new facilities within development sites, or the expansion or relocation of existing facilities.

Joined-up working between the ICB and our Local Authority partners is critical for effectively planning for and maximising funding (developer contributions and other external funding opportunities) towards the extra healthcare infrastructure needed to mitigate the impact of housing growth. Ensuring appropriate site allocations are provided where appropriate for health facilities in large new developments and ensuring that developers comply with their obligations to help fund the delivery of new/expanded healthcare facilities is essential for ensuring that growing communities have access to the health services they need, given the absence of alternative funding sources. This requires a long-term joint planning process.

For very large developments, we will pursue multi-purpose facilities providing a range of services at the heart of new communities wherever appropriate and possible, to support the transition towards integrated neighbourhood service provision.

Examples of this model can be seen in facilities such as Whitehouse in Milton Keynes where a number of services including primary medical care and dental care and community diagnostic provision are based alongside wider community services such as the police. And the new Elverby Community Centre under construction in the Eastern MK expansion area will provide primary, community and mental health services alongside a community centre, library and children's centre for the 4,000+ houses planned in this area, which has been part funded by external funding from Homes England.

Similarly, the senior living village in Steppingley, Red Kite Meadows, being delivered by Central Bedfordshire Council will include healthcare facilities integrated within the complex of a 72-bed residential older persons' care home, 88 one and two-bedroom independent living apartments for the over 55s, and an eight-bed short breaks facility.

	
<p>Elverby Centre, Milton Keynes</p>	<p>Steppingley Road Senior Living Village – Artist's Impression</p>

STATEMENT 2: We will replace and improve estate in poor condition to improve the quality of care and staff working conditions, and to protect the sustainability of our services.

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, we will ensure our facilities are safe, compliant with infection control requirements, and operate effectively. We also aim for all of our facilities to be of a standard of condition such that they are easy to access and welcoming, and help to ensure a positive experience for visitors and staff, including those with specific needs, e.g. our patients who have physical or learning disabilities, or with dementia.

We will support all of the healthcare providers in BLMK and the NHS property companies to develop and implement robust prioritised plans for addressing their Backlog maintenance challenges and critical infrastructure risks, and to continue to improve their facilities.

Some of the healthcare sites with the biggest maintenance challenges in BLMK are the Bedford Hospital and Luton & Dunstable Hospital sites, due to the age of their buildings. These challenges can only be overcome long-term by replacing old buildings with new facilities. We will do all that we can to support Bedfordshire Hospitals Trust to access capital funding to support phased delivery of their masterplans for improving both sites.

STATEMENT 3: We will use and develop our estate to facilitate effective neighbourhood health and care provision, including enabling a shift from healthcare intervention to the prevention of ill health.

Going forward, integrated neighbourhood working is a key foundation for our delivery. Our [Health Service Strategy](#) sets out our intent to continue to support our place partnerships to build healthier communities through community-led approaches to health and wellbeing, in line with the national [Neighbourhood Health Guidelines](#).

The central principle behind neighbourhood provision is that all parts of the health and care system – primary care, social care, community health, mental health, acute, and wider system partners – will need to work closely together to support people's needs more systematically, building on existing cross-team working, such as primary care networks, provider collaboratives and collaboration with the voluntary, community, faith and social enterprise (VCFSE) sector.

The neighbourhood health model is a more integrated and proactive way of working between a wide range of services and partners. Delivering a neighbourhood health model relies on digital interoperability between services and access to reliable population health management data and intelligence, which we will continue to support through implementation of our Digital Strategy and Modern General Practice digital tools.

Neighbourhood working does not require a new estates model per se, but is reliant on services having sufficient capacity, and more flexible utilisation of collective assets. Specific service developments may also require bespoke estates solutions, and where feasible and affordable there can be potential benefits from co-location of services including opportunities for closer working across the primary care system, including with community pharmacy, dental and optometry partners.

Prevention and proactive care are also key features of a neighbourhood health service model. Our Health Service Strategy sets out our intentions to prevent avoidable illness through initiatives such as: health education; supporting self-management; smoking cessation; supporting people to stay in good employment; encouraging physical activity and healthy diet; and, maximising the uptake of screening and vaccination, in line with the [ICB Primary Care Prevention Plan](#). Many of these services do not need to take place in medical facilities, and ensuring they are based in community settings (e.g. leisure, community and faith centres, and co-location with VCSE partners), will help to relieve pressure on the healthcare estate whilst making these services easier to access.

To facilitate effective neighbourhood health and care provision from an infrastructure lens we will:

- Deliver our [Digital Strategy](#), enabling us to continue to facilitate good communication links between services and better sharing of data to support joint decision making
- Address existing capacity challenges within primary medical care, with a priority focus on our most constrained providers, particularly those serving areas with highest patient needs
- Help to improve access for patients through greater use of digital services and tools where appropriate (whilst recognising that not all patients will choose to use digital services)
- Enable more flexible use of collective assets, with a priority focus on maximising the utilisation of the multi-purpose health centres and hubs across BLMK
- Support our community and mental health providers to maximise (and expand where required) their spaces across BLMK
- Support and facilitate the delivery of prevention services from alternative community assets.

STATEMENT 4: We will make investment decisions in relation to our estate which promote a narrowing in health inequalities and service inequities.

Our service infrastructure is a key enabler for supporting our ambitions to develop our services with our disadvantaged populations such that inequalities are narrowed rather than widened. Our improvement and investment decisions will take account of the CORE20PLUS5 approach advocated by NHS England. This approach focuses actions on populations which sit within the 20% most deprived in England and supports the local identification of other population groups who are outliers for access or outcomes.

We will address existing inequities in service provision by prioritising investment towards our most constrained primary care providers, particularly those serving populations with the highest needs. We will support our community and mental health providers to maintain and

improve access to their services across all of our Places, with particular focus on communities which are outliers for access or outcomes.

STATEMENT 5: We will work with partners to plan infrastructure solutions which take into account the changing needs of our population, and which enable delivery of our missions and strategies.

The population of BLMK is changing. Whilst growth is occurring across all age groups, the proportion of people in older age groups is expected to increase, with the 85+ age group set to more than double from 20,080 in 2023 to 42,845 in 2043. Our population is also becoming more ethnically diverse, with forecasting indicating that older age groups in particular will become more ethnically diverse.

This will influence how partners in BLMK work together to plan for and deliver services, and the infrastructure needed to support these services. New models of housing for older people are emerging for example, with an increase in extra care housing and independent living accommodation, and there will continue to be innovation within social care and complex care provision. There may need to be more focus on affordable key worker housing in the longer term.

Alongside these developments, there will be opportunities for new models of healthcare provision, for example where we have incorporated clinical rooms within the retirement village complex under construction in Steppingley in Central Bedfordshire.

We will seek out best practice nationally and internationally, and we will work closely with partners in the development of Infrastructure Delivery Plans within each Place (which are developed alongside each Local Authority's Local Plan) to identify opportunities for joint planning and innovative and cost-effective multi-agency solutions.

This work will also extend to continuing 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).

STATEMENT 6: We will work to enhance social value and support local economic growth in the way we manage our estate.

Acting as anchor institutions across BLMK, we can have a positive impact on our communities in the local economy and the environment which in turn have the potential to improve the health of individuals and communities. 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 through design, location, purpose and operation.

We will ensure that our decisions around where we deliver services from and how we manage our estate contribute 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.

STATEMENT 7: We will reduce the carbon footprint of our estate and will take action to adapt our estate to reduce the impacts of climate change.

From the infrastructure assessment completed in 2024, it was estimated that £70m capital investment is needed across the BLMK estate to support carbon reduction ambitions. More

recent assessments from provider Trusts suggest the true figure could be significantly higher.

Within the resources the system has to draw on, we will support our partners to minimise the emissions associated with creating, maintaining and operating our shared infrastructure, in line with the national requirements set out in [Delivering a Net Zero NHS](#). We will also work towards ensuring an infrastructure that is climate adapted and which better supports biodiversity.

This will include a range of actions as guided by the national evidence base to reduce operational carbon emissions and to maximise opportunities for low carbon energy, as set out in the BLMK ICS Green Plan, and Trust Green Plans, Adaptation Plans, and Heat Decarbonisation Plans.

STATEMENT 8: We will ensure that our estate is used efficiently and delivers value for money, including maximising digital and other technology developments as appropriate.

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 properties. 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.

One of our key areas of continued focus will be on space optimisation – supported by more robust tools and processes than we have at present. This will include improving our understanding of how well our 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.

We will:

- Maximise the utilisation of the multi-purpose health centres and hubs across BLMK
- Eradicate void space in our NHS buildings wherever possible
- Support our community and mental health providers to maximise their spaces across BLMK, including focus on freeing up and re-purposing under-utilised administrative space for clinical care
- Support and facilitate the delivery of prevention services from alternative community assets.

BLMK has been a testing platform for technological innovations including developments which have eased pressure on our estate, such as telemedicine, remote consultations and comprehensive electronic health records (allowing ‘paper light’ working). As set out in our [Health Service Strategy](#) we will prioritise digital enablement within our health services – for the empowerment of residents, for ease of access to services and in the delivery of those services themselves, including supporting efficient use of our physical assets.

STATEMENT 9: We will use and develop our estate to support the provision of care as close to the resident’s home as possible, in line with agreed care pathways.

As a system we are committed to working to ensure care currently delivered to our residents from outside of BLMK is provided locally in association with our Integrated Care System (ICS) partners unless there are very persuasive quality or economic barriers. Where

appropriate we will ensure care is provided in the community rather than in our acute hospitals, and on an outpatient basis rather than through admission to a hospital bed where possible. This will require a variety of infrastructure enhancements.

We will support the planning and development of a variety of infrastructure solutions to enable more care to be delivered closer to home. These will include specialist facilities to repatriate more specialist services such as inpatient mental health care and cancer services to more local settings, and the flexible expansion of primary and community care facilities to enable service transformation and new care pathways.

4.0 Priority work programmes and initial workplans

4.1 Fit for purpose hospital estate:

4.1.1 Milton Keynes University Hospital Trust (MKUH)

The future development of the Trust's estate will be driven by the need to expand capacity to meet the significant projected population growth in Milton Keynes, to enhance the environmental sustainability of the site and to continue to make best use of the available facilities.

The Trust has an ambitious capital investment programme, aligned to the New Hospital Programme (NHP), and is developing further proposals to upgrade site infrastructure through an Energy & Infrastructure Strategy. The new Women's and Children's hospital building will significantly increase clinical capacity to meet the future healthcare needs of the growing city of Milton Keynes.

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 already under construction; ii) a new imaging centre; and iii) additional High Voltage (HV) supply.

We will support MKUH with their work to develop their supporting strategies and briefing documents to prepare for the submission of their Outline Business Case (OBC) to the New Hospital Programme. In line with the national programme, construction is expected to be completed by 2030.

The Trust have further ambitions for improving and transforming their site. Construction work is underway to increase capacity in Oak House Ward (for new two 24-bed wards) and they have ambitions for a Phase 2 to their New Hospital Programme.

We will support them to make a strong case to central Government for further capital funding towards a substantial upgrade to the existing Emergency department as part of a Phase 2 to

their NHP development, as it was originally designed for less than 20,000 attendances per year, and to provide a new ward block to replace very cramped facilities.

4.1.2 Bedfordshire Hospitals Foundation Trust

Bedfordshire Hospitals Trust operates from two main hospital sites – the Luton & Dunstable Hospital and Bedford Hospital – and a further ‘North Wing’ facility on the Bedfordshire Health Village site in Bedford.

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. Development work is also underway at the Bedford Hospital site to create a new Same Day Emergency Care (SDEC) Unit.

Significant further work is needed to transform other parts of the Luton & Dunstable site and the Bedford Hospital site to ensure they are fit for future purpose. Bedfordshire Hospitals Trust has developed an ambitious masterplan for each site to address the failing infrastructure of the older buildings to replace poor quality infrastructure with new, fit-for-purpose facilities, which will enable efficient and high-quality care delivery. These include longer-term ambitions for a new clinical block, new children’s wards, endoscopy suite and medical wards, and a new medical/imaging block at the Luton site, and a new theatre block and medical block at the Bedford Hospital site. There are also significant estimated costs associated with delivery of the Trust’s roadmap to Net Zero.

We will support the Trust to continue to make a case to central Government around the criticality of capital investment for both of their sites to future-proof acute hospital services in Bedfordshire.

The Bedford Hospital site faces further risks associated with the proposed location and construction of the replacement to St John’s train station as part of the East-West Rail development. We will continue to support the Trust in discussions and negotiations with partners around the delivery of this project which is proposed to significantly impact staff and patient car parking for the site, and we will continue to support discussions with the Trust and other partners around the implications of the Universal Studios development.

4.2 Protecting planned care:

We are working hard with partners to recover our elective waiting list position – caused by factors including the pandemic, industrial action, current and historical funding constraints, rapid population growth, and increases in healthcare demand.

Going forward, we will find ways in which to prioritise and protect elective capacity whilst maximising the efficiency and productivity of our available physical estate (including operating theatres and procedure rooms for diagnostics and intervention).

BLMK is one of only two systems in England without a dedicated 'elective care hub'. Whilst such hubs are no panacea, we will develop and progress plans to provide a dedicated and ringfenced footprint for elective care. We will also develop existing and new community diagnostic centres to increase diagnostic capacity, reduce waits and provide services closer to home.

This will include work on progressing a community diagnostic centre (CDC) for Luton, as well as completing delivery of the Bedford CDC at the end of 2025, and maximising the utilisation of the two CDCs now operational in Milton Keynes. The Whitehouse CDC in Milton Keynes provides endoscopy services, some cardiac echo and respiratory sleep study diagnostic tests along with a mobile MRI scanner located within the car park, and the first services to be available at the Lloyd Court facility also in Milton Keynes are Bone density scans (DEXA scan), Ultrasound Scans (non-obstetric), Echocardiograms (ECHO), phlebotomy and ophthalmology.

The Bedford CDC due to complete end of 2025 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.

4.3 Primary care and neighbourhood services:

There is an ambitious programme of work already underway to increase capacity and to improve the condition of the estate used to deliver services in the community, including primary medical care services (see Appendix B). This programme is prioritised around increasing capacity for the most constrained services in BLMK, particularly primary medical care providers serving patient populations with higher clinical needs. This Estates and Digital programme includes:

- Thirteen projects across BLMK to repurpose space within existing GP practice buildings to enable more patient appointments (i.e. converting administrative space to clinical space) using funding from the first year of the national Utilisation & Modernisation Programme. Ten of the thirteen prioritised schemes are in Luton, and three are in Bedford. We have a list of a further eight schemes we will seek to deliver in 2026/27 should the national funding programme continue or if any alternative funding becomes available.
- Multiple additional projects to repurpose space within existing GP practice buildings to create additional clinical space using Section 106 funding, including four schemes in Milton Keynes and three in Central Bedfordshire.
- Reconfiguration of space at Queens Park Health Centre (Bedford) to create additional clinical rooms for seeing patients.
- Reconfiguration of empty space at Liverpool Road Health Centre (Luton) to enable the relocation of services from another building in the town into more fit-for-purpose accommodation.
- Reconfiguration of unused space at Biggleswade Health Centre (Central Bedfordshire) to create additional clinical capacity, and to potentially enable the relocation of other services in the town into better accommodation.

- Reconfiguration of an unused area of Newport Pagnell Medical Centre (Milton Keynes) to create additional clinical capacity.
- Rationalisation of under-utilised office space for community health services to free up space and funding for clinical services.
- Development of the business case for a consolidated primary care centre in Kempston (Bedford Borough) to support applications for capital funding.
- Development of a business case being led by Bedford Borough Council for the potential relocation of Wootton Healthy Living Centre practice to new accommodation, to support applications for funding.
- Using appropriate digital tools to support choice of access to services, as per Modern General Practice.

We have many more joint ambitions with our providers to support the expansion and relocation of multiple premises in BLMK, to ensure fit-for-purpose accommodation with sufficient capacity and able to facilitate neighbourhood service provision. We will develop the next three-year pipeline of primary care estates projects in Autumn 2025, by when we should have a better understanding of the extent of our ability to make further funding commitments towards priority projects. The pipeline will include schemes we know we want to deliver and also schemes where we are seeking funding to initiate scoping and business case development work, to ensure a robust rolling programme of projects.

The proposed criteria for prioritising the next pipeline of projects is set out in Appendix C. This builds upon criteria previously used to prioritise primary care estates schemes and has been updated with support from the BLMK Population Health Intelligence Unit. A key addition has been the inclusion of a metric relating to rurality as an additional indicator for potential inequalities in access to services, alongside measures more frequently used relating to deprivation levels and clinical health need.

We estimate that £186m capital investment is needed across BLMK to address existing inequities in primary healthcare capacity, and a further £134m capital is needed to respond to planned growth. Furthermore, the anticipated NHS Ten Year Plan is set to recommend a further “left shift” of services with even more activity taking place outside of hospital settings – which may require even further investment in primary, community and mental healthcare infrastructure.

4.4 Supporting growth:

Our work programme for mitigating the impact of growth will continue to evolve as our Local Authorities’ plans expand in line with national housing growth targets. Three of the four Local Authorities in BLMK are at varying stages of developing their next Local Plans which will set out further plans for housing growth. (See Appendix A for further information about housing growth plans in each of our Places.)

Based on the existing Local Plans, we have a work programme and set of ambitions for mitigating the impact of known growth for primary medical care. Planned initiatives to accommodate our growing population include:

- The opening of Elverby Community Health Hub in the Eastern MK expansion area.
- The opening of the new surgery in Cranfield (Central Bedfordshire).
- The planned relocation of Great Barford Surgery (Bedford Borough) to a new building on a nearby vacant school site.
- Reconfiguration of areas within Shefford Health Centre to increase clinical capacity.

- Growth in Houghton Regis (Central Bedfordshire) will be supported in-part through re-purposing vacant clinical facilities at Houghton Regis Health Centre, and by the expanded community provision at Grove View Integrated Hub.
- Growth which has already occurred in Leighton Buzzard (Central Bedfordshire) will be supported through an expansion of clinical facilities at the existing health centre in the town due for completion June 2025. In both Leighton Buzzard and Houghton Regis, we will continue to monitor capacity levels and will explore future partnership opportunities for further expanding capacity as required.
- The expansion of Lower Stondon Surgery (Central Bedfordshire), utilising Section 106 funding.
- The expansion of Caddington Surgery (Central Bedfordshire) utilising Section 106 funding.
- The expansion of Westfield Road Surgery (Bletchley, Milton Keynes) utilising Section 106 funding.
- The planned construction of a new primary care centre in Biddenham (Bedford Borough) to enable the relocation of the two small branch surgeries in Bromham into larger facilities better equipped to responding to the growth in and around these villages.
- Planned reconfiguration of areas within two primary care facilities in Ampthill and potential reconfiguration of facilities in Flitwick to increase clinical capacity.

We have stated ambitions to deliver new facilities in some of the larger development sites, including Wixams (a large development which straddles Bedford Borough and Central Bedfordshire), in the development on land East of Biggleswade, and in the new Marston Vale development area – all of which are expected to be largely facilitated through Section 106 funding.

We will continue to work closely with partners in relation to the development sites to the North of Luton (in Central Bedfordshire), East of Luton (in North Hertfordshire), the Milton Keynes strategic expansion areas and Buckinghamshire developments which will also impact services in Milton Keynes to plan for accommodating the extra residents expected in these areas.

Plans are also in development relating to the expansion of Shortstown Surgery (Bedford Borough) to accommodate further housing developments in this area, and there are emerging ambitions around the potential relocation of Arlesey Surgery and Harlington Surgery in the longer term to support growth in these communities.

This work programme will continue to grow in line with the development of each Local Authority's Local Plan, including any local proposals for New Towns which are supported by central government (sites with the potential for at least 10,000 homes). Both Milton Keynes and Central Bedfordshire have areas under consideration by the Ministry of Housing, Communities and Local Government's [New Towns Taskforce](#) which is due to make recommendations to ministers during the summer of 2025 on the location and delivery of new towns, with the objective of supporting and unlocking economic growth as well as helping to meet housing demand.

4.5 Care closer to home:

We will support the planning and development of a variety of infrastructure solutions to enable more care to be delivered closer to home, in line with agreed care pathways. A key early focus is around supporting more people with complex and/or specialist needs to be able to receive treatment within BLMK and closer to home.

We will build on recent successes, including the establishment of radiotherapy services at Milton Keynes Hospital (helping to prevent people needing to travel to Oxford for specialist cancer care), the provision of inpatient mental health services for children and young people at the Evergreen Unit in Luton, and the establishment of renal services at the Whitehouse community facility in Milton Keynes.

Key programmes will include continuing to support the regional consultation around the future configuration of cancer services delivered by Mount Vernon Cancer Centre, and progressing system ambitions to establish an adult mental health inpatient unit in Bedford and expanding the capacity of the Evergreen CAMHS inpatient unit. We will continue to explore and support a range of other opportunities to support the delivery of more complex and specialist care locally as part of our clinical transformation programmes.

We will also continue to explore how our estate can enable more effective flows for people requiring urgent care services (particularly our system's ability to prevent avoidable admissions to hospital and facilitate swifter discharge from acute hospital beds). Further facilities ambitions may emerge relating to enabling more efficient step-up and step-down care, as joint health and social care service strategies continue to develop in this area.

4.6 Roadmap to Net Zero and Climate Adaptation

As part of delivering the BLMK Green Plan, we will:

- Support our acute Trusts to implement their heat decarbonisation plans, including supporting them with efforts to access NHS and external funding. MKUH were recently successful in receiving funding from the Public Sector Decarbonisation Scheme (PSDS) and have installed Energy-Efficient Windows to most of Phase 2 of the hospital, upgraded Theatre Ventilation in Theatres, Hospital Sterilisation & Decontamination Unit (HSHU) and Cardiology Outpatients and removed gas fired steam generators in HSDU. It has also been awarded additional PSDS funding to allow the Trust to prepare for and connect to a low-carbon District Heat Network, including Low temperature adaptations to radiators, mechanical air handling units and heating circuits and refitting of the three main energy centres to receive heat network connections via heat-exchangers.
- Work in close partnership with the NHS property companies to support their continued implementation of LED lighting, insulation and double-glazed windows across the primary care and community estate they operate in BLMK, and to support them to move away from fossil fuels to renewable energies (including solar panel installation)
- Support our community/mental health Trusts and primary care providers to similarly upgrade their own facilities and to maximise funding opportunities to enable this.

In line with the adaptation provisions in the [NHS Core Standards for Emergency Preparedness](#), we will take action and will support our Trusts to prepare for severe weather events and improve the climate resilience of local sites and services, including factoring in the effects of climate change when making infrastructure decisions and designing new facilities.

4.7 Digital Strategy delivery

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 is enabling professionals to work virtually in a more integrated way. Our Digital First initiatives (e.g. digital triage, video consultations, advanced messaging systems and the NHS App) are 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.

We will continue delivery of the ambitions contained in the Digital Strategy to upgrade digital infrastructure across the system, to make further progress towards integrated electronic health and care records, and to further enable interoperability.

5.0 How we will deliver our vision

Whilst we are ambitious about the improvements we want to achieve, we face significant financial constraints. We will do all we can to attract capital investment into BLMK and ensure our use of available funds supports the delivery of services across each of our Places.

We will:

- Support coordinated lobbying of Central Government to position BLMK as a priority for additional capital and revenue funding.
- Maximise opportunities for BLMK to benefit from NHS capital funding opportunities – by ensuring we have a robust prioritised Infrastructure pipeline, and that we proactively develop business cases for high priority schemes. This will sometimes require spend at-risk by partners across the system and access to seed funding.
- Consider the potential for additional revenue investment into priority Estates projects, to enable partnership schemes with third party delivery partners (including our Local Authority partners). This will include considering re-shaping current services and enabling void cost reductions to enable re-investment into priority areas.
- Maximise opportunities for external capital funding, particularly through working with our Local Authority partners and housing developers.
- Maximise the efficiency of our existing estate, with a particular focus on increasing capacity for seeing patients

...to enable delivery of our strategic intentions and our priority workstreams.

5.1 Implementation

This Strategy summarises activities which will be led across multiple programmes with various governance arrangements, including the Trust-led Estates programmes, the ICB-led Primary Care Estates Programme, the ICS-led Green Plan and ICS-led Digital Programme. Appendix B sets out the current Estates work programme arrangements.

The BLMK Capital & Estates Oversight Group (Estates and Finance representatives across the system) will have oversight of the delivery of the priority work programmes set out in this Strategy and will provide an annual report on progress to the ICB Board.

The development of a robust three-year prioritised project pipeline is critical to the delivery of this Strategy. Appendix C sets out the evidence-based criteria which will be used to prioritise the next pipeline of Primary Care Estates schemes. The Prioritisation Process planned for

Autumn 2025 will enable us to confirm future delivery projects and also schemes where we need to initiate scoping and business case development work, to ensure a robust rolling programme of projects for the long-term.

As a system, we have emerging principles around the prioritisation of all capital funding, which take into account operational and strategic risk, improvement and efficiency (including supporting delivery targets), deliverability, and sustainability. We will work towards developing a system-wide prioritisation framework to ensure that capital allocations for the system are targeted towards where they can have greatest impact to support delivery of our system missions and strategies.

Expected Completion Date for Priority Schemes (where confirmed)

2025/26	2026/27	2027/28	2028/29	2029/30+
L&D Acute Services and Ward Blocks	Milton Keynes Hospital Heat Decarbonisation			Milton Keynes New Hospital Programme
Bedford Community Diagnostic Centre (CDC)				
Bedford Same Day Emergency Care Centre				
Milton Keynes Hospital Multi-Storey Car Park, Oak Wards, Imaging Centre, HV Supply, and low carbon heating project				
Business Cases for Luton CDC and System Elective Hub				
13 Primary Care Utilisation & Modernisation Schemes				
New Primary Care Premises: Cranfield New Surgery, Elverby Community & Health Centre, Steppingley Extra Care Facility (with clinical rooms)				
Health Centre Reconfiguration: Leighton Buzzard, Queens Park (Bedford), Sheffield, scoping for Biggleswade and Liverpool Road (Luton), Newport Pagnell Medical Centre				
Development of further 3-Year Pipeline of Schemes				

6.0 How we will measure success

This Strategy will achieve benefits across a wide range of areas. Each of the programmes of work described in Section 4.0 will have their own detailed goals and will be managed using SMART metrics. At an ICB level, we will use the following metrics to monitor our success in delivering the expected benefits of this Strategy:

- Reduction in Acute Trust Backlog Maintenance from 2024 baseline of £291m for BHFT and £38m for MKUH.
- Reduction in the number of severely constrained GP practice premises (30 patients per m² or more) from 2024 baseline of 34 and increase in the number of clinical rooms available for patient care within primary medical care in BLMK.
- Reduction in void NHS space within premises owned by the NHS property companies (NHS Property Services and Community Health Partnerships).

- Increase in the percentage of space used for face-to-face clinical care in the local community and mental health estate.
- Increase in the number of NHS property companies' buildings with LED lighting.
- Increase in the number of NHS property companies' buildings with solar panels.
- Increase in the number of community gardens in operation on NHS sites in BLMK.

Baselines will be established for all these metrics (where not already available) by Autumn 2025 to enable annual monitoring.